

### **Scrutiny committee**

**Date:** Thursday, 19 October 2017

**Time:** 16:30

**Venue:** Harford Community Centre, Hall Road,

#### **All group pre-meeting briefing – 16:00 Mancroft Room**

This is for members only and is not part of the formal scrutiny committee meeting which will follow at 16:30. The pre-meeting is an opportunity for the committee to make final preparations before the start of the formal meeting. The public will not be given access to the Mancroft room before 16:30.

#### **Committee members:**

##### **Councillors:**

Wright (chair)  
Brociek-Coulton (vice chair)  
Bogelein  
Bradford  
Bremner  
Coleshill  
Grahame  
Haynes  
Jones (B)  
Manning  
Malik  
Packer  
Thomas (Va)

#### **For further information please contact:**

Committee officer: Lucy Palmer  
t: (01603) 212416  
e: [lucypalmer@norwich.gov.uk](mailto:lucypalmer@norwich.gov.uk)

Democratic services  
City Hall  
Norwich  
NR2 1NH

[www.norwich.gov.uk](http://www.norwich.gov.uk)

#### **Information for members of the public**

Members of the public and the media have the right to attend meetings of full council, the cabinet and committees except where confidential information or exempt information is likely to be disclosed, and the meeting is therefore held in private.

For information about attending or speaking at meetings, please contact the committee officer above or refer to the council's website

## Agenda

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- 1 Apologies**  
To receive apologies for absence
- 2 Public questions/petitions**  
  
To receive questions / petitions from the public  
  
Please note that all questions must be received by the committee officer detailed on the front of the agenda by **10am on 16 October 2017**  
  
Petitions must be received must be received by the committee officer detailed on the front of the agenda by **10am on 18 October 2017**  
  
For guidance on submitting public questions or petitions please see appendix 1 of the council's constitution.
- 3 Declarations of interest**  
  
(Please note that it is the responsibility of individual members to declare an interest prior to the item if they arrive late for the meeting)
- 4 Minutes** **7 - 12**  
To approve the accuracy of the minutes of the meeting held on 21 September 2017
- 5 Scrutiny committee work programme 2017-18** **13 - 30**  
**Purpose** - To note the scrutiny committee work programme 2017-18
- 6 Update of the representative on the Norfolk Health Overview and Scrutiny committee (verbal update)**  
**Purpose** - To note the work of the NHOSC and comment on any implications for Norwich residents for the representative to take to the next NHOSC meeting
- 7 Health inequality in Norwich** **31 - 56**  
**Purpose** - To provide background information about what initiatives are currently in place which support health equality

Date of publication: **Wednesday, 11 October 2017**

- T** is this, the right **TIME** to review the issue and is there sufficient officer time and resource available?
- O** what would be the **OBJECTIVE** of the scrutiny?
- P** can **PERFORMANCE** in this area be improved by scrutiny input?
- I** what would be the public **INTEREST** in placing this topic onto the work programme?
- C** will any scrutiny activity on this matter contribute to the council's activities as agreed to in the **CORPORATE PLAN**?

Once the TOPIC analysis has been undertaken, a joint decision should then be reached as to whether a report to the scrutiny committee is required. If it is decided that a report is not required, the issue will not be pursued any further. However, if there are outstanding issues, these could be picked up by agreeing that a briefing email to members be sent, or other appropriate action by the relevant officer.

If it is agreed that the scrutiny request topic should be explored further by the scrutiny committee a short report should be written for a future meeting of the scrutiny committee, to be taken under the standing work programme item, so that members are able to consider if they should place the item on to the work programme. This report should outline a suggested approach if the committee was minded to take on the topic and outline the purpose using the outcome of the consideration of the topic via the TOPIC analysis. Also the report should provide an overview of the current position with regard to the topic under consideration.

By using the flowchart, it is hoped that members and officers will be aided when giving consideration to whether or not the item should be added to the scrutiny committee work programme. This should help to ensure that the scope and purpose will be covered by any future report. The outcome of this should further assist the committee and the officers working with the committee to be able to produce informed outcomes that are credible, influential with SMART recommendations.

**Specific, Measurable, Attainable, Relevant and Time-bound**

## Scrutiny committee and a protocol for those attending meetings of the scrutiny committee

- All scrutiny committee meetings will be carried out in a spirit of mutual trust and respect
- Members of the scrutiny committee will not be subject to whipping arrangements by party groups
- Scrutiny committee members will work together and will attempt to achieve evidence based consensus and recommendations
- Members of the committee will take the lead in the selection of topics for scrutiny
- The scrutiny committee operates as a critical friend and offers constructive challenge to decision makers to support improved outcomes
- Invited attendees will be advised of the time, date and location of the meeting to which they are invited to give evidence
- The invited attendee will be made aware of the reasons for the invitation and of any documents and information that the committee wish them to provide
- Reasonable notice will be given to the invited attendee of **all** of the committees requirements so that these can be provided for in full at the earliest opportunity (there should be no nasty surprises at committee)
- Whenever possible it is expected that members of the scrutiny committee will share and plan questioning with the rest of the committee in advance of the meeting
- The invited attendee will be provided with copies of **all relevant** reports, papers and background information
- Practical arrangements, such as facilities for presentations will be in place. The layout of the meeting room will be appropriate
- The chair of the committee will introduce themselves to the invited attendee before evidence is given and; all those attending will be treated with courtesy and respect. The chair of the committee will make sure that all questions put to the witness are made in a clear and orderly manner





**SCRUTINY COMMITTEE**

**16:40 to 18:30**

**21 September 2017**

Present: Councillors Wright (chair), Brociek-Coulton (vice chair) Bogelein, Bradford, Bremner, Coleshill, Grahame, Haynes, Jones (B), Malik, Packer and Thomas (Va)

Apologies: Councillor Manning

**1. Declarations of interest**

There were no declarations of interest.

**2. Minutes**

**RESOLVED** to approve the accuracy of the minutes of the meeting held on 13 July 2017

**3. Scrutiny committee work programme 2017-18**

The chair introduced the item. It was suggested that the October scrutiny committee meeting on health inequality could be held in a venue within the community to maximise public engagement. The chair asked for suggestions for speakers for that meeting and members proposed the following:

- a planning officer to give information on the GNLP and CIL

A representative from:

- the River Wensum strategy
- equal lives
- St Martins Housing Trust
- social prescribing,
- Sophie Church (UEA),
- Active Norfolk,
- Healthy Norwich partnership,
- Making it real, David Hines (consolidated charities),
- Rob Lancaster (MAP)

Members then discussed potential speakers for the November item on access to justice. It was proposed that representatives from the following areas be approached for availability:

- non-profit sector,
- private sector,
- judiciary (judge, magistrate, family court judges),
- law works,
- Norwich asylum seekers,
- refugee forum,
- red cross,
- new roots,
- Bridge plus,
- G4S,
- Boyd Taylor – Financial inclusion manager, Norwich City Council
- family contact centres,
- NCC revenues team,
- domestic violence organisation/women's charity (Leeway),
- UEA law school,
- NCLS,
- Unison

The chair reminded members that not all speakers could be accommodated in a single meeting and a member suggested that the committee needed to think carefully about matters that the council could have a meaningful impact on.

The strategy manager said that the work on the scope of the parks and open spaces review was moving forward and it was suggested that a small sub-group of the scrutiny committee be briefed by the head of citywide services on this and when the review was complete, the item be brought back to the scrutiny committee at an appropriate time.

**RESOLVED to:**

(1) Ask the scrutiny liaison officer to:

- a) Source an appropriate venue for the October scrutiny committee meeting
  - b) Approach the following groups for representatives to speak at the October meeting of the scrutiny committee:
    - a planning officer to give information on the GNLP and CIL
- a representative from:
- the river Wensum strategy
  - equal lives



- St Martins Housing Trust
- social prescribing,
- Sophie Church (UEA),
- Active Norfolk,
- Healthy Norwich partnership,
- Making it real, David Hines (consolidated charities),
- Rob Lancaster (MAP)

c) Approach the following groups for representatives to speak at the November meeting of the scrutiny committee:

- non-profit sector,
- private sector,
- judiciary (judge, magistrate, family court judges),
- law works,
- Norwich asylum seekers,
- refugee forum,
- red cross,
- new roots,
- Bridge plus,
- G4S,
- Boyd Taylor – Financial inclusion manager, Norwich City Council
- family contact centres,
- Norwich City Council revenues team,
- domestic violence organisation/women's charity (Leeway),
- UEA law school,
- NCLS,
- Unison

(2) Appoint Councillors Bogelein, Brociek-Coulton, Haynes and Wright to the sub group to consider the scope for the parks and open spaces review.

#### **4. Update of the representative on the Norfolk Health Overview and Scrutiny committee**

The representative said that the topic discussed at the last meeting was children's speech and language therapy. She had not received any comments or questions from the scrutiny committee but had taken forward three queries from parents with children on the waiting list for this therapy. The question had been put to the Clinical Commissioning Group (CCG) asking why these children had been waiting for longer than the 18 month limit. After some thought the CCG representative said that they did have a budget for this and the backlog would be investigated.

The next meeting would be on 26 October 2017 and the committee would be briefed on the introduction of the primary care education and training tariff as well as ambulance response and return times.

Members asked the representative to query whether it was only ambulance response time that was taken into account as a measure or whether success of the call would also be a factor regardless of the response time. Members also thought that the entire patient journey should be taken into account.

**RESOLVED** to

- (1) note the update from the NHOSC representative; and
- (2) ask the representative to relay the committee's comments around ambulance response times to the next NHOSC meeting.

**5. Pre-scrutiny of the proposed budget consultation**

The head of strategy and transformation presented the report. She said that the aim of appointing an organisation to manage the consultation was to help to reach a broad audience and to gather information that could be fed into longer term budget proposals.

A member suggested that a sub group or Councillor representative could attend the focus groups as there was not enough detail on the content of the consultation. The head of strategy and transformation said that information would be brought back to members at various points throughout the consultation.

A member commented that the language within the budget consultations needed to be accessible and understandable to all. The head of strategy and transformation said that the council was aware of this need and appointing an external organisation would facilitate this.

**RESOLVED** to ask the head of strategy and transformation to:-

- (1) consider how best to involve members in shaping the budget consultation with an update brought back to scrutiny at appropriate time to allow changes to be considered ; and
- (2) include an 'easy-read' sheet to sit alongside the budget consultation

**6. The co-operative agenda in local government**

(Councillor Chris Herries was present for this item).

Councillor Coleshill presented the report and invited discussion.

In response to a member's question, the strategy manager said that with regard to involving co-operatives in the community asset transfer programme, the council was responsive to groups which approached the council. A robust process had been put in place so that when special opportunities arose, these would be advertised. He added that they need to think about whether preference could be given to co-operatives under the community right to challenge.

Members discussed holding an all-member briefing on the topic of co-operatives. Suggestions for the scope of the briefing included what other local authorities offer in terms of working with co-operatives, what services were available to Norwich City Council and what it meant to be a co-operative council. A member also suggested that the briefing could inform the scrutiny committee work programme going forward.

Discussion ensued around procurement and social value. The strategy manager said that the council worked with a range of social enterprises and gave grants in kind to some of these. There was ongoing work taking place in conjunction with this sector to ensure that social enterprises had a chance to compete for procurement opportunities.

**RESOLVED** to ask the democratic and elections manager to arrange an all members briefing on co-operatives to include examples of how co-operatives have worked with other local authorities and what services were available to Norwich City Council.

(Councillor Bradford left the meeting at this point).

## **7. Call in - Kitchen and bathroom replacements delegated decision**

The chair introduced the item and said that he had called in the decision as he had concerns around how such delegated decisions were published in the public domain. He clarified that he had no concern with the contractor identified but he was concerned about how members would find out which contractor had been appointed.

The director of business services said that there was a specific definition of what constituted a key decision and these, along with other items to be considered by cabinet, were published 28 days prior to the meeting. The minutes of the meeting would also be published which satisfied transparency.

With regard to delegated decisions, once an officer had taken the decision, this should be published to members and the public to allow for call in. This was done until two years ago but had lapsed due to staff absence. A re-organisation had been taking place within democratic services which was implemented in February 2017 with a vacant post and two members of the team leaving the council. As of August 2017, the team was fully staffed with one of their areas of work being the publication of cabinet decisions and key decisions, along with progress on motions passed at council. A new member of staff had picked up the delegated decisions and was working on getting these published. The director of business services said that the call in was timely as the team was already working on these areas.

A member commented that she also had concerns around recommendations from the scrutiny committee not being taken to cabinet and that some councillor enquiries were not being answered within the five day service standard.

The director of business services said that a motions tracker was being updated and letters that had been sent as a result of a motion would be published going forward retrospectively wherever possible. He added that cabinet could consider items informally but this would be captured in some commentary on the motions tracker.

With regard to the councillor enquiry system, the director of business services said that he would liaise with the head of customer services to discuss the process.

**RESOLVED** to:

- (1) Endorse the delegated decision to appoint Roalco Limited for replacement kitchens, bathrooms and repointing in housing properties
- (2) Note the work being undertaken on publishing delegated decision and progress on motions to council ; and
- (3) Ask the director of business services to liaise with the head of customer services to discuss the Councillor enquiry system

CHAIR

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

## **Item No 5**

**REPORT for meeting to be held on 19 October 2017**

### **Work Programme for 2017-18**

**Summary:** The purpose of this report is to provide an update to members on the items on the scrutiny work programme for the remainder of 2017-18 to support them in agreeing scopes for these.

**Conclusions:** The work programme is appended to this report (appendix A). It is proposed that any discussion is a whole committee discussion based on this documentation, to assist members in providing a clear scope for the items on future agendas to facilitate robust scrutiny.

**Recommendation:** To agree items and how these will be scoped and prepared for the remaining meetings of 2017-18.

**Contact Officers:** Adam Clark, Strategy manager,  
01603 212273  
[adamclark@norwich.gov.uk](mailto:adamclark@norwich.gov.uk)

Beth Clark, Scrutiny liaison officer  
01603 212153  
[BethanyClark@norwich.gov.uk](mailto:BethanyClark@norwich.gov.uk)

## **Items for 2017-18**

The attached appendix A shows the work programme as it currently stands, with items that have been assigned to future meetings. Members are encouraged to discuss the scope for the following items so that officers can undertake appropriate background work:

**Access to justice:** This is currently scheduled for 23 November 2017, members are invited to comment and establish what background information they require, and which officers they would like to attend for the item.

**The private rented sector:** This is currently scheduled for 22 February 2018, members are invited to comment and establish what background information they require, and which officers they would like to attend for the item.

**Review of the council's enforcement service:** This is currently scheduled for 22 March 2018, members are invited to comment and establish what background information they require, and which officers they would like to attend for the item.

## Scrutiny committee work programme 2017 – 2018

<b>DATE OF MEETING</b>	<b>TOPIC FOR SCRUTINY</b>	<b>RESPONSIBLE OFFICER, CABINET, PORTFOLIO HOLDER, COUNCILLOR,</b>	<b>SCOPE – REASON FOR TOPIC REQUEST and OUTCOME SOUGHT</b>
13 July 2017	<b>Setting of the work programme</b>	Beth Clark (Scrutiny liaison officer), Cllr Wright	To assist committee members in setting the work programme for 2017/18
13 July 2017	<b>Quarterly performance report</b>	Adam Clark (Strategy manager)	To consider if there are any measures within report to consider for future analysis and how the committee would like to scrutinise corporate performance in the future
21 September 2017	<b>Update from 20th July and 7th September meetings of the Norfolk Health and Overview Scrutiny Committee</b>	Cllr Brociek-Coulton	For the committee to note the work of NHOSC and comment on any implications for Norwich residents for the rep to take back to the next NHOSC meeting.
21 September 2017	<b>Pre-scrutiny of the proposed budget consultation</b>	Nikki Rotsos (Director of communications and culture)	To look at the proposed approach to engaging residents and other stakeholders in the development of the council's vision and strategy for 2019-2022 as well as the 2018-19 budget and transformation programme.
21 September 2017	<b>The cooperative agenda in local government</b>	Cllr Herries	To agree areas for further review and to consider identifying a suitable time for an all members briefing/workshop about co-operatives.

## Scrutiny committee work programme 2017 – 2018

<b>DATE OF MEETING</b>	<b>TOPIC FOR SCRUTINY</b>	<b>RESPONSIBLE OFFICER, CABINET, PORTFOLIO HOLDER, COUNCILLOR,</b>	<b>SCOPE – REASON FOR TOPIC REQUEST and OUTCOME SOUGHT</b>
19 October 2017	<b>Update from 26th October meeting of the Norfolk Health and Overview Scrutiny Committee</b>	Cllr Brociek-Coulton	For the committee to note the work of NHOSC and comment on any implications for Norwich residents for the rep to take back to the next NHOSC meeting.
19 October 2017	<b>Health inequality in Norwich</b>	Adam Clark (Strategy manager)	Review of health inequality in Norwich and the role of the city council
23 November 2017	<b>Access to justice</b>	Cllr Thomas	The impact of legal aid cuts, changes to tribunal fees, debt, impact of cuts to probation/prisons/courts. The city council commissions advice services which provide elements of legal advice and how these work in Norwich
14 December 2017	<b>Update from 7<sup>th</sup> December meeting of the Norfolk Health and Overview Scrutiny Committee</b>	Cllr Brociek-Coulton	For the committee to note the work of NHOSC and comment on any implications for Norwich residents for the rep to take back to the next NHOSC meeting.
14 December 2017	<b>Corporate plan and performance framework</b>	Adam Clark (Strategy manager)	To consider amendments to corporate performance KPIs



## Scrutiny committee work programme 2017 – 2018

<b>DATE OF MEETING</b>	<b>TOPIC FOR SCRUTINY</b>	<b>RESPONSIBLE OFFICER, CABINET, PORTFOLIO HOLDER, COUNCILLOR,</b>	<b>SCOPE – REASON FOR TOPIC REQUEST and OUTCOME SOUGHT</b>
14 December 2017	<b>Equality information report</b>	Adam Clark (Strategy manager)	Pre scrutiny of the report before it goes to cabinet.
14 December 2017	<b>Scope: Review/outcome of parks and play areas item</b>	Adrian Akester (Head of citywide services)	To be agreed
25 January 2018	<b>Update from 11th January meeting of the Norfolk Health and Overview Scrutiny Committee</b>	Cllr Brociek-Coulton	For the committee to note the work of NHOSC and comment on any implications for Norwich residents for the rep to take back to the next NHOSC meeting.
25 January 2018 <b>BELOW THE LINE</b>	<b>Scrutiny of the proposed budget, MTFS, and transformation programme</b>	Helen Chamberlin (Head of strategy and transformation), Karen Watling (Chief finance officer)	To be agreed  This report is not for publication because it would disclose information relating to the financial or business affairs of any particular person (including the authority holding that information) as in para 3 of Schedule 12A to the Local Government Act 1972.

## Scrutiny committee work programme 2017 – 2018

<b>DATE OF MEETING</b>	<b>TOPIC FOR SCRUTINY</b>	<b>RESPONSIBLE OFFICER, CABINET, PORTFOLIO HOLDER, COUNCILLOR,</b>	<b>SCOPE – REASON FOR TOPIC REQUEST and OUTCOME SOUGHT</b>
25 January 2018	<b>Environmental strategy (yearly update)</b>	Richard Willson (Environmental strategy manager)	Identification of any issues to consider and note successes and progress reported in the progress statement.
22 February 2018	<b>Update from 22<sup>nd</sup> February meeting of the Norfolk Health and Overview Scrutiny Committee</b>	Cllr Brociek-Coulton	For the committee to note the work of NHOSC and comment on any implications for Norwich residents for the rep to take back to the next NHOSC meeting.
22 February 2018	<b>The private rented sector</b>	Paul Swanborough	To be agreed
22 March 2018	<b>Review of the council's enforcement service</b>	Bob Cronk, Adrian Akester	To be agreed
22 March 2018	<b>Annual review of the scrutiny committee</b>	Beth Clark (Scrutiny liaison officer)	To agree the annual review of the scrutiny committee's work 2017 to 2018 and recommend it for adoption of the council

## The scrutiny committee tracker 2017 – 2018

Completed  
Ongoing  
Not started

DATE OF MEETING	TOPIC FOR SCRUTINY	RESPONSIBLE OFFICER/LEAD MEMBER	SCRUTINY REQUEST	OUTCOMES OR CURRENT POSITION
6 April 2017	<b>Food poverty in Norwich</b>	Adam Clark, Cllr Maguire	Ask cabinet to consider;- (1) trying to access charitable trust funding to resource projects such as social supermarkets (2) developing a food poverty strategy to act as an umbrella document for existing actions (3) increasing awareness and availability of financial advice and early intervention (4) developing community led food literacy projects (5) increasing awareness of the Go4less cards which entitle residents to reduced allotment fees; and (6) linking older and socially isolated people with good food literacy skills with younger generations in need of such skills	A report was taken to cabinet on 13 September. Link to the agenda here: <a href="https://cmis.norwich.gov.uk/live/Meetingscalendar/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/392/Committee/1/Default.aspx">https://cmis.norwich.gov.uk/live/Meetingscalendar/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/392/Committee/1/Default.aspx</a>
22 June 2017	<b>City accessibility</b>	Bruce Bentley	Ask cabinet to formulate a city access charter and to extend consultations on such a charter to groups representing all disabilities including those with hidden disabilities	This recommendation is on the forward agenda to go to cabinet.

## The scrutiny committee tracker 2017 – 2018

**Completed**  
**Ongoing**  
**Not started**

DATE OF MEETING	TOPIC FOR SCRUTINY	RESPONSIBLE OFFICER/LEAD MEMBER	SCRUTINY REQUEST	OUTCOMES OR CURRENT POSITION
13 July 2017	<b>Quarterly performance report</b>	Adam Clark	Ask the financial inclusion manager for some anecdotal evidence around timely access to debt advice,	The advice services in the FI consortium report that waiting times are variable and depend on a complex range of factors, including how urgent a case is e.g. if there are court dates or statutory time limits then these will be prioritised. However, overall, capacity is stretched within the social welfare advice sector; one proxy for this is that only around 50% of calls to the CAB advice line are currently answered, although this is improving.
13 July 2017			Ask the strategy manager to investigate why the performance target for measure FAC5 was so high; and	Response from Environmental Strategy Manger is that the 2016/17 performance above target was due to additional funding being available in 2016/17. Cosy City is fully dependent on government grants and/or funding from 3rd sector organisations. We are unlikely to see the same level of external grants and funding this year so we should not amend the target.

## The scrutiny committee tracker 2017 – 2018

Completed  
Ongoing  
Not started

DATE OF MEETING	TOPIC FOR SCRUTINY	RESPONSIBLE OFFICER/LEAD MEMBER	SCRUTINY REQUEST	OUTCOMES OR CURRENT POSITION
13 July 2017			Ask the head of neighbourhood services to circulate any commentary captured around why residents felt unsafe.	With the Head of neighbourhood services
13 July 2017			SCL05 – exceed target by 6% - what is the anomalous reason for over performance? Otherwise, should the target be raised to 96%? The committee also required why didn't expect of 100% of businesses to achieve safety compliance?	The Environmental Health Manager (Food & Safety) suggested that the target be raised to 94% to show how food businesses in Norwich compare to the National picture.
21 September 2017	<b>Pre-scrutiny of the proposed budget consultation</b>	Nikki Rotsos	Take the consultation away and consider how best to involve members in shaping this with update brought back to scrutiny at appropriate time to allow changes to be considered	
21 September 2017			Include an 'easy-read' sheet	
21 September 2017	<b>Cooperatives</b>	Bethany Clark	To identify a suitable time for an all members briefing on cooperatives to widen view of co-ops and what other councils offer and what services are available to the council	

## The scrutiny committee tracker 2017 – 2018

Completed  
Ongoing  
Not started

DATE OF MEETING	TOPIC FOR SCRUTINY	RESPONSIBLE OFFICER/LEAD MEMBER	SCRUTINY REQUEST	OUTCOMES OR CURRENT POSITION
21 September 2017	<b>Cooperatives</b>		To look at areas for further review, such as the private rented sector, health inequality, credit unions, community energy, housing co-ops	
21 September 2017			To open the briefing to staff as well as members	
21 September 2017	<b>Call-in of cabinet delegated decision</b>	Anton Bull	Anton Bull will discuss councillor enquiries with Tina Pocklington	
21 September 2017			To note the work being undertaken on publishing delegated decisions and progress on motions to council	
21 September 2017			Members unanimously endorse the delegated decision, which will then be implemented	

# FORWARD AGENDA: CABINET and COUNCIL MEETINGS 2017 - 2018

ALLOCATED ITEMS						
Meeting	Report	Purpose	Portfolio holder + Senior Officer + Report author	Date report signed off by	Management clearance	Exempt?
<b>CABINET 08 NOV 2017</b>	Consultation 'Planning for the right homes in the right places'	To approve the city council's response to the Government's consultation 'Planning for the right homes in the right places'.	Cllr Stonard Graham Nelson Judith Davison		Graham Nelson	NO
<b>CABINET 08 NOV 2017</b>	Norwich rough sleeping strategy 2017-22: breaking the cycle of homelessness - <b>KEY DECISION</b>	To adopt the city council's approach to tackle rough sleeping as set out in the Norwich rough sleeping strategy 2017-22: breaking the cycle of homelessness	Cllr Maguire Andy Watt/Paul Swanborough Chris Hancock		Andy Watt	NO
<b>CABINET 08 NOV 2017</b>	Norwich Airport Industrial estate - procurement of joint venture partner	To approve the brief for procurement of a joint venture partner	Cllr Kendrick Andy Watt Gwyn Jones		Andy Watt	NO
<b>CABINET 08 NOV 2017</b>	Revenue budget monitoring 2017/18 period 6	To update Cabinet on the provisional financial position as at 30 September 2017, the forecast outturn for the year 2017-18 and the consequent forecast of the General Fund and Housing Revenue Account balances.	Cllr Kendrick Karen Watling		Karen Watling	NO
<b>CABINET 08 NOV 2017</b>	Capital budget monitoring 2017/18 quarter 2	To update Cabinet on the financial position of the capital programmes as at 30 September 2017.	Cllr Kendrick Karen Watling		Karen Watling	NO
<b>CABINET</b>	2017-18 Corporate KPI	To consider changes to Corporate KPI's	Cllr Waters		Helen	NO

ALLOCATED ITEMS						
Meeting	Report	Purpose	Portfolio holder + Senior Officer + Report author	Date report signed off by	Management clearance	Exempt?
08 NOV 2017	changes	due to changing methodology.	Adam Clark		Chamberlin	
<b>CABINET</b> 08 NOV 2017	Budget setting timetable 2018-19	To consider the arrangements and timetable for the budget setting timetable 2018-19	Nikki Rotsos Karen Watling		Karen Watling and Nikki Rotsos	NO
<b>CABINET</b> 08 NOV 2017	Bethel Hospital Repairs Notice	To consider the possible service of a Repairs Notice or Notices under Section 48 of the Listed Buildings Act 1990 specifying those works considered reasonably necessary for the proper preservation of the Bethel Hospital complex of buildings	Cllrs Stonard and Herries Graham Nelson		Dave Moorcroft	NO
<b>CABINET</b> 08 NOV 2017	Procurement of a contents insurance scheme for tenants	To approve the award of a contract insurance scheme for tenants	Cllr Harris Lee Robson Andy Bays		Bob Cronk	NO
<b>CABINET</b> 08 NOV 2017	Procurement of an external wall insulation programme to council properties	To approve the award of a contract for an external wall insulation programme to council properties	Cllr Harris Carol Marney John Hodson		Bob Cronk	NO
<b>CABINET</b> 08 NOV 2017	Procurement of a trade waste collection, recycling and disposal service	To approve the award of a contract for waste services	Cllrs Ryan and Kendrick Eamonn Pelican Carol Marney		Anton Bull	NO
<b>CABINET</b> 08 NOV 2017	Norwich Regeneration Ltd and Norwich and HCA Strategic	To consider the latest business plans of Norwich Regeneration Ltd and the Norwich and HCA Strategic Partnership.	Cllr Harris Gwyn Jones Andy Watt		Dave Moorcroft	NO



ALLOCATED ITEMS						
Meeting	Report	Purpose	Portfolio holder + Senior Officer + Report author	Date report signed off by	Management clearance	Exempt?
	Partnership - business plans 2017-18 - <b>KEY DECISION</b>					
<b>CABINET 08 NOV 2017</b>	Norwich Regeneration Ltd- Business plan 2017/8 – <b>KEY DECISION</b>	To consider the exempt appendices to the Norwich Regeneration Ltd- Business plan 2017/8 report.	Cllr Harris Gwyn Jones Andy Watt		Dave Moorcroft	YES (Para 3)
<b>CABINET 08 NOV 2017</b>	Norwich Regeneration Ltd loan agreement – <b>KEY DECISION</b>	To approve the proposed loan agreement between NCC and NRL.	Cllr Kendrick Karen Watling Tina Stankley		Karen Watling	Yes (Para 3)
<b>CABINET 08 NOV 2017</b>	Managing Assets (housing) - <b>KEY DECISION</b>	To outline the options available for the assets future within the housing stock	Cllr Harris Lee Robson Steven Cleveland		Bob Cronk	Yes (Para 3)
<b>CABINET 08 NOV 2017</b>	Managing assets (housing revenue account) – <b>KEY DECISION</b>	To seek approval for proposals for the future of the council owned assets described in the report	Cllr Harris Andy Watt Charles Mason		Bob Cronk	YES (Para 3)
<b>CABINET 08 NOV 2017</b>	Managing assets (housing) – <b>KEY DECISION</b>	To seek approval for proposals for the future of the council owned assets described in the report	Cllr Harris Andy Watt		Bob Cronk	YES (Para 3)
<b>COUNCIL 28 NOV 2017</b>	Municipal Bonds Agency borrowing framework	To seek approval for the use of the Municipal Bonds Agency for future borrowing needs.	Cllr Kendrick Karen Watling		Karen Watling	NO
<b>COUNCIL 28 NOV 2017</b>	Treasury management full year review 2016/17	To consider the Treasury Management performance for the financial year to 31 March 2017.	Cllr Kendrick Karen Watling		Karen Watling	NO

ALLOCATED ITEMS						
Meeting	Report	Purpose	Portfolio holder + Senior Officer + Report author	Date report signed off by	Management clearance	Exempt?
<b>CABINET DEC 13 2017</b>	Revenue budget monitoring 2017/18 period 7	To update Cabinet on the provisional financial position as at 31 October 2017, the forecast outturn for the year 2017-18 and the consequent forecast of the General Fund and Housing Revenue Account balances.	Cllr Kendrick Karen Watling		Karen Watling	NO
<b>CABINET DEC 13 2017</b>	Treasury management mid-year review 2017/18	To update members on the Treasury Management performance for the financial year to 30 September 2017.	Cllr Kendrick Karen Watling		Karen Watling	NO
<b>CABINET DEC 13 2017</b>	Quarter 2 2017/18 quarterly performance report	To report progress against the delivery of the corporate plan priorities and key performance measures for quarter 2 of 2017/18	Councillor Waters Ben Foster		Adam Clark	NO
<b>CABINET DEC 13 2017</b>	Draft Consultation Document on Greater Norwich Local Plan under Regulation 18 of the Town and Country Planning (local planning) Regulations 2012		Planning Policy Graham Nelson Mike Burrell			
<b>CABINET JAN 18 2017</b>	Revenue budget monitoring 2017/18 period 8	To update Cabinet on the provisional financial position as at 30 November 2017, the forecast outturn for the year 2017-18 and the consequent forecast of the General Fund and Housing Revenue Account balances.	Cllr Kendrick Karen Watling		Karen Watling	NO

ALLOCATED ITEMS						
Meeting	Report	Purpose	Portfolio holder + Senior Officer + Report author	Date report signed off by	Management clearance	Exempt?
<b>CABINET JAN 18 2017</b>	Review of the corporate risk register and policy	To update members on the results of the key risks facing the council and the associated mitigating actions, recorded in the council's corporate risk register.	Cllr Kendrick Karen Watling		Karen Watling	NO
<b>CABINET FEB 07 2018</b>	Revenue budget monitoring 2017/18 period 9	To update Cabinet on the provisional financial position as at 31 December 2017, the forecast outturn for the year 2017-18 and the consequent forecast of the General Fund and Housing Revenue Account balances.	Cllr Kendrick Karen Watling		Karen Watling	
<b>CABINET FEB 07 2018</b>	Capital budget monitoring 2017/18 quarter 3	To update Cabinet on the financial position of the capital programmes as at 31 December 2017.	Cllr Kendrick Karen Watling		Karen Watling	
<b>CABINET FEB 07 2018</b>	General fund revenue budget 2018/19 and capital programme 2018/19 to 2022/23		Cllr Kendrick Karen Watling		Karen Watling	
<b>CABINET FEB 07 2018</b>	General fund revenue budget 2018/19 and capital programme 2018/19 to 2022/23 (EXEMPT appendix)		Cllr Kendrick Karen Watling		Karen Watling	
<b>CABINET FEB 07 2018</b>	Housing rents and budgets 2018/19 and housing capital programme 2018/19 to 2022/23		Cllr Kendrick Karen Watling		Karen Watling	

ALLOCATED ITEMS						
Meeting	Report	Purpose	Portfolio holder + Senior Officer + Report author	Date report signed off by	Management clearance	Exempt?
<b>CABINET FEB 07 2018</b>	Housing rents and budgets 2018/19 and housing capital programme 2018/19 to 2022/23 (EXEMPT appendix)		Cllr Kendrick Karen Watling		Karen Watling	
<b>CABINET FEB 07 2018</b>	Treasury management strategy 2018/19		Cllr Kendrick Karen Watling		Karen Watling	
<b>COUNCIL 20/27 FEB 2018</b>	General fund revenue budget 2018/19 and non-housing capital programme 2018/19 to 2022/23		Cllr Kendrick Karen Watling		Karen Watling	
<b>COUNCIL 20/27 FEB 2018</b>	General fund revenue budget 2018/19 and non-housing capital programme 2018/19 to 2022/23 (EXEMPT appendix)		Cllr Kendrick Karen Watling		Karen Watling	
<b>COUNCIL 20/27 FEB 2018</b>	Housing rents and budgets 2018/19 and housing capital programme 2018/19 to 2022/23		Cllr Kendrick Karen Watling		Karen Watling	
<b>COUNCIL 20/27 FEB</b>	Housing rents and budgets 2018/19 and		Cllr Kendrick Karen Watling		Karen Watling	

ALLOCATED ITEMS						
Meeting	Report	Purpose	Portfolio holder + Senior Officer + Report author	Date report signed off by	Management clearance	Exempt?
2018	housing capital programme 2018/19 to 2022/23 (EXEMPT appendix)					
<b>COUNCIL 20/27 FEB 2018</b>	Treasury management strategy 2018/19 (Corporate Plan update should also go if not taken earlier)		Cllr Kendrick Karen Watling		Karen Watling	
<b>CABINET MARCH 14 2018</b>	Revenue budget monitoring 2017/18 period 10	To update Cabinet on the provisional financial position as at 31 January 2018, the forecast outturn for the year 2017-18 and the consequent forecast of the General Fund and Housing Revenue Account balances.	Cllr Kendrick Karen Watling		Karen Watling	
<b>CABINET MARCH 14 2018</b>	Proposed right off of bad debt (KEY DECISION)	The proposed write of debt deemed to be non recoverable.	Cllr Kendrick Karen Watling		Karen Watling	
<b>CABINET MARCH 14 2018</b>	Quarter 3 2017/18 quarterly performance report	To report progress against the delivery of the corporate plan priorities and key performance measures for quarter 3 of 2017/18	Councillor Waters Ben Foster		Adam Clark	NO



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

## **Item No 7**

**REPORT for meeting to be held on 19 October 2017**

### **Health inequality in Norwich**

**Summary:**

This report will provide background about what initiatives are currently in place which support health equality; this includes Healthy Norwich, and the Lakenham project. In this report are also entries from various organisations which support access to health, such as St Martin's Housing Trust, and Making it Real. Members will also hear from organisations such as Public Health, CCG, and Active Norfolk.

**Conclusions:**

The report should enable the scrutiny committee to determine any recommendations they would wish to make on the council's or other organisations approaches to health inequality in Norwich.

**Recommendation:** To agree any recommendations

**Contact Officer:**

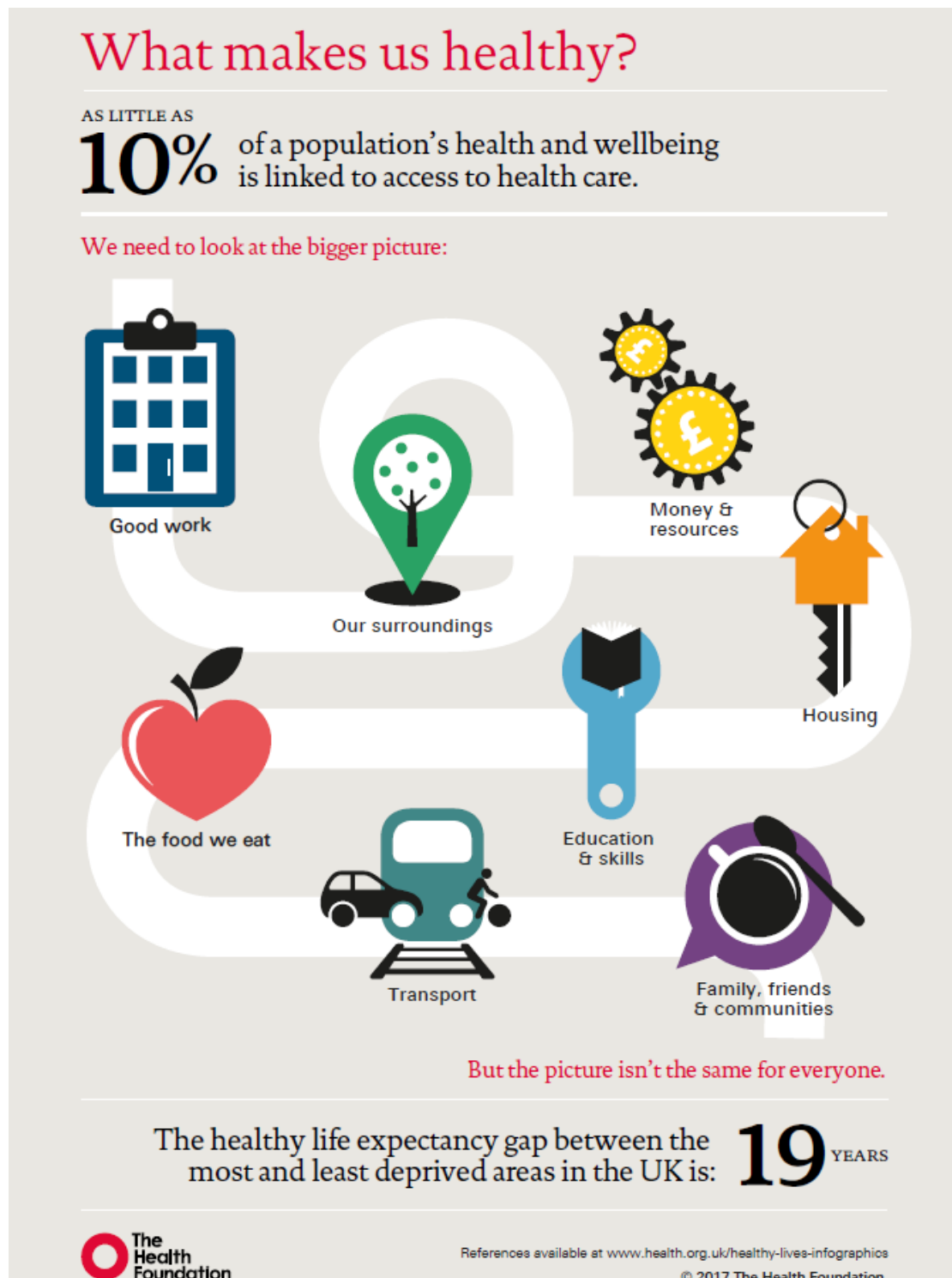
Adam Clark  
Strategy manager  
[adamclark@norwich.gov.uk](mailto:adamclark@norwich.gov.uk)  
01603 212273

## Background

### 1. What is health inequality?

Our health is primarily determined by factors other than access to health care. Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.

The below infographic shows some causes of health inequality:



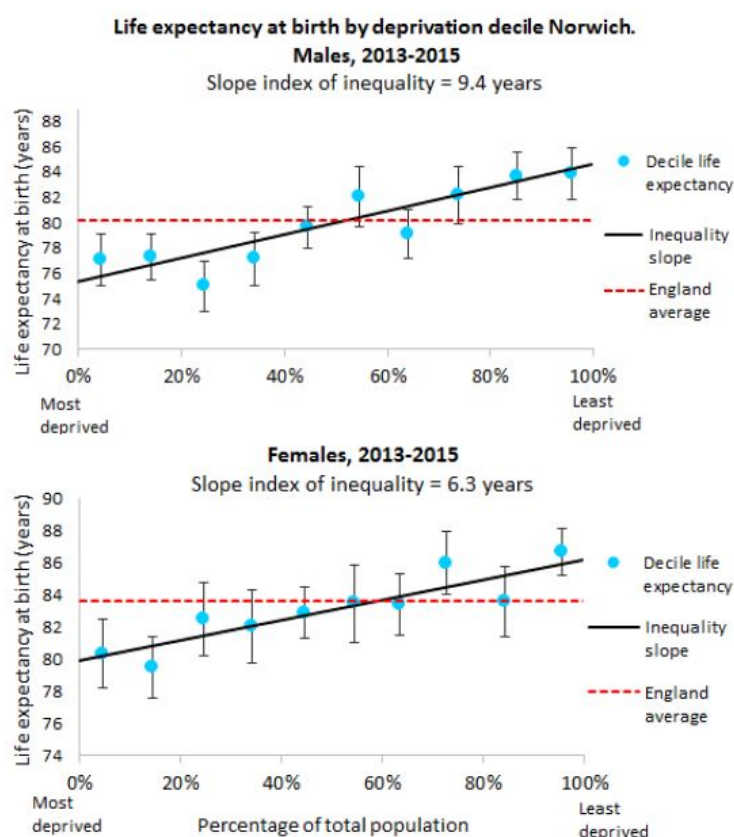
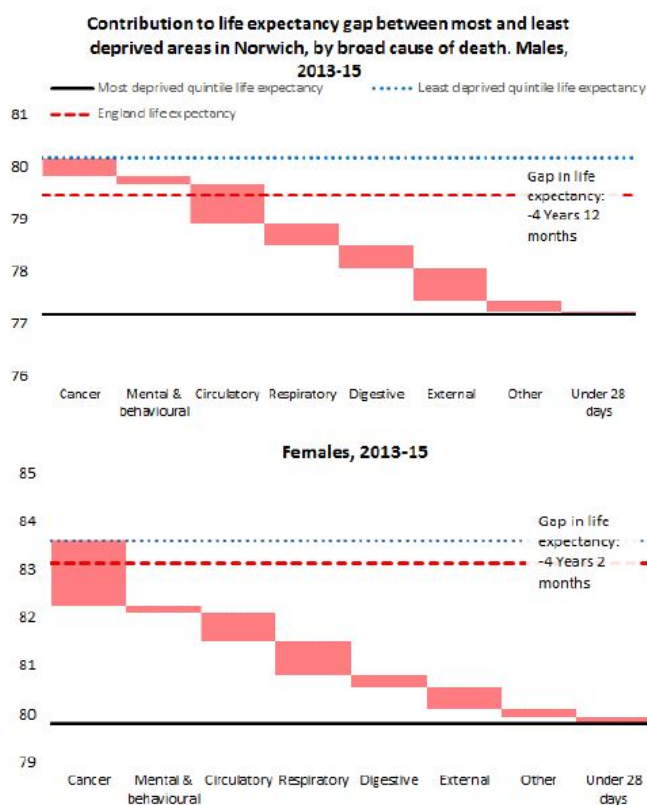


## 2. What is the pattern of health inequality in Norwich?

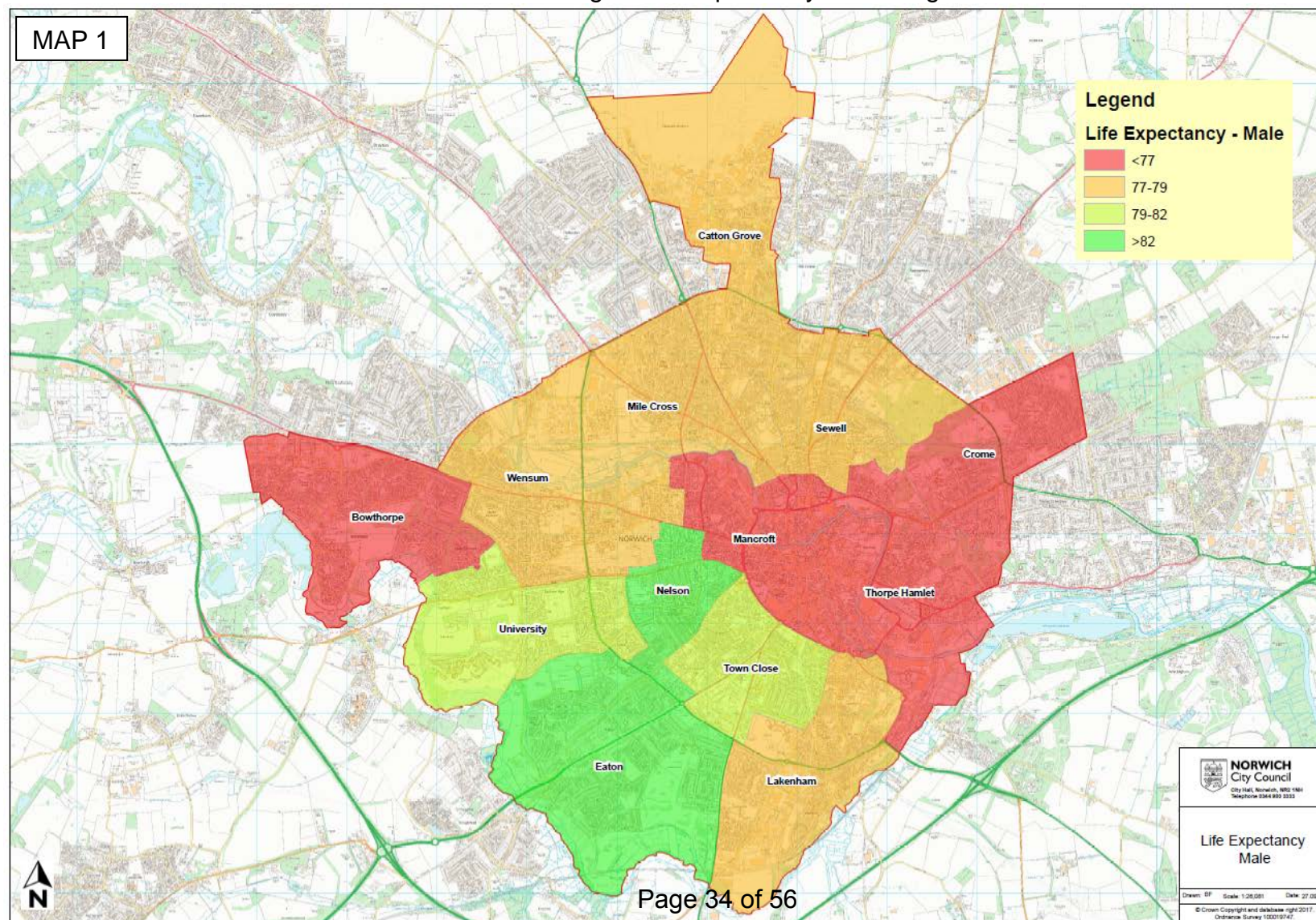
The profile in appendix 1a provided by Norfolk County Council Public Health teams gives a broad picture of the key Health and Wellbeing issues for the district and shows how it compares with Norfolk and England. It is a picture at a single point in time from the information available to enable comparison with respect to outcomes relevant to the Health & Wellbeing Strategy. For more information go to Norfolk Insight [www.norfolkinsight.org.uk](http://www.norfolkinsight.org.uk)

The graphs below on the left show the main causes for those in deprived areas in Norwich having a lower life expectancy than those in more prosperous areas. So for example, the men in most deprived areas in Norwich (black line) live 5 years less than the least deprived (blue line) mainly because they suffer to a larger extent from cancer, mental health issues, circulatory issues etc. and the size of the red block suggests the importance that illness/issue has to the overall life expectancy – circulatory illnesses have a larger effect when looking at the gap compared to respiratory conditions.

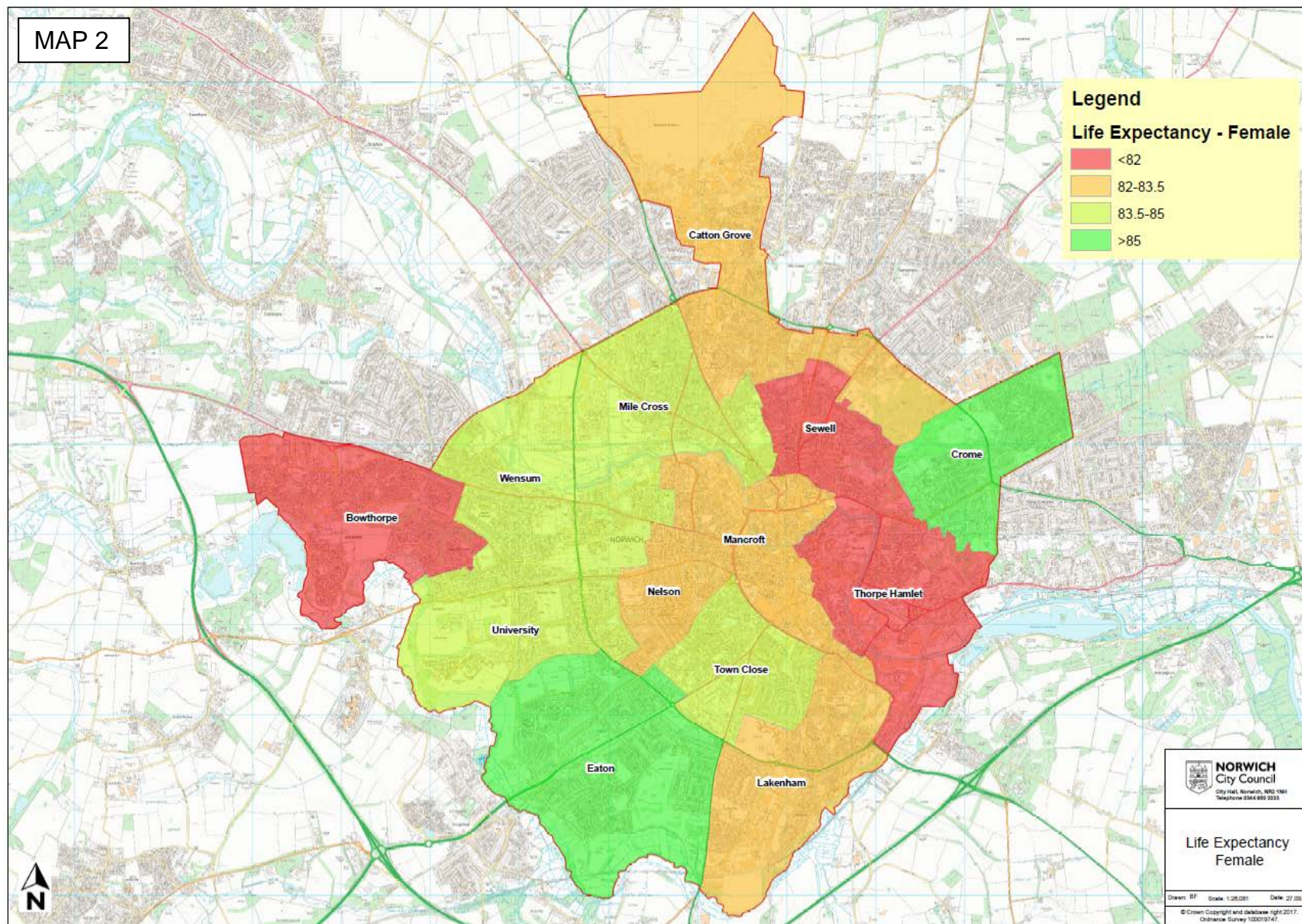
The graphs on the right are showing that those babies born in Norwich in the deprived areas live to an age below the England average but those born in prosperous areas live longer than the England average



3. Maps 1 and 2 below show the life expectancy variance across the different wards in Norwich, and also show the life expectancy differences between the genders. A stark contrast can be seen between wards and between genders, for example in Crome ward, which has a low life expectancy for males of under age 77 against over 82 for men in Eaton, whereas women in Crome ward have a much higher life expectancy of over age 85.

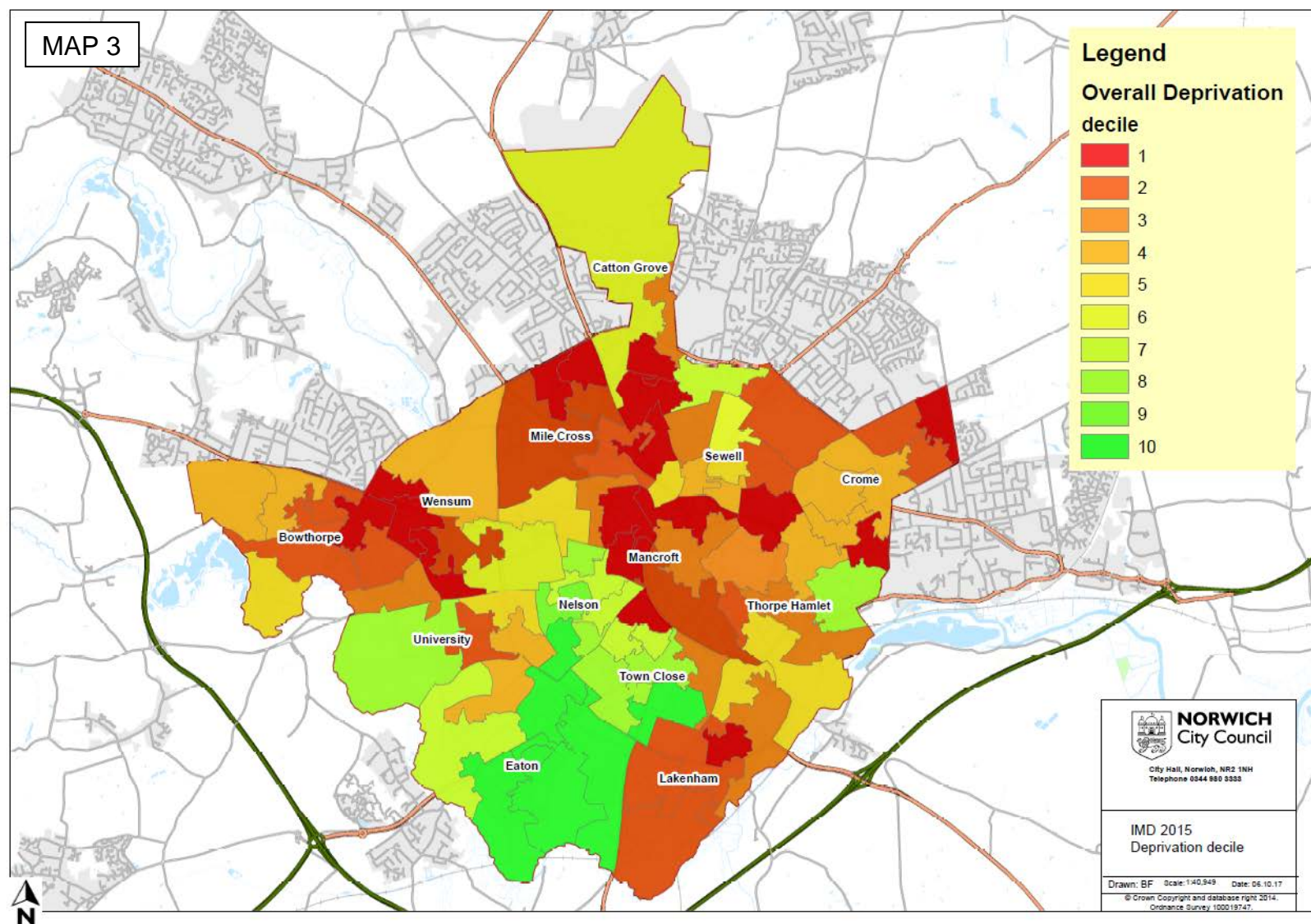








4. The map below shows the overall deprivation across the lower super output areas of Norwich, and the red to green scale indicates the most to least deprived areas. Comparisons can then be drawn between map 3 and the life expectancy differences between males and females as shown in maps 1 and 2 above.



5. What is the experience of health inequalities in Norwich?

The following extracts are from evidence provided by organisations working with local people who experience poorer health outcomes, namely people sleeping rough and people with disabilities.

*Evidence from: St Martin's Housing Trust general manager, Derek Player: (appendix 2)*

The city is fortunate in having the City Reach primary health care team whose "raison d'être" is to reach out to marginalised groups such as the homeless, sex workers, travellers and others who may not have access to G.P. services. City Reach is based at premises in Westwick Street owned by St Martins and this proximity facilitates easy cross-referral of clients between the two organisations. City Reach also delivers a weekly surgery in Bishopbridge House. Both organisations are experiencing "system blockage" at the moment. St Martins has a record number of "revolving door" clients whose progress along the recovery pathway is either halted by no appropriate service being available for them, or because other agencies (having had their budgets reduced by Norfolk County Council) refuse to take nominated "high risk" clients. City Reach is also retaining more patients than they would wish because G.P. surgeries will often not register them or they are not equipped to deal with them. Consequently their "list" keeps growing and the practice cannot offer the intensity of service to individuals the health practitioners would wish.

There are an increasing number of single homeless adults who St Martins is in touch with who have multiple and complex needs. These needs are typically a combination of mental and physical ill health issues (often severe and prolonged) and deep-seated substance misuse issues. This latter group forms the majority of rough sleepers in the city and some of them have resisted engagement with the current rough sleepers team (CAPS) or the offer of a bed at Bishopbridge House.

*Evidence from Making it Real Norfolk, Mary Fisher: (appendix 3)*

Making it Real believes the best way to improve services is to ask people who use those services what they need and how best to provide it. Making it Real was asked about their experiences of health inequality and to use their lived experience to suggest ways Norwich City Council could improve health inequality:

- Housing - Disabled people experience worse health outcomes when they live in unsuitable accommodation. Here are a few examples:-

..."my flat [is] no longer suitable as I use a wheelchair and have 7 steps outside so I am totally house bound. I know qualify for a two

bedroomed bungalow. They seem to be very thin on the ground. The council still send me accommodation on the first floor which is totally useless.”

One person was unable to find alternative accommodation whilst building work was carried out “...because there are no hotels in Norwich with overhead tracking hoists and wheel in shower. I had to continue living in a dusty, damp, chemical filled environment.” “I feel like a prisoner in my home. The surrounding area has been turned into a building site. There are no pavements for me to use. There are no facilities such as shops, nurseries, chemists, GP services...”

- Insufficient parking for people who use blue badges or require accessible vehicles.
- Exclusion from participating in Norwich life due to lack of properly accessible toilets
- Access to health and social care services, shops and facilities.
- Support and care workers.

#### 6. What is a district council role in addressing health inequality?

The below information was taken from The King’s Fund report ‘The district council contribution to public health: a time of challenge and opportunity’ <https://www.kingsfund.org.uk/publications/district-council-contribution-public-health>

### **Housing**

- Access to good-quality housing is critical to good mental and physical health. District councils have an important role to play in delivering this; in 2014/15, 40 per cent of housing completed by district councils was classed as affordable.
- Poor housing conditions are estimated to cost the NHS £2 billion every year and cost the wider economy even more. Yet improving poor homes pays back quickly in reduced costs across the public sector. District councils have a direct role in this, and also through their enforcement powers around the condition of private rented housing.
- District councils’ efforts on housing advice and reducing homelessness are also likely to pay back in terms of finance, as well as health. On average, homeless people’s health costs are four times those of non-homeless people, costing the NHS an additional £85 million annually.

### **Leisure and green spaces**

- Physical inactivity is one of the biggest health challenges facing us as a nation. A quarter of women and a fifth of men are physically inactive, as are many children. Overall, physical inactivity is responsible for up to one in five premature deaths and is estimated to cost the UK economy more than £7 billion annually. Sport England suggests that the economic value of sport is around £11 billion every year, of which

around £1.7 billion is related to avoidable NHS costs.

- District councils provide leisure services and access to green spaces. Innovative reduced-cost schemes and free access to leisure services suggests that up to £23 in value is created for every £1 invested. More broadly, access to green spaces is increasingly recognised to be as important to mental health as physical health, and has been shown to reduce the impact of income inequalities on mental health and wellbeing.
- District councils' wider role in delivering and lobbying for improvements in local natural habitats is also important. Tentative estimates suggest that a 7.1 per cent fall in sedentary behaviour as a result could produce nearly £2 billion in benefits through reduction in coronary heart disease (CHD), cancers, stroke, depression and anxiety.

### **Environmental health**

- Most aspects of environmental health services are likely to have an impact on health. For example, air and noise pollution are both associated with a number of negative health outcomes, while food-borne diseases can result in hospital visits and time off work.
- Estimates suggest that the health costs arising from man-made pollution could be as high as £20 billion (2005); the UK-wide impact of noise pollution on health is estimated to be in the region of £2 billion to £3 billion per year (2008).
- The district council role in environmental health is potentially vast, covering functions such as monitoring and managing local air quality, noise nuisance, food safety, enforcing the smoking ban, ensuring compliance with occupational health and safety regulations, pest control, and dealing with contaminated land, among others.
- Perhaps because many of these functions are statutory, there is little published evidence on the effectiveness or cost-effectiveness of environmental health interventions. In a period when spending is being cut – particularly, it seems, in environmental health – this kind of evidence is urgently required to better inform difficult decisions about local priorities and to ensure value for money.

### **Enabling roles**

- Beyond delivering the core functions outlined above, we believe that district councils have three enabling roles that underpin good public health. These both affect and shape how other functions are delivered and therefore their impacts on health; in this way, they underpin district councils' support for the development of community wellbeing.

### **Economic development**

- A strong local economy is associated with a wide range of better health outcomes. Communities with higher levels of income deprivation are more likely to have lower life expectancy and poorer health than those with lower levels of income deprivation and for every 10 per cent increase in involuntary unemployment in a community, average life expectancy is one year lower.

- District councils have many levers for sustainable economic development, including the New Homes Bonus and Community Infrastructure Levy, and their role in Local Enterprise Partnerships and City Deals. They also have an important role in delivering the government's Troubled Families programme and benefit systems. They provide a wide range of direct and indirect support to employers, unemployed people, and other vulnerable groups.
- When it is well planned, economic development leads to good-quality stable employment, which helps improve the health of the individual, their family and wider networks. This is true across the life-course, but especially for young people who are less likely to find work later in life and more likely to experience poor long-term health if they are out of the workforce as younger people.
- However, how economic development 'is done' is often just as important to long-term health and wellbeing as the economic development itself. This is where the connection with district councils' other enabling roles – in good planning and community engagement in health – is so critical.

### **Planning**

- Districts are responsible for planning in two-tier areas. Their approach is best viewed as an enabler rather than an intervention, partly because it affects and interacts with most other district functions, and so underpins the health and wellbeing of local communities.
- Planners fulfil a range of functions. These include assessing and processing planning applications, preparing long-term local plans for an area, securing the local infrastructure and investment needed by leveraging section 106 agreements, and applying the Community Infrastructure Levy.
- Evidence suggests that the spatial environment affects people's physical and mental health. Planning can, for example, encourage active commuting through the provision of walkways and cycle lanes; it can ensure an adequate supply of affordable housing and access to green space; it can restrict access to unhealthy food outlets and impose restrictions on traffic; and it can benefit the local economy by creating new local business opportunities and jobs.

### **Engaging with communities**

- District councils have an important role to play in supporting social capital by strengthening social networks and community-centred approaches to health, potentially through enabling greater volunteer involvement in health care support. These approaches have been shown to have strong and direct links to health, being as powerful predictors of mortality in older populations as common lifestyle risks, such as moderate smoking, obesity, and high cholesterol and blood pressure. They are also important in determining or averting health behaviours as well as resilience to, and recovery from, illness.
- However, the direct return on investment evidence of community-centred approaches to health is still developing, and there is limited



evidence on the cost-effectiveness of community engagement interventions (although some reviews have reported cost benefits in some circumstances).

## 7. What is Norwich City Council doing?

Healthy Norwich aims to improve the health and wellbeing of people living in the city and its surrounding area. It is a partnership between NHS Norwich CCG, Norwich City Council, Broadland District Council and Public Health, at Norfolk County Council. Healthy Norwich has three identified themes for 2017/18 aimed specifically at tackling health inequalities in the city and to promote health and wellbeing messages to the whole population. These thematic areas are:

**Promoting healthy weight and lifestyles**— improving awareness of the benefits of an active lifestyle, and improving access to activities in the city. Supporting people to make healthier food choices and providing services to people seeking to achieve a healthy weight

To be delivered in 2017/2018:

- Deliver the Daily Mile to Norwich and achieve school sign up of at least 20 primary schools as reported on the Daily Mile national participation map
- Deliver an innovative sugar awareness scheme for Norwich secondary schools, supported by a cutting-edge animation.
- Deliver the National Diabetes Prevention Programme (NDPP) in Norwich, as part of the Central Norfolk CCG wave.
- Deliver a GP breastfeeding friendly accreditation scheme.

**Smoking cessation and prevention** – helping people to stop smoking through the provision of local smoking cessation services, and reducing the numbers of young people who take up smoking, by denormalising smoking.

To be delivered in 2017/2018:

- Following the successful implementation of smoke-free parks and other supporting activities, ensure the evaluation of this project supports the introduction of smoke free school gates by Norfolk County Council.

**Affordable warmth** – reducing fuel poverty for Norwich residents through affordable warmth activities.

To be delivered in 2017/2018:

- Deliver a pilot to test ward level prevention activity to reduce excess winter deaths.

Improving mental wellbeing (increasing self-esteem and resiliency, enabling positive social interactions) and reducing health inequalities amongst vulnerable groups and deprived communities underpin all the Healthy Norwich activity.

To be delivered in 2017/2018:

- Deliver a pilot for social prescribing at Tuckswood surgery.
- Deliver a successful mini grants programme via Norfolk Community Foundation for 1) Mental Wellbeing Innovation Fund and 2) Innovation to Support Sustainable Healthy Communities Fund.

#### Cancer - Prevention and Early Detection

To be delivered in 2017/2018:

- Developing a comprehensive business case and action plan based on targeted activity improve cancer screening and early diagnosis rates.

As well as the Healthy Norwich partnership, the city council also already deploys many of the approaches outlined in the Kings Fund report to address the wider determinants of health, such as:

- Under our Healthy Homes initiative, our Home Improvement Service offers a range of support to enable residents of Norwich to remain living in a warm home that is safe and secure which benefits their health. Services available include:
  - Help with minor adaptations, especially if you or someone you care for is suffering with dementia e.g. changing the colour of things around the home to make furniture and items clearer to identify or locate, or installing extra lighting
  - Help with larger adaptations, repairs or home improvements (e.g. treating damp, adding ramps or stair lifts, emergency repairs): we can help assess what works are needed, refer work to our approved list of building contractors and supervise work to ensure it is completed to a satisfactory standard
  - Help with odd-jobs and small scale repairs via our Handyperson service (over 65s only)
  - Help with applying for grants or funding to make your home healthier or warmer (disabled adaptations grants, safe at home grants, hospital discharge grants, home improvement loans)
  - Help you to reduce your energy bill costs through the Big Switch and Save scheme
  - Financial and energy saving advice, insulation measures, boiler checks, emergency radiators, loft clearance
  - Support to look at alternative housing options if you want to consider moving to more suitable accommodation
  - Signposting or referring you to other agencies to access welfare benefits, concessions or other support or advocacy services

- The team can also help with poor housing conditions which can become a threat to a person's health, safety or recovery.
- Sports and Leisure provision:
  - working in partnership to support the development and delivery of sport, physical activity and leisure initiatives increasing opportunities for people to lead active and healthy lifestyles
  - developing and managing the Go 4less leisure discount scheme
  - in-house management of The Norman Centre
  - contract monitoring for Riverside Leisure Centre, managed by Places for People Ltd. on behalf of the council
  - contributing strategically to the future provision and sustainability of sport, leisure and cultural facilities and services.
- Using our parks and open spaces to generate health outcomes, such as implementing a 'voluntary ban' on smoking on council play areas in the city
- A range of city-wide and locality projects under the Reducing inequalities action plan that address financial and social drivers of poor health
- Building health inequalities into planning and place-based initiatives, such as the River Wensum Strategy, which includes the following objective:

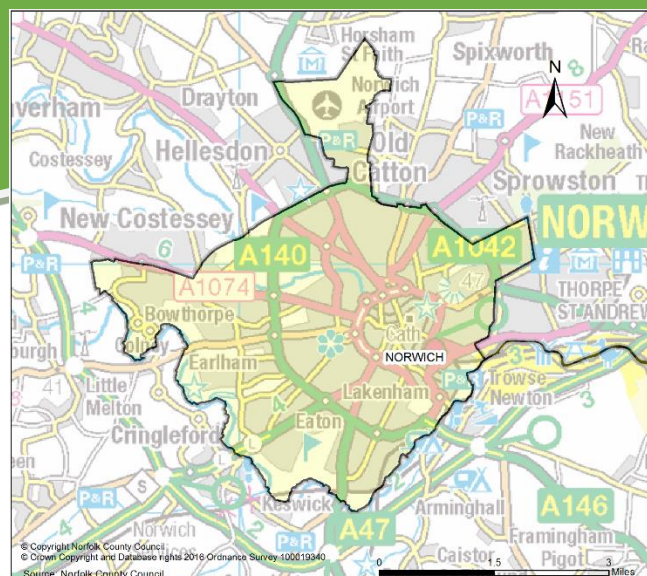
Policy 1: The design of individual projects and implementation of the strategy will address health and social inequalities of local communities adjacent to the river where appropriate and feasible.

The draft strategy is available here:

[https://www.norwich.gov.uk/downloads/file/4025/management\\_and\\_partnership\\_working](https://www.norwich.gov.uk/downloads/file/4025/management_and_partnership_working)

There are also a range of council initiatives that link directly into health care services, including:

- Facilitating the Norwich Early Help Hub
- Working with adult social care and public health teams to develop the Norwich Social Prescribing model
- Providing a Home Improvement Service caseworker at the Norfolk and Norwich University Hospital to support hospital discharge



**Population 138,900**

2015 mid-year estimate | Source: Office for National Statistics

If you have any queries about this profile or its data, please email [insight@norfolk.gov.uk](mailto:insight@norfolk.gov.uk).

### Current Health and Wellbeing priorities



**66%** of five year olds have a good level of development



**73** people die early each year of circulatory conditions including heart disease and stroke

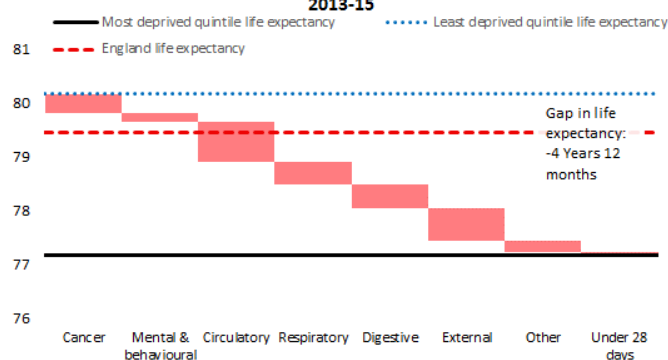


**1,146 of 1,846** estimated dementia cases are diagnosed

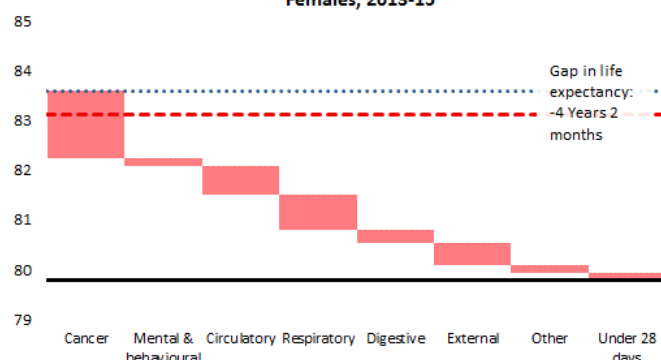


Green or red number means significantly **better** or **worse** than the England average. Arrows indicate change direction this year, colour represents significant difference.  
[www.norfolk.gov.uk/hwbstrategy](http://www.norfolk.gov.uk/hwbstrategy)

**Contribution to life expectancy gap between most and least deprived areas in Norwich, by broad cause of death. Males, 2013-15**



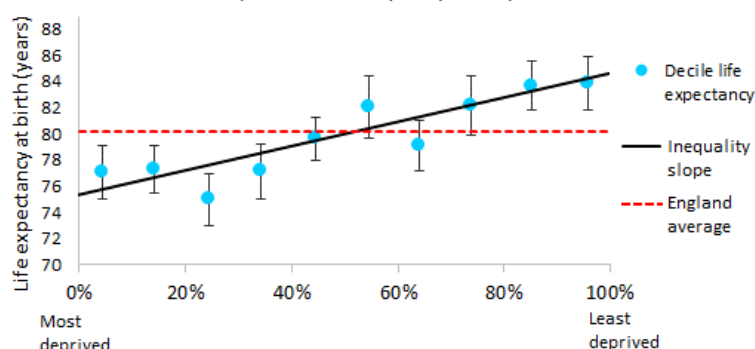
**Females, 2013-15**



Source: see indicator notes on page 4

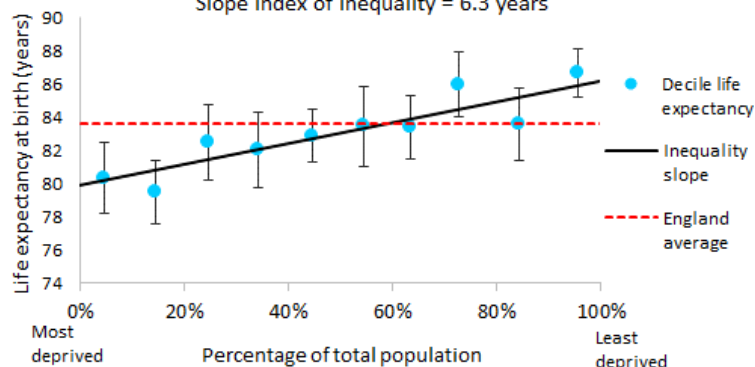
**Life expectancy at birth by deprivation decile Norwich. Males, 2013-2015**

Slope index of inequality = 9.4 years



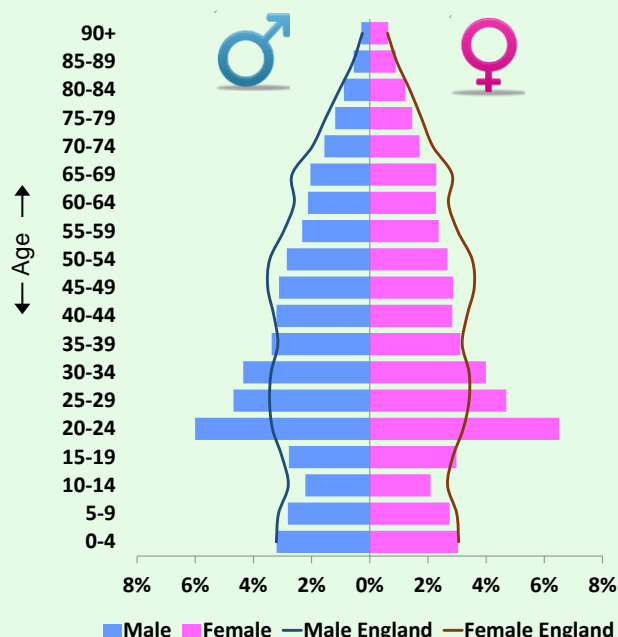
**Females, 2013-2015**

Slope index of inequality = 6.3 years



This profile gives a broad picture of the key Health and Wellbeing issues for the district and shows how it compares with Norfolk and England. It is a picture at a single point in time from the information available to enable comparison with respect to outcomes relevant to the Health & Wellbeing Strategy. For more information go to Norfolk Insight [www.norfolkinsight.org.uk](http://www.norfolkinsight.org.uk).

## Percentage of resident population by five year age groups 2015 compared with England

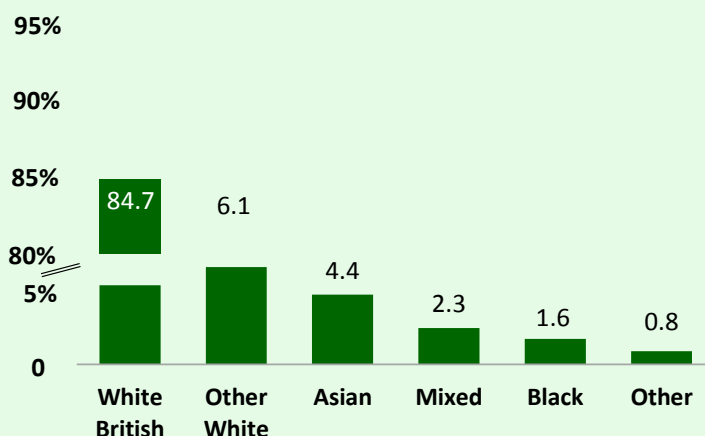


Source: 2015 mid-year estimates, Office for National Statistics

## Age Structure

The estimates for mid-2015 show that the population of Norwich is younger than England as a whole, with 30% of the population aged 20-34 compared with 20% in England - See more at: <http://www.norfolkinsight.org.uk/jsna/population>

## Percentage of resident population by ethnic group

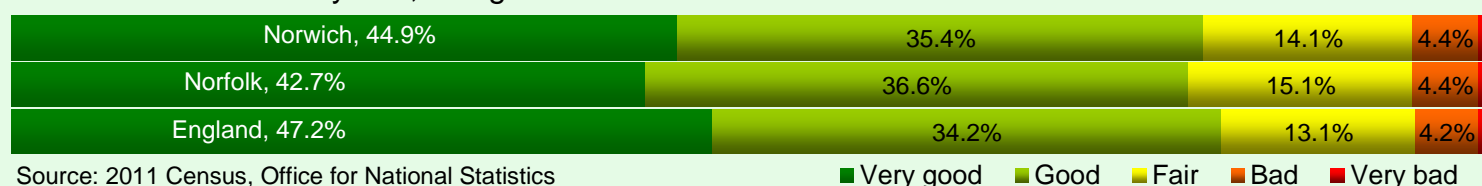


Source: 2011 Census, Office for National Statistics

# Health

## General Health

General health is a self-assessment of a person's general state of health. This assessment is not based on a person's health over any specified period of time. General health in Norwich is similar to the Norfolk average. 80.3% of people described their health as good or very good, compared with 79.3% in Norfolk, and 5.6% as bad or very bad, as against 5.6% in Norfolk.



Source: 2011 Census, Office for National Statistics

## Long-term health problem or disability

A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least twelve months. 8.6% of people in Norwich said that their day-to-day activities were limited by a long term illness or disability, compared with 9.1% in Norfolk and 8.3% in England.



Source: 2011 Census, Office for National Statistics

# Health & Wellbeing summary

The chart below shows how the health of people in the district compares with Norfolk and the rest of England. The district result for each indicator is shown as a circle. The value for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in Norfolk is shown as a grey bar. A red circle means that the district is significantly worse than England for that indicator; however, a green circle may still indicate an important health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance calculated
- ◆ Norfolk average



Profile for Norwich			Local number per year	District Value	England Average	Norfolk Worst	Norfolk Range	Norfolk Best	Trend Start	Trend	Trend Finish	Change over three years
Our community	1	Life expectancy at birth for males	510	79.6	79.5	73.9		84.3	77.3		79.6	↑
	2	Life expectancy at birth for females	560	82.9	83.1	79.2		88.8	82.8		82.9	↓
	3	Income Deprivation 2015	26,235	18.9	14.6	37.1		5.4	18.9		18.9	-
	4	General Health - bad or very bad	7,499	5.7	5.5	8.9		2.5				-
	5	Teenage conceptions	56	32.6	20.8	97.2		14.2	53.3		36.4	↓
	6	Provision of 50 hours or more unpaid care per week	2,869	2.2	2.4	4.5		0.8				-
	7	Anti-social behaviour incidents	5,817	41.9	n/a	168.9		7.6	81.6		41.9	↓
	8	Domestic Abuse	3,819	33.1	n/a	81.4		7.7				-
	9	Violence against the person	4,527	32.6	n/a	78.9		5.8	22.0		32.6	↑
Early years	10	Child Poverty	6,160	26.5	20.1	40.7		6.3	31.4		26.7	↓
	11	School Readiness	1,066	65.9	69.3	44.8		83.5	39.7		65.9	↑
	12	Admissions for injuries in under 5s	155	177.8	136.0	250.4		47.7	159.9		177.8	↑
	13	Emergency admissions in under 5s	1,604	185.2	150.3	312.5		98.9	143.1		185.2	↑
	14	A&E attendances in under 5s	2,993	345.5	587.9	713.9		222.0	283.6		345.5	↑
	15	Breastfeeding	943	49.3	43.2	37.1		52.4				-
	16	Obese Children (Reception Year)	153	9.8	9.3	15.8		4.7	8.8		9.1	↓
	17	Children with excess weight (Reception Year)	363	23.2	22.1	32.2		14.6	22.9		23.0	↓
	18	Obese children (Year 6)	229	18.6	19.8	26.3		6.5	18.6		18.6	-
Obesity	19	Children with excess weight (Year 6)	407	33.1	34.2	44.4		12.6	31.1		33.1	↑
	20	Early deaths from circulatory conditions	73	78.5	74.6	149.7		21.8	96.8		77.9	↓
	21	Obese adults	23,660	19.6	24.4	31.7		10.7	18.5		18.9	↑
	22	Healthy eating adults	28,817	25.5	26.4	18.6		34.9	53.7		56.8	-
Dementia	23	People diagnosed with diabetes	6,837	4.8	6.5	9.9		2.3	4.2		4.8	↑
	24	Deaths from dementia and alzheimer's disease	91	73.8	102.2	294.0		21.4	44.9		73.8	↑
Mental health	25	Estimated diagnosis rate for people with dementia	1,146	62.1	67.6	36.2		129.9	45.9		62.1	↓
	26	Self harm emergency admissions	605	398.4	196.5	877.1		76.5	320.8		398.4	↑
	27	Suicide	20	16.1	10.1	48.0		3.5	13.8		16.1	↑
	28	Social isolation*	n/a	n/a	45.4	n/a		n/a				-

\*Range represents upper tier values in the East of England

Arrows indicate increase or decrease. Green or red arrows mean significantly better or worse than previous. No colour indicates no significant difference.



## Health indicator notes

**Contribution to life expectancy gap between the most and least deprived LSOA quintiles, by broad cause of death:** difference between life expectancy in the most and least deprived areas and the contribution to gap in life expectancy in years. Coloured bars indicate difference in life expectancy if the death rate for that cause was the same as in the least deprived areas. Red shows potential for improvement. Segment tool info.: <http://tinyurl.com/z472itk>

**Life expectancy at birth by deprivation decile:** Life expectancy at birth has been calculated for each population decile from the most deprived 10% of the population to the least deprived 10%. An inequality slope has been calculated (line of best fit using the least squares method) which highlights the life expectancy difference in the district. The England average life expectancy has been included as an illustration of total equality, points below this line show a worse than average life expectancy. Source: ONS PCMD and IMD2010. More information at: [tinyurl.com/LEInequality](http://tinyurl.com/LEInequality)

### Health and Wellbeing summary:

- 1 Average male life expectancy at birth (years) 2013-2015 – Primary Care Mortality Database;
- 2 Average female life expectancy at birth (years) 2013-2015 – Primary Care Mortality Database;
- 3 The percentage of the population living in low income families reliant on means tested benefits – IMD 2015;
- 4 The percentage of respondents who stated 'very bad' or 'bad' when asked about their general health – Census 2011;
- 5 Conceptions in women aged under 18 per 1,000 females aged 15-17, 2015 – ONS;
- 6 The percentage of question respondents who stated '50 hours or more of unpaid care per week' when asked if they provided unpaid care – Census 2011;
- 7 Anti-social behaviour incidents per 1,000 population, 2016 – Norfolk Constabulary;
- 8 Recorded crime and non-crime domestic abuse incidents per 1,000 population aged 16+, 2016 – Norfolk Constabulary;
- 9 Violence against the person incidents per 1,000 population, 2016 – Norfolk Constabulary;
- 10 Children 0–15 living in income-deprived households as a percentage of all children 0–15, 2014 – HM Revenue & Customs;
- 11 Children defined as having reached a good level of development at the end of the Early Years Foundation Stage as a percentage of all eligible children. 2016 – DfE;

- 12 Crude rate of hospital admissions caused by unintentional and deliberate injuries in children (aged under 5 years), per 10,000 resident population. 2013/14-15/16 – NHS Digital;
  - 13 Crude rate of emergency hospital admissions for children (aged under 5 years), per 1,000 resident population. 2015/16 – NHS Digital;
  - 14 A&E attendance rate per 1,000 resident population aged 0-4 years. 2015/16 – NHS Digital;
  - 15 The percentage of all infants due a 6-8 week check that are totally or partially breastfed 2015 – PHE;
  - 16 Number of children classified as obese as a percentage of all children measured. Reception year. 2015/16 – NCMP;
  - 17 Number of children classified as overweight or obese as a percentage of all children measured. Reception year. 2015/16 – NCMP;
  - 18 Number of children classified as obese as a percentage of all children measured. Year 6. 2015/16 – NCMP;
  - 19 Number of children classified as overweight or obese as a percentage of all children measured. Year 6. 2015/16 – NCMP;
  - 20 Early deaths from circulatory conditions (deaths aged under 75 including heart attack and stroke) DSR per 100,000 people. 2013-2015 – Primary Care Mortality Database;
  - 21 The percentage of adults classified as obese – APS 2013-15;
  - 22 The estimated percentage of the population aged 16+ that eat healthily. Healthy eating is defined as those who consume 5 or more portions of fruit and vegetables per day – Health Survey for England 2012-14;
  - 23 The percentage of the population registered with GP practices aged 17 and over with diabetes. 2016 – QOF;
  - 24 Directly standardised rate of deaths from Dementia and Alzheimer's disease per 100,000 people (ICD 10 codes F01, F03 & G30) 2013-2015 – PCMD;
  - 25 Estimated diagnosis rate expressed as a percentage (number of people diagnosed/estimated prevalence) 2017 – NHS Digital, ONS SNPP, Alzheimer's Society, CFAS II;
  - 26 Emergency Hospital Admissions for Intentional Self-Harm per 100,000 people. 2015/16 – NHS Digital;
  - 27 Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population. 2013-2015 – Primary Care Mortality Database;
  - 28 % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey. 2015/16 – Adult Social Care Survey England.
- Notes:** Directly Standardised Rate (DSR) – The age-specific rates of the subject population are applied to the age structure of the standard population. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile.

## Find out more

### Key information links

There is much more information available to inform you on Health and Wellbeing issues in your area.

Public Health England publish a range of nationally produced profiles including:

- Local Authority Health Profiles
- General Practice Profiles
- Child Health Profiles
- Injury Profiles
- Community Mental Health Profiles

[fingertips.phe.org.uk](http://fingertips.phe.org.uk)

Norfolk County Council also produce information on related issues, which can be found online. This includes:

- 2011 Census information and analysis [www.norfolkinsight.org.uk/census](http://www.norfolkinsight.org.uk/census)
- JSNA profiles and information [www.norfolkinsight.org.uk/jsna](http://www.norfolkinsight.org.uk/jsna)
- Health and Wellbeing Strategy and information [www.norfolk.gov.uk/hwbstrategy](http://www.norfolk.gov.uk/hwbstrategy)

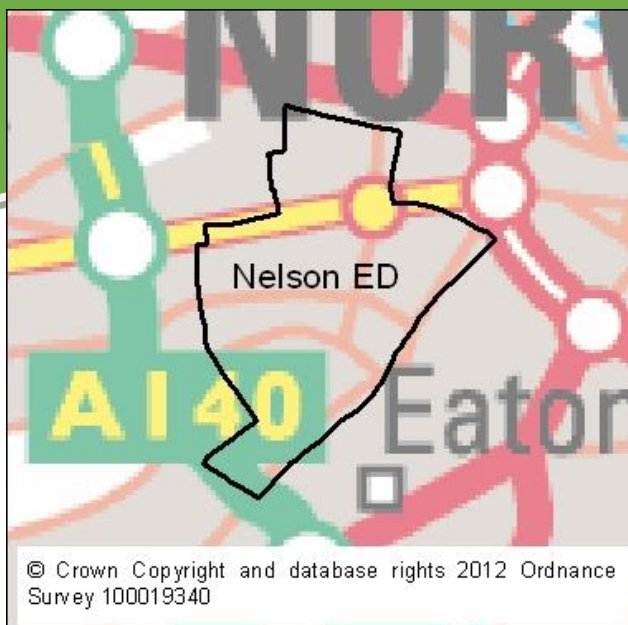
ONS referenced data in this document is adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0.

# Health and Wellbeing Profile 2017

## Electoral Division: Nelson

Councillor: Jess Barnard Contact: [www.norfolk.gov.uk/jessbarnard](http://www.norfolk.gov.uk/jessbarnard)

## APPENDIX 1B



**Population 9,605**

2015 mid-year estimate | Source: Office for National Statistics

If you have any queries about this profile or its data, please email [insight@norfolk.gov.uk](mailto:insight@norfolk.gov.uk).

### Current Health and Wellbeing priorities



**83.5%** of five year olds have a good level of development



**Fewer than 5** people die early each year of circulatory conditions including heart disease and stroke



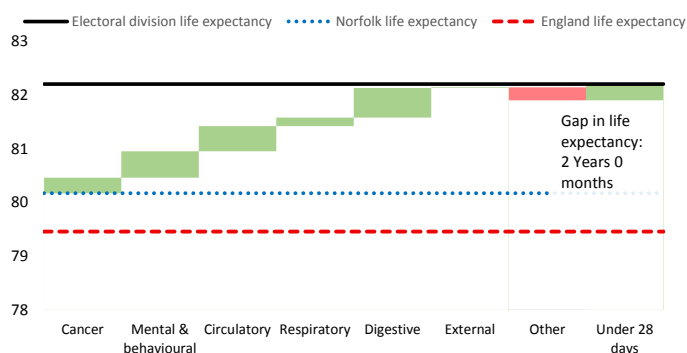
**54 of 68** estimated dementia cases are diagnosed



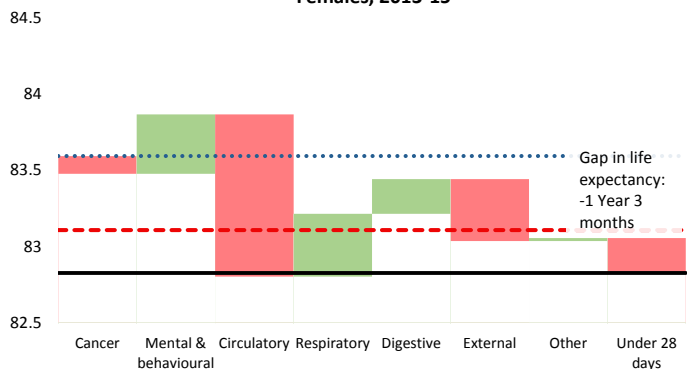
Green or red number means significantly **better** or **worse** than the England average. Arrows indicate change direction this year, colour represents significant difference.

[www.norfolk.gov.uk/hwbstrategy](http://www.norfolk.gov.uk/hwbstrategy)

**Contribution to life expectancy gap between Nelson and Norfolk, by broad cause of death. Males, 2013-15**



**Females, 2013-15**

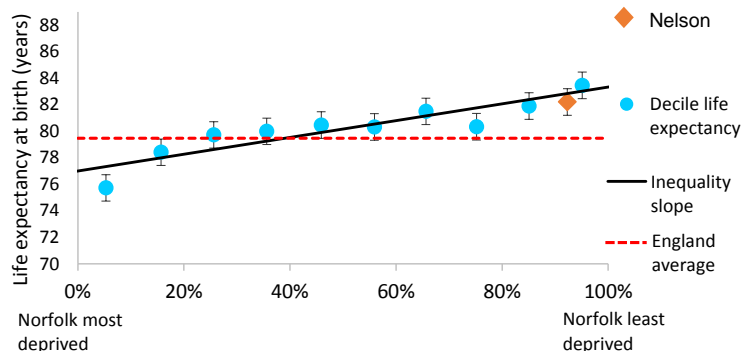


Source: see indicator notes on page 4

This profile gives a broad picture of the key Health and Wellbeing issues for the electoral division and shows how it compares with Norfolk and England. It is a picture at a single point in time from the information available to enable comparison with respect to outcomes relevant to the Health & Wellbeing Strategy. For more information go to Norfolk Insight [www.norfolkinsight.org.uk](http://www.norfolkinsight.org.uk).

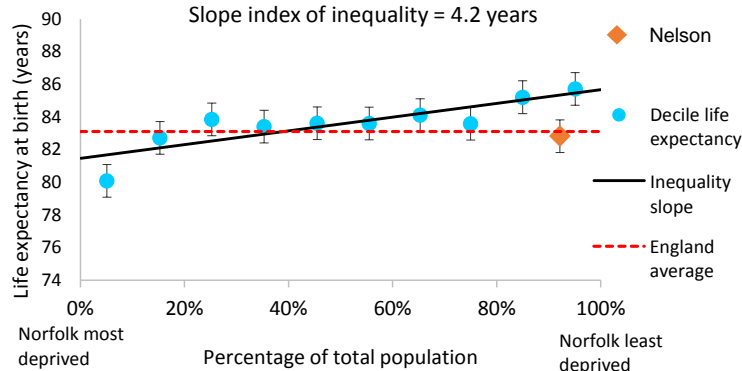
**Life expectancy at birth by deprivation decile Norfolk. Males, 2013-2015**

Slope index of inequality = 6.3 years



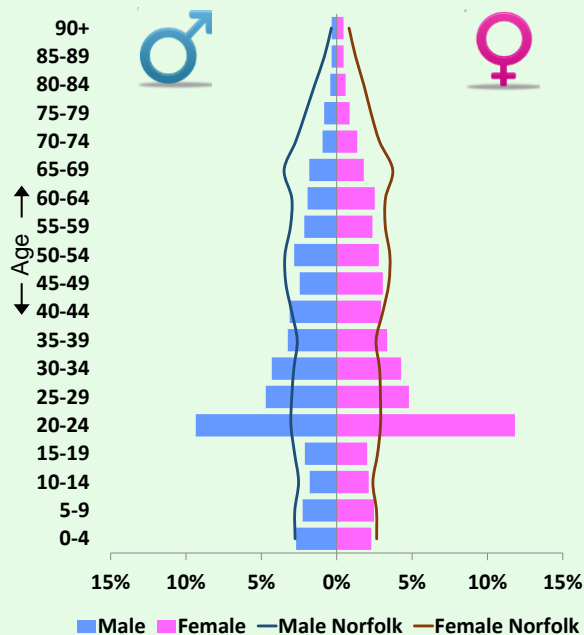
**Females, 2013-2015**

Slope index of inequality = 4.2 years





## Percentage of resident population by five year age groups 2015 compared with Norfolk

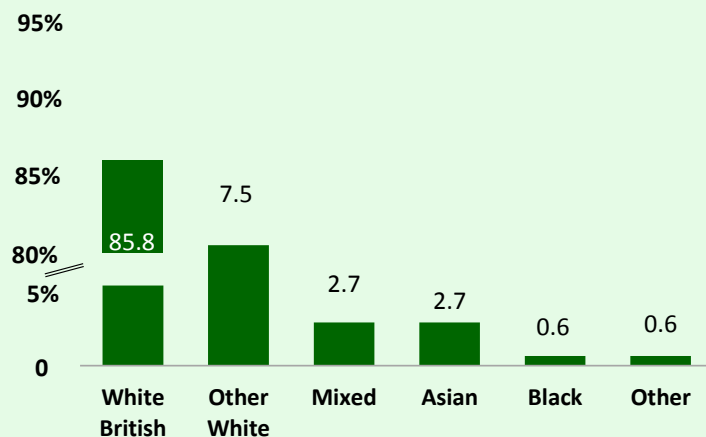


Source: 2015 mid-year estimates, Office for National Statistics

## Age Structure

The estimates for mid-2015 show that the population of Nelson is younger than Norfolk as a whole, with 39% of the population below the age of 25 compared with 27% in Norfolk. - See more at: <http://www.norfolkinsight.org.uk/jsna/population>

## Percentage of resident population by ethnic group

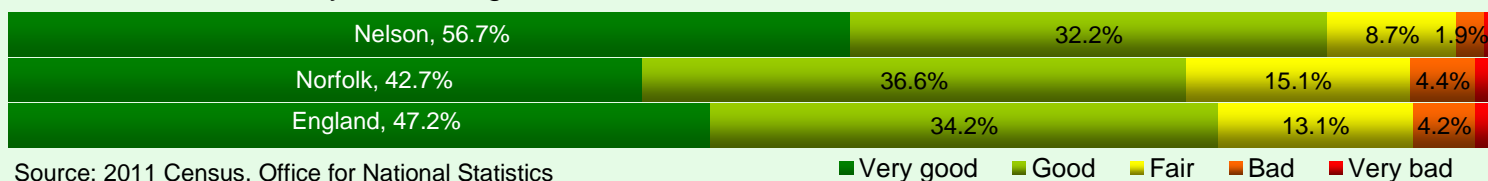


Source: 2011 Census, Office for National Statistics

# Health

## General Health

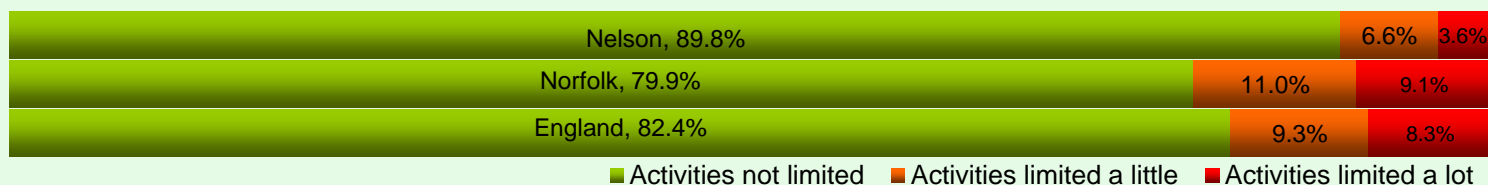
General health is a self-assessment of a person's general state of health. This assessment is not based on a person's health over any specified period of time. General health in Nelson is better than the Norfolk average. 88.9% of people described their health as good or very good, compared with 79.3% in Norfolk, and 2.5% as bad or very bad, as against 5.6% in Norfolk.



Source: 2011 Census, Office for National Statistics

## Long-term health problem or disability

A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least twelve months. 3.6% of people in Nelson said that their day-to-day activities were limited a lot by a long term illness or disability, compared with 9.1% in Norfolk and 8.3% in England.



Source: 2011 Census, Office for National Statistics

# Health & Wellbeing summary

The chart below shows how the health of the people in the electoral division compares with Norfolk and the rest of England. The electoral division result for each indicator is shown as a circle. The value for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in Norfolk is shown as a grey bar. A red circle means that the electoral division is significantly worse than England for that indicator; however, a green circle may still indicate an important health problem.

● Significantly worse than England average

● Not significantly different from England average

● Significantly better than England average

● No significance calculated

◆ Norfolk average



Profile for Nelson Electoral Division			Local Number per Year	Rank in Norfolk (1 = best)	Electoral Division Value	England Average	Norfolk Worst	Norfolk Range	Norfolk Best	Trend Start	Trend	Trend End	Change (higher or lower than previous)
Our community	1	Life expectancy at birth for males	20	12 of 84	82.2	79.5	73.9	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>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\* Figures relate to district in which electoral division lies

Arrows indicate increase or decrease. Green or red arrows mean significantly better or worse than previous. No colour indicates no significant difference.

## Health indicator notes

**Contribution to life expectancy gap between electoral division and Norfolk, by broad cause of death:** difference between life expectancy in the area and Norfolk and the contribution to gap in life expectancy in years. Coloured bars indicate difference in life expectancy if the death rate for that cause was the same as in Norfolk. Red shows potential for improvement. Segment tool info.: <http://tinyurl.com/z472jtk>

**Life expectancy at birth by deprivation decile:** Life expectancy at birth has been calculated for each population decile from the most deprived 10% of the population to the least deprived 10%. An inequality slope has been calculated (line of best fit using the least squares method) which highlights the life expectancy difference in Norfolk. The England average life expectancy has been included as an illustration of total equality, points below this line show a worse than average life expectancy. Source: ONS PCMD and IMD2015. More information at: [tinyurl.com/LEInequality](http://tinyurl.com/LEInequality)

### Health and Wellbeing summary:

- 1) Average male life expectancy at birth (years) 2013-2015 – Primary Care Mortality Database;
- 2) Average female life expectancy at birth (years) 2013-2015 – Primary Care Mortality Database;
- 3) The percentage of the population living in low income families reliant on means tested benefits – IMD 2015;
- 4) The percentage of question respondents who stated 'very bad' or 'bad' when asked about their general health – Census 2011;
- 5) Conceptions in women aged under 18 per 1,000 females aged 15-17, 2012-14 – ONS;
- 6) The percentage of question respondents who stated '50 hours or more of unpaid care per week' when asked if they provided unpaid care – Census 2011;
- 7) Anti-social behaviour incidents per 1,000 population, 2016 – Norfolk Constabulary;
- 8) Recorded crime and non-crime domestic abuse incidents per 1,000 population aged 16+, 2016 – Norfolk Constabulary;
- 9) Violence against the person incidents per 1,000 population, 2016 – Norfolk Constabulary;

- 10) Children 0–15 living in income-deprived households as a percentage of all children 0–15, 2014 – HM Revenue & Customs;
  - 11) Children defined as having reached a good level of development at the end of the Early Years Foundation Stage as a percentage of all eligible children. 2016 – Department for Education;
  - 12) Crude rate of hospital admissions caused by unintentional and deliberate injuries in children (aged under 5 years), per 10,000 resident population. 2013/14-15/16 – NHS Digital;
  - 13) Crude rate of emergency hospital admissions for children (aged under 5 years), per 1,000 resident population. 2015/16 – NHS Digital;
  - 14) A&E attendance rate per 1,000 resident population aged 0-4 years. 2015/16 – NHS Digital;
  - 15) The percentage of mothers breastfeeding at 6 to 8 weeks 2014/15 – NCHC and ECCH;
  - 16) Number of children classified as obese as a percentage of all children measured. 2013/14-2015/16 – NCMP;
  - 17) Number of children classified as overweight or obese as a percentage of all children measured. 2013/14-2015/16 – NCMP;
  - 18) Early deaths from circulatory conditions (deaths aged under 75 including heart attack and stroke) DSR per 100,000 people. 2013-2015 – Primary Care Mortality Database;
  - 19) The percentage of adults classified as obese – APS 2013-15;
  - 20) The estimated percentage of the population aged 16+ that eat healthily. Healthy eating is defined as those who consume 5 or more portions of fruit and vegetables per day – Health Survey for England 2012-14;
  - 21) The percentage of the population registered with GP practices aged 17 and over with diabetes. 2016 – QOF database;
  - 22) Directly standardised rate of deaths from Dementia and Alzheimer's disease per 100,000 people (ICD 10 codes F01, F03 & G30) 2013-2015 – PCMD;
  - 23) Estimated diagnosis rate expressed as a percentage (number of people diagnosed/estimated prevalence) 2017 – NHS Digital, ONS SNPP, Alzheimer's Society, CFAS II;
- Notes:** Directly Standardised Rate (DSR) – The age-specific rates of the subject population are applied to the age structure of the standard population. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile.

## Find out more

### Key information links

There is much more information available to inform you on Health and Wellbeing issues in your area.

Public Health England publish a range of nationally produced profiles including:

- Local Authority Health Profiles
- General Practice Profiles
- Child Health Profiles
- Injury Profiles
- Community Mental Health Profiles

[fingertips.phe.org.uk](http://fingertips.phe.org.uk)

Norfolk County Council also produce information on related issues, which can be found online. This includes:

- 2011 Census information and analysis  
[www.norfolkinsight.org.uk/census](http://www.norfolkinsight.org.uk/census)
- JSNA profiles and information  
[www.norfolkinsight.org.uk/jsna](http://www.norfolkinsight.org.uk/jsna)
- Health and Wellbeing Strategy and information  
[www.norfolk.gov.uk/hwbstrategy](http://www.norfolk.gov.uk/hwbstrategy)

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Derek Player  
General Manager  
St Martins Housing Trust

‘Statutory and third sector organisations providing services to socially excluded individuals in the city are faced with a much-changed policy landscape – notably the introduction of Universal Credit and Job Seeker Allowance sanctions (both of which impact disproportionately on homeless people), pressure on local authority and NHS budgets (resulting in increasingly difficult access to services by homeless people), the ever-widening gulf between supply and demand of affordable rent accommodation, and a reduced level of support for prisoners being discharged from prisons.

The model of support in Norwich to rough sleepers and those single adults at risk of homelessness, many of whom live chaotic lives, has not changed for at least a decade. It has been based on the procurement of services by the housing authority (Norwich City Council) including “temporary accommodation” and “street outreach” (caseworkers employed to engage and support rough sleepers on the streets). From an adult social care perspective Norfolk County Council has funded support services in various settings – including the city’s direct access hostel (Bishopbridge House –which sees over 200 departures every year). Taken together these settings have formed a “recovery pathway”. The pathway begins with the offer of a bed at Bishopbridge House, progresses through supported housing placements and typically concludes with some form of tenancy or other semi-permanent accommodation.

St Martins is currently working with the City Council, YMCA, The Salvation Army, Public Health and other statutory agencies to initiate a new way of collaboratively planning and delivering services to the current generation of homeless and socially excluded in the city – particularly those individuals who have refused to engage with the present range of services open to them.

The city is fortunate in having the City Reach primary health care team whose “raison d’etre” is to reach out to marginalised groups such as the homeless, sex workers, travellers and others who may not have access

to G.P. services. City Reach is based at premises in Westwick Street owned by St Martins and this proximity facilitates easy cross-referral of clients between the two organisations. City Reach also delivers a weekly surgery in Bishopbridge House. Both organisations are experiencing “system blockage” at the moment. St Martins has a record number of “revolving door” clients whose progress along the recovery pathway is either halted by no appropriate service being available for them, or because other agencies (having had their budgets reduced by Norfolk County Council) refuse to take nominated “high risk” clients. City Reach is also retaining more patients than they would wish because G.P. surgeries will often not register them or they are not equipped to deal with them. Consequently their “list” keeps growing and the practice cannot offer the intensity of service to individuals the health practitioners would wish.

There are an increasing number of single homeless adults who St Martins is in touch with who have multiple and complex needs. These needs are typically a combination of mental and physical ill health issues (often severe and prolonged) and deep-seated substance misuse issues. This latter group forms the majority of rough sleepers in the city and some of them have resisted engagement with the current rough sleepers team (CAPS) or the offer of a bed at Bishopbridge House.

As the present provider of the Drugs and Alcohol Service in the county moves towards the end of its contract access to their services is becoming more difficult for St Martins clients.

Finally we are finding nomination routes for our clients to the services of the Norfolk and Suffolk Foundation Mental Health Care Trust also problematic. Six out of ten rough sleepers suffer from some form of mental ill health and these conditions (which sometimes would be a severe and enduring mental health condition) never improve whilst the person is homeless. In theory a mental health assessment could be made on a street sleeper but this is rarely done.'

## Making it Real in Norfolk- Our future in our hands

### About Us

Making it Real believes the best way to improve services is to ask people who use those services what they need and how best to provide it. Making it Real has five years experience of working with Adult Social care as a key partner. We also have three Norfolk Council Members on our Board.

### Case studies we have been involved with:-

1. Healthwatch Norfolk – Access to mainstream services for adults with a physical disability
2. Norfolk Adult Social Care – review on social care practice [known as the SCIE review]

### Report for Norwich City Council Scrutiny Committee on Health Inequalities

Making it Real was asked about their experiences of health inequality and to use their lived experience to suggest ways Norwich City Council could improve health inequality.

1. **Housing** - Disabled people experience worse health outcomes when they live in unsuitable accommodation. Here are a few examples:-

..."my flat [is] no longer suitable as I use a wheelchair and have 7 steps outside so I am totally house bound. I know qualify for a two bedroomed bungalow. They seem to be very thin on the ground. The council still send me accommodation on the first floor which is totally useless."

One person was unable to find alternative accommodation whilst building work was carried out " ...because there are no hotels in Norwich with overhead tracking hoists and wheel in shower. I had to continue living in a dusty, damp, chemical filled environment."

"I feel like a prisoner in my home. The surrounding area has been turned into a building site. There are no pavements for me to use. There are no facilities such as shops, nurseries, chemists, GP services..."

2. **Insufficient parking for people who use blue badges or require accessible vehicles.**

*"There are fewer disabled parking places in Norwich following the recent work to pedestrianize parts of the city centre. How come disabled people weren't asked to help design this?"*

3. **Exclusion from participating in Norwich life due to lack of properly accessible toilets.**

Groups of disabled people are unable to take part in the social and community life that the rest of society enjoy or are unable to go to big events.

*"When I get left out of things it means my mental health deteriorates."*

4. **Access to health and social care services, shops and facilities.** Health inequality can arise from going into the city where there are too few disabled toilets and none for people with complex needs. This means that people cannot access health services, GPs, chemists etc.

*"I risk bladder infections if I stay too long or I do not attend and feel excluded."*

5. **Support and care workers.** There are insufficient care workers in the community which is having a big impact on the health of groups of people who require support to live independently, especially those with complex needs. With too few qualified staff people often find themselves being supported by staff who are unsuitable for the work.

*"I am living at home with progressive MS and quadriplegia. I cannot access reliable care and support and this has serious impact on my health and could force me into an emergency admission against my will."*

*"I don't think the standard I receive is good enough for my needs. Having better care and more time would help prevent people having to go back into residential care"*

*"I had support staff who abused me verbally and financially."*

*"It's not all about the money, it's about the passion that people need to have for their work."*

## What we would like to see Norwich City Council do

1. **Put conditions on planning approval so that:-**

- New build hotels must include rooms with overhead tracking hoists and wheel in showers. *"This would also be good for the tourist trade!"*



- People already living in the area will not be unduly affected by the building work or have their health damaged.
  - There are adequate facilities to support people who will live in the new estates.
  - Private sector builders are required to ensure disabled people have access the community.
  - Big events organisers are required to provide facilities for disabled people including designated parking, accessible toilets with overhead hoists and changing table.
2. **Build affordable housing for care and support workers** to help ease the shortage of staff in Norwich.
  3. **Look again at plans for the community hospital site** and build affordable housing for outreach care workers and a short-term Re-Able centre.
  4. **Provide better facilities for disabled people in Norwich** including the provision of high dependency unit mobile toilets.
  5. **Provide more designated disabled parking spaces and parking for accessible vehicles** and provide accessible toilets with overhead hoists and changing table for visitors to Norwich.
  6. **Norwich City Council to adopt The Care & Support Charter and mandate staff to use it.** The charter will help staff to identify people who are disproportionately affected by reorganisation and rationing policies. See <https://www.norfolk.gov.uk/care-support-and-health/care-and-support/harwood-care-charter>

**Making it Real believes that Norwich City Council should work in partnership with people who have lived experience to improve health inequalities. We would be happy to talk to councillors about the way we work in partnership with Norfolk Adult Social Care.**

**Mary Fisher**

**On behalf of the Making it Real Board**

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