MINUTES OF A MEETING OF THE COMMUNITY & OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE HELD AT COUNTY HALL, CHELMSFORD ON 8 SEPTEMBER 2011

Membership

*	W J C Dick (Chairman)		M Page
*	L Barton	*	R A Pearson
*	P Channer	*	Mrs J Reeves (Vice-Chairman)
	J Dornan		C Riley
*	M Garnett		Mrs E Webster
*	C Griffiths	*	Mrs M J Webster
*	E Hart	*	Mrs J H Whitehouse (Vice-Chairman)
*	S Hillier	*	B Wood

* Present

The following also were in attendance: Councillor A Brown (Deputy Cabinet Member), A Naylor (Cabinet Member) and P Coleing, Co-Chair and Ms M Montgomery, Deputy Co-chair of Essex AH&CW Older People's Planning Group.

64. Attendance, Apologies and Substitute Notices

The Committee Officer reported apologies had been received from Councillors C Riley and Mrs E Webster.

65. Declarations of Interest

No interests were declared.

66. Minutes of last meeting

The Minutes of the Committee held on 14 July 2011 were approved as a correct record and signed by the Chairman.

67. Drugs and Alcohol Team Presentation

The Committee received a report (CWOP/35/11) on the current activity and progress of the Essex Drug and Alcohol Action Team (EDAAT) from Ben Hughes, Strategic Manager, Essex Drug and Alcohol Action Team, who was also in attendance at the meeting to provide further information and to answer questions.

(a) Introduction

The EDAAT were responsible to the Essex Drug and Alcohol Partnership (EDAP), which was comprised of various local stakeholder organisations, for local delivery of the Government's National Drug Strategy (the Strategy). The Strategy required EDAP to focus on reducing demand for illicit and harmful

drugs (helping people to resist their use and encouraging them to give them up), restricting supply by making the UK an unattractive destination for drug traffickers, and building recovery in communities by working with people to tackle dependency.

The outcomes sought under EDAP's current strategy included improving emotional and physical wellbeing, safeguarding and engagement, community awareness, increasing the number of substance misusers discharged and sustaining their recovery, whilst reducing drug and alcohol related crime and disorder and the availability of illicit drugs.

(b) Family needs

EDAP also sought to improve the functioning of families with complex needs where substance misuse was an issue. Historically, the Schools, Children and Families directorate had different commissioners of services for adult and children's services. It was intended to move to single integrated commissioning management for both services in future.

(c) Young people and Hidden Harm

43% of adults in Essex who were drug users in effective treatment acknowledged that they had parental responsibility. Working closely with the Safeguarding Children Unit, a study had been commissioned in 2010 to increase the understanding of the impact of parental substance misuse on children and young people – often referred to as 'Hidden Harm'. The report had been produced to inform the Essex Safeguarding Boards for Adults and Children as well as direct future EDAP work and to encourage better joint working and whole family approaches.

Community based pilots in six specific district areas had revealed that at least 1,760 children were living in those areas in families with significant drug and alcohol problems. Whilst adult and children's services were engaging with the families in the pilot areas, it was acknowledged that it might not be in the most effective or co-ordinated way at present. However, it was stressed that it was important to raise the public profile of the service and the availability of substance misuse treatment, especially as the majority of the population would suffer from either drug or alcohol misuse at some time in their life.

It was confirmed that EDAAT worked with various partners to try and identify early signs of 'at risk' young people, particularly when they were presenting themselves with other issues that could be as a result of drug and/or alcohol problems. EDAAT also were working with the Police to effectively target educational prevention messages.

(d) Responsibility for public health

Primary Care Trust's responsibility for public health would transfer to local authorities. It was anticipated that, as a result, local authorities would have more control and influence on raising the public profile and operations of local

drug and alcohol services. EDAAT had developed a more dynamic commissioning approach over a 3-5 year cycle that would be more flexible to target areas and needs more quickly as they were identified and/or arose.

(e) Armed forces personnel

There was only anecdotal evidence of drug and alcohol misuse among former armed services personnel. However, drug and alcohol services based in Colchester were still engaged extensively with the army barracks in the town. There was also a work stream with the Royal British Legion for them to become Local Assessment Champions. The collation of local information in the town on drug and alcohol misuse among former armed services personnel was being reviewed and any significant issues or trends highlighted would be reported back to the Committee.

(f) Prisons

EDAAT were responsible for drug and alcohol advisory services in Essex prisons. To further improve the local commissioning of services EDAAT were looking to provide one joined-up service for prison inmates and those in the community after release.

There were formal links with the two Essex mental health trusts with established protocols for dual diagnosis conditions. There were also good links on mental health matters with the prisons.

(g) The referral process

Some referrals could be mandatory and imposed by the Courts but many would be voluntary. Referrals to drop in centres across the county could come from a variety of sources. From the moment of referral the client would be welcomed and fully engaged through a structured intervention that would identify the most appropriate treatment pathway and pulling in support at an early stage to address the client's broader needs which could extend to housing, employment and education factors. The maximum wait for a referral assessment was three weeks and currently averaged two days. A client could expect to wait between 2-5 days for a prescription. However, the service aimed to reduce longer term reliance on prescribed medication so as to normalise lives as soon as possible.

All the drug and alcohol services were open to referrals from GPs who suspected misuse of prescribed medicine abuse or over dependence on other over the counter medicines. EDAAT were working with the mental health trusts to identify how best to engage with the various pain clinics in the county.

There was also support for aftercare and re-assessment services for relapses. Currently up to 56% of clients presented themselves for re-treatment as a result of relapses.

(h) Value for money/return on investment

Using a joint Department of Health, Home Office and National Treatment Agency for Substance Abuse tool to calculate the value for money of drug treatment provision and the return on investment in relation to a range of cost areas, EDAP had performed as follows:

- For the Comprehensive Spending Review period 2007 – 2010 for every **£1** spent on drug treatment **£5.21** was saved across both Health and Crime costs (cashable and non-cashable).

- The tool showed, however, that at current performance and spending levels in 2010/11 and beyond for every **£1** spent on drug treatment **£7.16** was (and will be) saved across both Health and Crime costs (cashable and non-cashable).

  Significant cashable and non cashable savings could be made particularly in avoiding or reducing the drain on criminal justice system, adult social care and A&E services at acute hospitals.

(i) Education and schools

The Outreach service included educational school visits advising on drug and alcohol misuse. However, there was little evidence to confirm that such visits were effective in the long-term. Instead they would increasingly use these visits to look more for early risk behaviours.

All EDAAT services were committed to providing effective safe sex education including the minimising the risk of HIV.

It was confirmed that peer group member experience was utilised within the service. The service was developing peer support groups across the county and had developed a grant aid project to facilitate independent peer groups being established.

In terms of current trends, cases of heroin and/or crack had levelled off which was mirroring the national trend. In terms of other substance abuse there was generally a 2% increase in treatments.

(j) Conclusion

Members generally noted the significant progress made in the service and requested a further update at an appropriate future date. Mr Hughes was thanked for his attendance and he then left the meeting.

68. Essex HealthWatch Membership

The Committee received a report ((CWOP/36/11) on Essex HealthWatch Membership issues from Duncan Wood, Head of Research and Analysis, who was also in attendance at the meeting.

(a) Introduction

The Health & Social Care Bill (the Bill) would create Local Healthwatch Organisations (LHWO's) as consumer champions for health and social care services accountable to upper tier local authorities. The Secretary of State for Health had recently designated Essex as a Pathfinder area for LHWO and for ECC to work with the Essex & Southend LINk (ESL) to design an effective Healthwatch for Essex.

The Essex Pathfinder bid had committed to investigating two particular membership options which would determine the size and governing structure of the LHWO. The Pathfinder bid had expressed a desire to convert the LINk into an operating Pathfinder Healthwatch by January 2012, with the members of that Pathfinder becoming the members of the actual Healthwatch body in October 2012.

The paper outlined the appointment criteria for recruiting representative, suitably skilled and accountable persons (once the membership model had been decided) which would include an assessment of skills and experience against a role profile for LHWO members. Appointments would be made by panels consisting of county and district councillors and representatives of service users. The panels would be constituted in ways that demonstrated its independence from the executive side of ECC.

(b) Model of membership

The Committee had invited witnesses to make statements in favour of each of the two membership options. The following witnesses were present and gave brief statements for their preferred membership model as indicated. The LINk representatives attended in a personal capacity:

Supporting the Open Membership model

Keith Biggar, Vice Chair of the Local Involvement Network (LINk)
Peter Blackman, Chair of Mid Essex LINk
Brian Winder, LINk co-ordinating group member

Supporting the Appointed Core Member model

Mike Adams, Chief Executive, Essex Coalition of Disabled People (ECDP)
Tony Hopper, Chair of LINk
Ann Nutt, Vice Chair of LINk and social care user representative

(i) Model 1 – The Open Membership or 'Trust' Model

Under the Open Membership Model (OMM) application for LHWO membership would be open to anyone. A central board would then be democratically elected from this membership. The board would govern LHWO and would be responsible for ensuring it fulfilled its role.

The witnesses for the OMM stressed that this model did work and attracted expertise and enabled partnership working. In addition, ESL was cited as an example of 'open' recruitment which had attracted people of creativity and open mind.

The witnesses suggested that the Foundation Trust model would:

Encourage organisational and individual membership and engagement;
Provide a higher level of public participation and representation;
Attract expertise, experience and knowledge
Empower proactive ownership, commitment and involvement and encouraged localism;
Support partnership working with ECC and other responsible authorities
Deliver balance of Governance and fiscal responsibility

Various suggestions on how to conduct a recruitment process were given. To ensure diversity of membership it was proposed that membership would be drawn from a wide variety of local sources probably using a Foundation Trust model that created a number of constituencies from which an elected representative would be nominated for the Board.

(ii) Model 2 – Appointed Members Model

Under the AM Model the core decision taking members of LHWO would be appointed on the basis of ability to effectively represent the public, with wider associate membership extended to all who were interested but without full voting rights.

To encourage diversity, specific people specifications would be produced and advertised as part of the recruitment process. Initial appointments would be on probation for 3 months. There would be a key relationship between HW and ECC and the Health and Wellbeing Board with the LHWO having to create a semi autonomous arms length independent role from ECC under this model. With the Government wanting the HealthWatch to have a constructive relationship with commissioners and to drive service improvement, it was suggested that under this model the members would need to have a wide range of knowledge and analytical and judgmental skills which could be utilised at both Board and sub Board levels. The witnesses stressed that this model would be stronger for accountability and independence as members would have a clear role and terms of appointment, and independence to determine the work plan for LHWO.

It was suggested that the establishment of HW was an opportunity to put championing consumer rights at the heart of Adult Social Care. It was suggested that the current LINk organisation could be 'health heavy' and that the new LHWO would need to understand the various issues and service links across Adult Social Care.

(c) Conclusion

Thereafter the Chairman closed the witness statement session and thanked those present for the item for attending. Other than three specific questions on diversity, accountability and member characteristics and skill sets which had been directed at both Groups to answer immediately after their witness statements, no other questioning would be made to ensure the process remained fair and that both witness groups had been treated in the same and equal manner. The Committee would make their decision in a private session immediately after the conclusion of the meeting and it would then be communicated accordingly. The witnesses then left the meeting.

69. Learning Disabilities Keeping Safe Programme

The Committee received a report (CWOP/37/11) providing an update on Be Safer projects for people with learning disabilities from Chris Gee, Strategic Commissioning Officer, who was also at the meeting to introduce the item and to provide further information.

(a) Regional Be Safer groups

Across Essex, four regional groups had been set up to look at the challenges and issues faced by people with a learning disability in their area. Each Group had been invited to bid for grant to fund projects to address the issues identified. Two specific examples of projects identified as a result of this process were the 'Bloomin Green' project in Tendring which brought together school children and people with learning difficulties to work together on community garden projects (and increase familiarity and exposure to each other), and the 'Keep Safe' project in Braintree, which provided easily identifiable areas in the town centre where people who felt threatened would be assisted to make phone calls for assistance or advice.

(b) Other organisations

Whilst initiated by ECC, the Be Safer project complemented the aims of other organisations across the County including Essex police, a variety of third sector group and district councils many of whom had made material and financial contributions. A number of spontaneous projects had been formed, following the Be Safer project's lead, and in residential care homes and special schools they had begun using information from the Think Safe materials in their work.

(c) Recent research and hate crimes

Being Safe had been identified as a national priority for people with learning difficulties with greater emphasis on facilitating greater independence whilst helping people to manage their own risks. Research recently commissioned had demonstrated that there were hot spots for hate crime spread across Essex with particular issues identified around anxieties on public transport, and around school children and young people, often centred in town centres and near to schools and colleges. There could also be an issue on certain poorly lit roads at night. The survey respondents had been identified after consultation with community groups, advocacy providers, and charities and

providers specialising in learning difficulties. Members questioned and discussed the hot spots that had been identified. It was stressed that often incidences were low level harassment which would struggle to obtain an arrest and conviction. It was acknowledged that the research could have highlighted both the lack of general support in the community and the lack of support for people in obtaining life skills. As a result of the research, locality partnerships would be reviewing safeguarding protocols and build the findings into long term commissioning plans. The Be Safer team worked closely with the Police, particularly in relation to matters connected with the recording of hate crimes, and were assessing how the research could be usefully commissioned and distributed to other client groups that may be affected, such as vulnerable people living on their own, those with mental health issues and older people.

(d) Conclusion

The Be Safer Team would be reviewing the success of the projects being run under the four regional groups with successful projects considered for wider commissioning. It was agreed that the Be Safer Team be invited to give a further update to the Committee in March or April 2012. The Be Safer witness then left the meeting.

70. Safeguarding Essex

The Committee received a report (CWOP/38/11) comprising an update on the 2010-2012 Action plan for the service.

Safeguarding Essex (Adults) team (SE) were not co-located with the Children's Safeguarding unit (CS). Schools Children and Families directorate (SCF) were currently reviewing their structure. However, SE and CS were working closely together using a Think Family approach where appropriate. It was stressed that further improving the working relationship between the two services and extending collaborative working on a case by case basis was viewed as the current priority. However, the business teams from the two safeguarding services were already co-located. There were ongoing discussions with SCF on how to bring that joint business approach to the SG Boards recognising any specific regulatory requirements for certain separate work streams and operating requirements. However, the review on governance for ESCB was proposing an overarching Executive group that could bring a combined Adult and Children approach with the functions and responsibilities of the two boards working below it. It was noted that the Safeguarding Children's Board were going through a governance review at present.

Members encouraged further emphasis being given to extending the Think Family approach and more joined-up thinking between the two safeguarding services. The Cabinet Member supported this approach.

There were timelines for individual items in the action plan but no fixed timeline had been placed on co-location of the services or establishing a joint Safeguarding Board.

A further update from the Safeguarding Essex team would be given in due course.

71. Forward Look

The Committee received a report (CWOP/39/11) from the Governance Officer outlining the Forward Look for the Committee and the items scheduled for the next three meetings. It was noted that the Essex Assist item scheduled in the report for the next meeting would be deferred until a later date.

72. Date of next meeting.

It was noted that the next meeting would be held on Thursday 13 October 2011.

The meeting closed at 11.50 am

Appraisal of HealthWatch Membership proposals

In a private discussion after the meeting Members discussed the merits and faults of both Membership models. Members discussed the accountability, cost effectiveness, recruitment and membership for both models and felt that there were limitations with both models. Members were keen that the recruitment and appointment processes were open and transparent and that initial appointments should be made on a probationary basis. After discussion it was unanimously agreed that the Committee would recommend that the Appointed Core Member model be used by the Pathfinder body.

Chairman