

ENVIRONMENT AND LIVING SCRUTINY COMMITTEE

12 June 2013

PRESENT: Councillor Hunter-Watts (Chairman); Councillors Adams, Mrs Brandis, Cashman, Monger (for Mrs Takodra), Mrs F Roberts (for Mrs L Smith), Mrs Russel, Stuchbury, Vick and Winn.

Apologies: Councillors Mrs Bloom, Bond, Mrs Chapple, Fealey, Mrs Paternoster, Mrs Pearce, Mrs L Smith, Sir Beville Stanier and Mrs Takodra.

1. PERMANENT CHANGE TO MEMBERSHIP

The Committee was informed that there had been a change to the Liberal Democrat membership of the Committee, with Councillor Mrs Takodra replacing Councillor Hughes.

2. MINUTES AND MATTERS ARISING

With regard to minute 2 (xxii) of the meeting held on 26 March 2013, Councillor Vick stated that he had not been satisfied with the responses given relating to the level of resourcing provided for planning enforcement activities.

RESOLVED –

That the minutes of the meetings held on 26 March 2013 and 15 May 2013, be approved as correct records.

3. PUBLIC HEALTH

The Committee received a report and presentation which provided Members with an overview of the public health reforms and the new structure in Buckinghamshire. Councillor Mrs Birchley (the County Council Cabinet Member for Health and Well-Being), Dr Jane O'Grady (Director of Public Health) and Tracey Ironmonger (Assistant Director of Public Health) attended the meeting to provide information about the County Council's role, the health profile of Aylesbury Vale, and to discuss the contribution that the district council, and local Members can make to public health.

The last 2 years had seen changes within the health service generally and public health specifically. A graphical representation of the new national health system was provided at Appendix 1 to the Committee report, which detailed the relationship between various bodies including local Government, the NHS, other Government bodies, Public Health England and the new GP Clinical Commissioning Groups (CCGs).

GP consortia, or CCGs, were now responsible for the combined budgets of the member GP practices, and had the freedom to buy in services from external organisations, including local authorities, to deliver a range of services. The CCGs were also being supported in their role by a Commissioning Support Unit (CSU). Locally, the south central CSU – covering Buckinghamshire, Oxfordshire, Berkshire, Isle of Wight, Southampton, Portsmouth and Hampshire – supported the Aylesbury Vale CCG.

NHS England was an independent body at arms length to the government. It funded the CCGs to commission services, as well as commissioning some services directly, for example dentistry. It was currently overseeing the CSUs nationally.

Primary Care Trust responsibilities for health improvement had transferred to upper tier local authorities, funded by a government grant, which was ring fenced for two years. The list of commissioning responsibilities is long and can be found on the Department of Health's website.

Health and Wellbeing Boards had been established to bring together local authorities and partners to address health inequalities and improvements to the health and wellbeing of the population. Boards were to be treated as if they were a committee of the lead authority (locally this was the County Council). Certain Members were specified in the legislation (ie: representatives from upper tier councils – e.g. adult social care and children's services, public health; CCGs, and Healthwatch). Other Members including District Councils could be considered by the lead authority as appropriate.

The Boards built on the power local authorities already had to promote wellbeing and their role would be to join up commissioning in relation to local health care, social care, health improvement, and children's services including safeguarding. Boards should develop a Health and Wellbeing Strategy for their area, informed by the Joint Strategic Needs Assessment (JSNA); and the Strategy for Buckinghamshire was agreed in February 2013. The priorities of the local strategy over the next 3 years and beyond were listed at Appendix 2 to the Committee report, and were identified against five aims, namely:-

- Every child has the best start in life.
- Everyone takes responsibility for their own health and wellbeing and that of others.
- Everyone has the best opportunity to fulfil their potential.
- Adding years to life and life to years.

There were a number of objectives beneath each aim that would assist in achieving the Strategy's priorities.

AVDC was currently represented on the Health and Wellbeing Board by Councillor Mrs Pearce who was one of two district representatives on the Board. It was possible that membership would change in the future as the terms of reference and practical issues around governance were finalised.

The public health priorities would be delivered by the Healthy Communities Partnership. Councillor Hunter-Watts was AVDC's representative on the partnership which includes membership from each District Council, County Council services, and other partners such as the voluntary sector and health sector. Task and finish groups would be established to deliver the four priorities agreed by the Healthy Communities Partnership, which were:

- Supporting the implementation of the Physical Activity Strategy.
- Producing a healthy eating strategy.
- Identifying and implementing the next steps for the '5 Ways to Wellbeing' Programme (to support mental wellbeing).
- Establishing a local work programme to co-ordinate cross cutting activity on the Big 4 health behaviours (smoking, excessive consumption of alcohol, poor diet and low levels of physical activity) and to addressing multiple risk behaviours and the clustering of unhealthy behaviours

A District Council Member champion had been identified for each priority. Councillor Hunter Watts was champion for the priority to address clustering of unhealthy behaviours.

To aid in their considerations, Members had also been provided with a copy of the NHS health profile for Aylesbury Vale 2012 which detailed the difference in life expectancy (2007-2011) by ward within Aylesbury Vale, and that instances of infant death were significantly worse in Aylesbury Vale than the national average.

The Committee was informed of the vital and important role that District Councils had on the wider determinants of health, health improvement and health protection through areas such as environmental services and housing inspections, the provision of leisure facilities and through supporting economic growth.

Appendix 4 to the Committee report highlighted how some of AVDC's services helped to deliver the priorities in the Health and Wellbeing Strategy. Work was now underway to review our contribution to the priorities and to assess the current, and potential future, offer of all Council services to the public health outcomes and indicators.

Members requested further information and were informed:-

- (i) on the types of initiatives that could be supported in their Wards to increase the level of physical activity and mental wellbeing of people.
- (ii) that the Director of Public Health would be attending some Local Area Forum meetings to explain to people what they could do to take responsibility for their health and wellbeing.
- (iii) on initiatives that were being trialled to increase the number of people aged 40-75 years who attended for health checks.
- (iv) on the initiative relating to developing Health trainers and Health Champions, who would help to disseminate information relating to healthy lifestyles.
- (v) that Public Health was looking to work with employers, which could include Councils, who wished to develop a Health Strategy for their employees.
- (vi) that Buckinghamshire had more money now for public health initiatives, compared to when public health was in the hands of the NHS, however, they also had increased responsibilities so budgets were still very tight.
- (vii) that a health checks' initiative was to be piloted with the Asian community in Chesham, following discussions with elders from the mosque. If successful, the pilot would be expanded to Aylesbury and High Wycombe.
- (viii) that more work was being done to establish the reasons for the higher than average number of infant deaths in Aylesbury Vale.
- (ix) that an internal AVDC Officer health group was being established to ensure that activities which currently contribute to improving public health are identified and future opportunities are considered.

Members also commented:-

- (a) that they were supportive of leaflets being made available which compared motor vehicle maintenance with taking care of the health of your body. It was suggested that this message could also be included in a future Aylesbury Vale Times.

- (b) and suggested a number of ways to better reach men, and get them to participate in health checks.
- (c) that they would be supportive of any effort that might be made to promote Aylesbury as a healthy town, as part of overall efforts to change people's behaviour.
- (d) that proposals to reduce the cost of District Council funding for the 'Nifty Fifty' session held at the Cheddington Village Hall may have led to a reduction in the number of people attending the sessions.
- (e) that the Council should give consideration to undertaking Health Impact Assessments as part of policy development and during the budget setting process.
- (f) that planning had an ability to influence issues such as housing density, narrow streets, number of fast food shops in an area, which all had the potential to negatively impact on healthy outcomes.
- (g) that greater efforts needed to be made to build healthy leisure options into daily life.
- (h) that it would be helpful for local authorities to be able to charge a lower level of business rates to healthier food establishments.
- (i) that more could be done in schools to educate young people on healthy lifestyles.
- (j) that local people could be allowed to use public land that was not currently being used for community gardens.

RESOLVED –

- (1) That the County Council Cabinet Member for Health and Well-Being), Director of Public Health and Assistant Director of Public Health be thanked for the time and effort put into providing a clear and succinct information on the recent structural changes made to the health service.
- (2) That the work being done in Aylesbury Vale and more widely across the County to improve health outcomes and to improve healthy lifestyles be noted.
- (3) That the Committee would welcome the opportunity in the future to further discuss opportunities for the council to work more closely with local partners to improve the health of residents, and of AVDC employees.

4. VALE OF AYLESBURY PLAN (VAP) – DEVELOPMENT MANAGEMENT POLICIES

The Vale of Aylesbury Plan had been agreed by Council in October 2012 and was currently undergoing statutory publicity (8 May – 19 June 2013) before it was submitted to the Planning Inspectorate for independent examination.

Whilst the overriding priority of the Forward Plans Team was to support the earliest possible submission of VAP and the examination process, work had also started to prepare and progress the Development Management (DM) policies that would come forward as the next component of VAP.

Many of the policies used in dealing with planning applications were likely to remain broadly unchanged, whilst others would need to evolve. There would also be new areas for DM policy development. It would be imperative for any policy that was put

forward to be compliant with the National Planning Policy Framework (NPPF) and other Government guidance, to be supported by evidence as appropriate, and to not prejudice the overall viability or deliverability of development in VAP.

The DM policies review would need to be undertaken in a structured and robust manner and would build on a “template” approach for each policy area which asked:-

- Given NPPF and VAP Strategy policies, is a further detailed policy required?
- What do we want the policy to achieve?
- What are the ‘reasonable’ policy options for doing this?
- Which is our preferred option and how is that justified?
- Were there any duty to cooperate issues?
- Were neighbourhood plans also likely to be addressing this issue?
- If any further action was required?
- How might a draft policy be worded?
- Who were the implementation and delivery partners?
- Which saved AVDLP policies would it replace?

An explanation was provided on the work being done to prepare the DM policies that would come forward as the next component of the VAP. Members were asked to explore with Officers how the work of the Scrutiny Committee could most usefully add to this process. It was suggested that it would be unrealistic to become involved in them all. However, an alternative way forward might be for Members to establish a Research Group of perhaps 4 or 5 Members, who could work on these “template” questions with Officers, looking at maybe 2 to 4 policies. It was likely that the greatest value would be added by focussing on new policy areas rather than areas where the existing policies remained relevant and sound and were unlikely to require much change.

Members were provided with a Policy Schedule that detailed Topic, Policies Unlikely to change, Significant Change or New Policy. They were also provided with a proforma template for assessing delivery policy options.

Following discussions and consideration of scrutiny’s involvement in development of the DM policies, it was –

RESOLVED –

- (1) That, rather than particular policies, a Task and Finish (Research) Group be set up to look at the following 3 areas within the DM policies:-
 - (i) Impact on the aging population, including in rural areas.
 - (ii) Where the policies might help to increase health outcomes such as healthy life expectancy and the broader determinants of health.
 - (iii) Relating to sustainable construction and renewable energy.
- (2) That 2 places on the Research Group be offered to Members who did not sit on this scrutiny committee but who had a particular interest and wished to participate in this piece of scrutiny work.
- (3) That the DM Policy Schedule be sent to all Members and they be asked to suggest any particular issues that they believed the DM Policies Research Group should also be scrutinising.

(In making any suggestions Members would need to be mindful that, given that Research Group would need to report back with recommendations to the 18 September 2013 meeting, it would only be possible for the Group to look at 3-4 policy issues.)

5. QUARTERLY PERFORMANCE DIGEST: JANUARY TO MARCH 2013

The Council's new Corporate Plan had been adopted in October 2011 and set the direction for the administration up to the elections in May 2015. The Corporate Plan was based on four themes:-

- Improving our communications and interaction with our customers.
- Protecting and improving the living experience of the Vale.
- Delivering efficient and economic services.
- Growing the economy of the Vale.

There were a number of objectives that needed to be achieved for the four themes to be realised. The Committee was provided with a quarterly monitoring report on the actions and targets within their remit and informed that one action – reduce crime and the fear of crime had not achieved its milestone for the last quarter. The target to reduce serious acquisitive crime (SAC) by 5% and to reduce all crime by 2.5% had not been achieved. While there had been a small 2% increase in SAC, there had been a 5% reduction in overall crime, which was the 8th consecutive year that this had happened for the Vale.

Members had asked for affordable housing figures to be included in the covering report and these were detailed as follows:-

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Affordable Homes Delivered	124	137	70	37
Target	100	50	20	30

Members requested further information and were informed that the Council had to take viability into account as part of the planning process and in any negotiations with property developers.

RESOLVED –

- (1) That the contents of the Quarterly Performance Digest (January to March 2013), insofar as they apply to the work of the Environment and Living Scrutiny Committee, be noted.
- (2) That they would like to receive further information and customer feedback on Aqua Vale following the completion of the refurbishment works, and for this to include information on cleanliness standards / changing room facilities.

6. SCRUTINY WORK PROGRAMME

The Scrutiny Committee considered their future Work Programme and were informed on the progress with the Research Group work on the 'Local Building List', for which work was still on-going.

With respect to the future work programme, Members' provided the following information to assist in reporting issues to future meetings:-

- (i) Cycle / pedestrian safety (18/9/2013) – looking at conflicts that might exist between cycle/pedestrian and road users. This could also look at accident ‘hot spots’ and how safer conditions could be provided for pedestrians and cyclists in the Vale.
- (ii) Farming and wildlife (18/9/2013) – that scrutiny committee Members be asked to provide more information to the Chairman and Officers, so that the scope for this item could be determined.
- (iii) Vale of Aylesbury Housing Trust (16/12/2013) – Members were asked to specify questions that they wished to put to VAHT’s Chief Executive when he attended the scrutiny committee meeting in December 2013.

RESOLVED –

That the current position of the Work Programme be noted, as updated at the meeting.