

Minutes of a meeting of the Corporate Overview and Scrutiny Committee held on Thursday, 21 March 2024 in Committee Room 1 - City Hall, Bradford

Commenced 5.00 pm
Concluded 6.30 pm

Present – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT	GREEN
Azam Alipoor Robinson D Green Mohammed	Loy F Ahmed	Stubbs	Love

Councillor Azam in the Chair

68. DISCLOSURES OF INTEREST

No disclosures of interest in matters under discussion were received.

69. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted by the public to review decisions to restrict documents.

70. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

There were no referrals made to the Overview and Scrutiny Committee.

71. CHAIR'S NOTE

The Chair, on behalf of the Committee, thanked Councillor Green for his contribution to the successful scrutiny committee process and for his previous chairmanship of the Committee. Councillor Green was retiring from Council after 33 years and the work he had done to ensure that Bradford was a safer place was acknowledged.

72. DRAFT CALL FOR ACTION ENQUIRY ANTI-SOCIAL BEHAVIOUR REPORT

Document "AH" was presented which provided the findings of the Call to Action inquiry into Anti-Social Behaviour across the District. It was reported that the Call for Action had been initiated by a Member originally wanting to look at anti-social

behaviour (ASB) in the BD2 and BD10 areas.

At the meeting on 30 June 2023, when the Call for Action had first been considered, it had been agreed that ASB was a problem across the area and the enquiry was extended to include the whole district. A Member agreed that she had found it useful to see how similar problems were experienced in all areas.

The Member who had initiated the inquiry agreed it was correct to widen the scope as all areas of the district experienced similar problems.

After studying the findings outlined in Document "AH" he felt that the recommendations presented were a reasonable draft, however, whilst appreciating the work which had been undertaken, he believed there were some additional recommendations to be included.

He felt that the findings demonstrated that there was a lack of activities and provision for young people, however, there was also a lot of ASB arising from the actions of adults including fly tipping, vandalism, drugs and misuse of vehicles. It was suggested that additional recommendations, including to liaise with the Council's Highways Department, Police and vehicle enforcement issues to produce an action plan for the District that could be used across all areas to enable them to take immediate action when problems arose, be included.

Reference was made to a recent motion debated at the Council meeting on 12 March 2024; it was acknowledged that residents were impacted by anti-social use of vehicles across the District. It was hoped that the resolution from that motion would begin to address those problems.

The issues reported by women and young girls experiencing call calls whilst walking to school or youth provision and that the inquiry had found that they were not comfortable reporting crimes was raised as a concern. It was suggested a recommendation be added to the inquiry that youth workers and Police Community Support Officers worked together and reassured young people they would address their concerns.

The Chair reported that there was much work being conducted in the City Ward to address the safety of women and the Assistant Director, Neighbourhoods and Community Services expanded on that issue with details of operation 'Jog On' and her services preventative measures to tackle behaviour change at an early stage. The Safer Bradford Board and partner's underlying responsibilities were always to prevent occurrence in the first place.

The prevalence of people using social media to relate crimes was also debated and it was agreed that residents should be made aware that posting on social media was not reporting a crime and these should be communicated directly to the Police. Improvements needed to the reporting methods were acknowledged with a Member reporting a wait of 48 minutes before his call was answered.

It was agreed that the inquiry revealed that people felt they were not getting the level of service required from the Police or response to 101 calls and that residents needed to feel confident that their reports were taken seriously and action was taken. It was believed that conversations with senior level Police

officers should be held to address those concerns. In response it was acknowledged that the recommendations arising from the inquiry must be achievable and realistic and that the Police should have the opportunity to respond. It was expected they would be invited to future meetings when the draft recommendations were formalised.

A suggestion that the ASB terminology lessened the severity of problems faced and a feeling that some of the experiences should be categorised as crime was made. It was proposed that the language contained in reports and policies should be toughened up to show that ASB was seen as criminal behaviour. It was agreed that there was a difference between ASB and crime and it was felt that it was important that residents were aware of the distinction.

A lack of resources to tackle ASB across the District was discussed and it was agreed that the case must be made for additional resources to prevent the incidents, when addressed, being moved across other parts of the District.

The Assistant Director, Neighbourhood and Community Services reported that the Police acted on data and the Safer Bradford Board held all partners to account and scrutinised actions. She maintained that any discussion and negotiated process should include all partners. She reported the proposals, at the next Safer Bradford Board meeting, were to reduce deaths from ASB and behavioural changes to ensure people drove in a safer way. Hotspots for ASB and road traffic accidents would be investigated and measures to force good behaviour would be initiated. The necessity to listen and support communities and to manage their expectations and communications was discussed. It was stressed that measures to ensure young people were not criminalised and measures to prevent that happening would always be prioritised

In response to questions about the amount of communication with people who had been given ASB orders it was explained that the Neighbourhoods service always worked to avoid incidents of ASB through behavioural change.

Resolved –

That the Committee adopts the findings contained within the draft report, subject to the additional amendments made by members, in relation to recommendations 2 and 4 of the report, which include:

Recommendation 2

That Safer Bradford works with key partners in exploring areas to address Anti-Social Behaviour, such as those highlighted during the consultation for this inquiry, namely:

- ***Lighting in darker areas;***
- ***Through the Safer Bradford Partnership a programme of work between neighbourhood policing teams and Youth Services be developed to reduce barriers between young people and Police, improve communication and improve the understanding of Anti Social Behaviour legislation;***
- ***Expanding the range of activities for young people to participate in.***

Recommendation 4

That based on the findings from consultation with residents, the Committee requests that officers from Safer Bradford consider the following options to address Anti-Social Behaviour across the District:

- ***Producing an information sheet for residents, which contains a guide of how to report Anti-Social Behaviour activities and a list of key local contacts for residents to contact;***
- ***Campaigns/promotions in residential areas, deterring people from Anti-Social Behaviour activities;***
- ***That the Safer Bradford Partnership discuss with the police the issues raised with 101 service, relating to both the delays and the levels of follow up that come from reported crimes;***
- ***The language used in documents and campaigns relating to Anti Social Behaviour, to reflect that Anti Social Behaviour is a Crime;***
- ***Greater use of the Antisocial Behaviour toolkit.***

To be actioned by – Overview and Scrutiny Lead

73. BRADFORD COUNCIL'S GAMGLING CROSS DEPARTMENTAL ACTION PLAN - PROGRESS REPORT

The report of the Director of Public Health, **Document “AG”** presented an update on progress of Bradford Councils' Gambling Cross Departmental action plan, specifically focusing on clear outcomes achieved and next steps.

The Director of Public Health, the Clinical lead, NHS Northern Gambling, and Senior Public Health Analyst attended the meeting explaining that Bradford Councils' Gambling Cross Departmental action plan was being presented to update Members on regional and national actions.

The background to the report revealed that Bradford Council operated a Gambling Harm Prevention Working Group which had been in place for two years. Membership including several Council departments and services, including, Public Health; Licencing; the Youth Service; Early Help; Schools/ Education Children's Social care; Adult's Social Care; Place; Communications and Marketing. In addition, local service providers for alcohol and drug treatment, Department for Work & Pensions and Families and Young Persons Information attended that group.

For context definitions of gambling were explained. The objectives of the Gambling Commission were reported together with statistics on the nature, volume and impact gambling could have on the gamblers and their families and friends.

It was revealed in the report that GamCare was a largely industry funded organisation which had, in early 2023, announced a continued three-year funding package from GambleAware which would see enhanced services across Yorkshire and the Humber, amongst other areas.

It was reported that the NHS Northern Gambling Service (also known as the Northern Gambling Clinic) was one of two providers offering and delivering one to one services to people living in Bradford district. The service was available face to face, via telephone or online appointment. The Northern Gambling Service (NGS) offered specialist addiction therapy and recovery to people affected by gambling addiction, including people experiencing mental health problems such as depression, anxiety, trauma, and suicidal feelings, alcohol and/or drug use issues and those homeless or in unstable housing.

Support was also offered and provided to those affected by someone else's gambling; family, friends and significant others. NGS had a local clinic in Leeds (others in Manchester and Newcastle) and provided a clinical service through psychologists, therapists, psychiatrists, and mental health nurses and experts by experience. Since October 2019 to present (end January 2024) It was reported that NGS have received 57 referrals for Bradford residents.

GamCare Yorkshire and Humber was the second service providing gambling related support to people experiencing gambling related harm and to others who were affected. Services were provided face to face, online or over the phone and short and longer-term advice and support options were available. The service also offered a Money Guidance Service which provided tailored guidance to anyone experiencing gambling related financial problems, either through their or another's gambling. The National Gambling Helpline was provided by GamCare and is available 24 hours a day, full year-round, and offered one to one telephone or live online chat so giving immediate support, whilst offering/locating local support for the person. GamCare was a largely industry funded organisation and in early 2023, announced a continued three-year funding package from GambleAware which would see enhanced services across Yorkshire and the Humber, amongst other areas.

Members were surprised to hear that GamCare was a largely industry funding organisation and noted that it had received a continued three-year funding package from GambleAware.

In response to questions, it was reported that only a modest number of referrals had been made to non-industry funded, Northern Gambling Clinic. It was revealed that it was difficult to promote that help as the national helpline did not direct people towards its services. All school education was funding by the gambling industry as was the majority of research. It was believed that only a small minority of people referred by industry funded services received treatment.

It was questioned where funds received through sanctions on the gambling industry were directed and it was explained that there was a statutory levy which, next month, was likely to be put towards research and treatment by gambling industry providers. A sum of £33million had been provided to the Charity GamCare to fund research and treatment.

The report included statistics revealing the number of young people gambling in gambling premises, however, it was felt that those figures were contradicted by the statement, in the report, that the licensing authority had not received reports of young people being in gambling premises. It was questioned if the licensing authority actively investigated gambling premises and it was agreed that query

would be investigated and the answer would be reported to back Members.

A Member referred to witnessing people in gambling establishments whose activity would be frowned on by their communities and it was questioned what support for gambling related harm, if needed, they could access in a safe way. In response it was explained that no measures had been taken, in Bradford, to actively reach those people but help could be provided anonymously.

Whilst more treatment was reported, following previous reports presented, it was agreed additional work was required to tell people what help was available and to train front line staff to talk about gambling harm and advise or support.

In response to discussions about there being no current referrals or treatment data from local mental health services it was confirmed that links were being created to understand if people were accessing mental health services because of gambling issues. It was believed that health services should routinely question, as they did for other harmful activities, the extent or seriousness of problems caused by gambling. It was believed whilst people would talk about mental health issues but not what the cause of those may be.

A Members suggested that new patients to doctors surgeries should be asked similar questions about gambling habits as was currently asked about smoking and drinking. The merits of that suggestion were acknowledged but it was felt that could be difficult to implement as all health providers were operating on different systems.

Regional updates provided in Document "AG" reported the Office for Health Improvements and Disparities (OHID) had, through the Gambling Harm Prevention Working Group, provided 70 training places to be offered to family hubs navigators, social prescribers and wellbeing hubs. It was suggested that this be also offered to youth services, and it was explained that the training was provided regionally.

It was explained that the Public Health Service had developed training on gambling harm to be delivered to schools in the area, but this had attracted very limited interest. It had been decided to continue that offer in the next school year and investigations would be undertaken to understand why there had been limited uptake.

The service representatives at the meeting were asked to define a message they would wish to be promoted from the meeting. The representative of NHS Northern Gambling referred to a paper he had recently read about student gambling and that 52% of students were at risk from moderate gambling. Incidents of students missing assignments and dropping out of studies were discussed. Slot machines had been recognised as one of the most addictive forms of gambling and 45% of players experienced harm.

He also referred to an increased number of gambling premises being seen on high streets and believed efforts to remove gambling advertising and promotion in city centres would prevent harm. It was reported that Sheffield had recently prohibited gambling advertising in the city centre, and it was hoped that Bradford could do the same.

The Chair questioned if the data provided by the gambling industry was reliable and raised concerns about the number of premises increasing in deprived areas and the harm these could cause. He urged the Government to take action.

A Member referred to the difference between a young person visiting seaside establishments on holiday with their parents as opposed to young people visiting gambling premises alone. It was stressed that youth workers should be also involved in referral work.

It was questioned when the draft NICE (National Institute for Health and Care Excellence) guidelines would be adopted. It was explained that the NICE guidelines were clinical guidelines and would be published in June 2024. Some outcomes of the white paper would become legislation. Concern was expressed that the Ombudsman for Customer Redress referred back to the gambling industry. A decision on a proposed statutory levy on the industry was due in April 2024 and could direct funding to independent research. It was felt that the current figures reported were underestimated and requests to open up that player data had been made.

The prevalence of activities which could be seen as harmful being promoted and endorsed by sports companies was discussed and Members were encouraged to talk to young people to prevent gambling harm. A Member referred to a recent advertising campaign which had used a street in the World Heritage Site of Saltaire to promote a national gambling company. He had questioned that decision and believed that a whole Council approach should be taken to prevent gambling harm. The ability to bet rapidly with bookmaker's shops looking like casinos and online betting directing people to many other gambling sites was raised as a concern.

A Member questioned how help and treatment could be accessed and was advised that people could self-refer via email, phone or through their doctor's surgery. There were many ways to access support. A website gamblingunderstood.co.uk was provided as a useful source of information.

The support for families and others impacted by gambling harm was queried. It was explained that people could refer themselves or be referred via their doctors. The organisation 'Gambling Lives' provided support for bereaved families. 'Gamblers Anonymous' provided services for families but was less well advertised than other services.

Resolved –

- (1) That this Committee requests progress against Bradford Councils Gambling Cross Departmental Action Plan, be presented to this Committee, which also includes all outcomes delivered.**
- (2) That this Committee requests that Bradford Councils Leader and Chief Executive write to the District MP's and Ministers, to encourage the Gambling Commission and Helpline to refer cases to services, such as those provided by the NHS.**

(3) This Committee requests that Bradford Council Licensing consider a proactive approach to underage activity inspections, of gambling premises.

(4) That this Committee asks the Executive to consider Bradford becoming a gambling free advert zone, similar to Sheffield and explore possibility of Bradford 2025 Capital of Culture events, to not advertise gambling related activities.

To be actioned by – Director of Public Health

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Corporate Overview and Scrutiny Committee.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER