

HARBOROUGH DISTRICT COUNCIL

MINUTES OF THE MEETING OF THE COMMUNITIES SCRUTINY PANEL

Held in the Council Chamber, The Symington Building,

Adam and Eve Street, Market Harborough.

26<sup>th</sup> September 2019

Commencing at 6.30 p.m.

Present:

Councillor Mrs Ackerley, Chairman.

Councillors (panellists): Fosker, McHugo, Mrs Page (ex officio), Mrs Robinson, Mrs Simpson and Whelband.

Councillors (guests): Nunn (until 8.25 p.m.) and Rickman (until 8.25 p.m.).

Officers: D. Atkinson, T. Day (until 8.25 p.m.), R. Forman (until 7.30 p.m.), J. Haworth, T. Nelson (until 8.45 p.m.), S. Pickering (until 8.30 pm) and P. Storey.

Guests:

A. Wright	Longhurst Housing Group
M. Swain	Orbit Group
L. Morgan	East Midlands Housing
J. Mulligan	Platform Housing
G. Smith	Platform Housing
Khatija Hajat	The East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTION(S)

Apologies were received from Councillors Frenchman.

MINUTES

RESOLVED that: the Minutes of the Meeting of the Communities Scrutiny Panel held on 27<sup>th</sup> June 2019 be signed by the Chairman as a true record.

DECLARATIONS OF MEMBERS' INTERESTS

Cllr Mrs Simpson Cllr Mrs Simpson declared a personal, non-pecuniary interest under Item 5, S106 Planning Obligations (NHS). The nature of the interest was stated to be that she is employed by recipients of s106 moneys for building improvements. She reserved her right to speak on the item.

MANAGEMENT OF ANTI-SOCIAL BEHAVIOUR BY REGISTERED HOUSING PROVIDERS

The Panel was joined by the following guests from Registered Housing Providers in the District:

A. Wright	Longhurst Housing Group
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M. Swain	Orbit Group
L. Morgan	East Midlands Housing
J. Mulligan	Platform Housing
G. Smith	Platform Housing

F. Patel of Riverside Housing and M. Alexander-Witham of Paragon Housing sent apologies for the meeting.

The Panel received a report and the Registered Housing Providers (RHPs) then gave details of their procedures for the management of anti-social behaviour in their housing properties. The Providers confirmed that they had policies and practices in place and had good working relationships with the Council and the Police.

Questions and comments were invited from the Panel and the following were noted:

Question/ Comment	Response
<u>Contact details</u> : the presentations were very informative and would allow members to inform residents of the policies in place. It would be very useful for members to be given details of the RHPs, including contact details as they can be difficult to contact.	It was AGREED that contact information on the RHPs be provided to all members. Members were advised to refer any complaints they might receive from residents to officers who would pass them to the relevant RHP to be looked into.
<u>Newsletters</u> : it would be helpful if officers sent the newsletters produced by the RHPs to members for information from time to time.	It was AGREED that officers send RHP newsletters to members on a regular basis. Officers also send a monthly e-newsletter to all members which includes information on community safety issues. Members are invited to let officers have any information they want to share in the newsletter.
<u>Persistent ASB perpetrators</u> : what are the legal actions available, particularly where the ASB is very disruptive and other methods have been tried and been unsuccessful?	An incremental approach is taken and legal actions start at the lower end, e.g. injunctions or suspended possession orders. Evictions are a last resort where the safety of other residents has to be considered. Anyone evicted would need to consider other housing options or to present to HDC as intentionally homeless. HDC would then consider if they met the threshold for the allocation of a property. More and more cases of undiagnosed behaviour issues are coming forward. RHPs are working with other agencies to provide a joined up approach in these situations, although this is complicated and can take a period of time.
<u>Housing Liaison Forum</u> : before reading the report some members had been unaware of the Forum, which HDC works through. How is feedback from the Forum provided to members and what is the member involvement? How is the Portfolio Holder kept informed, especially if ASB is on the increase to give strategic direction and target more resources?	The Forum has been meeting for several years and is more informal than the JAG. The JAG looks at high risk cases and vulnerability. The Forum is more of a peer group for discussion of and monitoring of lower risk cases. There is no feedback to members as the Forum looks at individual cases. The Portfolio Holder is informed of any general trends and increases in ASB and these would be discussed at the Community Safety Partnership.
<u>Drugs and ASB</u> : it was stated that in some places there are increased drugs concerns. Is this increasing ASB?	ASB involving drugs is definitely increasing. However, the issue is better managed than it was five or ten years ago and could spiral out of control if not so well managed. Drugs are a large

	problem in towns and cities. There are issues around county lines in Leicestershire, Northants and Nottinghamshire, although cases in this area are lower for RHPs than in the cities. RHPs will be giving a presentation on this subject to Blaby Housing Conference in w/c 30 <sup>th</sup> September.
<u>Set of standards</u> : are there any to which RHPs must adhere regarding ASB?	There is a standard for neighbourhood regulatory agencies and the Crime, ASB and Police Act 2014 can be applied. RHPs would be expected to have a published policy in place for dealing with ASB. The increase in ASB is partly because the thresholds for social care are much higher than they were due to cutbacks. RHPs are plugging the gaps there has been an increase in cases of self neglect and hoarding and this has led to smells, dirt and an increasing number of rats in some cases. Drug and alcohol support services are disappearing and many of the cases RHPs deal with are the result of alcohol misuse. RHPs have properties in rural areas where many support services no longer exist
<u>Cost</u> : it appears that managing the increase in ASB is a costly business. Does this affect the money available in the budget for the overarching work the RHPs do?	Some RHPs have transformed the way they deal with ASB cases in recent years, upskilling ASB staff to take cases to court themselves. This saves the cost of employing solicitors in low level cases.
<u>ASB</u> : the RHPs seem to be saying that ASB is increasing, although the Police told the Panel at the last meeting that it was on the decrease. Confusing images.	Police are reporting a decrease in ASB across the County, although not in all areas. It may be that some issues, e.g. public order and drug abuse, are reported as crimes rather than as ASB. Also, RHPs record on their own systems so will not be counted in the figures.

The Panel thanked the guests for their presentations and for answering members' questions.

Copies of the Ant-social Behaviour policy of the Longhurst Housing Group were passed to members for information.

The Panel NOTED the report and the management of Anti-Social Behaviour by Registered Housing Providers.

#### S106 PLANNING OBLIGATIONS (NHS)

The Panel was joined by Khatija Hajat, Primary Care Contracts & Provider Performance Manager for the East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG).

The Panel received a report which gave an overview on how the East Leicestershire & Rutland Clinical Commissioning Group is utilising Section 106 funding to manage impact of growth in patient population resulting from housing developments.

Appendix A to the report provided details from ELRCCG of S106 Health Funding broken down by development and set out the date of signing of the S106 agreement, the funding secured, the amount received by HDC and the funding paid to CCGs.

Questions and comments were invited from the Panel and the following were noted:

<b>Question/ Comment</b>	<b>Response</b>
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<p><u>S106 process</u>: there has been some confusion over the process. Can we have a tighter working relationship with the CCG and a point of contact at HDC for them to work with and a list of RHPs.</p>	
<p><u>Claw back</u>: HDC has responsibility for the s106 funding, which developers can claw back if not spent in accordance with the legal requirements. How is the CCG ensuring that the s106 money is spent on the improvement of healthcare facilities and how robust are the processes to ensure that the money cannot be clawed back?</p>	<p>There is an assurance process. The CCG receives proposals from GP practices, assesses them and discusses them with HDC planning officers to ensure they meet s106 criteria before any approval is given. The process is considered robust. All transactions are logged to ensure the five year deadline for spend is met. There have been no clawbacks to date. HDC holds s106 moneys on behalf of the NHS and the police.</p>
<p><u>Responsibility</u>: HDC is responsible for the spend of the community s106 money but not the spend of the NHS s106 money. Is that correct? So any NHS clawback would be from the CCG, not HDC.</p>	<p>The responsibility is on the body receiving the s106 money to ensure it is spent in compliance with the criteria.</p>
<p><u>Communication</u>: there is a need to ensure there is a liaison process between all bodies and that the Portfolio Holder is kept informed. The CCG have said they are receiving advice from planning officers.</p>	<p>Planning officers manage the s106 process and measure bids for compliance. If members want more information on the process officers can look at how this can be provided, perhaps through the members' newsletter. Caution is required due to the complexity and confidentiality of some of the arrangements.</p>
<p><u>Involvement</u>: who is involved in the discussions between HDC and the CCG to agree the bids put forward by the GP practices?</p>	<p>HDC manages the s106 process. Organisations can request s106 funding for projects. If they are CIL compliant s106 obligations/agreements will be drawn up. They will include trigger points when HDC will be invoiced for draw down from the s106 money. Officers monitor the developments and there is a s106 Monitoring Group and database which anyone can ask questions on. S106 proposals must be for additional items; they cannot be to make up a deficit or like for like replacement.</p>
<p><u>NHS bids</u>: the process for assessing community bids is transparent but not see the same transparency with NHS bids.</p>	<p>There are subtle differences in the process. Community bids are usually via parish councils or community groups. CCG and police bids are usually made by professional officers of those bodies and follow their assurance processes.</p>
<p><u>Flowchart</u>: would like to see a flowchart showing which HDC officer deals with the s106 process, to ensure that officers are meeting CCG to assess proposals, and to ask that CCG to be robust in assessing proposals and ensure the money is spent on patient care.</p>	<p>It was AGREED that a flowchart be produced for members setting out the way different s106 obligations (Community Facilities / NHS / Police) pass through the end to end process.</p>
<p><u>Proposals</u>: how does CCG ensure the bids they receive are suitable, and what happens when the bids are submitted to HDC?</p>	<p>ELRCCG receive notification from HDC that s106 money has been received. This is sent to the practices, clearly stating what the money can be spent on. When bids are received they are assessed to ensure they match the s106 wording. If the CCG is satisfied the bid is sent to HDC. If the bid is approved the GP practice is notified and informed that the purchase can proceed. HDC operates a robust legal process in respect of s106 contributions and there is no evidence of flaws in the system. Planning officers check the CIL compliance of bids and legal officers check the s106 agreements are legally robust.</p>

<u>Healthcare improvements:</u> pressure from CCG inspectors has been important in ensuring criteria are met. Improvements to patient service have improved the service offered and made a difference to patients.	
<u>Format of report:</u> the format of the report is difficult to follow. Could this be changed and include totals for police, NHS etc. and the amount of money spent? Perhaps adding extra columns to the existing report format?	There is an incredible amount of data in the report. In the past spreadsheets were issued with access to all information but these were large documents and difficult to interpret. The other extreme is to produce a high level summary. Officers are looking at different systems. The current system is difficult to pull bits of data from. A planning system with a s106 module is being looked at but has a cost. There is need to be able to keep track and have a dashboard. Currently, it is only possible to produce information on request, which takes time and relates only to a point in time. Members wanting to have further information can make an appointment with officers to go through the documents.
<u>CCG bids:</u> can the CCG bids be reported to the Cabinet Sub-Committee – Grants on a regular basis for transparency?	Yes, officers will find a way that's practical to do so. The bids are not numerous. Will look to find a way of presenting the information for all bodies and bids in a way that's transparent and proportionate within the resources available.

The Panel thanked Khatija Hajat for her presentation and for answering members' questions and Cllrs Nunn and Rickman for attending for this item and the previous one.

The Panel NOTED the situation regarding S106 Planning obligations (NHS).

#### HARBOROUGH LOCAL PLAN 2011-2031 PREPARATION COMPLETION

The Panel received a report providing observations and comments on the successes and lessons learnt from the preparation of the Local Plan to inform other Council projects and the process of any future review of the Local Plan.

Questions and comments were invited from the Panel and the following were noted:

<b>Question/ Comment</b>	<b>Response</b>
<u>Consultation:</u> there were major issues regarding the public consultation, which I believe were related to the computer programme and were costly. What is going to be done for the next public consultation?	Initially an internal on-line consultation programme was used but it was not robust enough and there were issues with time outs and not being able to return to responses. An external system was procured from a company which supplies many local authorities. This was successful in some areas but not in all. For the Local Plan review all systems will be assessed, to see what worked well and if there are any systems which could work better.
<u>Members' views:</u> would it be worth emailing all members to ask for any suggestions for improvements when the Local Plan is reviewed? Will this be a full review or just an assessment of the policy GD2 housing numbers?	
<u>Review:</u> will this be a full review in about twelve months' time or just an assessment of the policy GD2 housing numbers? The work just completed	Officers are carrying out a full forensic assessment of the Local Plan and are not currently in a position to say if there will be a full

<p>was originally going to be just a review but became a new Local Plan when the Government changed planning policies.</p>	<p>review or not. There are approximately ten quite significant issues in Planning Policy Guidance to be considered when looking to see if a review is required. There has not been a full year's monitoring of the impact of the Local Plan policies so it is too early to take a decision. Some pictures are emerging but it is very much an on-going process, There is also a trigger, IMR1 in the Local Plan, which includes three key reasons for a review. None of these reasons have yet happened or are on the immediate horizon but are being looked at and will be brought back to members.</p>
<p><u>Congratulations:</u> to officers for their work on the Local Plan. Like the Equality Impact Assessment and wonder if members have any comments. The Local Planning Executive Advisory Panel worked well and it was good to be "hands on."</p>	<p>.</p>
<p><u>Unmet housing need:</u> on completion of Leicester City's Local Plan if there is serious unmet housing need in the city would this be a trigger point where we need to start assessing our Local Plan?</p>	<p>Yes, under IMR1, criteria (b1). The city has already declared there will be unmet housing need and information is awaited on the scale and distribution and the impact on Harborough district. As and when this becomes clear, a scenario where the Local Plan does not provide sufficient housing provision in the future to help meet Leicester's unmet housing need may trigger a need to review the Local Plan. The Local Plan does provide sufficient housing land to meet the current housing numbers required</p>
<p><u>Project management:</u> noted the failings here and that few local authorities employ a full-time project manager. Should we consider this before undertaking any major pieces of work?</p>	<p>Officers went through a big learning curve around the preparation of the Local Plan, from where we started to the completion. We had very experienced support in project management and the team are now very experienced in this field and in the software following the work on the Local Plan. We may not need to employ a project manager again and the team could probably provide support to other parts of HDC in project management.</p>
<p><u>Planning policy:</u> this was a very complicated process and it was important that members were involved in the process. There was the problem that the government changed planning policy after the process started. Is there any likelihood at the moment of any major changes to planning policy?</p>	<p>The changes related to the revocation of the Regional Spatial Strategy in 2012 , which meant that the recently adopted Core Strategy was no longer compliant with new national planning policy and HDC had assess it's housing need figures. Think it is unlikely in the immediate future that planning policy will change but going forward there could be future reviews. Planning is a topic of constant flux.</p>
<p><u>Co-operation:</u> how can local authorities in the county co-operate better as the yare all at different stages in producing Local Plans, e.g. in the area of unmet housing need?</p>	<p>The councils in Leicestershire have an informal arrangement of co-operation and of working well together. There are benefits in aligning the production of Local Plans but circumstances do not always allow that. Leicester and Leicestershire have a good history of working together.</p>

The Panel: NOTED the report on the preparation completion of the Harborough Local Plan.

## BUILDING CONTROL PERFORMANCE REPORT

The Panel received a report providing Building Control performance update to 1st July 2019 for consideration. The report made to Cabinet on 1st July 2019 on the performance of the service was attached at Appendix A to the report and the remit of Building Control work was explained.

Questions and comments were invited from the Panel and the following were noted:

<b>Question/ Comment</b>	<b>Response</b>
<u>Vehicles hitting buildings</u> : do you have a contract with, for instance the police, where a car or lorry ploughs into a building which is unsafe?	What usually happens is the police or fire service will contact the on call number, who will contact the Building Control officer on the rota to check the building.
<u>Cross boundary working</u> : a family member had a very positive experience with Building Control in a cross boundary working situation. Surprised to see that cross boundary working is rated as amber in the report.	The only reason this is amber is that some local authorities do not welcome other local authorities working in their areas. The intention is to keep building control work in the local authority area rather than it going into the private sector. Only reservations on this have come from councils outside the Partnership. The Partnership has grown a lot in less than a year. The report was written in June and there has been a lot of progress since then. The rating could well be a different colour in next year's report.
<u>Quality</u> : as the Partnership grows in size, originally being just Blaby and HDC, is there a possibility that this may affect the quality of the service?	There is quality control across the Partnership and a management board on which each council is represented. All member councils are under the stewardship of Blaby. Quality is at the forefront of the process and the intention is for all member councils to be at the same high level of quality. The Partnership will not get larger in the short term and the Partnership is aiming to attract bigger private sector contracts as confidence in the partnership continues to increase.

The Panel: NOTED the report on Building Control performance.

## TO CONSIDER MATTERS OF URGENCY

None were raised.

The Meeting ended at 8.58 p.m.