

Bristol City Council

Minutes of the Neighbourhoods Scrutiny Commission



3 October 2016 at 10.00 am

Members Present:-

Councillors: Anthony Negus (Chair), Carole Johnson (Vice-Chair), Martin Fodor, Matt Melias, Donald Alexander, Jo Sergeant, Mhairi Threlfall and Jon Wellington

Apologies for Absence and Substitutions: Paul Goggin (Donald Alexander substituting), Steve Jones (Liz Radford substituting)

Cabinet Members: Asher Craig (Neighbourhoods), Fi Hance (Health and Well Being)

People Scrutiny Commission Councillors In Attendance (for Agenda Items 6 and 7): Eleanor Combley, Anna Keen, Celia Phipps, Cleo Lake and Brenda Massey.

Apologies for Absence and Substitutions for People Scrutiny Commission Councillors: Lesley Alexander, Ruth Pickersgill, Clare Champion-Smith (Cabinet Member for People)

Officers In Attendance: Alison Comley (Strategic Director of Neighbourhoods), Becky Pollard (Director of Public Health), Di Robinson (Service Director – Neighbourhoods and Communities), Mark Wakefield (Service Manager – Performance and Infrastructure), Tom Oswald (Policy Adviser – Scrutiny), Jeremy Livitt (Democratic Services Officer)

1. Welcome, Introductions and Safety Information

The Chair welcomed everyone to the meeting and started proceedings

2. Apologies for Absence

Apologies were received from the following:

Councillor Steve Jones (Liz Radford substituting)
Councillor Paul Goggin (Donald Alexander substituting)
Councillor Lesley Alexander (People Scrutiny Commission)



Councillor Ruth Pickersgill (People Scrutiny Commission)
Councillor Clare Campion-Smith (Cabinet Member for People)

3. Declarations of Interest

No declarations of interest were made for the meeting

4. Minutes of the Previous Meeting

Resolved – that the Minutes of the meeting held on 7th July 2016 be confirmed as a correct record and signed by the Chair.

5. Public Forum

The Commission noted statements and answers to questions for the following items of Public Forum which had been received for the meeting:

Harriet Williams – Statement from the Pesticide Safe Alliance

Harriet Williams – Answers to Questions from the Pesticide Safe Alliance

Councillor Charlie Bolton – Answers to Questions Concerning Pets in Council Properties

Details of all of these Public Forum statements are held in the Minute Book for the meeting.

Councillor Negus indicated that he did not believe the answer gave all the relevant information concerning the glyphosate trial as it primarily focused on one trial. It was agreed that there should be an update report on this issue for a future meeting.

Action: Richard Fletcher

6. Annual Report of the Director of Public Health

Becky Pollard (Director of Public Health) gave a presentation on the above issue and made the following points:

- (1) It was important to assess how to keep the population healthy so that resources could be directed in the appropriate way
- (2) The following areas were important – healthy life expectancy, the impacts and influences on the population in terms of health, the costs and benefits of means for keeping them healthy and which areas to target



- (3) Current death mortality rates indicated a wide variation between different wards. There was a gap for healthy life expectancy between different wards (16 years between the highest and the lowest). There was some variation between sexes – whilst Clifton Ward showed the longest life expectancy in terms of men and women, the lowest life expectancy for men was in Lawrence Hill whilst for women it was in Southville;
- (4) In terms of quality of life, Clifton, Cotham and Redland showed the highest quality of life;
- (5) The average national life expectancy was 78 for men and 83 for women – in some wards, the life expectancy was under 75;
- (6) There were an estimated 1,111 early deaths each year in Bristol (including 439 cancer deaths, 230 Cardio Vascular-related deaths, 100 Respiratory Deaths, 45 Liver-Related deaths);
- (7) It was estimated that 61% of cancer deaths and 61% of Cardio-Vascular related deaths were preventable, that nearly half of all respiratory-related deaths and nearly all liver-related deaths were preventable;
- (8) The following factors were identified as being a high risk for premature death – diabetes, obesity, cancer and heart disease. Other risk factors included dietary factors, smoking, high body mass, index and drug abuse;
- (9) Data showed that 40% of health was due to socio-economic factors, a third was due to health behaviours and 20% was due to clinical care;
- (10) The 4:4:48 Prevention model in San Diego determined whether or not to invest in public resources;
- (11) The current percentage of those with risk factors were as follows – 19% of smoking, 57% due to dietary factors (ie obese/overweight), 28% due to alcohol, 39% due to physical activity and 47% due to people not eating the recommended daily fruit and vegetables intake. There had been great success in reducing the number of people smoking but more work was required in other areas;
- (12) The estimated costs of treatment for each health risk were as follows: Alcohol £21 Billion, Smoking £111 Billion, Unhealthy Diet £17 Billion, Lack of Exercise £6.5 Billion – cost effective campaigns through Public Health were an important mechanism for tackling this problem. Other campaigns included the successful Stoptober and the smoke-free zone at Millenium Square;
- (13) Measures to tackle these problems included healthy procurement in schools, creation of cycle paths, green spaces and areas for spatial planning;
- (14) Whilst lifestyle choices remained an important factor, socio-economic reasons were the biggest factor for health risks. Issues such as mental health, well being and self esteem were important;
- (15) There was a need to work with children and families to deliver against the evidence;
- (16) Officers made 5 recommendations arising from the report as set out on Page 17 of the Agenda papers.

The following points were made by Councillors and by officers responding to these points:

- (17) The issue of Planning Policy in respect of the approval of takeaways and fast food outlets, particularly near schools, was an important issue. Whilst the current policy that no new fast food outlet should be built within 400 metres of a school was rigorously enforced, it was noted that there had been some outlets that had been built fractionally further away than this. In addition, the rules could not apply retrospectively to existing takeaway outlets;



(18) Rules concerning off licences were enforced through the Licensing regime. However, whilst representations could be made in respect of the CIA (Cumulative Impact Area) for any licensing application, this did not apply to matters relating to Well Being and Health under Licensing rules. However, other mechanisms were available, such as Local Neighbourhood Plans;

(19) In respect of procurement and catering, it was noted that this was a major strand of the Healthy Weight Strategy. **Action: Becky Pollard to provide an update report on this issue for a future meeting.**

(20) In respect of Active Travel, it was noted that walking and cycling were major elements of this. However, the 2016/17 financial year had started with a zero budget for these areas, unlike Transport and Highways. Officers could draw on funding from other budgets and could use volunteers as appropriate. A budget was available for Physical Activity for Active Travel. In addition, work was being carried out with colleagues in the Place Directorate. However, it was acknowledged that further investment may be required in this area;

(21) In respect of Air Quality, it was noted that this was not a visible part of the needs assessment. Officers acknowledged Councillors' concerns and noted that there were an estimated 200 deaths a year in Bristol due to air quality. It was noted that Public Health was not a statutory consultee for Planning Applications. **Action: Becky Pollard to investigate if there is any mechanism for future concerns from Public Health about air quality in respect of Planning Applications being put forward;**

(22) The Bristol Walking Alliance has been talking to a number of Neighbourhood Partnerships about issues relating to health. The University of Bristol were carrying out work with Somali women in Easton and Lawrence Hill, particularly in respect of takeaways. It might be useful for officers to link with the University on this issue;

(23) A more detailed analysis was required to assess what is working and what isn't ie obesity. In respect of Change 4 Life, there needed to be an assessment of its impact on schools since the issue of obesity did not seem to be being tackled. Officers confirmed that the Government had recently published an Obesity Strategy. There remained a great deal of work to carry out in schools as it was disappointing in some areas. It had been acknowledged in the Strategy that a more family-oriented approach was required to tackle obesity and physical activity. Officers pointed out that Sugar Smart would be launched in 2017 (similar to the scheme operating in Brighton) and that a Healthy Weight Strategy was being discussed in October 2017 at the Health and Well Being Board;

(24) It was noted that smoking was an area which was the highest preventable risk factor and yet the return for the reduction was low. There need to be an effective cost/benefit analysis in this area. Officers referred to the Sustainable Transport Plan in which consideration of many of the healthy benefits (ie smoking, alcohol, diabetes, prevention, healthy living) were embedded). However, no mechanism was yet in place to track funds – one possible approach to address this could be through the use of Joint Funding arrangements or to develop a Strategic case for pooled budgets;

(25) Value for Money was an important factor in this issue, particularly the ability to deliver at every level (ie from the supra-national to Neighbourhood Partnership level). It was important that effective co-ordination was taking place to ensure that local funding was returning into the system. Officers were working with Public Health England which operated at a regional and national level.

(26) In addition, a major education campaign could be required to ensure delivery of the Council's health ambitions in schools. Officers pointed out that there was no longer direct contact with many schools as many operated their own arrangements in this area. However, Bristol had in place the Mayor's



Award for healthy schools – a meeting would be taking place shortly with Head Teachers and Governors at which this issue could be raised;

(27) Schools could invite families for particular events as a means of educating and helping them in this area. The current arrangements made through Life Education Classes were a bit “hit and miss” at the moment;

(28) If the current healthy life expectancy gap of 16 years which existed between wards could be reduced, this would have also help to significantly reduce costs in the service;

(29) There will be a greater focus in the future on diabetes prevention.

Resolved that:

- 1. The Director of Public Health should work through Bristol Health and Wellbeing Board and other stakeholders to implement the 4:4:48 prevention model. This model addressed the 4 modifiable unhealthy lifestyle behaviours (smoking and tobacco, alcohol misuse, poor diet and lack of physical activity) that lead to the 4 main diseases (cancer, cardiovascular disease, respiratory disease and liver disease) which contribute towards around 48% of all early deaths in Bristol.**
- 2. work is carried out to put “Health In All Policies” into practice with a wide range of partners to make health everyone’s business.**
- 3. The Health and Wellbeing Board oversees an audit of current prevention and early intervention programmes against the evidence based interventions set out in this report and identifies any gaps.**
- 4. The Bristol Children and Families Partnership Board seeks to strengthen cost effective public health programmes aimed at children and their families to give them a better and healthier start in life (specifically targeting those who experience the greatest disadvantage).**
- 5. Bristol City Council’s Public Health Team coordinates the roll out of a ‘Making Every Contact Count’ training programme for multidisciplinary front line staff to improve health and wellbeing.**
- 6. The Director of Public Health works with the emerging Mayor’s City Office, other city partnerships, the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Plan and the West of England devolution deal to find ways to strengthen and consolidate public health effort.**
- 7. the actions set out in Bullet Points (19) and (21) of the Minute Preamble (above) are carried out.**

ACTION: Becky Pollard

7. Sexual Health Service Procurement

The Director of Public Health gave a verbal report on this issue and made the following points:

- (1) A report had been prepared earlier in the year concerning this issue;
- (2) Bristol City Council is the lead with 3 other Local Authorities and 3 Clinical Commissioning Groups in delivering specialist sexual health commissioning services;
- (3) Under the current timetable, it was hoped to award the contract for this service by no later than 1st December 2016 – a needs assessment had been made and extensive consultation as part of this process;



- (4) A preferred provider had been identified but could not yet be revealed as the contract process was still taking place. Following a scoring process, it was hoped that a decision to award the contract could be made on 18th October 2016 in conjunction with the Section 151 officer;
- (5) The mobilisation period might need to be extended into the new contract in order to give provider sufficient time to deliver the Full Integrated Service;
- (6) Every effort would be made to reduce any potential financial risk of this arrangement.

8. Performance Report Quarter 1 2016/17 and Quality of Life Survey

In introducing this report, the Service Manager (Performance and Infrastructure) made the following points:

- (1) Although it was acknowledged that there were more indicators below the average than above, there were more travelling in the right direction than the wrong one;
- (2) A great deal more detail was included within the Quality of Life Survey. The Overview and Scrutiny Management Committee had indicated that they were intending that this survey should be used as a greater reference for indicators and for the direction of Neighbourhoods Scrutiny Commission work, in particular the perception within the community of how well or badly a service is performing. Councillors made the following comments and officers responded to these as follows:
 - (3) NH756 Number of Household In Temporary Accommodation for More Than 6 Months – This Performance Indicator was well above target. In response to a Councillor’s question, officers stated that they would investigate whether these figures included households that have changed temporary accommodation and are “re-set” at that point. **Action: Alison Comley/Mark Wakefield to investigate**
 - (4) Bespoke written advice was being given to rough sleepers as part of a preventative approach. However, it was noted that in some cases where rough sleepers were responding, they continued to avoid going into accommodation. Officers stated they could provide more information on this; **Action: Alison Comley/Mark Wakefield**
 - (5) NH617 Percentage of Non-Domestic Rates Collected – As Bristol City Council would be increasingly dependent on these in future, this needed to be greatly improved. It was noted that there was only one member of staff carrying out this work who was finding it difficult to keep up with their current workload;
 - (6) NH370 Percentage of Tenancies Sustained Beyond 12 Months (To Include Total Number of New Tenancies) – It was a concern that there had been a reduction in the target for this Performance Indicator;
 - (7) BCP123 – Percentage of Household Waste Sent for Re-use, Recycling and Composting – Although this was marked Amber as below target (ie not Red well below target), the cumulative effect of a failure to meet this target had a far worse knock-on effect;
 - (8) The direction of travel did not always match the figures. In a number of cases, this could be because the figures had been terrible but were now very bad (for example, food testing). Whilst the direction of travel was good, there still needed to be an indication of the situation. A mechanism was required to pick these up. The Chair indicated that he would speak to officers concerning this. Officers pointed out that, in some instances, the commentary box helped to further explain the situation. In relation to Food testing, it was noted that there was a national regime which required action at a national level to address it. **Action: Councillor Negus to speak to Alison Comley/Mark Wakefield**



(9) Whilst the trend in Alcohol Related Admissions was down, the figures were still above average. Bristol Drug Handlers had reported that there were currently 250 cases a month coming to them with alcohol-related problems and that this problem was getting worse. Investigations were needed to examine models outside Bristol;

(10) Officers drew attention to the data on the website which allowed Councillors to access particular data for their ward. In addition, it was noted that the Exception Survey complimented this.

Resolved that

(1) the report be noted;

(2) that actions set out in Bullet Points (3), (4) and (8) be carried out.

Action: Alison Comley/Mark Wakefield

9. Chair's Business

The Chair reminded Councillors of the work of the Youth Council which would become increasingly involved in Scrutiny Commission work.

10 Risk Register

The Scrutiny Commission discussed the Risk Register.

Councillors made the following points and officers responded to these as follows:

(1) In addition the Long Term Strategy for 30 years in respect of the Housing Revenue Account (HRA), a medium term strategy was required. Officers confirmed that national policy changes required a greater focus in this area. As part of the budget analysis, this Commission might want to focus on the HRA;

(2) In relation to Food Inspection, this should be on the Risk Register;

(3) There was an increasing number of family households who were paying Council Tax into the business market. The loss of Council Tax revenue was likely to become serious since only 4 wards in the city had any control over the conversion of private accommodation to student accommodation.

Resolved – that the report be noted.

ACTION: None

11 Neighbourhoods Directorate Structure Functions and Draft Scrutiny Work Programme

The Scrutiny Commission noted the Directorate Structure Functions and stated that this was extremely helpful information. Councillors requested that officers ask if other Directorates could also provide similar information.



Resolved – that the report be noted.

Action: Tom Oswald ask the Scrutiny Officer team to provide similar information for other Scrutiny Commissions.

12 Positioning Briefing - Neighbourhood Partnerships

Di Robinson (Service Director – Neighbourhoods and Communities) gave a verbal presentation on a Position Statement for Neighbourhood Partnerships. During this presentation, she made the following points:

- (1) The current arrangements for Bristol Neighbourhood Partnerships for making decisions through devolved budgets was set out;
- (2) Details of how the £1.1 Million budget is spent were given;
- (3) Different academic governance models were given, including traditional, border straddling and complimentary;
- (4) Different citizen engagement models operating across the country were given, as follows: No Known Activity, Network Activity Without Resource (ie Liverpool, Torbay), Forums working with Councillors and partners (ie North Tyneside, Leicester, Newham), Bodies With Shared Councillor/Community Input (ie Lewisham, Tower Hamlets and Wiltshire), Neighbourhood Partnerships with Devolved Neighbourhood Budgets and Section 106 Budgets (Bristol, Edinburgh), Neighbourhood Partnerships with real devolved powers including SLAs (waste, young people, parks, residents) (ie Leeds);
- (5) The views of different stakeholders were noted;
- (6) What is working with the current NP model – collaborative approach, empowering Councillors to deliver, NPs acting as a link between the Council and the citizen, the role of the Neighbourhood Plan in making services more accountable, engagement with local residents, providing a mechanism to support grassroots projects;
- (7) What is not working with the current NP model – seen as too closely linked to the Council and too meeting-based, failure to see work that takes place outside of meetings, too many top down requests for resources, NP budgets applied equally across the city and not allied to local need, little change with decision-making despite ring fencing, assumption that NPs only discuss low level neighbourhoods issues rather than strategic issues, lack of engagement from certain key Departments, under engagement with the BME community and under 50, time and/or failure to respond to NP requests, limited devolution for NPs and they are not a statutory consultee, limited staffing capacity to deliver NP requests, opinion often requested too late in the process to significantly influence it;
- (8) There will be a Cabinet discussion led by Councillor Asher Craig in the next 3 to 4 weeks to discuss their priorities for this area of work in the future;
- (9) Scrutiny had expressed the intention to timetable further discussions into their Work Programme to discuss the way forward.

Councillors made the following comments and officers responded to these as follows:



- (10) Councillor Craig (Cabinet Member – Neighbourhoods) advised that the following Councillors had put their names forward to discuss how to drive this process forward: Eleanor Combley, Carole Johnson, Jon Wellington and Nicola Beech. The Chair (Councillor Anthony Negus) asked whether consideration could be given to representation from other Groups (ie Conservative and Liberal Democrats) and indicated that he was happy to also be involved;
- (11) CIL funding is a big factor in this issue. The need for funding to be equally shared was crucial to interface properly with the community;
- (12) A lot of NPs had carried out work on governance – officers needed to consult with them as part of this process. However, it was noted that not all NPs had a Governance Agreement and it might be that a discussion was required with each of them;
- (13) It was disproportionate to pay other groups to carry out work which could be run for cheaper with individuals and/or voluntary groups – this would be more consistent with the principles of NPs and more democratic. Officers pointed out that there were some NPs who took exactly the opposite approach. Therefore, a blanket model may not be appropriate. Instead, a model operating under certain broad principles was likely to be a better option;
- (14) Whilst some NPs managed their assets almost completely, others did not. It would be important to take this into account and to share the best practice of NPs in this area;
- (15) The role of Active Engagement needed to be carefully considered. It was important that a “one size fits all” approach should not be adopted. However, interaction with the grassroots was important to assess an NP’s core needs. It was also important in fostering a sense of community within areas;
- (16) Empowerment was an important factor to consider in this issue, particularly in respect of those facing isolation and with mental health issues.

The Cabinet Member for Neighbourhoods confirmed that discussions would be taking place shortly concerning the best approach for involving Neighbourhood Partnerships. The Strategic Director for Neighbourhoods also confirmed that officers would look at where the involvement of the Neighbourhoods Scrutiny Commission to feed into the process at appropriate points is required.

Action: Alison Combley (in conjunction with the Cabinet Member for Neighbourhoods as appropriate) to provide a timeline for how the Neighbourhoods Scrutiny Commission will be involved in feeding into the decision-making process on this issue.

13 Date Of Next Meeting

It was noted that the next meeting would be held at 10am on Thursday 27th October 2016 in the Writing Room, First Floor, City Hall, College Green, Bristol.

The meeting finished at 12.10pm.

CHAIR _____



