

**Providing Council with Written Responses to Questions at Council
24 August 2017**

1.

Councillor J W Jones

In relation to the Corporate Plan 2017/22.

“Page 63, Fourth bullet point from the bottom. Can you explain what is meant by “Most people in Swansea are not in income poverty; but for those who are in poverty, well-being is low?”

Response of the Cabinet Member for Stronger Communities

Various studies referred to in the Well-being Assessment have demonstrated that households which are in income poverty have worse physical and mental health, higher levels of stress and poorer quality housing, diets and lifestyles. Thus their well-being is low. Indeed, Peter Townsend's* definition of relative poverty is where people lack "the resources to obtain the types of diet, participate in the activities, and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong." Of course being in that situation reduces well-being in many ways and affects social, health, education and other outcomes.

Approximately a quarter of Swansea's population live within the current Communities First Clusters – therefore identified by Welsh Government as deprived geographic areas. This is based on data that looks at income, employment, health, education, access to services, community safety, physical environment and housing.

17% of people in Swansea experience income deprivation (the proportion of people with an income below a defined level, based on benefits data**). However, the percentage of people experiencing income deprivation in Swansea at a Lower Super Output (LSOA) level varies greatly between our most and least deprived communities (from 45% in Townhill 1 and Townhill 3, to 3% in Sketty 8, Penllergaer 1, Newton 1 and Kingsbridge 2).

We see a strong correlation between health and deprivation, the highest incidence of limiting long-term illness in Swansea is within our most overall deprived communities (LSOAs Townhill 1, Penderry 1).

Not everyone in Swansea is in poverty, but we can see that people who experience poverty are more likely to have poorer health, and also that people that have poor health are more likely to experience poverty.

* Townsend, P. (1979) *Poverty in the United Kingdom*, London, Allen Lane and Penguin Books

** Source: Welsh Index of Multiple Deprivation annual indicator data – Income domain, 2014-15 data published December 2016, Welsh Government. The indicator currently sums claimants and dependent children in the following categories; income-related benefit claimants (data from DWP), tax credit recipients (HMRC), supported asylum seekers (Home Office), and claimants of Universal Credit except those “working with no requirements” (DWP).

2.

Councillor P M Black

In relation to Councillors Question 7.

“Can the Cabinet Member provide the figures for 2016-2017?”

Response of the Cabinet Member for Health & Well Being

At the Quarter One stage of the 2016/17 financial year, an overspend of £4.175m was forecast for Adult Services. At the end of the year an overspend of £908k was reported.