

SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND COMMUNITY SAFETY

MINUTES of a meeting of the Scrutiny Committee for Adult Social Care and Community Safety held at County Hall, Lewes on 3 July 2014.

PRESENT: Councillors Peter Pragnell (Chair), Charles Clark, Angharad Davies, Philip Howson (substituting for Cllr. Peter Charlton), Trevor Webb (Vice Chair), and Francis Whetstone (substituting for Cllr. John Barnes).

Also present: Councillor Bill Bentley, Lead Member for Adult Social Care; Keith Hinkley, Director of Adult Social Care and Health; Samantha Williams, Assistant Director, Planning, Performance & Engagement; Louisa Havers, Head of Performance & Engagement; Sara Lewis, ASC Training Manager; Kate Armitage (IDVA); Samantha Thurlow-Baker; Inspector Rachel Swinney; Inspector Lee Lyons; Councillor Sylvia Tidy Lead Member for Children & Families; Councillor Peter Charlton (from 11.30).

Lead Scrutiny Officer: Martin Jenks

1. MINUTES OF LAST MEETING

1.1 RESOLVED to confirm as a correct record the minutes of the last meeting held on 6 March 2014.

2. APOLOGIES

2.1 Apologies were received from Councillor John Barnes and Councillor John Ungar.

3. DECLARATIONS OF INTEREST

3.1 Councillor Bentley declared a personal, non-prejudicial, interest as Vice Chair of the Police & Crime Panel and Chair of the Safer East Sussex Partnership Board (formerly the Safer East Sussex Partnership Steering Group).

4. NOTIFICATION OF URGENT MATTERS

4.1 None notified.

5. REPORTS

5.1 Copies of the reports referred to below are included in the minute book.

6. ANNUAL REVIEW OF SAFER COMMUNITIES: PERFORMANCE, PRIORITIES AND ISSUES

6.1 The Committee considered a report by the Director of Adult Social Care and Health on the annual review of the East Sussex Safer Communities Partnership performance and priorities. The Committee focussed their discussion on three themes:

- Domestic abuse
- Reducing re-offending
- Extent of availability of places of safety.

6.2 Prior to the start of the meeting the Committee watched a short training film on domestic abuse called "Leaving", which is used in training sessions to provide insight into the life of a victim of domestic abuse and to tackle preconceptions that those living within abusive relationship can easily walk away.

Domestic abuse

6.3 The Committee were joined by a representative from the Independent Domestic Violence Advocacy (IDVA), and Sammie who has lived with domestic abuse, for the discussion of this issue. The discussion covered a number of areas which are summarised below.

Background

6.4 The Safer Communities partners have worked on a five year strategy to reduce domestic abuse. It is estimated that at least 15,000 people over the age of 16 experience domestic abuse in East Sussex each year. Domestic abuse may have been happening for some time before it is reported to the Police. Research evidence suggests that people experience up to 35 abusive incidents before they call the Police.

6.5 In East Sussex high risk cases are referred to Multi Agency Risk Assessment Conferences (MARAC) to identify those who are most at risk of serious harm. Under the current pilot scheme these conferences are held on a weekly basis to identify those at risk and to co-ordinate action and support by the partner organisations. In the last year there has been one domestic homicide review commissioned jointly by East Sussex & Brighton and Hove.

6.6 Domestic abuse occurs in all parts of society. Although the majority of perpetrators are men, domestic abuse can occur in all relationships. It has a profound effect on people and can leave both perpetrators and those abused feeling powerless to change the situation they are in. Where children are involved, domestic abuse can have long lasting impacts on them.

Awareness

6.7 The priority for the domestic abuse strategy this year is to raise awareness. The Safer Communities Partnership will be running an awareness raising campaign using various media. It is important to change attitudes towards domestic abuse to encourage reporting and the provision of support wherever possible. It is equally important that people experiencing domestic abuse feel supported and are aware of the help that is available.

6.8 There may be a need to change the way medical and other professions perceive domestic abuse to ensure it is reported and recorded on medical records in a consistent way. People in the medical profession, such as GP's, may have opportunities to raise concerns that someone is being subjected to domestic abuse. Where medical staff suspect domestic abuse may be occurring, they need to have means of talking to people on their own when the potential abuser is with them. People experiencing domestic abuse may also need other ways to alert healthcare professionals that they need help.

6.9 The 25th November is White Ribbon Day and a number of publicity events are planned to raise awareness of domestic abuse. Joining the White Ribbon Campaign can help raise awareness and promote best practice on domestic abuse. Lewes District Council has already adopted the scheme and Eastbourne and Hastings Borough Councils are working towards becoming a White Ribbon Town.

6.10 Education on domestic abuse is important especially for children. At present Personal, Social and Health Education (PSHE) lessons in schools do not cover domestic abuse and this is something that should to be changed.

Support

6.11 The Independent Domestic Violence Advocacy (IDVA) is funded by East Sussex County Council (ESCC) to provide support to victims of domestic abuse. They provide support across the County and have offices in Eastbourne and Hastings. They work with people who have a medium to high risk of suffering harm. As part of their work they assess the situation with those suffering domestic abuse and put a safety plan in place. As part of this process IDVA will discuss choices of whether to stay in, or leave, a relationship.

6.12 The IDVA also undertake work to get 'markers' placed on properties to highlight that there is a risk of domestic abuse at that address.

Impact on Children

6.13 It is estimated that domestic violence affects 750,000 children nationally. In East Sussex two-thirds of the cases referred to the MARAC are cases where children are involved. The impact of experiencing domestic abuse is likely to have a long lasting impact on children. Even if children have come to terms with their experience, it will stay with them and become part of their make up as they grow older.

6.14 It can be problematic for children when their parents move on to other relationships and it may affect their own relationships. It is important that they have access to support, such as counselling, on a longer term basis and not just at the time of the domestic abuse. In some cases children can get hurt when they step in to prevent domestic violence.

6.15 The Council's Children's Services department provides support through the Early Help programme. It can also be important to make schools aware when a child may be exposed to domestic abuse at home. In West Sussex the Police are involved in a trial where "MOGP1" forms are sent to schools when they are aware a child may have been exposed to domestic abuse. The Child Safety sub group of the Local Safeguarding Children Board (LSCB) is examining safeguarding best practice policy for schools, and domestic abuse will fall within this review.

Sussex Police

6.16 Domestic abuse is a priority for Sussex Police, who lead the pan-Sussex Domestic Abuse Steering Group. They have become one of the first Police Forces to receive White Ribbon status. Sussex Police are receiving up to 60 reports a day and work to ensure all incidents are logged and given crime reference numbers. Neighbourhood response teams use body worn cameras to capture evidence when responding to incidents and use the DASH (Domestic Abuse, Stalking and Honour base violence) protocols to deal with and assess incidents. Sussex Police front line staff are trained in the use of DASH.

6.17 Some perpetrators of domestic abuse, continue their abuse throughout a number of relationships. Sussex Police have developed management plans to target serial abusers and can disclose information to new partners about previous offences. This information is not limited to prosecutions and can include intelligence information. The extent to which the Police can disclose information is governed by legislation, including the Data Protection Act.

Prosecutions

6.18 There was a view expressed by members of the Committee that the number of prosecutions for domestic abuse is low and the authorities are not taking this issue seriously enough. There are a number of reasons why this might be the case:

- Sometimes those who are being abused do not want the abuser to be prosecuted but want the abuser to be kept away from them, to have a place of safety (i.e. to be protected) and for people to be aware of the abusers behaviour to protect others.
- There can be problems if it is not possible to secure a conviction. The legal process can be long and drawn out, which can lead to people withdrawing from prosecutions.

6.19 Whilst it is important to have prosecutions as a deterrent, it is also important to raise awareness so that attitudes about domestic abuse change. Whether a report is taken seriously enough can depend on the individual who takes the call or deals with the incident. Awareness and training can make a real difference in this situation and if a victim feels supported they are more likely to go through with the prosecution process.

6.20 The court process is problematic as it can be a slow and drawn out. The Police and Crime Commissioner for Sussex is doing work on this issue and is trying to speed up prosecutions through the criminal justice system.

6.21 Post conviction, the Probation Service offers offenders rehabilitation support through the Building Better Relationships programmes which aims to reduce re-offending behaviour.

Priorities for reducing domestic abuse

6.22 The Committee asked Sammie for her views on what she saw as the priorities to reduce domestic abuse. If she had to choose three things they would be:

1. Awareness raising is one of the most important issues and this is one of the priorities for the Safer Communities partnership board. It is also important to raise awareness in schools through safeguarding training for staff and PHSE lessons for children.
2. All GP's surgeries and hospitals should display information about domestic abuse and their staff are aware of this issue.
3. The Council should continue to aid funding for counselling support for adults and children who have experienced domestic abuse. It would be beneficial to provide access to counselling and support for longer, after the immediate domestic abuse issues have been resolved. This may be especially helpful for children.

Concluding comments

6.23 The Committee suggested that the Safer Communities report, in relation to domestic violence and youth re-offending, should also be presented to the Children's Services Scrutiny Committee due to the impact on children. Councillor Tidy undertook to speak to the Chair of Children's Services Scrutiny Committee to establish the best way of doing this.

Reducing re-offending

6.24 Following the government announcement to privatise the Probation Service, the Sussex Criminal Justice Board commissioned a review of Integrated Offender Management (IOM). Sheffield Hallam University has carried out some research for Sussex, which has shown the Probation Service has achieved some significant results in reducing re-offending and the value of the interventions is good.

6.25 Sussex Police are involved in the project management of the review, which is also looking at targeting and governance issues. The project is examining the establishment of Sussex re-offending boards which will allow areas to develop priorities. Overall there is some very good work going on in Sussex, but there are risks with bringing in a new partner to run the Probation Service.

Re-organisation of Probation Service

6.26 Under the privatisation proposals the current Probation Service will be split in two. A national service will be created which will deal with high risk offenders and there will be locally based community rehabilitation services, which will be provided by private contractors. There has been some concern about this, so Sussex Police have worked with the Ministry of Justice to form a local advisory panel to look at the service criteria in the contract.

6.27 The advisory panel have been very specific and careful in developing criteria to ensure the service is delivered to the right standard. It is important to have the right number of good quality staff to provide the service. It is hoped that knowledge and staff will be transferred to the private contractors via the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) arrangements.

Youth re-offending

6.28 There is evidence in the report that over the last year youth re-offending rates have been rising. The reasons behind this change are complex. Overall the number of young offenders has gone down, but those that do offend tend to have more convictions and have a higher re-offending rate. These young people have more entrenched offending behaviour and may need different interventions based around the pathways to re-offending.

6.29 Work is undertaken to ensure people move smoothly from youth to adult services in managing offenders. The Chair of the Police & Crime Panel is very supportive on this issue. There needs to be a joined up approach to youth and adult services and they could consider an option to extend the age range for youth services.

6.30 The Early Help and Troubled Families programme involves work with prolific offenders but there is not necessarily a correlation with domestic abuse. The Stronger Families Initiative aims to stop the inter generational aspects of domestic abuse.

Places of safety

6.31 Around 3,500 mental health assessments are undertaken each year. Assessments conducted under Section 136 of the Mental Health Act can take place either in hospital or in Police custody. In East Sussex there are two designated places of safety. There is one place at the Woodlands Unit at the Conquest Hospital in Hastings and one place at the Eastbourne District General Hospital. There are also 20 custody cells at Eastbourne and Hastings Police Stations. If someone is detained under Section 136 of the Mental Health Act the cost is on average £1,900 per detention.

Street Triage Trial, Eastbourne

6.32 Inspector Lee Lyons outlined the Street Triage trial which started in Eastbourne in October 2013. Sussex Police were successful in securing £160,000 for a year long trial to improve the way mental health assessments are undertaken. Under the trial a community psychiatric nurse works alongside a Police officer in a mobile unit to respond to calls involving mental health issues. The trial is taking place in Eastbourne partly because it is a fairly well defined geographic area, and partly because of the number of incidents at Beachy Head.

6.33 Often the Street Triage team is the first unit to attend an incident as the controllers in the Police call centre have become aware of this resource. The Street Triage team are able to carry out assessments which often take place in houses or other premises, and can access a person's mental health records. This has helped to access more care pathways, such as emergency referrals to the person's 'home' mental health care team. This has led to 100 detentions being avoided since the start of the trial, with an average cost of £350 per incident attended compared with £1,900 for a detention.

6.34 The Street Triage initiative has also helped the Police to deal with high risk missing people, as they can make a really good assessment of the situation based on the missing person's medical history, medication and mental health needs. The Street Triage Team has also been involved with one hostage incident.

6.35 The trial ends in October 2014 and Sussex Police believe the benefits have justified the cost. At the end of the trial it will be externally evaluated and feedback will be sought from people who have had experience of the service. Sussex Police will wait until the end of the evaluation before making a decision on the best way forward. However, there is a real appetite to maintain this service and Sussex Police are looking at an option to have a telephone advice service available across the whole County after the trial finishes.

6.36 The Committee observed that mental health training for Police Officers and Police Community Support Officers (PCSO's) was a key issue. Officers involved in the trial were selected on the basis of their aptitude and interest in recognising mental health disorders. They attended a one day training session and those officers involved in the trial have shared their experience with the rest of their teams. Sussex Police recognise that there is a need for more mental health training for Police Officers and other front line staff. They will assess this need once the evaluation of the trial has been completed and a way forward established.

Other issues

6.37 The Committee asked about services in other parts of the County and if there were sufficient places of safety in East Sussex. In north Wealden the access to services is not so good due to the very long travel times. However, the number of incidents is lower and incidents dealt with in the Lewes/coastal areas tend to use services in Brighton. There have also been a number of transfers into the Eastbourne area due to the presence of the Street Triage trial.

6.38 East Sussex is relatively well provided with places of safety. It was Inspector Lyons' view that it would be helpful to have more places of safety, if this was possible. There can be some nervousness around accepting detentions under the Mental Health Act and admitting people into hospitals. The Street Triage trial has improved the quality of decision making around referrals, which has improved relationships and the willingness to accept detainees. This in part is due to having one mental health professional talking to another.

6.39 The commissioning body for hospital beds in mental health units and places of safety is the Sussex Partnership NHS Foundation Trust. The outcome from the trial, and the availability of hospital beds, will be included in the commissioning plans for next year.

6.40 RESOLVED. The Committee resolved to:

- 1) recommend that the Council takes steps to become a White Ribbon council and that a report be taken to the 11th November 2014 Cabinet meeting by the Director for Adult Social Care and Health to seek Cabinet's approval.
- 2) recommend that all Councillors have domestic abuse awareness training to support their role as community leaders and raise awareness of this issue in other areas of their work.
- 3) request an update report be brought back to the Committee at the end of the Street Triage trial after the evaluation of the trial has been completed.

7. SCRUTINY COMMITTEE WORK PROGRAMME

7.1 The Director for Adult Social Care and Health highlighted that the implementation of the Care Act would lead to some changes in services starting from April 2015. There are also some significant risks for the Council around funding. At present the Council is waiting for detailed guidance to be published in October this year, but there is potentially a lot of work involved in implementing the legislation. A report outlining areas that may need further Scrutiny work will be presented at the September Scrutiny meeting. Further briefings for all Councillors will be made once the full guidance is published in October.

7.2 The implementation of the Better Care Fund was raised by the Committee. The Director for Adult Social Care and Health suggested consideration should be given to setting up a joint Scrutiny Board to consider the work of the East Sussex Better Together programme, given the impact this will have on all partners within the Council.

7.3 The Committee asked for a report to be brought to the November Scrutiny Committee meeting to provide an update on the impact of the 30% reduction in care packages.

7.4 RESOLVED to note the current scrutiny work programme and request:

- 1) an evaluation and update report on the Street Triage trial be brought to the Scrutiny Committee once the evaluation of the trial has been completed (paragraph 6.40 item 3 above);
- 2) a report on the Care Act be presented to the September Scrutiny Committee meeting outlining the areas that may need further Scrutiny work (paragraph 7.1 above);
- 3) consideration should be given by the Director for Adult Social Care and Health to setting up a joint Scrutiny Board to consider the work of the East Sussex Better Together programme, given the impact this will have on all partners within the Council (paragraph 7.2 above);
- 4) an update report be brought to the November Scrutiny Committee meeting on the impact of the 30% reduction in care packages (paragraph 7.3 above).

8. FORWARD PLAN

8.1 The Committee considered the Forward Plan for the period to October 2014. There is a clash between the Lead Member and the Police & Crime Panel meetings. From September 2014 the Lead Member meetings will take place at 2.00pm.

8.2 RESOLVED to note the Forward Plan.

The Chair declared the meeting closed at 13.12