

# TEWKESBURY BOROUGH COUNCIL

**Minutes of a Meeting of the Council held at the Council Offices, Gloucester Road, Tewkesbury on Tuesday, 24 July 2018 commencing at 6:00 pm**

## **Present:**

The Worshipful the Mayor

Councillor R M Hatton

## **and Councillors:**

R E Allen, P W Awford, K J Berry, R Bishop, G J Bocking, K J Cromwell, D M M Davies, J E Day, M Dean, R D East, D T Foyle, R Furolo, R E Garnham, P A Godwin, M A Gore, J Greening, B C J Hesketh, A Hollaway, E J MacTiernan, J R Mason, H C McLain, A S Reece, P E Stokes, P D Surman, M G Sztymiak, H A E Turbyfield, D J Waters, M J Williams and P N Workman

## **CL.21 APOLOGIES FOR ABSENCE**

21.1 Apologies for absence were received from Councillors R A Bird, G F Blackwell (Deputy Mayor), S E Hillier-Richardson, V D Smith, T A Spencer and R J E Vines.

## **CL.22 DECLARATIONS OF INTEREST**

22.1 The Committee's attention was drawn to the Tewkesbury Borough Council Code of Conduct which was adopted by the Council on 26 June 2012 and took effect from 1 July 2012.

22.2 There were no declarations of interest made on this occasion.

## **CL.23 MINUTES**

23.1 The Minutes of the meeting held on 8 and 15 May 2018, copies of which had been circulated, were approved as a correct record and signed by the Mayor.

## **CL.24 ANNOUNCEMENTS**

24.1 The evacuation procedure, as set out on the Agenda, was advised to those present.

24.2 The Mayor welcomed the Director of Public Health from Gloucestershire County Council to the meeting and indicated that she was in attendance for Item 7, Public Health Annual Report 2016/17.

## **CL.25 ITEMS FROM MEMBERS OF THE PUBLIC**

25.1 There were no items from members of the public on this occasion.

**CL.26 MEMBER QUESTIONS PROPERLY SUBMITTED IN ACCORDANCE WITH COUNCIL PROCEDURE RULES**

26.1 There were no Member questions on this occasion.

**CL.27 PUBLIC HEALTH ANNUAL REPORT 2016/17**

27.1 The Director of Public Health from Gloucestershire County Council was invited to make her presentation:

- The Public Health Annual Report 2016/17 covered: why childhood matters; key issues affecting Gloucestershire's children, young people and families; and focussed on inequalities – ensuring every child fulfilled their potential.
- The report sought to present the data in a user-friendly way. The report looked at 'if Gloucestershire were a town of 100 children what that would mean': nine would have been born to mothers who smoked in pregnancy; 77 would have been breastfed at birth; 14 would live in poverty; 67 would have the basic skills needed to start school at age 5, meaning 33 would not; seven would have reported that they had self-harmed at age 15; 66 pupils would have achieved A\*-C in English and Maths GCSE, meaning 34 would not; three pupils from Years 8 and 10 would have reported they used illegal drugs regularly; only 87 of five year olds were fully vaccinated against Mumps, Measles and Rubella (MMR), meaning the population was not protected; eight pupils from years 8 and 10 would have reported that they smoked tobacco regularly; and, of Year 6 pupils, one would be underweight, 67 would be a normal weight, 14 would be overweight and 18 would be obese. Children would make up 20% of the population of Gloucestershire: 14 in the Forest of Dean; 19 in Stroud; 21 in Gloucester; 19 in Cheltenham; 14 in Tewkesbury and 14 in Cotswold. Based on life expectancy at birth for a child born in 2016 the richest boy in the town would live until 83 years and the richest girl until they were 85 and a half; the poorest boy would live until 74 years and the poorest girl until they were 79.
- Adverse childhood experiences were traumatic events occurring before the age of 18. If experienced they were associated with negative impacts on a child's future. Adverse childhood experiences did not define people; they were simply a tool to understand the potential risks an individual or population may face, and it was possible to interrupt the cycle of adversity. Adverse experiences could include maltreatment i.e. verbal, physical and sexual abuse; or household issues such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration.
- It was easy to have negative discussions over adverse childhood experiences but there were things that could be done to overcome them such as: reduce the sources of stress; support responsive relationships; and strengthen core life skills. Those principles could be applied at every level from policy proposals to individual practice and across multiple sectors. The model provided a simple, practical tool to drive unified, system-wide change that improved outcomes for all children, young people and families.

- Smoking in pregnancy was a huge inequality issue. Almost one in 10 babies born in Gloucestershire had an increased risk of still or premature death, low birth weight, sudden unexpected death in infancy and increased risk of childhood respiratory illness due to smoking in pregnancy. There was a focus in equalities – whilst smoking in pregnancy occurred in all socio-economic groups rates were higher amongst the poorest meaning the disadvantages of smoking in pregnancy disproportionately impacted the less well off, who were also exposed to the other pressures imposed by poverty. However, good progress was being made and, over five years, the number of women smoking in pregnancy had reduced by 357 although 630 Gloucestershire women were still smoking at the time their baby was born in 2015/16.
- Childhood vaccinations were a key area of the report as infectious diseases could have serious health consequences such as disability and death. They could also result in hospital admissions, school absences and parental absence from work; however, many were preventable with vaccinations. While the County generally had good vaccination rates, there were some vaccinations which had dropped below the level to be confident the community was protected. In 2017 there had been a large outbreak of measles in Gloucestershire with more than 10% of cases being hospitalised. There was currently a campaign running with primary schools to encourage vaccinations.
- In terms of school readiness, achieving a good level of development at the end of Reception was a strong indicator of future educational attainment and life chances, with many who started badly never able to catch up. There was a focus on inequalities where it was identified that boys were underperforming and children from more deprived backgrounds (those eligible for free school meals) were much less likely to be school ready – unfortunately that performance gap was widening. It was felt important to invest in school readiness: every £1 invested in quality early care and education saved taxpayers up to £13 in future costs; for every £1 spent on early years education £7 had to be spent to have the same impact in adolescence; and targeted parenting programmes paid back just over six years for every £1 invested. There was a focus on getting a discussion going to try and resolve the issues of school readiness but a solution had not been identified at this stage.
- Public health nursing could help all families and their children from 0-19 years: the evidence showed that the first few years of a child's life were crucial if they were to go on and lead happy lives e.g. antenatal contact was made after 28 weeks of pregnancy; new birth visits were made along with a 6-8 week visit; a 12 month health and development review had been implemented along with a 2-2.5 year health and development review; and currently the introduction of a three year school readiness contact was under discussion. 4-11 years was the age it was important to support young people to be ready to start school and be in the best health to get the most from their learning e.g. reception height and weight checks had been implemented; introduction of vision and hearing checks when starting school were being discussed; consideration was being given to working with primary school staff and children to promote health such as healthy eating; Year 6 height and weight checks had been implemented; and consideration was being given to support in getting ready for senior school. The ages of 12-19 years were key in supporting the transition to secondary school and help with issues such as mental health was essential for the wellbeing of young people - consideration was therefore being given to working with school staff to promote good health and wellbeing; and

listening to, and offering advice on, issues affecting young people whether that be skin problems, relationships and sex, stress at home or school and mental health. A website had been set up called 'Respect Yourself Gloucestershire' which offered advice and information for young people on issues such as relationships, sex, bodies, contraception, STIs etc. A self-harm helpline had been established which young people could call or text to talk about their concerns. There was also a helpline for 11-16 year olds to text the school nursing service for advice about problems with friends or family, puberty, emotional health, self-harm, drugs, alcohol and smoking and relationships. Children and young people were at the centre of the work and the first step was to have open conversations and think about the resources and support available to provide the right help at the right time to meet the needs of the child. The next step was to provide the child with a plan and assessment. Children with no additional needs had a 'universal plan'; children with additional needs identified and met through a graduated response, with either single or multi-agency help would have an 'additional plan'; a multi-agency approach using 'My Assessment' and 'My Plan+' with a whole family assessment and lead professional response would have an 'intensive' approach; and specialist and high level interventions involving a statutory assessment would have a 'specialist' approach. Consent to share information was required unless there were concerns that the child would be placed at greater risk of harm.

- Looking forward, public health would work with communities and partners to bring a 'whole systems' approach to life; it would combine delivery of universal services with services that targeted those most in need; and was currently undertaking a comprehensive needs assessment for children, young people and families in Gloucestershire so it could better understand the local situation and current evidence around what worked. A needs assessment would be used to inform a new Children and Families' Strategy which would be developed in consultation with partners, providers, service users and the population.
- The future of the County's children depended on ensuring every child in every family was supported to live a happy, healthy life that enabled them to go on to contribute positively to their communities. A system was required that supported everyone with targeted help where needed, broke negative cycles and built strong futures.

27.2 The Mayor thanked the Director of Public Health for her informative presentation and invited questions from Members.

27.3 During the ensuing discussion, a Member questioned whether there was a reason for the dip in numbers of vaccinations. In response, the Director for Public Health explained that there was usually a good uptake at 12-13 months but there was a booster needed at 3½ years and this was not as well attended. It was not clear why there had been a particular dip in diphtheria, tetanus and polio vaccinations. Information packs had been introduced to reception classes in the County which tried to stop the misconception that, once a booster was missed, it could not be given at a later date and it was hoped this would mean parents would be more inclined to 'catch up' on their children's vaccinations. A Member questioned whether the County would meet the government's timescales that all boys and girls would receive the Human Papilloma Virus (HPV) vaccine starting in September. In response, the Director advised that her colleagues in the NHS were adept at meeting timescales so she had no reason to believe the new regulations would not be implemented in accordance with the timescales set down. In response to a query about the success of the self-harm phone line, the Director explained that the number of calls and the types of discussion, and advice given, could be measured so that would help understand the success of the project. Unfortunately

the service was receiving more and more calls which was the reason for the 'text' element of the service being added. She felt the increase in contacts had a lot to do with young people having to cope with much wider demands on them and, in response, the public health teams would be going into secondary schools to support children and try to understand where the issues lay.

- 27.4 A Member noted that, given the statistics within the presentation, by 2024 obesity in adults would reach 70% which she felt was a horrifying statistic. The Director of Public Health agreed with that view; however, she felt it was good news that, according to the surveys undertaken in Gloucestershire, less young people were now adopting risky behaviours i.e. smoking, drug taking and alcohol abuse - this needed to be compared nationally to understand if it was a Gloucestershire factor or a national trend. A Member felt that the cut back in youth provision in the County could be a problem for the future. In terms of mental health issues and suicide rates, the Director of Public Health expressed the view that society in general had changed and was now much more open to talking about mental health and mental ill-health. Gloucestershire had seen an increase in deaths by suicide but the main area of concern was Gloucester City rather than Tewkesbury Borough; currently it was unclear what was causing the rise but it was considered that social media could be one cause as it added a lot of pressure to young people. The Director had met with a research group earlier that day and one of its priorities was self-harm and suicide - it was currently considering what research questions to ask participants to best enable it to get to the core of the issues. In response to an observation that many young people did not seem to leave the house very often, the Director of Public Health indicated that research had shown children were more sedentary than they used to be and there was a Countywide project running called Gloucestershire Moves which looked at how to get the inactive active – a lot of the project was about how professionals worked with schools and parents to help them understand the impacts of children that were not active.
- 27.5 Referring to risky behaviours, and the online survey which young people completed, a Member questioned how many students it covered, whether it was anonymous and whether the answers received were valid. In response, the Director of Public Health advised that approximately 33,000 had completed the online survey which covered two year groups (one in primary and one in secondary school). The survey had a good take-up and it was considered that, as it was anonymous and online, there would be no reason for the students completing it not to be truthful, although there was obviously no guarantee that this was the case. The new survey questions were just being signed off and it was felt they were a great improvement to it. The survey sought to cover a range of questions about lifestyle, crime, sleep habits etc. The Chief Executive advised that the survey results were very interesting as the information could be broken down into Wards etc. and he undertook to ensure the link was provided to all Members.
- 27.6 Accordingly, it was
- RESOLVED** That the presentation on the Public Health Annual Report 2016/17 be **NOTED**.
- CL.28 VISION 2050 - THE BIG CONVERSATION - TEWKESBURY BOROUGH COUNCIL RESPONSE**
- 28.1 The report of the Chief Executive, circulated at Pages No. 42-70, and separately at Page No. 1, sought approval of the Council's formal response to the Vision 2050 Big Conversation.

28.2 In proposing the draft response, a Member indicated that it had been drafted on the basis of Member workshops and a seminar. The additional paper included a number of proposed amendments which had taken into account the recent seminar, along with suggestions from the Lead Member for Health and Wellbeing in terms of the 'healthy and happy' ambition. Members had welcomed the opportunity to comment and had worked through the vision and outcomes carefully to ensure a full response. Upon being seconded and voted upon, it was

**RESOLVED** That the draft response, attached at Appendix 2 to the report, along with the suggested amendments, circulated separately, be submitted to the Vision 2050 Big Conversation consultation.

## **CL.29 ALDERTON NEIGHBOURHOOD DEVELOPMENT PLAN**

29.1 The report of the Planning Policy Manager, circulated at Pages No. 71-171, advised Members of the result of the referendum on the Alderton Neighbourhood Development Plan and asked the Council to resolve that the Plan be made part of the Development Plan for Tewkesbury Borough as well as to delegate to the Head of Development Services, in agreement with the Parish Council acting as the Qualifying Body, the correction of any minor errors such as spelling, grammar, typographical or formatting errors that did not affect the substantive content of the Plan.

29.2 In proposing the recommendation, the Lead Member explained that the Alderton Neighbourhood Plan had been subject to independent examination from January to March 2018 and the examiner's report had recommended a number of modifications to be made before it could proceed to referendum. The referendum had taken place with a turnout of just under 60% and just over 90% of those voting in favour.

29.3 Upon being seconded, and voted upon, it was

**RESOLVED**

1. That the Alderton Neighbourhood Development Plan be made part of the Development Plan for Tewkesbury Borough.
2. That authority be delegated to the Head of Development Services, in agreement with the Parish Council acting as the Qualifying Body, to correct any minor errors such as spelling, grammar and typographical or formatting errors that do not affect the substantive content of the Plan.

## **CL.30 NOTICE OF MOTION - SINGLE USE PLASTICS**

30.1 The Mayor referred to the Notice of Motion set out on the Agenda and indicated that, in accordance with the Rules of Procedure, it was necessary for the Council firstly to decide whether it wished to debate and determine the Motion at the evening's meeting, or whether it wished to refer the Motion, without debate, to a Committee for consideration with authority either to make a decision on the matter or to bring a recommendation back to Council. Upon being put to the vote, it was agreed that the Motion would be determined at the current meeting.

30.2 In proposing the Motion, Councillor Cromwell explained that he was extremely concerned about the effect of single-use plastics on the planet; in fact he had just heard in the press that authorities were not always sure that plastics which went abroad for processing were actually recycled. The Member felt that the statistics set out within the Motion were frightening and showed how imperative it was that something was done about the problem of pollution from single-use plastics. The Member considered that there may be a need to change the way recycling was measured in future as the move to lessen the use of plastics would mean a drop in recycling rates; however, in his view this would be a small price to pay. The Motion

included a timescale to 2020 for the elimination of single-use plastics within buildings and facilities owned by the Council which he felt was enough time for Officers and Councillors to change their habits so the Motion was achievable. He was of the view that, if plastics were not used so much, manufacturers would not need to produce them and largely this would be a good thing. The Member hoped the Council would be able to support the Motion.

- 30.3 In seconding the Motion, Councillor Greening indicated that momentum was growing for the elimination of single-use plastics so she felt the Motion was timely and, by supporting it, the Council was acknowledging that it had an important part to play. She understood that change was needed across the whole of society but felt that small everyday acts would collectively achieve the result of there being no plastics in the oceans etc. She was of the view that practical alternatives needed to be provided wherever possible and she hoped the Council would support the important Motion.
- 30.4 During the ensuing debate, Members generally felt the Motion was absolutely correct and that it should be supported. One Member, whilst fully endorsing the Motion, questioned whether it could go further in ensuring the recyclate that was sent abroad from the County was actually recycled and not sent to landfill. In response, the Head of Community Services indicated that, whilst this would be admirable, once the recyclate material had gone to the recycling plant it was out of the control of the Borough Council and he could not therefore guarantee where it would end up. In addition, the Chief Executive explained that the Borough Council was the waste collection authority not the waste disposal authority so it was outside of the Council's remit to gain any assurances about the destination of the recyclate once it left the Borough Council's lorries. He indicated that Tewkesbury Borough was a member of the Joint Waste Partnership so could relay the Member's comments and make investigations but he felt the Council should not put itself into an unsustainable position. The Chief Executive, along with the Lead Member for Clean and Green Environment, undertook to raise the matter with the Joint Waste Partnership and report back to Members accordingly.
- 30.5 The Motion was not amended but it was accepted that the Chief Executive and Lead Member would investigate where the recycling was taken, and what happened to it, and would report back to Members in due course.
- 30.6 Upon being put to the vote, it was

**RESOLVED** That the following Motion be **AGREED**:

1. That all single use plastics within buildings and facilities managed by the Council be eliminated by 2020 and efforts be made to encourage the elimination of single-use plastics within the Council's supply chain by 2025.
2. That the work of the Gloucestershire Joint Waste Partnership in promoting the reduction of single-use plastics across the County be supported and any opportunities to lobby central government be taken through the Partnership.

### **CL.31 SEPARATE BUSINESS**

- 31.1 The Mayor proposed, and it was

**RESOLVED** That, under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely discussion of exempt information as defined in Part 1 of Schedule 12A of the Act.

**CL.32 SEPARATE RECOMMENDATIONS FROM EXECUTIVE COMMITTEE**

**Community Services Review**

*(Exempt – Paragraph 1 of Part 1 of Schedule 12A of the Local Government Act 1972  
– Information relating to any individual)*

- 32.1 The Council considered the recommendations of the Executive Committee made at its meeting on 11 July 2018 and agreed the way forward in terms of the review of Community Services.

The meeting closed at 7:30 pm