



Essex County Council

Cabinet

10:15	Tuesday, 15 November 2022	Council Chamber County Hall, Chelmsford, CM1 1QH
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For information about the meeting please ask for:

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Meeting Arrangements

In accordance with paragraph 14.7 of the Council's Constitution, the Leader has agreed that all members may take part in the meeting and vote if they are present via Zoom. The link to the Zoom meeting has been sent to members separately. Members of the public may watch on YouTube and there will of course be the normal public access to the meeting room in County Hall, from which any member of the public may observe the meeting and make representations.

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3 Questions from the public

A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed.

On arrival, and before the start of the meeting, please register with the Democratic Services Officer.

4 Integrated Health and Justice Service Contract Extension (FP/508/09/22) 11 - 26

The Equality Comprehensive Impact Assessment is available [online](#) – please scroll to bottom of page

5 Decisions taken by or in consultation with Cabinet Members (FP/528/10/22) 27 - 28

6 Date of next meeting

To note that the next meeting of the Cabinet will take place at 10.15am on **Thursday** 15 December 2022 in the Council Chamber at County Hall, Chelmsford, CM1 1QH.

7 Urgent Business

To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

8 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Committee: Cabinet

Enquiries to: Emma Tombs, Democratic Services Manager
Emma.tombs@essex.gov.uk

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note:

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership
(Quorum: 3)

Portfolio

Councillor K Bentley	Leader of the Council (Chairman)
Councillor L McKinlay	Deputy Leader and Community, Equality, Partnerships and Performance (Vice-Chairman)
Councillor T Ball	Education Excellence, Life Long Learning and Employability
Councillor M Buckley	Waste Reduction and Recycling
Councillor G Butland	Devolution, the Arts, Heritage and Culture
Councillor B Egan	Children's Services and Early Years
Councillor L Scott	Highways Maintenance and Sustainable Transport
Councillor J Spence	Adult Social Care and Health
Councillor L Wagland	Economic Renewal, Infrastructure and Planning
Councillor C Whitbread	Finance, Resources and Corporate Affairs

Minutes of a meeting of the Cabinet that took place in the Council Chamber at County Hall on Tuesday 18 October 2022

Present:

Councillor	Cabinet Member Responsibility
Councillor K Bentley	Leader of the Council (Chairman)
Councillor M Buckley	Waste Reduction and Recycling
Councillor G Butland	Devolution, the Arts, Heritage and Culture
Councillor B Egan	Children's Services and Early Years
Councillor Lee Scott	Highways Maintenance and Sustainable Transport
Councillor J Spence	Health and Adult Social Care
Councillor L Wagland	Economic Renewal, Infrastructure and Planning

Councillors M Durham, M Mackrory, M Platt, P Schwier and L Shaw were also present. Councillors A McGurran (substituting for Councillor I Henderson), A Goggin and D King attended remotely, via Zoom.

1. Membership, Apologies, Substitutions and Declarations of Interest.

The report of Membership, Apologies and Declarations was received and the following were noted:

1. There had been no changes of membership since the last report.
2. Apologies for absence had been received from Councillors Tony Ball, Cabinet Member for Education Excellence, Lifelong Learning and Employability, Louise McKinlay, Deputy Leader and Cabinet Member for Community, Equality, Partnerships and Performance, Christopher Whitbread, Cabinet Member for Finance, Resources and Corporate Affairs and Councillor Ivan Henderson, Leader of the Labour Group, for whom Councillor Aidan McGurran (attending via Zoom) was substituting.

Nicole Wood, Executive Director, Finance and Technology, was attending in place of Gavin Jones, Chief Executive.

3. There were no declarations of interest.

2. Minutes: 19 July 2022

The Minutes of the previous meeting, held on 19 July 2022, were approved as a correct record and signed by the Chairman.

3. Questions from the public

None.

4. 2022-23 Financial Overview as at the Half Year Stage (FP/304/02/22)

The Cabinet received a report setting out the current forecast financial position of Essex County Council's (ECC) revenue and capital budgets as at the half year stage of the 2022/23 financial year.

In introducing the report, the Leader of the Council referred to a textual amendment to recommendation 2.1 ii, which ensured that the reason quoted for bus service operator losses was consistent with that provided elsewhere in the report (i.e. reduced patronage). This is reflected in resolution 1ii below.

The Leader expressed thanks to all Council staff for their efforts to manage the increasing financial pressures being faced by the Council.

The Leader responded to questions from Councillors King and McGurran in relation to:

- A request, which the Leader agreed, to share with all political groups information on issues associated with the budget, including certain of the assumptions behind it and the Council's likely position in relation to the Prudential Indicators.
- Clarification of the explanation for bus service operator losses, as set out above.

Resolved:

1. To draw down funds from reserves as follows:

- £2.7m** from the Covid Equalisation Reserve to the following portfolios due to Covid related expenditure: Adult Social Care and Health portfolio **£1.7m**, Community, Equality, Partnerships and Performance RSSS portfolio **£501,000**, Finance, Resources and Corporate Affairs RSSS portfolio **£211,000**, Highways Maintenance and Sustainable Transport portfolio **£179,000** and Leader RSSS portfolio **£70,000**. Further detail can be found in section 5 (sections 5.1.v, 5.13.ii, 5.15.iii, 5.9.iii and 5.16.ii)
- £1.8m** from the Transformation Reserve to the following portfolios: Highways Maintenance and Sustainable Transport portfolio; **£850,000** mitigating the Local Highways Panels saving included within the Medium Term Resource Strategy (MTRS) and **£917,000** to reimburse bus service operator losses related to reduced patronage as per FP/437/06/22 (section 5.9.iii). **£25,000** to the Community, Equality, Partnerships and Performance RSSS portfolio relating to Experian Licences (section 5.13.ii)
- £550,000** from the Adult Social Care Risk Reserve to the Adult Social Care and Health portfolio relating to short stay isolation beds for older adults (section 5.1.v)

- iv. **£344,000** from the Children's Transformation Reserve to the Children's Services and Early Years portfolio for the Tendring Multi-Disciplinary Team to continue funding the pilot project in that region. (section 5.2.iii)
- v. **£384,000** from the Adults Transformation Reserve to the Adult Social Care and Health portfolio relating to costs for Business Support posts **£302,000** and Transforming Community Care and Dementia (TCCD) **£82,000** (section 5.1.v)
- vi. **£68,000** from the Community Initiatives Fund Reserve to the Community, Equality, Partnerships and Performance portfolio to fund payments to community groups that have been awarded small grants (section 5.3.iii)

2. To appropriate funds to reserves as follows:

- i. **£1.4m** to the Carry Forward Reserve for use in 2023/24 from the following portfolios:
 - Other Operating Costs **£600,000** (section 5.12.ii)
 - Devolution, the Arts, Heritage and Culture **£400,000** (section 5.4.ii)
 - Finance, Resources and Corporate Affairs RSSS portfolio **£232,000** (section 5.15.iii)
 - Highways Maintenance and Sustainable Transport **£86,000** (section 5.9.iii)
 - Community, Equality, Partnerships and Performance RSSS **£60,000** (section 5.13.ii)
 - Community, Equality, Partnerships and Performance **£50,000** (section 5.3.iii)
- ii. **£1.8m** from the Transformation Reserve to the following portfolios:
 -
- iii. **£535,000** to the Technology and Digitisation Reserve from the Finance, Resources and Corporate Affairs RSSS portfolio to support future work relating to the Cloud Modernisation Programme (section 5.15.iii)
- iv. **£260,000** to the Reserve for Future Capital Funding from the Finance, Resources and Corporate Affairs portfolio for the lift replacement costs within the Commercial Property portfolio (section 5.8.iii)
- v. **£118,000** to the Private Finance Initiatives (PFI) Equalisation Reserves from the Education Excellence, Lifelong Learning and Employability portfolio in relation to the Debden PFI (section 5.7.iii)
- vi. **£94,000** to the Transformation Reserve from the Finance, Resources and Corporate Affairs RSSS portfolio towards the Workforce Strategy project (section 5.15.iii)

3. To approve the following adjustments:

- i. Vire **£47,000** from the Highways Maintenance and Sustainable Transport portfolio to the Leader RSSS portfolio for a Highways Communications officer (sections 5.9.iii and 5.16.ii)
- ii. Vire **£36,000** from the Economic Renewal, Infrastructure and Planning portfolio to the Highways Maintenance and Sustainable Transport portfolio to fund a secondment from Development Management to the Transport Strategy and Engagement Team (sections 5.5.iii and 5.9.iii)
- iii. Amend the capital budget as shown in Appendices C (i) and C (ii) which allows for capital slippage of **£33m**, with £27.1m slipped into 2023/24, £4.7m into 2024/25 and £1.2m 2025/26. Capital budget additions of **£20.4m**, capital budget reductions of **£14.9m** and advanced works of **£5.2m** (£13.4m to be advanced from 2026/27, £904,000 from 2023/24, £5.2m into 2022/23, £5.6m into 2024/25 and £3.5m into 2025/26) (see section 7.2).

5. Better Care Fund Plan 2022-23 (FP/482/08/22)

The Cabinet received a report seeking adoption of the 2022-23 Better Care Fund Plan for Essex and agreement of the delegation to vary the related Section 75 agreements to reflect the Plan once agreed.

Councillor Spence, Cabinet Member for Health and Adult Social Care responded to questions from Councillors Mackrory and McGurran in relation to:

- Whether there could be any guarantee that the aim to improve service effectiveness through development of a more integrated approach would be achieved more successfully than when similar commitments had been given in the past.
- The measures in place for contract monitoring.
- Why the Council did not require domiciliary care providers to pay staff the National Living Wage in an effort to improve recruitment and retention.
- What the Council is doing to make sure that care providers allocate sufficient time for care visits to enable staff to complete all the required tasks in the time allowed.

Resolved:

1. Agreed to adopt the Better Care Fund Plan for Essex in the form appended to report FP/482/08/22.
2. Agreed to authorise the Executive Director for Adult Social Care to vary the related Section 75 agreements to reflect the agreed Plan.

**6. Decisions taken by or in consultation with Cabinet Members
(FP/504/09/22)**

The report was noted.

7. Date of the next meeting

The next meeting of the Cabinet was scheduled at 10.15am on Tuesday 15 November 2022 at County Hall, Chelmsford, CM1 1QH.

9. Urgent Business

There was no urgent business.

There being no further business, the meeting closed at 10.50pm.

**Chairman
15 November 2022**

Forward Plan reference number: FP/508/09/22

Report title: Integrated Health and Justice Service Contract Extension	
Report to: Cabinet	
Report author: Councillor John Spence, Cabinet Member for Adult Social Care and Health	
Date: 15 November 2022	For: Decision
Enquiries to: Ben Hughes, Head of Public Health and Wellbeing ben.hughes@essex.gov.uk	
County Divisions affected: All Essex	

1. Everyone's Essex

- 1.1 Everyone's Essex means exactly that: the aim is to reach out to all members of the community, however challenged or vulnerable they may be.
- 1.2 So many people who come into contact with the criminal justice system are vulnerable adults, often with multiple complex needs, whether relating to mental health, alcohol addiction, substance misuse or homelessness to name just a few of the challenges people face.
- 1.3 Essex County Council took the lead when, in 2015, we brought partners together to develop an effective, joined-up service that can catch these people and help support them to recovery and a productive and fulfilling life.
- 1.4 The Integrated Health and Justice Service does just this, supporting vulnerable adults detained in police custody and diverting them into appropriate community support. Addressing the underlying factors that may influence their behaviour can help prevent re-offending.
- 1.5 The Service is funded by a group of partner organisations who were originally convened by the Council to work together for this purpose. The contract has been running since 2018 and is proving very effective. The current contract comes to an end on 31 March 2023 and the purpose of this paper is to seek agreement to extend the contract for a further two years.
- 1.6 This work contributes to a number of commitments within the Council's four-year plan, Everyone's Essex, notably to support healthy lifestyles and level up health. It also has an impact on the Council's commitment to safety, by providing interventions to reduce re-offending.
- 1.7 It is anticipated that this decision will be carbon-neutral.

2 Recommendations

- 2.1 Agree to extend the current Integrated Health and Justice contract with the Essex Partnership University NHS Foundation Trust (EPUT) for a further 24 months commencing on 1 April 2023 at a cost of £7,969,000 for a further 24 months (£3,985,000 per annum).

3 Background and Proposal

- 3.1 As part of Everyone's Essex, the Council is committed to improving the health of Essex residents. Vulnerable individuals in contact with various elements of the Criminal Justice System (CJS) invariably have poor health outcomes and are further impacted by factors such as homelessness, poverty and unemployment.
- 3.2 ECC Public Health has been improving services for offenders and others in contact with the criminal justice system for a number of years, with a series of commissioned services. As part of this drive, Public Health has developed a local Integrated Criminal Justice Commissioning Group, made up of key local partners, including the Probation Service, the Office of the Police, Fire and Crime Commissioner, NHS England and the local Integrated Care Boards (ICBs). The Integrated Criminal Justice Commissioning Group has been operating for six years, developing health and justice pathways in Essex to reduce re-offending and improve the life chances for vulnerable Essex residents in contact with criminal justice agencies. The aim of the group is to develop local services which divert vulnerable individuals out of potential criminal activity and into more appropriate health and social care support.
- 3.3 Partners came together to join multiple services into one integrated service that seeks to address the unmet health and social care needs of vulnerable people from pre-arrest, arrest and through any court proceedings with the aim of thereby reducing re-offending. Only the Greater Manchester Combined Authority has attempted something similar, and their model does not include pre-arrest (Street Triage) services.
- 3.4 The procurement and subsequent contract award for this new service was approved by ECC in 2017 (FP/798/03/17). The contract was let for five years with an option to extend for two further years.
- 3.5 The service has performed well during its lifetime. Even during the pandemic, the service remained fully operational, despite increased pressure from the closure of courts and the rise in footfall in Essex Police Custody Suites. Recent benchmarking against national and regional Liaison and Diversion Services (the most similar services) has shown the service to be performing well and comparing favourably. Partner Commissioners are satisfied with the performance of the service which is why they are requesting the contract extension.
- 3.6 Appendix 1 shows the service to be performing well compared to services in other areas. Key areas of performance to note are that the service has helped to reduce the inappropriate use of police custody for people who are mentally

unwell by around 80% and that around 40% of people who engage with the service go on to be seen by mental ill-health services or drug and alcohol services (which compares favourably to regional and national services).

- 3.7 A key part of the service is the use of peer mentors – people who have been through the system - and service user groups. Therefore service user consultation and design are built into the service. Service user satisfaction is reviewed at quarterly contract review meetings.
- 3.8 The contract is held by EPUT. While there are undoubtedly issues in some parts of the EPUT operation, which are rightly receiving attention, the experience of the Council's Public-Health team in this arena is very positive. Appendix one highlights a range of positive service user feedback. A close and developmental approach to commissioning this service has resulted in a diligent, responsive, and genuinely person-centred service. While key vulnerabilities are recognised, diagnosis is not a pre-requisite for service input and the service works with many people who have potentially undiagnosed issues and are thus not eligible for community services. As noted, this is one of the key frontline services that kept running during the recent pandemic despite the conditions being less than ideal for social distancing in police custody suites and a number of front-line nurses and Health Care Practitioners who contracted COVID-19 in this environment. Also during the pandemic, our EPUT provided clinical substance misuse service did not resort to two week prescribing of substitute medication (for which there are patient safety issues) unlike other similar services, but continued to see services users regularly.
- 3.9 Whilst these ECC commissioned services are fully funded by others, the services link to a range of associated ECC services which form part of an overall vulnerable offender pathway. Maintaining our involvement continues to allow us to have greater influence on services for some of our most vulnerable residents. Without this, services such as these are generally commissioned at a national or regional level, with very little regard to the local area and in a more fragmented way which makes maintaining support for individuals much more difficult. Legal agreements currently exist with partner agencies for funding this service.
- 3.10 In Essex we know that where people take up the full offer of support, from arrest or pre-arrest right through to our commissioned community service (the full vulnerable offender pathway), there is a less than 4% representation rate within twelve months.
- 3.11 The service works to avoid custodial sentences where possible. Avoiding custodial sentences for female parents contributes towards keeping vulnerable children safe and keeping families together.
- 3.12 By ensuring that vulnerable people, who generally are appearing in police custody with a number of unmet needs, have these needs addressed, the service is both enabling people to live more independent and fulfilling lives and keep communities safe by reducing the effects of crime.

- 3.13 By providing direct primary care medical services to people in custody, and by referring people for ongoing mental and physical healthcare, the service is improving the health of people in Essex, particularly of people who do not/cannot generally access mainstream healthcare.
- 3.14 By aiming to reduce re-offending, through addressing unmet need and diversion to other support and recreational services, the service is helping to secure stronger and safer communities.
- 3.15 By acting as host commissioner, ECC is increasing the amount of revenue funding under its auspices and has greater influence over how a significant sum of money is spent locally.

4 Links to our Strategic Ambitions

- 4.1 This report links to the following aims in the Essex Vision
 - Enjoy life into old age
 - Strengthen communities through participation
- 4.2 Approving the recommendations in this report will have the following impact on the Council's ambition to be net carbon neutral by 2030:
- 4.3 This report links to the following strategic priorities in the emerging Organisational Strategy 'Everyone's Essex':
 - Health wellbeing and independence for all ages
 - A good place for children and families to grow

5 Options

- 5.1 Option 1 - Extend the current Integrated Health and Justice contract for a further two years until 31 March 2025 for the reasons detailed in this report. **This is the recommended option.**
- 5.2 Option 2 – Go to market to procure a new supplier to deliver the services outlined above. This is not recommended. Partner commissioners have signalled their request to extend this contract relatively late in the year. At this stage it is unlikely there is sufficient time to conduct a safe and thorough procurement. The contract is performing well and was originally let by comprehensive procurement, including obtaining legal agreements with partner commissioners. To signal to partner commissioners at this stage that we wish to re-procure would risk reputational damage to ECC and would likely result in partners ending the co-commissioning arrangements. This would impact on the services being delivered locally to vulnerable Essex residents.
- 5.3 Option 3 – Signal to partner commissioners that ECC no longer wishes to hold this contract. This is not recommended since it would also likely result in

reputational damage to ECC and remove our ability to influence services for this group of citizens.

6 Issues for consideration

6.1 Financial implications

6.1.1 The existing contractual spend for the Integrated Health and Justice Service contract is funded on an annual basis through specific grants. ECC use the receipt of these grants to fund the contractual payments and there are no funding calls on ECC as a result of doing so. The breakdown of funding for this contract is as follows;

Commissioner	Grant funding per annum £000
NHS England	2,217
Office of the Police, Fire and Crime Commissioner	1,555
Integrated Care Boards	213
Total	3,985

6.1.2 The proposal to extend the Integrated Health and Justice Service contract at a total cost of £7,969,000 for a further 24 months (£3,985,000 per annum) over the financial years 2023/24 and 2024/25 has been requested by the three partner commissioners. Partner funding is expected to continue at existing levels throughout the extension period and fully fund the service with ECC continuing to act as the host commissioner in making contract payments.

6.1.3 Extensions to the grant agreements are required to be negotiated and formalised. The risk of the extensions not being agreed is considered to be low, given that the contract extension has been requested by the partner commissioners.

6.2 Legal implications

6.2.1 It is lawful to extend the contract if there is a clear term authorising an extension which is understood to be the case here.

7 Equality and Diversity Considerations

7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful

- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

7.3 The Equalities Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. The service seeks to work with anyone in police custody, at court or in contact with the police in the community based on each person's unique circumstances. Specific vulnerabilities are targeted, including those with protected characteristics, but it is not restricted to these and anyone who is felt by police or service staff to be vulnerable will be provided with support, including those with no official diagnoses.

8 List of Appendices

Appendix One – Summary Review of Integration

Appendix Two - ECIA

9 List of Background papers

Benchmarking information

Essex Integrated Health and Justice Service Summary Review of Integration – For Commissioners

The Service

The Integrated Health and Justice Service (IHJS) was a bringing together of previously separate, distinct, individually funded/commissioned and managed services in and around Police Custody and Criminal Justice crisis. These were:

- Liaison and Diversion
- Police Custody Healthcare (incl. Forensic Medical Examiner)
- Street Triage

The work was part of a longer term programme to explore opportunities for developing a clear and joined up Health and Justice System (Fig 1) across Southend, Essex and Thurrock to address the needs of individuals engaged within Criminal Justice System whose health and wellbeing needs were often overlooked and for whom health, wellbeing and risk taking behaviours were linked to criminality and re-offending.

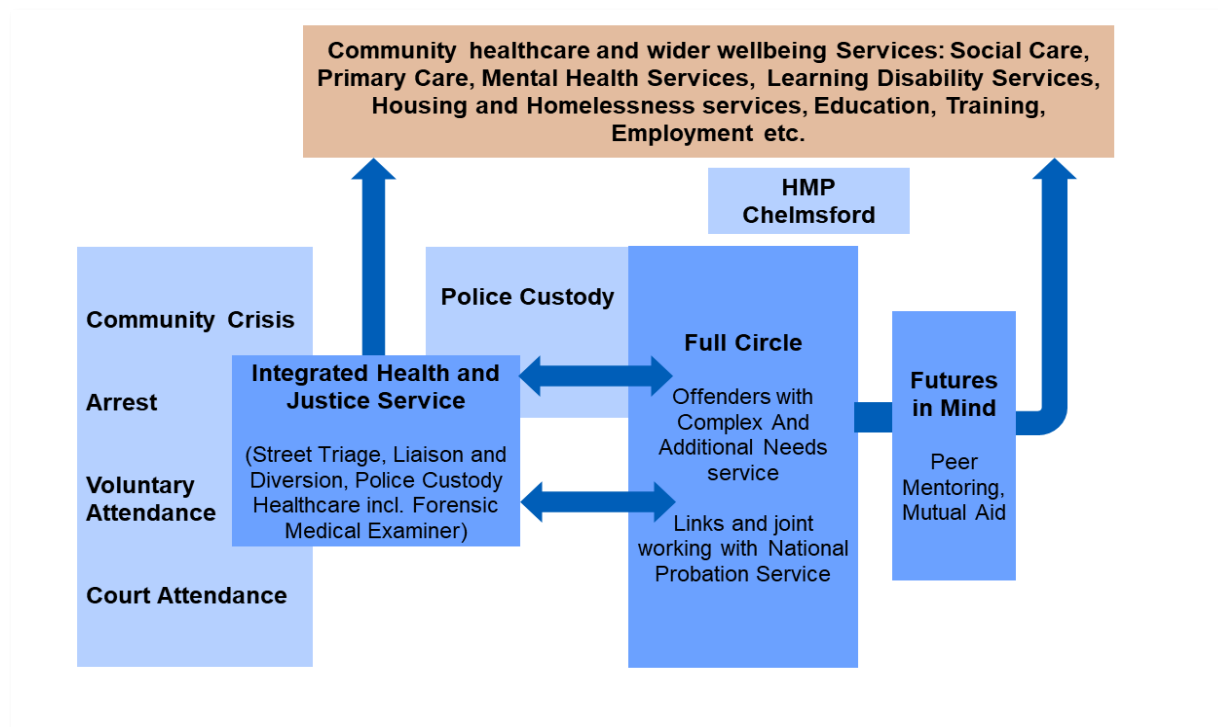


Fig 1: The system as it currently exists in Essex (links are made to Southend and Thurrock wherever possible)

Some of the issues identified prior to procuring the service that we were seeking to address were:

- Confusion and complexity in Custody Suites for custody staff re engaging external support
- Poor performance of the Police Custody Healthcare provision across the Essex estate

- Poor performance in relation to street crisis and the impact on Section 136 detention and Accident and Emergency attendance
- Under-developed links and referral routes to wider community support from custody

An initial core element, commissioned across Essex with links to associated provision in Southend and Thurrock, is the Offenders with Complex Needs Service, Full Circle, provided by Phoenix Futures. This service provides a single “care management” function for referrals from the IHJS, Probation, Police and other health and wellbeing services.

The IHJS is about to enter the fifth year of delivery. Initial problems with the chosen database system, Excelicare, have been resolved and all staff have the required access to the system, so data is now reflective of the full service model as chosen by Commissioners. Similarly, problems with the speed of Police Vetting of staff have improved and the service is running with the right level of staffing.

Views from the Customers

Key customers of the Integrated Service are the Police and Service Users.

The view from an Essex Police representative involved in the procurement and implementation of the service is that, overall, “the service gave us a system that was infinitely better than what we had before, despite the implementation and staffing issues preventing operation at full model design immediately following go-live. Across a huge range of measures we were delivering quicker, better interventions for detainees in custody. The concept of the model operating at full scale is still the right approach in my opinion with the information available across service provision being the key to real success. Despite the change impacts I consider the integrated health and justice provision a success”. He did note that he had not been involved in the service for a couple of years, but that this had been his view at the time and remained so.

Police staff currently involved in the service have noted that from their point of view, the current deployment of staff in custody does not always seem to meet their needs. It should be noted that to a large degree, the deployment of staff in custody was based on what custody managers said was required at the time of procurement. However, needs do of course change over time and work is currently underway to see what changes can be made within the existing budget and what changes might need to wait for consideration as part of any future re-commission.

Please note, at this stage, no commissioning organisation is being asked for more financial input. It should also be recognised that since the initial procurement, NHSE&I have increased their financial contribution to the integrated service considerably, with additional monies for expansion to cover the Crown Courts in Essex and support for the implementation of the Excelicare database system.

Specific feed back from Service Users around the specific benefits of integration are regrettably somewhat limited. It has not been possible to compare “before and after”

feedback. However, service user feedback has largely been positive from the outset. The table below summarises all the service user feedback received since inception. Feedback is elicited through anonymous feedback forms.

	1. I was happy with the amount of time it took for my H&J worker to contact me for the first time	2. I was happy with the amount of contact with my H&J worker	3. I feel that my H&J worker had a good knowledge of services available to me	4. I feel that my H&J worker offered good support to help me access these services	5. I feel that my H&J worker offered me a service not previously offered by anyone else.
Strongly Agree	49%	45%	57%	51%	37%
Agree	51%	51%	43%	45%	30%
Neutral	0%	2%	0%	4%	29%
Disagree	0%	1%	0%	0%	5%
Strongly Disagree	0%	0%	0%	0%	0%

Views from within the service

If asked individually, staff within the service would say that the implementation of Excelicare was a somewhat painful process. In truth, this would probably be true of any new IT system implemented in a dynamic and multi-faceted environment. However, consistent feedback from staff across all elements of the service points to the enormous benefit of having a shared case-management system in providing improved service user care:

“The integrated nature of the service increased the speed with which clients are put into contact with EPUT and Phoenix Futures. The integrated nature of the service also means that the information recorded by each service on our shared case management system can be utilised by other staff within the H&J service, avoiding duplication of work and ensuring that clients do not have to repeat similar information to all professionals involved. The shared database used within H&J allows us to access information from both a service delivery and a risk management perspective”

“By accessing the clients notes on Excelicare the CPN was able to identify that the client had already been referred to the Phoenix Futures team for ongoing support in the community with regards to the investigation, his mental health, and social needs. The CPN was able to contact the Health & Justice worker to keep them updated on the court process and was able to inform the client of the workers name and arrange a convenient time for the Health & Justice worker to call. The confirmation of follow up in the community allowed for some mitigation of the future risk of suicide posed by the client as he did not feel so overwhelmed and knew that someone would be calling him to offer support”.

“By using the shared database with EPUT, I was able to obtain a better picture of the clients needs and medical history both mental and physical. I was also able to cross

check the medication that the client stated they were using so that my report to the court was correct”.

General feedback around integration is summarised by the following quote:

“By accessing the clients notes on Excelicare the CPN was able to identify that the client had already been referred to the Phoenix Futures team for ongoing support in the community with regards to the investigation, his mental health, and social needs. The CPN was able to contact the Health & Justice worker to keep them updated on the court process and was able to inform the client of the workers name and arrange a convenient time for the Health & Justice worker to call. The confirmation of follow up in the community allowed for some mitigation of the future risk of suicide posed by the client as he did not feel so overwhelmed and knew that someone would be calling him to offer support”.

Due to integration of the Police Custody Healthcare and Liaison and Diversion services, there is 24/7 cover at police stations. This has significantly increased the number of LDIPs completed, which have increased by around 40% in the last year (once Excelicare was fully functional). The HCPs are able to start the Liaison and Diversion screen at the earliest opportunity and are often able to complete the required activities. This is illustrated by the relatively high number of referrals that come directly from the CRG element of the service to the community criminal justice provision, Full Circle – approximately 32% of all referrals coming to Full Circle come from the liaison and diversion screen undertaken by CRG.

From a Service users’ point of view, their needs are identified at the earliest stage within the police station with all needs potentially being met by one person initially instead of having to tell their story to many different professionals. Even if further specialist assessment intervention is required, duplication in the assessment process is reduced. Under the previous incarnation, the Police Custody Health Care service would ask questions about the detainees physical health, which would then be duplicated by the Liaison and Diversion. The process is now more streamlined with these questions only being asked once.

The integrated data system (Excelicare) now allows improvement in information sharing. An example of the advantage of this is when an AMHP is called but is unable to attend until outside the normal working hours of the Liaison and Diversion MH nurse. The CRG HCP has access to the database and is thus able to share necessary information with the AMHPs. This can help to provide a fuller mental health assessment.

As staff are all working towards the same goal, integration has minimised organisational barriers and stops the mind set of “this is your job not mine”. Staff report that it seems to be more of a seamless pathway now, with less room for errors as they have a shared common goal. This also allow constant review and refinement of the whole pathway with all elements taking the opportunity to continuously improve and develop.

Referrals into local community support services for detainees has also improved. As noted, the referrals directly into Full Circle from CRG are significant, and higher than before integration. The same is true of referrals from the Liaison and Diversion element of the service – over 60% of all referrals coming into Full Circle now come from the Integrated Service, including Street Triage. Previously, referrals from Street Triage were zero and from the previous Liaison and Diversion service 15%.

The recent Service Manager (now moved on), who managed the previous incarnation of the Liaison and Diversion service as well as the integrated service, stated that in her view, the key benefit of integration is that all services working in the pathway work together, with one issue belonging to everyone. She noted that it has been easier for her to identify and resolve issues, due to the integration of the services.

View from Partner Organisations

Feedback from Partner Organisations has mostly come from Full Circle and can be summarised by the quotes below:

“We have been able to receive referrals for clients who would not ordinarily be signposted into services and support. Previously we would have only received referrals for those clients presenting with substance misuse issues, those with learning disabilities or mental health concerns would not have come our way. Having the support of a multi-disciplinary team has given us a better understanding of individual client needs, more generalised health support and advice and on occasions access to details of professionals involved with the clients existing care”.

“Having the H&J team refer to us has been positive, they understand our role and how we work so can inform us of the specific needs and also inform the client best about how we work. They have also been able to keep us informed about any court dates or outcomes. I have found that the H&J team have been on the ball with keeping Full Circle up to date with any clients that are open to us that come through the courts and any outcomes”

The Full Circle Service Manager also noted that the Integrated Service now provides a more consistent service across the county, which, it was felt, was not in place before. In turn, this enabled clear and robust pathways to be established, which ensures that service users are offered the same support in all areas. It was further noted that the consistency is reflected in the same service being offered to young people as well as adults.

“For us it has provided a seamless approach to those moving through the CJ system – so that if service users we are working with are further arrested or attend court, we are alerted at the first opportunity and allows us to work together to ensure we don’t ‘lose’ service users and they don’t fall through the gaps. We have really good communication from all elements of the H&J service and they will often call and advise someone is in court or police custody. However, it also allows new referrals or the service users that are more complex and harder to reach to be quickly and effectively engaged – they will call up and refer to someone that needs to be

picked up quickly and this has included joint handovers to ensure a seamless approach”

The Full Circle Service Manager similarly noted the impact of the shared case management system used by the Integrated Service:

“Having a shared case management system that elements of the H&J service can access means they can see quickly any clients coming through that are known to us – allowing vulnerable or high risk SU’s to be picked up and supported appropriately”.

Performance

The amalgamated performance over the three years that full data is available from Excelicare is attached (Appendix II).

Proxy Measure of Success

Currently, the Full Circle community-based service (funded by ECC PH) receive more than 60% of their referrals from the Integrated Service. Performance data from Full Circle shows that if an individual engages with the service, only around 4% (currently 3.4%) show up again as referrals within a 12 month period. This would seem to indicate that if a person engages with the full health and justice pathway, there is some measure of success in moving them out of offending behaviours.

Future opportunities

Having the IHJS in place within the developing system presents opportunities for the future for ensuring join up across multiple agendas. It is known that additional resources are going to be made available as a result of the new National Drug Strategy through top tier authorities and the OPFCC for:

- Drug Testing on Arrest
- Out of Court Disposals
- Targeted accommodation support

It will be easier to land these new initiatives within a system that is already integrated to make more efficient use of these resources.

Appendix 1

`Feedback quotes from service users

“thank you for all your help I hope doing this will finally break me free of my addiction”

“thank you so much for all your help with everything and for being there for me throughout this time and for all your advice, support and guidance, it’s been fantastic”. ATR client.

"you have cheered me up and put a smile on my face and helped me realise there is support available to help me." ATR client.

"thank you for your help, it means a lot to me." ATR client.

“honestly thank you so much, this has been life-saving”.

“thank you so much for today, thank you for this and for listening it’s helped a lot” ATR client.

Hi Amy. I want to thank you for today’s conversation. Not only were you very supportive and helpful you were also a really friendly listening ear which means a lot at the moment. All really appreciated.

“Thanks for this. Was helpful and you were very nice and patient!”

So much credit for my improvement (which I am only just beginning to recognise) over the last very traumatic 7 months must go to CMHT and your organisation in the shape of the excellent Amy Edwards. I have received nothing but kindness and understanding from all of the people I have encountered and Amy typifies that.

Feedback from a parent “My son is still going to attend the boxing with Futures in mind and without your help I don’t know how we would off got through these last 20 months”

Appendix II Combined Data Report

ESSEX HEALTH AND JUSTICE REPORT 2019-2022



CRG - 60 MINUTE RESPONSE

94.6%

Over the 3 year period shown below, we can see that from 2020 we consistently saw higher percentages of the requests for police custody service being responded to by a practitioner within 60 minutes, although this dropped to 90.3% in March 2022. In the 2021/22 year this was at 94.6%, just below the threshold level.



	19/20	20/21	21/22
60 minute response	90.0%	97.6%	94.6%

STREET TRIAGE - A&E AVOIDED

SOUTH

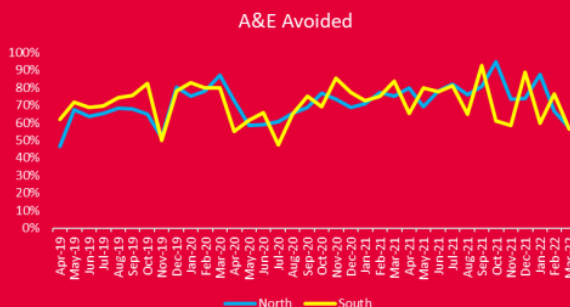
72%

of people avoided A&E because of Street Triage this year, this is an increase on last year which was 71%. There has generally been more variance in these figures in the 2021/22 year.

NORTH

76%

of people avoided A&E because of Street Triage this year, this is a large increase on last year which was 69%. There is a clearer increasing trend shown below over the 3 year period, despite the drop in the last 2 months of this year.

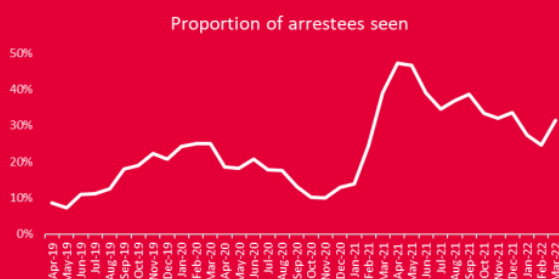


	19/20	20/21	21/22
North	68%	69%	76%
South	73%	71%	72%

PROPORTION OF ARRESTEES SEEN

35.2%

of the 24,133 arrestees were seen this year. This is a large increase on last years figure of 17.8%. From the 3 years available we can see the proportions really begin to increase at the beginning of 2021, with April 2021 seeing the highest proportion seen of 47.2%.



	19/20	20/21	21/22
Proportion of arrestees seen	16.9%	17.8%	35.2%

STREET TRIAGE - S136 AVOIDED

SOUTH

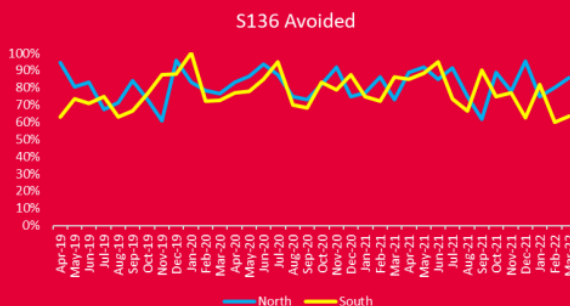
78%

of S136 were prevented during this year. We have seen more stable yearly figures for the past 2 years, despite monthly variance, following an increase from 75% in 19/20.

NORTH

84%

of S136 were prevented during this year. There is a clearer increasing trend in the yearly figures shown below over the 3 year period, despite monthly variance.



	19/20	20/21	21/22
North	79%	82%	84%
South	75%	80%	78%

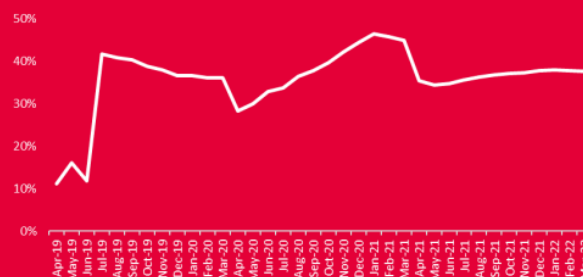
MENTAL HEALTH (MH) REFERRALS RESULTING IN ENTRY INTO A SERVICE

37.1%

of MH referrals resulted in successful entry into a service. For the 3 year period of data we have available, we have seen a variance in the percentage of referrals successfully entering into a service. However, we are seeing higher numbers of people completing this pathway, with a total of 2,041 people supported by the end of this year. This is an increase in the number of people supported from last years 1,504.

	19/20	20/21	21/22
MH referrals leading to successful entry to service	36.2%	44.9%	37.1%

Proportion referrals for MH leading to successful entry into a service



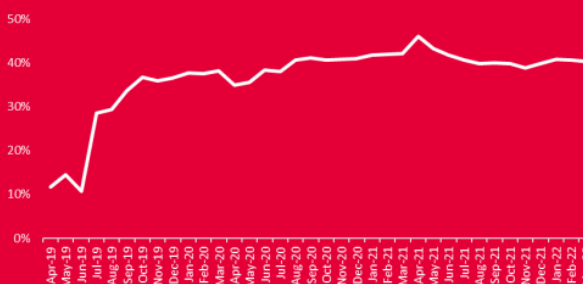
SUBSTANCE MISUSE (SM) REFERRALS RESULTING IN ENTRY INTO A SERVICE

40.3%

of SM referrals resulted in successful entry into a service. For the 3 year period of data we have available, we have seen a variance in the percentage of referrals successfully entering into a service, with a decrease from 2020/21 to 2021/22. However, we are seeing higher numbers of people completing this pathway, with a total of 769 people supported by the end of this year. This is an increase in the number of people supported from last years 528.

	19/20	20/21	21/22
SM referrals leading to successful entry to service	38.2%	42.2%	40.3%

Proportion referrals for SM leading to successful entry into a service



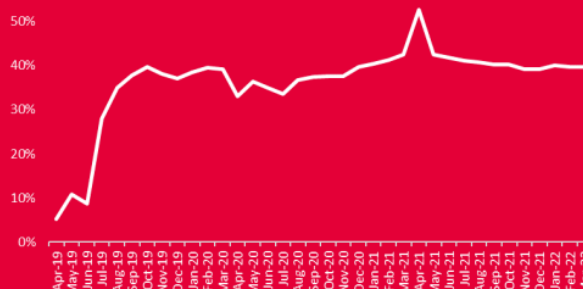
ALCOHOL MISUSE (AM) REFERRALS RESULTING IN ENTRY INTO A SERVICE

40.2%

of AM referrals resulted in successful entry into a service. For the 3 year period of data we have available, we have seen variance in the percentage of referrals successfully entering into a service, with a decrease from 2020/21 to 2021/22. However, we are seeing higher numbers of people completing this pathway, with a total of 694 people supported by the end of this year. This is an increase in the number of people supported from last years 481.

	19/20	20/21	21/22
AM referrals leading to successful entry to service	39.3%	42.5%	40.2%

Proportion referrals for AM leading to successful entry into a service



PROPORTION OF FEMALES ENGAGING

19.3% (Full year average)

of those engaging with the service were female. For the 3 year period of data we have available, we have seen a slight decline in the percentage of females engaging on average per month. However, we are seeing higher numbers engaging, with an average of 137 women engaging each month this year. This is an increase from last years 83.

	19/20	20/21	21/22
Proportion of Females engaging	21.2%	23.3%	19.3%

Proportion of Females engaging



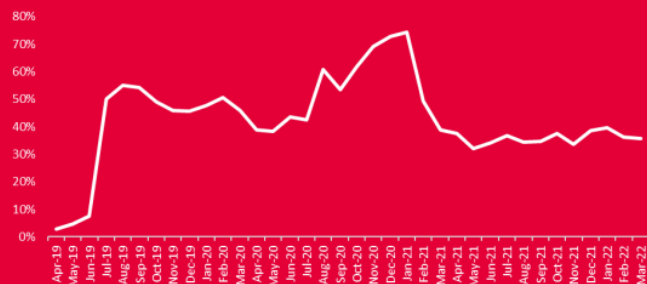
LIAISON WITH EXISTING CARE PROVIDERS

35.9% (Full year average)

of cases required active liaison with existing care providers in relation to needs identified. Over the 3 year period we have seen highest proportion in 20/21 but this decreased again in 21/22. However, the average number increased this year to 253 people requiring the liaison per month from 183 last year.

	19/20	20/21	21/22
Liaison with existing care providers	42.7%	53.6%	35.9%

Proportion of cases in which there has been active liaison with existing care providers in relation to needs identified



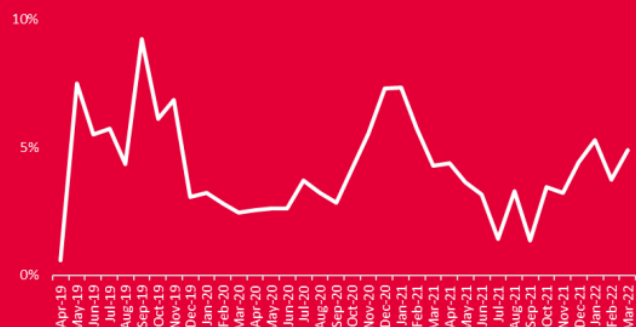
PEER SUPPORT

3.5% (Full year average)

of new cases were referred to Peer Support during this year. Over the 3 year period we have available we have seen a general decrease of the average proportion of people who were referred to Peer support. However, the average number of people referred each month increased to 25 this year, up from 15 in the previous year.

	19/20	20/21	21/22
Proportion referred to Peer support	4.6%	4.3%	3.5%

Proportion referred to Peer support



Forward Plan Ref No. FP/528/10/22

Report title: Decisions taken by or in consultation with Cabinet Members	
Report author: Secretary to the Cabinet	
Date: 15 November 2022	For: Information
Enquiries to: Emma Tombs, Democratic Services Manager, 03330 322709	
County Divisions affected: All Essex	

The following decisions have been taken by or in consultation with Cabinet Members since the last meeting of the Cabinet:

Leader of the Council

FP/535/10/22 Investment Zones Expression of Interest Submission

Cabinet Member for Children's Services and Early Years

FP/546/10/22 Award of contracts for the External Fostering Placements Framework

Cabinet Member for Economic Renewal, Infrastructure and Planning

FP/538/10/22 ECC response to the Chelmsford Local Plan – Issues and Options Consultation Document – Our Planning Strategy 2022 - 2041, August 2022

Cabinet Member for Education Excellence, Life Long Learning and Employability

FP/533/10/22 Appointment and Re-Appointment of School Governors by Essex LA - Schedule 413

FP/544/10/22 Appointment and Re-Appointment of School Governors by Essex LA – Schedule 414

Cabinet Member for Finance, Resources and Corporate Affairs

FP/534/10/22	Drawdown from Everyone's Essex reserve for The Lounge, Community Hub, Harwich.
FP/537/10/22	Drawdown from Waste Reserve: Essex Waste Strategy Public Consultation
*FP/465/07/22	Future Highways Programme – request to drawdown funds for resources
FP/548/11/22	Homes for Ukraine Scheme – Grant funding to support Homes for Ukraine Guests

Cabinet Member for Health and Adult Social Care

*FP/468/07/22	Recommissioning of Direct Payment Support Service
*FP/438/06/22	Cost of Care Funding Support

Cabinet Member for Highways Maintenance and Sustainable Transport

FP/529/10/22	Chelmsford City Growth Package (CCGP) Market Road – Traffic Regulation Orders
FP/541/10/22	Proposed implementation of 50mph Speed Limit, 24hr Clearway, Introduction and Conversion of Footway to Unsegregated Shared Footway/Cycleway, and Staggered Toucan Crossing, A120, A1250 Dunmow Road, and Birchanger Lane, Birchanger, Uttlesford
FP/542/10/22	Proposed 'No Waiting at Any Time' Restrictions, on Barbrook Lane, and Access Road, in the City of Colchester.
*FP/514/09/22	Active Travel Fund 2 – Panfield Lane, Bank Street, Rayne Street and Coggeshall Road TRO, Braintree
*FP/515/09/22	Active Travel Fund 2 – Waterloo Lane, Chelmsford

*** Key Decisions 5**

Exempt from 28-day period: 1

Exempt from call in and exempt from publication: 1