

EAST STRATEGIC NEIGHBOURHOOD FORUM

Day: Wednesday
Date: 16 October 2019
Time: 6.30 pm
Place: Stalybridge Civic Hall, Stalybridge

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies for the meeting from Members of the Strategic Neighbourhood Forum.	
2.	MINUTES That the minutes of the meeting of the East Strategic Neighbourhood Forum meeting held on 3 July 2019 be approved as a correct record and signed by the Chair.	1 - 4
3.	ITEMS FOR CONSULTATION	
a)	REGULATION OF PRIVATE RENTED HOUSING SECTOR To receive a presentation from the Director of Operations and Neighbourhoods.	5 - 18
b)	FLU To receive a presentation from the Director of Population Health	19 - 26
c)	DOMESTIC ABUSE To receive a presentation from the Director of Population Health.	27 - 38

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EAST STRATEGIC NEIGHBOURHOOD FORUM

3 July 2019

Present: Councillors Pearce (Chair), Sweeton (Vice-Chair), Billington, Dickinson, Feeley, Gosling, J Homer, S Homer, Jackson, J Lane, Sharif, Taylor, Wild and Wills

In Attendance: Emma Varnam Assistant Director of Operations and Neighbourhoods

Apologies for Absence: Councillor Patrick

1 MINUTES

RESOLVED

That the minutes of the meeting of the East Strategic Neighbourhood Forum held on 27 March 2019 be approved as a correct record.

2 STAMFORD PARK CONSERVATORY

The Chair of the Neighbourhood Forum read out a statement from the Executive Leader of the Council, detailing the Council's position in relation to Stamford Park Conservatory.

3 CLEAN AIR CONVERSATION

The Assistant Director of Operations and Neighbourhoods delivered a presentation outlining proposals to improve air quality for Greater Manchester.

The Director explained that pollution from road traffic was linked to a wide range of serious illnesses and conditions and contributed to the equivalent of 1,200 deaths a year in Greater Manchester alone.

Many local roads in the region had levels of harmful nitrogen dioxide (NO₂), which were above legal limits. The Government had instructed Greater Manchester (and many other UK cities) to take quick action to reduce NO₂ emissions, which were mainly produced by older diesel engines.

Greater Manchester local authorities were working together to develop a Clean Air Plan to tackle air pollution on local roads. The proposal to introduce a Clean Air Zone across the whole of Greater Manchester in two phases from 2021 was outlined as follows:

- In 2021 non-compliant buses, coaches, taxis, private hire vehicles and HGVs would pay a daily penalty;
- In 2023 non-compliant vans and minibuses would pay a daily penalty; and
- Cars (other than private hire vehicles), motorbikes and mopeds were out of scope.

A multi-million pound funding package to support local business to upgrade to cleaner vehicles was also proposed and, under the current proposals, the funds would support:

- Taxis and private hire vehicles licensed in Greater Manchester;
- HGVs, vans, minibuses and coaches registered in Greater Manchester;
- Buses/coaches operating as registered services within Greater Manchester;
- Triple the number of electric vehicle public charging points in Greater Manchester; and
- Help Greater Manchester switch to greener transport.

Sitting alongside this package of measures were a number of actions needed from government, including:

- Clear arrangements and funding to develop workable, local vehicle scrappage/upgrade measures;
- Short term effective interventions in vehicle and technology manufacturing and distribution, led by national Government with local authorities;
- Replacement of non-compliant buses; and
- A clear instruction to Highways England with regard to air pollution from the strategic highway network in Greater Manchester.

Everyone was urged to join the conversation to express their views on the proposals by visiting cleanairgm.com. The survey was open until 30 June 2019.

The presentation concluded by explaining that the Greater Manchester Clean Air Plan proposals would be developed in more detail over the coming months, informed by the responses to the consultation. Going forward, there would be a statutory public consultation which would provide an opportunity to comment on the detailed Clean Air proposals.

Members of the Neighbourhood Forum highlighted inconsistencies within the proposals as they related to commercial vehicles and privately owned cars. Members expressed concerns on the impact the proposals would have on some businesses.

RESOLVED

That the content of the presentation be noted.

4 LUNG HEALTH CHECKS

The Neighbourhood Forum received a presentation, which gave information in respect of targeted lung health checks.

It was explained that the Lung Health Check Programme was an integral part of the NHS Cancer Programme, which aimed to:

- Prevent cancer;
- Have a longer survival rate;
- Improved experience of treatment and care for people with cancer; and
- Improved quality of life for people with cancer.

The Forum was informed that each cancer alliance had received funding for one Clinical Commissioning Group (CCG) to deliver a programme over four years as part of a 'Targeted Lung Cancer Screening' programme. Tameside and Glossop CCG had been selected as one of the funded CCG's and was working in partnership with the Integrated Care Trust and the Council to roll out a Lung Health Check service for the local population.

The targeted lung health check (LHC) programme selected participants from a local population at high risk of lung cancer and offered low dose computed tomography (LDCT) to eligible subjects. The programme would cover participants aged between 55 and 74 years of age, registered with a GP practice who had ever smoked. Those who attended would be assessed to calculate their individual risk of developing lung cancer. The programme would be rolled out across neighbourhoods from October 2019. Engagement was currently underway with professionals involved in lung health, patients and residents on the preferred model of delivery.

Some examples from other areas were given, including a 'one stop shop' mobile unit and a GP and referral to Hospital model.

Feedback from engagement to date had demonstrated a preference for a neighbourhood model with both initial appointments and CT scans in the community.

Other feedback included:

- That local people be included to develop information and materials which would improve equal access;
- A lung cancer awareness raising campaign running alongside lung health checks would ensure a more equitable and wide reaching benefit;
- Smoking cessation advice be part of the offer available on-site to deliver immediate counselling, backed up by access to medication and ongoing support where required;
- Professionals delivering lung health checks having the knowledge and skills to discuss issues of concern for attendees and be able to make referrals to support services such as social prescribing; and
- All information, written or verbal, must be clear and easily understood.

Members of the Forum discussed the advantages/disadvantages of the various models outlined and sought clarification on the costing of each option. Generally the Forum expressed a preference for a 'One Stop Shop' mobile unit on the grounds of convenience for members of the public. Members questioned if the proposals would be targeting specific health concerns within the Neighbourhood and if there was the possibility of identifying specific trends in using the unit. A Member suggested the proposals presented an opportunity to map out post-industrial cancers and what cancers occurred in different areas.

RESOLVED

That the content of the presentation be noted.

Chair

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Improving Standards in the Private Rented Sector

Agenda Item 3a

Foremost among our many priorities is pushing ahead with my commitment to improve the private rented sector in Tameside...

This is an idea whose time has come. Housing, especially in the private rented sector, is at the heart of the economic, social and environmental infrastructure of the borough.

Executive Leader Brenda Warrington (May 2018)

The Impact of Poor Quality PRS Housing

- More vulnerable groups such as families with dependent children and older people now finding homes in the private rented sector for longer.
- Page 7 Tenants not guaranteed protection ensured by social landlords
- Poor quality PRS has substantial impact on corporate priorities for Tameside and Glossop Strategic Commissioning Group

PRS and Health & Social Care

**Children
1/3 PRS**

**Thermal Comfort
Bedroom Standard
Anxiety**

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Long-term sickness and disability

Recovery and anxiety

**One in five houses in Tameside was
built before 1919**

**Older People
1 in 3 over 60 in PRS by 2040**

**Respiratory illness
Trips and falls**

Mental Health

Poor quality housing and insecurity

'Stranger' shared accommodation

PRS, Homelessness and Poverty

- Households that are wholly or partly reliant on housing benefit/Universal Credit payments to pay rent are extremely vulnerable:

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Welfare reform (2011-) has introduced uncertainty for all benefit recipients

- Benefit recipients who are at risk of losing their property are at increased risk of being unable to secure a replacement
- Risk of living on a downward spiral, with rent arrears leading to poorer quality housing that again may prove to be unsustainable.

PRS and Community Safety

Solutions to many crime and policing challenges today lie in the broader system response to housing and homelessness, substance misuse, physical and mental health, skills and work.

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- 5% of Greater Manchester accounts for 17% demand.
- GMP priorities include 'proactive demand' areas, often hidden
 - CSE
 - Human Trafficking
- Reducing demand and breaking the cycle cannot be achieved by one agency alone

A Whole-System Approach to PRS



Housing

Health and Social Care

Community Safety

Homelessness and Poverty

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Selective licensing can be an effective policy tool with many schemes achieving demonstrable outcomes... however... when implemented in isolation the effectiveness of selective licensing is often limited

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***Government-commissioned Independent Review on Selective Licensing
(July 2019)***

Tameside and Glossop Strategic Commissioning Group Corporate Plan (Feb 2019)

A place-based approach that redefines services and places individuals, families, communities at the heart

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A stronger prioritisation of **well being, prevention and early intervention**

An evidence led understanding of risk and impact to ensure the right intervention at the right time

Growth of Selective Licensing

- Provisions for Selective Licensing (SL) included in Housing Act 2004 to tackle anti-social behaviour and low housing demand.
- Powers extended in 2015 to include poor property conditions, crime and high levels of deprivation and immigration.
- By January 2019 44 local authorities reporting schemes including Manchester, Salford and Oldham.
- 4 operate schemes covering the entire borough, including Liverpool.
9 required Secretary of State approval due to 20% criteria
- Growing body of evidence of SL benefits/limitations

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Five Components of SL

Planning and Setup	Staffing, IT systems, fee setting and evidence for consultation
Consultation	Including landlords, tenants and letting agents Failure to consult has led to some schemes quashed by judicial review.
License Conditions	Mandatory and Local
Administration	Establish whether the applicant (landlord or managing agent) is a “fit and proper person”, and the most “appropriate” person to hold the licence. In addition, mandatory licence conditions require submission/processing of paperwork from applicant.
Inspection/Enforcement	Properties must be licensed and compliant

Major Benefits

- Focusing resources on areas of concern and generating revenue to contribute to costs
- Providing a clearly defined offence (licensed/unlicensed) which simplifies enforcement
- No 24-hour notice requirement for access before inspections
- **‘A Foot in the Door’**
- Driver for effective engagement between landlords and councils
- Promoting joint working with other agencies, such as the police, HMRC and social services.

Project Timeline

Initial political decision to consult

Collect evidence and prepare the case to take to Cabinet lead to approve consultation as well as legal and financial sign off

Developing the consultation paperwork and marketing strategy

Consultation

Carried out for a minimum 10 week period

Analyse the consultation report

The time taken can depends on the level of responses and number of free text responses.

Report to Cabinet

The reporting process can take 12 weeks

12 Week Statutory Period between declaration and the start of the scheme



Flu 2019-2020

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What is flu?

- Not just a bad cold
- A highly infectious disease with symptoms that come on very quickly, often including:
 - Fever
 - Chills
 - Headache
 - Aches and pains in the joints and muscles
 - Extreme tiredness
- Healthy people usually recover within two to seven days, but for some the disease can lead to hospitalisation, permanent disability or even death.

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How do we protect against flu?

- The best way of protecting yourself and others is to have the vaccination before the flu season starts
- You need a new vaccination every year
- You can prevent the spread of the virus by:
 - covering your mouth and nose when you cough or sneeze
 - using clean tissues to catch coughs and sneezes, and disposing of them after use
 - washing your hands frequently

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Who can have a free flu vaccine?

- People recommended to have a free flu vaccination are:
 - everyone aged 65 and over
 - everyone from six months of age under 65 years of age who has a long-term health condition, including a learning disability
 - all pregnant women, at any stage of pregnancy
 - all children who were aged two and three years old on 31 August 2019
 - all children in primary school
 - everyone living in a residential or nursing home
 - everyone who cares for an older or disabled person
 - household contacts of anyone who is immunocompromised
 - all frontline health and social care workers

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How can I get a free flu vaccine?

- If you are eligible for a free flu vaccine:
 - Visit your GP practice, or your local pharmacist to get your vaccination
 - Pregnant women can also get a flu vaccination from their midwife
 - If you are a frontline health or social care worker, find out what arrangements have been made at your workplace for flu vaccination

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How can my children get their flu vaccination?

- Children aged 2 or 3 years on 31 August 2019 → General Practice
- Primary school aged children → school
- Children with long-term health conditions aged 6 months to less than 2 years, or over primary school age → General Practice
- For most children aged 2-17 years who are eligible for a free flu vaccination the vaccination is a painless, needle-free nasal spray

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Thank you

Any questions?

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<https://www.nhs.uk/conditions/flu/>

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Domestic Abuse in Tameside

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Domestic Abuse

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological; physical; sexual; financial; and emotional.”

Domestic Abuse Facts

- Women are much more likely than men to be the victims of high risk or severe domestic abuse
- Seven women a month are killed by a current or former partner in England and Wales
- 62% of children living with domestic abuse are directly harmed by the perpetrator

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Scale of the problem in Tameside

- **Increases** in medium/high risk cases of domestic abuse
- **High number** of referrals to Children's Social Care relating to domestic abuse
- Bridges service seeing **increase** in referrals and repeat referrals
- **Reduction** in domestic abuse reporting from BME; LGBT; disabled groups

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Costs of Domestic Abuse



Physical and Mental Health - £6.7m



Criminal Justice - £4.9m



Legal Costs - £1.1m



Lost Economic Output - £7.5m



Social Services - £1.1m



Housing and Refuges - £0.8m



Total Costs - £22.3m

Home Office est = £250m pa. in Tameside

Examples of domestic abuse

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EastEnders –
Chantelle abuse
storyline



Coronation
Street –
Yasmeen abuse
storyline

<https://youtu.be/OmUezqiq1kM>

Case studies from Bridges service

- Case Study 1: M
 - M is a mother (EU national, no income) with 2 children (aged 1 and 4), living with partner
 - Partner angry, controlling, abusive (worse with alcohol)
 - M was seriously assaulted – police involved – she refused help and blamed herself
 - M engaged with services after partner was remanded
 - Range of support provided including counselling; housing support; benefits;
 - M now has better understanding of abuse; is re-housed with 2 children; partner convicted of assault

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Case studies from Bridges service

- Case Study 2: R
 - 8 year old girl witnessing domestic abuse perpetrated by father towards mother most of her life
 - She was struggling at school – breakdowns and violence towards others
 - Bridges worked with R to understand impacts of domestic abuse and her actions as well; manage her emotions; safety plan; build self-esteem
 - R has seen an increase in confidence; improved relationships at school and home; understands choices

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What are we doing

- Support services in Tameside:
 - Bridges Outreach service
 - Women's Refuge
 - Women & Families Centre
 - MASH & MARAC
 - Housing First
 - Campaigns

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What are we doing

- Now looking at a new strategy and approach – taking a longer-term view to do more to **prevent** domestic abuse
- Recent work highlighted 4 key priorities:
 - Preventing Domestic Abuse
 - Continuing to support victims/survivors
 - Support a community-led response
 - Holding perpetrators to account

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What are your thoughts?

- Do you agree with the priorities going forward?
- Are there misconceptions around domestic abuse?
- Do you see domestic abuse / impacts in your community?

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