

Residents, Housing and Communities Scrutiny Panel

Minutes - 16 February 2023

Attendance

Members of the Residents, Housing and Communities Scrutiny Panel

Cllr Philip Bateman MBE
Cllr Greg Brackenridge
Cllr Adam Collinge
Cllr Christopher Haynes (Vice-Chair)
Cllr Carol Hyatt
Cllr Barbara McGarrity QN (Chair)
Cllr Andrew McNeil
Cllr Zee Russell

In Attendance

Cllr Steve Evans (Cabinet Member for City Environment and Climate Change)

Employees

Martin Stevens DL (Scrutiny Team Leader)
Lee Booker (Scrutiny Officer)
John Roseblade (Director of Resident Services)
John Denley (Director of Public Health)
Bal Kaur (Consultant in Public Health)
Steve Woodward (Head of Environmental Services)
Claire Walters (Environmental Place Based Developmental Manager)
Craig Watkins (Arboriculture Services Lead)
Liz Grimshaw (Arboriculture Project Transformation Manager)
Michelle Smith (Principle Public Health Specialist)
Ryan Hollings (Health Improvement Officer)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
Apologies for absence were received from Cllr Mary Bateman and Cllr Dr Michael Hardacre.

2 **Declarations of interest**
None declared.

3 **Minutes of the previous meeting**
Resolved: Minutes held 17 November 2022 are correct

4 **Expanded Arboriculture Project Tree Inspections Update**

The Head of Environmental Services introduced the presentation with a summary (a copy of the presentation is attached to the signed minutes). The Developmental Place Based and Environmental Manager informed the panel that their team were about 70 percent through their yearly check on the tree population, however, they were always discovering new trees. 6 trees required urgent work, 260 have defects. The Arbor Services Lead stated that their budget plan was based off defect led inspections and these were the priority. He set out what the service covered and what it did not cover. The Arbor Services Lead then informed the panel that the arboriculture services team had been re-designed with new posts and new employees with additional roles yet to be recruited. He then showed the Panel a photograph of the tree defect logging system, which allowed the Council to monitor trees. Through this monitoring system they had a priority chart based off Health and Safety regulations, which enables them to rank trees in need of work in order of those posing the most danger to the public. Councillors could access the tree map to enable them to handle enquiries from residents; the tree map provided them with all the known historic information on local trees.

The Developmental Place Based and Environmental Manager explained that since the launch of CEU, enquiries had been unprecedented in number. This has meant they had to try engage with residents to explain what they could and could not do to try reduce the number of enquiries they received which they were not able to resolve.

The Arbor Services Lead then took the Panel through new regulations regarding the duty to consult the public in the felling of trees. The Head of Environmental Services set out future plans, which included a tree Risk-Management Plan, data storage, a proactive tree maintenance regime and more. The Cabinet Member for City Environment and Climate Change asked it be recorded he personally thanked the team, both past and present for their hard work in this area. He said recruitment was based upon hiring skilled people with the specialist expertise in their field. The Cabinet Member for City Environment and Climate Change was pleased with the service, its addition of data based work, increased transparency and objectivity in its work. He felt the work being done was evidence that the decision to increase investment into the department was correct.

A Panel member praised the work that had been done and expressed his views on the importance of the service to the city. He complimented the interactive data and

stated it would help Councillors in their role.

A Councillor praised the new database but asked whether a residents perspective had been or could be taken into consideration more, in reference to trees blocking light into rooms, solar panels and so on. The Councillor also shared the suggestion that the Council could contact British Telecom to trim the trees in situations where trees block or inhibit residents internet signals.

The Cabinet Member for City Environment and Climate Change replied that there are limits to the budget and that resident requests based upon loss of light or aesthetic purposes is not quantifiable, therefore, it would open up the system to being used by anyone and would not be affordable. The Council's job was to maintain and manage risk, that is what their service was designed to do. He said that British Telecom when contacted for things they were responsible for, such as trees on phone lines, would come out and perform the work.

A Councillor asked what Proactive Maintenance was. The Councillor also enquired who they are supposed to contact about issues such as tree roots lifting foot paths.

The Arbor Services Lead explained that it was in fact Proactive Management, which was tree management after inspections. He said that the team were currently looking at different options to tackle the issue of tree roots damaging footpaths.

A Councillor raised residents with disabilities and asked how the Council responded to tree maintenance in those events. He also asked how the Council ensured trees being handled by British Telecom were being maintained within the Councils own law and policies, as a private company in his view, was not covered by the same set of laws.

The Arbor Services Lead replied that they judge cases regarding disability and accessibility on a case-by-case basis. He added that all companies that carry out work are advised by the Council to abide by the laws and do the work in line with the standards set out in regulations. The Director of Resident Services explained that the scale of the job was huge, with 300,000 confirmed trees and an estimate that this would eventually grow to just over half a million trees. He explained that they legally had to check each tree every 2 years.

A Councillor stated that they currently couldn't see on the database when works had been carried out on a tree and asked if this would become a feature. He also added if policy considerations could be extended to include a threshold in regard to nuisance caused by a tree, citing an example of where a tree was so overgrown a pensioner had no house light and had to have downstairs lights on in the day with the curtains open.

The Developmental Place Based and Environmental Manager said that the tree database was extremely new and was still being filled in, with historic paper information also in the process of being transferred to digital. Once the 2 year cycle of checks were complete, every tree would have all information on it available and this would include inspections and repairs, as well as resident enquiries.

The Vice Chair stated that the Arbor team had got 8 of the 11 job vacancies filled in and asked when they would get to the 11. The Councillor also asked about how tree

planting was considered by the team.

The Arbor Services Lead informed the Panel that they were currently interviewing for the roles, and some were already filled but they were processing the successful applicant. He then explained that all future tree planning would be subject to a new tree planting strategy which would be published in the future.

5 **Gambling Related Harm in Wolverhampton**

The Health Improvement Officer opened the presentation (a copy of the presentation is attached to the signed minute). He explained that the landscape had changed regarding gambling addiction across the past 10 years with the addition of online based gambling applications coming to prominence. He set out an overview of Gambling and explained the definitions: Problem Gambling and Gambling Related Harms (GRH). GRH had been increasingly recognised as a public health issue but was not currently recognised as a public health responsibility for Local Authorities. Council's responsibilities in regard to gambling were set out under the Gambling Act 2005, which covered licensed betting premises but did not cover online related gambling. The Council try to educate the public around Problem Gambling so the public can make informed choices. He then took the Panel through national statistics related to gambling behaviours. The Council asked local residents questions in a recent "City Lifestyle Survey", of which 16% indicated they took part in a form of gambling. Of those that identified as moderate to problem gamblers, 28% suggested their gambling activities were related to alcohol consumption. 55% suggested their gambling was via remote gambling. The City of Wolverhampton Council were to look towards gaining a better understanding of gambling related activities in younger people across 2023 to 2024, in collaboration with the University of Wolverhampton. A ward-based map was displayed with statistics, these showed a high level of gambling licensed premises in wards with higher levels of poverty, whereas there were less or none gambling licensed premises in more affluent wards. Statistics taken from the National Survey covered, Mental Health, Suicide, Crime, Employment and Substance Misuse where they were related to Gambling. The Health Improvement Officer paused for questions.

A Councillor asked for further evidence to better confirm the possible link between alcoholism and gambling.

The Health Improvement Officer replied that the evidence was based off the National Statistics, which would indicate not a specific correlation between drinking and gambling, but the cultural associations the two combined within a social network/space can create a higher likelihood of the two issues. He then continued the presentation. Post-Pandemic, the Cost of Living Crisis had seen an increase in low level gambling in the City of Wolverhampton. The Council were currently looking to develop a local plan which would restrict gambling licensed premises opening in wards deemed "hot spot" areas. Between 2019 and 2022 in Wolverhampton, 70 residents accessed a form of secondary care treatment related to gambling, 74% of those who accessed the treatment were male. Nationally, education around gambling had been incorporated into parts of the Criminal Justice System Network, although no training had been incorporated into the Wolverhampton Criminal Justice System. Several secondary schools were reported as having delivered targeted education surrounding gambling as part of their curriculum. The Council were taking a lessons

learned approach from the Alcohol Services team, in regards to gambling, and would take an approach which combined partnership working, data usage and education to try tackle harmful gambling related behaviours.

A Councillor asked if an age profile was available for the two groups, Problematic Gambling and GRH.

Health Improvement Officer replied that the current lack of data made it difficult to currently quantify, however, he referenced the data they did have which stated those aged being 25 and 34, excluding National Lottery, were the most effected by GRH. The current data available was national data, so going forwards, with more surveys and work, there was a need to gather Wolverhampton related data. The Director of Public Health reaffirmed the need to gather more data, so that targeted interventions could be delivered to the public.

A Panel member talked about the Council's work to tackle digital exclusion and wanted to make sure that they did not invertedly help aid or increase those who gambled via online platforms addiction issues.

The Director of Public Health talked about partnership working and being a leader in Digital Strategy. He said the Digital Strategy was a major step in working in partnership to steer and educate people.

Further discussion occurred in the Chamber around the importance of Partnership working.

The Chair stated this was the final meeting of the municipal year and thanked the panel for the work they had done. Councillors thanked the Chair and Vice Chair for their work.

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Alcohol Harm in Wolverhampton

The Principle Public Health Specialist introduced the aims of the presentation (a copy of the presentation is attached to the signed minutes). She set out to the Panel statistics on alcohol related deaths in a national context, with significant increases seen since the Covid-19 pandemic began. Statistics showed that Wolverhampton had the highest alcohol specific related deaths in the country. More specific data in Wolverhampton highlighted White British males and South Asian males as being over-represented in relation to alcohol related deaths, as well as being aged between 50 to 59. Socio-economic factors were a major cause of alcohol related problems nationally, with the poorest in society struggling with the effects of alcoholism. The Principle Public Health Specialist asked if the Panel had any questions.

The Vice Chair asked why the localised data graph seemed to go up and down in extremes across the years.

The Director of Public Health answered that they had recently finished a survey on lifestyles in the City which would help the team to understand the behaviours of people in the City, which would allow them to understand more about alcoholism in the City. He explained that the smaller numbers being measured in local data compared to national data which has millions of people was the reason why Wolverhampton's data line seems more dramatic.

A Panel member gave historical context around alcoholism within the City, highlighting a 2012 study on school children who had drunk alcohol under the age of 15. He wanted to know if lessons had been learnt from that and if any action had been taken on this, believing the two issues to be linked.

The Director of Public Health clarified that the 2012 and subsequent surveys on children's consumption of alcohol was specifically about if they had ever consumed alcohol at all, rather than a survey about long term use age, he said it was key to understand the cultural context people live in and how that played a role. He said they had continued to monitor the schools and was pleased to report those levels have been declining since the 2012 survey.

Discussion occurred around economics, how much unemployment contributes to alcoholism with countering views as to the level it contributes.

A Councillor enquired what could be done from a social housing perspective, citing examples of multiple recovering alcohols being housed within the same street and therefore contributing to their relapses. He asked if a better dispersal plan or policy would be possible.

The Director of Public Health replied that partnership working was required to better respond to people's needs.

The Principle Public Health Specialist continued the presentation, in which statistics of estimated unmet needs from alcohol treatment were shown. Wolverhampton had an 82% unmet need estimate, which was consistent with the national trend. The Principle Public Health Specialist stated this would be where work would need to be focused upon. Recovery statistics were presented to the Panel. With 120 out of 228 Wolverhampton recovering alcoholics supported to successfully obtain employment during their treatment phase. Partnership responses in the local area have been formed and continue to be developed under the Local Drug and Alcohol Strategic Partnership, which was formed in July 2022. This partnership was designed to align with the national drug strategy with additional funding from the government granted to local authorities. The plan to address alcohol harm in the City was shown. With a planned increase in workforce, this equated to an increase in detox and other alcohol dependency services. Bullet points covered further areas for consideration for the Council and its partners.

The Chair asked what the treatment entailed.

The Principle Public Health Specialist answered that the treatment is a holistic approach, with includes group recovery, one on one treatment, housing, welfare support and more. The Individuals needs and their ranking in risk play a part in the treatment they receive. The Director of Public Health added that individual care plans whilst being surrounded by a specialist workforce were key in the strategy. He informed the Panel that Wolverhampton's alcohol treatment success rates were some of the highest in the country, as well as the probability of patients gaining employment during their treatment.

A Councillor wanted further explanation around the plan to reduce alcohol serving premises in the area. He also wanted to know how cultural norms in communities fit

into the plan, as well as situations such as poor parenting.

The Director for Public Health replied that they plan to consider licensed premises and where a licensed premise would be granted going forwards, based off the data. If it was apparent somewhere that sold strong alcohol would not be beneficial to a community, it would likely not be given permission to set up business.

The Vice Chair asked what the approach towards licensed premises who were caught selling to people under the legal age was.

The Director of Public Health stated that a partnership approach was always taken with businesses towards how they managed those issues and the response was decided on a case by case basis. The Director of Resident Services raised the work of licensing, environmental health and trading standards, citing test purchases which were done to ensure licensed premises were complying with the law. He stated it was important to understand intent, and some cases have resulted in a removal of license to serve to sell alcohol on the premises.

A Councillor felt work needed to be done with licensees to help them better understand risks within their communities. He felt a culture of responsibility needed to be pushed, through training and partnership. He suggested a forum for the licensees could be set up, which would enable better communication and collaboration to ensure community cohesion.

The Director of Resident Services agreed that prevention was better than the cure and agreed working with traders to help in the prevention of enabling alcoholism was important. He said their team did already work with traders on this. Through "Trade With Confidence", Officers work as pseudo-consultants with those businesses to ensure compliance with the law and more responsible trading.

A Councillor welcomed the information but requested further clarity on the role housing could play in tackling the City's issues. Speaking from a Fire Services perspective he stated that statistically, many fires on premises have a higher rate were linked to residents with alcohol or drug addiction. He said involvement in the fire service would be welcomed. He recommended that data on people for well being purposes, if it could be done in line with GPDR, could be shared with the Fire Service so they could work in partnership with the Local Authority and Healthcare Services to help sign post people with addiction problems and help prevent fires. He requested further information on what was being done with Social Housing Providers. He also asked how the service dealt with Veterans specifically, if at all. The Councillor was keen to stress not every Veteran was an alcoholic, but deaths of Veterans from liver failure were very high, so he wanted to know what services existed for them, as he was a former Veteran himself.

The Director of Public Health recognised that tackling issues in high-stress professions was a challenge. He said that it would require "Family Working", defining family as both biological and professional families for soldiers, or police officers, fire fighters etc. He stressed the importance of those networks playing a part in tackling alcohol dependency.

[NOT PROTECTIVELY MARKED]