

Social Impact of Population Change in Boston Task and Finish Group
Notes of Evidence-Gathering Meeting of 21st June 2012 (6.30 pm)

Present: Councillors Paul Kenny (Chairman) Paul Gleeson Richard Austin, Richard Leggott, Paul Mould and Dr Samra [*Apologies for absence were received from Councillor Judith Skinner*]

Observing: Councillor Mary Wright
Councillor Stephen Woodliffe

Councillor A Jenkyns – Lincolnshire County Council
Councillor P Robinson – Lincolnshire County Council

Officers: Phil Drury and Karen Rist

Witnesses giving evidence

Dr. Simon Lowe	GP Cluster
Mr Chris Weston	NHS Lincolnshire
Ms Gail Adams	UK Border Agency
Mr R Humphris	UK Border Agency

Officers giving evidence:

Steve Lumb	Head of Planning and Strategy
George Bernard	Head of Environmental Operations
Andy Fisher	Head of Housing, Property and Communities
Fiona White	Principal Licensing and Land Charges Officer
Trevor Darnes	Principal Environmental Health Officer
Peter Hunn	Anti-Social Behaviour Officer

It is noted that due to a significant amount of repetition of questioning between public and member questions, the following notes are collated to reflect a single response to all questioning from each witness / department. Each notation records the key responses.

It is also noted that some questions posed were refused answer by witnesses (both guest witnesses and Officers of the authority) due to being political or requiring a personal observation/comment. All witness noted their attendance was in a professional capacity to answer factually and not to offer their own personal observation.

HEALTH

Dr Simon Lowe (GP Cluster Boston) and Chris Weston, (Consultant and Associate Director of Public Health, NHS Lincolnshire)

Pilgrim Hospital:

One of the biggest single changes affecting health provision in Boston over the past decade has been the removal of some services from Pilgrim Hospital to Lincoln County.

On a positive side there was a time when questions were asked about the long term viability of maternity services at Pilgrim Hospital. The significant increase in births in the area, largely apportionable to the A8 community, appears to have caused these questions to disappear.

Signage in A&E and other departments is now multi lingual to assist the A8 population.

Actual figures for A8 attendance at A&E will be provided.

Surgeries / Care Homes:

The loss of Ingelow Manor had removed a significant resource for the treatment of the elderly but a replacement community based service is scheduled to start in the very near future.

Official estimates for population varied dramatically between the authority's electoral role and that of the estimated number on the combined registration lists of the borough surgeries. The PCT is attempting to collate an accurate register but as many patients are transient and fail to advise when they leave, it is difficult to identify exact numbers.

A significant problem facing the health community in Boston is the recruitment of quality staff. This will become a more pressing issue in the future as there are a number of experienced GPs who are likely to retire in the medium term. Practices have previously attempted to cope with this problem by trying to modify working practices and working longer hours.

Surgeries are paid for each registration. The value of each registered patient is dependent upon a number of demographic factors such as age, sex and deprivation. Registration forms only recorded ethnicity and not nationality – a situation that is determined by the government.

Initial problems with the large increase in A8 registrations have been resolved with surgeries providing signage, information in multi lingual formats and, in some surgeries, the employment of multi-lingual staff. However, it is recognised that public perception of preferential treatment for A8 patients is still apparent and tension within waiting rooms could be a problem: some of this perception of favouritism may be due

to the fact that language and cultural differences may result in reception staff having to spend slightly more time dealing with the problems of the A8 community.

Changes in appointment scheduling and the availability (or lack of) of appointments cannot be attributed solely to the increases in the A8 community.

The future challenges facing the Boston health community are predominantly those of an increasing ageing population, a lot of whom have significant health issues. Patients with significant health issues understandably have a high requirement for GP appointments meaning many require monthly, or in excess of monthly, appointments. Many of the A8 registered patients are young, fit and healthy and require little medical support and hence few GP appointments.

The levels of obesity in the local community, and the subsequent health problems such as diabetes and coronary heart disease, are also a significant cause for concern in the future and are likely to increase demands upon the local GPs.

Public Health Lincolnshire is currently reviewing all aspects of its service to improve the quality of care in Boston.

It is a central tenet of Public Health to support and advocate for minority groups (of whatever description) in their health and wellbeing.

Recommendation from Group: *That action be taken to aid recruitment of practitioners to the town's surgeries.*

BORDER AGENCY:

Gail Adams (Regional Director) and Chris Humphris (Local Officer)

Immigrants fell into two categories: EU and non EU.

A person from within the EU was permitted entry into any EU Country and allowed to exercise their treaty rights where were to have the right to work, to be self employed or to study.

Non EU persons did not receive the same rights and were subject to being in possession of permits / visa's for entry to an EU Country: they were usually seeking work or visiting family.

New rules were being introduced to limit the annual work allowance for non-EU persons with a concentration on increasing the minimum skills requirement for such workers.

The group were advised that it was difficult to enforce deportation and the Home Office had two options available to them when seeking to deport: Criminality or failure to exercise the treaty rights. The onus for proof of failure to exercise the treaty rights was on the Border Agency and a formal process was carried out for each instance.

Boston currently had 5 immigration officers who worked alongside various partners throughout both the county and country in seeking out illegal immigrants. They were supported by the national border agency which allowed additional officers to be 'parachuted' into an area if required. The group were advised that more resources would always be welcomed but that the Agency allocated its existing resources as beneficially as possible.

The agency experienced many problems in securing and deporting illegal immigrants: when a possible subject had been identified the agency needed to secure paperwork confirming the identity of the suspect which was not always possible as many illegal persons destroyed their papers once in the UK. Further problems encountered included court restraints on deportation due to political unrest / potential danger problems in the destination country.

The key area in identifying illegal immigrants was liaison and partnership working with the police, crime stoppers and various intelligence units. All potential leads were followed through and the agency had established a substantial data base. The local agency liaised with the officers at the Council and also received regular information from the general public. A significant amount of work had been undertaken since the initial influx of immigrants in the area and whilst the Border Agency concurred that it did not know the number of foreign nationals within Boston Borough, it had strengthened its presence and activity which had led to improved awareness of the position within the town.

Recommendation from Group: *That action be taken to aid recruitment of additional Border Agency Officers for the Boston area.*

LICENSING:

The Principal Licensing and Land Charges Officer provided the following information in response to questions tabled:

Over the last five years year 31 applications for premises licences had been granted which ranged from small off licences, large convenience stores and supermarkets. During the same period 18 premises either closed or had their licences revoked.

Two licences within the last five years had been suspended: one for the retail of counterfeit goods / non-duty paid alcohol and one for underage sales of alcohol. Six licences had been revoked during the same period, one for crime and disorder issues and the remainder for the sale of counterfeit and/or none duty paid goods.

Current legislation did not allow a committee to refuse an application based on speculative reasoning. Over intensification of such premises in areas is not a matter for licensing in discharging its function.

Licensing committees were bound by legislation and a formal application from all applicants included referral to both the police and environmental health, both of whom were able to carry out their own checks on an applicant and if necessary, raise any objection to the application.

The Local Authority did not record the nationality of applicants with each application being considered on its merits according to criteria.

HM Customs and Excise enforced the sale of non-duty paid goods whilst Trading Standards took action against any sale of counterfeit / illegal products. Regular checks were made throughout the borough and Council Officers worked very closely with both organisations.

Members of the public / residents had the right to object to any application. All applications were advertised within the locality of the application site prior to the application being heard at committee.

Future changes in policy may enable the authority to use a measure known as 'cumulative impact policies' which would allow them to tackle certain issues and the government intend to amend statutory guidance to permit authorities to reflect the needs of their local area i.e. using fixed closure times of premises, staggered closing times and zoning if required.

The authority received very few alcohol related complaints and when received and related to illegal products they were referred on to HM Customs and Trading Standards to action.

Inspections of licensed premises were carried out routinely and normally undertaken as a joint initiative between the Council, Police/Fire departments and Trading Standards. The Licensing departments work plan for 2012/13 included an inspection of all off licences by April 2013.

PLANNING:

The Head of Planning and Strategy provided the following information in response to questions tabled

The movement from a single family dwelling to a 'small' HMO (defined in the Planning Use Class Order as not more than 6 persons) is now permitted development and this will have changed any apparent increase or influx for new HMOs.

If planning permission is necessary and in many cases it is not, policies would permit the subdivision of existing dwellings and suitable non-residential properties into multiple occupation provided that criteria relating to highway safety, on-street parking and amenities of neighbouring residents were satisfied.

Policies take a relatively permissive stance, focusing on:

- impacts upon neighbours' amenities
- potential for increased on-street car parking
- maintenance of grounds and
- impacts upon the character and appearance of the building

Another policy relates to general amenity and thus if an over concentration was becoming an issue in terms of character the policy might be able to be used to support a refusal – but we need to be mindful of the ability of properties to become HMOs without planning permission being necessary.

Generally, we do not have a significant number of HMO applications.

Since 1988 there have been 12 applications for HMO defined uses – i.e. self contained flats specifically excluded. Eleven in Boston and one in Benington.

General grounds of objection are character, white vans attraction, parking and perception of un-neighbourly activities/ disturbance. Committee had no difficulty approving them. There are usually a handful of objections to each application when we receive applications, but I have not made a detailed count.

Regarding ONS predictions; we understand that these are a projection of the last 5 years immigration levels continuing over a following 20 years.

As they are economic migrants this would also mean that a similar number of jobs are being created. The information from the County Council on the ONS projections would indicate that this is in the region of 500 jobs being created per annum.

Given the particular sectors of work attracting the migrants this seems very unlikely to us. DEFRA data on the number of agricultural workers in the Boston area (2010) is assessed to be 1925.

The in-migration levels so far experienced have had no direct knock on effects on the demand for new build housing.

Regarding new towns; the various governments have not necessarily wanted to move vast numbers of the population but have sought to accommodate the growth they foresaw being demanded in the SE of the country to areas not constrained by greenbelt policies.

The introduction of a new joint planning committee with South Holland District Council had produced a joint strategy for the area which would enable both areas to gain a greater understanding of their individual needs for affordable housing and also allow them to improve their existing housing stocks. Experience to date noted that the migrant community tended to rent property as against buying it. Officers recognised the importance of ensuring that projections for future build quotas were as accurate as possible.

HOUSING:

The Head of Housing, Properties and Communities provided the following information in response to questions tabled

The current definition of a House of Multiple Occupancy (HMO) was a dwelling in which five or more people formed more than two households living over three or more storeys (extended families excepted).

To date the authority had no control measures in place for regulating HMO's but this was due to be addressed by new licensing regulations within the housing strategy.

This would require all landlords to sign up to the new licensing regulations and consequently ensure that the authority, police and other agencies would have details for a 'responsible' person for each dwelling who would be required to be compliant with all issues relating to health and safety. At present there was no legal requirement to have a register of HMO's within an area and it was only possible at the present time to estimate the number within the borough of Boston.

The Authority did not register nationality of applicants for housing, purely ethnicity.

The number of households on Boston's housing register as at 31st March 2012 was 2042. For the same period 2007/08 the number was 1693..

The breakdown for the above was British 93.43% in 2007/08 with EU 5.37%. In 2011/12 the figure was British 85.89% with EU 12.58%.

Any increase in applications had risen from 1718 in 2009/10 to 1904 in 2011/12.

The authority had no power and never would have, to control private rents levied by private landlords. It was recognised that prices in Boston were very high and had risen sharply due to the demand for accommodation and specifically HMO's over recent years.

Complaints in respect of HMO's had reduced significantly over the last few years with 138 being received during 2004/05 and only 46 through 2011/12. The authority was conscious of certain areas where established residents continued to complain about noise and disturbance, but it hoped that continued education and the introduction of licensing which would put the onus of responsibility on the actual landlord, would ensure further reductions in complaints.

Differentials noted in population numbers could not be confirmed as no person from electoral services was in attendance.

Recommended from Group: That the authority be recommended to adopt a HMO licensing policy for landlords within its housing strategy and that the licence be enforced fully.

OPERATIONS

The Head of Environmental Operations provided the following information in response to questions tabled

The problem of the wrong litter being disposed of in the wrong bins had reduced slightly. Education of residents had resulted in vast improvements in certain areas of the town.

Guidance for disposal of waste was published in multi lingual format for residents.

Operatives continued to ensure that rubbish was collected and when reports of missed collections were received, the department did endeavour to collect it as soon as possible.

It was acknowledged that education was the preferred tool as against enforcement for those members of the public who didn't understand the bin disposal system.

General littering was a continual problem within the town especially and whilst the town centre was cleaned daily, if the culprits were not identified then the authority had difficulty prosecuting.

The 'name and shame' scheme had been re introduced which had previously been successful in identifying people littering and a number of prosecutions had taken place thereafter. 70 fixed penalty notices had been issued for littering / cigarette end disposal

Year on year the amount of rubbish collected during the 'big Boston clean up' had diminished with a substantial reduction in many areas of the town.

Dog fouling continued to be a problem predominantly within the urban areas of the borough and again Officers were dependant on the culprits being named and shamed or reported in order for enforcement action to be taken. It was recognised that there was a reluctance for people to come forward and report offenders.

Recommended from Group: That enforcement whenever possible be taken in respect of littering and that education of the disposal of waste in all bins be continued.

COMMUNITY SAFETY

The Anti-Social Behaviour Officer provided the following information in response to questions tabled

The Authority was currently reviewing its DPPO with reports being taken through the committee system to ascertain Members views on the way forward. Current legislation did not allow an authority to introduce a 'total drinking ban' DPPO's were due to be repealed early in 2103 by an act of Parliament and it was expected that the new legislation would have the same powers as set out in the existing DPPO's.

Extension of the DPPO would need to be resourced and neither the authority nor police could guarantee enforcement of any extension at the present time.

Removal of benches within the town was always taken as a last measure when all other attempts to deal with the anti social problem had failed.

Referring to complaints received in respect of anti social behaviour the most common subjects were neighbour disputes, throwing items in public, criminal damage including vandalism, verbal abuse and general shouting and swearing in public. Since January 2011 approximately 66 types of incidents had been reported to the community safety team.

When recording a complaint only the ethnicity of the perpetrator would be recorded, the system did not allow for recording of nationality.

The ward with the highest number of complaints was Central, followed by Fenside, Old Leake & Wrangle, Witham and then Fishtoft.

Complaints relating to parking issues are relayed to the police at the present time. However, responsibility for non-enforceable parking offences would become the job of Lincolnshire County Council who would have resources on site within the borough to enforce all illegal parking. It was anticipated that the current issues of illegal parking would be addressed once Lincolnshire County took responsibility from the police.

Abuse on websites should always been reported to the site provider; directly to the website provider who should remove the offending article and to the police. A number of legislative acts were in place for enforcing prosecution of abusers and the police would investigate and decide on a course of action.

ENVIRONMENTAL HEALTH

Should spitting in public places be banned?

There was no current legislation for spitting in public although Enfield Borough Council has proposed a bylaw and this is awaiting approval from the Ministry of Justice. Enfield had undertaken a consultation exercise and it is likely this would be required should Boston consider adopting such a bylaw.

Boston has no records of complaints/reports in respect of spitting. Officers were aware that it took place within the town although it is not possible to say whether it is anymore prevalent in Boston than other towns or cities.

Is food safety more of an issue in eastern European shops?

There has been a significant increase in the number of shops aimed at serving the eastern European migrant community. Some these food outlets have given cause for concern due to the owners' lack of knowledge of UK food regulations. Education courses, on-site assistance and a firm but a fair approach has seen improvements in standards. This has taken a significant amount of resources and it is likely this will continue to be the case for the foreseeable future.

Concluding the chairman recognised the fact that additional resources in all departments would enable a greater monitoring, support and enforcement of the issues discussed.

Meeting concluded 2115 hours.