

ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Community Safety Scrutiny Committee held at CC2, County Hall, Lewes on 18 June 2015.

PRESENT	Councillors Peter Pragnell (Chair), Trevor Webb (Vice Chair), Peter Charlton, Charles Clark, Angharad Davies, Richard Stogdon and John Ungar
LEAD MEMBERS	Councillor David Elkin (Lead Member for Resources)
ALSO PRESENT	Keith Hinkley, Director of Adult Social Care and Health Louisa Havers, Head of Performance, Engagement and Safer Communities Samantha Williams, Assistant Director, Planning, Performance and Engagement Justine Armstrong, Safer Communities Manager Daniel Parsonage, Strategic Commissioning Manager (Substance Misuse) James Rowlands, Joint Strategic Commissioner for Domestic Abuse and Violence against Women and Girls Lucy Spencer, Strategy and Partnership Officer with Prevent Lead for Annual Report on Safer Community Becky James, Recovery Co-ordinator, East Sussex Recovery Alliance (ESRA) Caroline Evans, Community Development Officer Giles Rossington, Senior Democratic Services Adviser Harvey Winder, Democratic Services Officer

1 MINUTES OF THE MEETING HELD ON 19 MARCH 2015

1.1 The Committee agreed the minutes of the previous meeting.

2 APOLOGIES FOR ABSENCE

2.1 Cllr Sheppard sent his apologies (Cllr Stogdon substitute).

3 DISCLOSURES OF INTERESTS

3.1 Councillor Webb declared a personal interest in item 5 as he had previously been involved in a fundraising event for East Sussex Recovery Alliance.

4 URGENT ITEMS

4.1 There were none.

5 WORK OF THE DRUG AND ALCOHOL ACTION TEAM (DAAT) BOARD

5.1 The Committee considered a report by the Director of Adult Social Care and Health updating it on the progress of the new Support and Treatment for Adults in Recovery (STAR) service. STAR is commissioned by the Drug and Alcohol Action Team (DAAT) and provided by Crime Reduction Initiatives (CRI).

5.2 The Joint Commissioning Manager, Substance Misuse, and representatives of East Sussex Recovery Alliance (ESRA) and Active in Recovery (AiR) provided the following additional information to supplement the written report:

- CRI sub-contracted some of the services it provided as part of STAR to Sussex Partnership NHS Foundation Trust (SPFT). Consequently, the DAAT had no input into SPFT's decision to serve notice on its involvement in STAR as the Trust was not commissioned directly by DAAT.
- There have been notable improvements in the performance of STAR since SPFT withdrew from the contract. This could be due to better communication between the individual services provided within STAR now that they are all provided by the same organisation (CRI).
- The purpose of STAR was to address the previously high number of re-presentations of the same clients within 6-18 months of completing treatment. The latest figures against the baseline show that this is being achieved.
- The STAR service uses a recovery based model of treatment rather than a medical model. The recovery model focuses on psycho-social and empathetic treatment for drugs and alcohol and involves the referral of people for rehabilitation at mutual aid groups. This model is increasingly favoured as the most effective model for recovery.
- Mutual aid groups include:
 - 12 step fellowship groups, such as Alcoholics Anonymous; and
 - local recovery groups run by people with lived experience of addiction who act as role models for patients, encouraging and inspiring them to complete their recovery process. AiR and ESRA are two local recovery groups to which STAR refers patients.
- **Active in Recovery (AiR)** is a project run by Action for Change that provides peer-led activities in Eastbourne. AiR is using funding from Public Health England (PHE) to set up a community café in Eastbourne. The café will offer a dry bar and a social space for people in recovery to use; it will also offer training in food hygiene and first aid – with other courses to follow.
- **East Sussex Recovery Alliance (ESRA)** is a peer-led local recovery group with hubs in Eastbourne and Hastings. It is run by Community Recovery Champions (who themselves are in recovery) who develop and facilitate peer-led support groups. ESRA is reliant on funding but is aiming to be self-funding.

- ESRA support groups are gender specific as men and women tend to have different support needs. The groups are designed to increase self-esteem and offer a safe space – which are best nurtured in a gender specific environment.

5.3 The following additional points were made in response to questions from the Committee:

- There is no time limit to when a client is considered out of recovery. If a client relapses at any time after completing treatment, the system will record it as a re-presentation. CRI receives payment for each new individual who receives treatment, so it is in the organisation's interest to reduce cases of relapse.
- Treatment is deemed to have been completed only once a clinician has discharged the client. Long-term remission is monitored by referring to GP records, for example, whether a client receives methadone prescriptions.
- Payments by Result for the STAR service are based on 27 separate measures. These include:
 - the seriousness of the client's needs, as assessed by the Local Area Single Assessment and Referral Service (LASAR);
 - whether the client has been tested for blood-borne viruses during treatment; and
 - whether the client has entered training following completion of their treatment.
- East Sussex County Council is ultimately the accountable body with the duty to provide drug and alcohol recovery services, but it worked very closely with partners in the DAAT to commission the STAR service and continues to work closely with partners to monitor the service.
- CRI has the contract to provide STAR until 2017 with the opportunity to extend it for a further two years. DAAT regularly checks on the outcomes of the service to ensure that CRI is fulfilling the terms of its contract.
- STAR operates out of two treatment hubs in Eastbourne and Hastings with a third hub coming online in Uckfield in the future. People either self-refer for treatment, or are referred by prison services or GPs on request. There is roughly the same completion rate of treatment from all three sources as each requires high motivation on the part of the individual.
- SPFT is not a primary source of referrals to STAR, even though people with drug and alcohol issues are often in contact with mental health services; this is because the two services are not as joined up as they should be yet. Clients who are self-medicating for mental health disorders and have drug and alcohol issues often will not be referred to STAR by SPFT. If the client does self-refer to STAR, however, there will be three way meetings between SPFT, STAR and the client.
- The targets set for STAR are locally set. STAR is exceeding the national targets by an even greater margin. The number of actual drug reviews by CRI significantly exceeds the target because it has taken over this role from SPFT since the target was set.
- Outcomes, rather than output, may provide a better measure of the success of the service, but outcomes could not be included in the current payment by results

model due to the complexity of monetising them. Outcomes are measured by DAAT through interviews with clients.

5.4 RESOLVED:

1) to thank the witnesses from ESRA and AiR and to wish them well in their future endeavours;
2) to recommend to Cabinet that, due to its great success, STAR is a high priority service and consideration should be given to protecting it from savings over the next medium term financial plan period.

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 providing an overview of the East Sussex Safer Communities Partnerships' Business Plan 2015 to 2016, with particular focus on domestic abuse and the new anti-terror duties coming into force on 1 July 2015.

6.2 Officers provided the following additional information about domestic abuse and hate crime in response to questions from members of the Committee:

- Reported crime increased by 15.7% in 2013/14, but this is mainly due to:
 - a number of historic victims of the traditionally underreported crimes of domestic abuse and serious sexual offences coming forward due to high profile national cases; and
 - a nationwide tightening of the guidelines on reporting crime so that more crimes are now classed as 'violent crime'.
- Some people have expressed concern that as the White Ribbon campaign focuses on the impact of abuse on women and girls, it could be a barrier to men and boys coming forward about domestic abuse. However, it is part of an umbrella of awareness raising campaigns that the Council supports. Furthermore, campaigns targeted at specific issues with specific audiences, such as breast or prostate cancer, are more effective than general campaigns. The White Ribbon Campaign calls men to speak out to prevent male violence against women and girls.
- The adult Sexual Assault Referral Centre (SARC) – based in the Saturn Centre, Crawley – and paediatric SARC – based, temporarily, in the Royal Sussex County Hospital, Brighton – provide specialist services for either children or adults who are the victim of rape, sexual violence and abuse throughout the whole of Sussex. On the rare occasion where there is insufficient capacity at either centre, patients may be transferred to SARCs in Hampshire and London. Whilst this is a less desirable situation, there is a forensic window of time during which a patient needs to be admitted to a SARC.
- The Paediatric SARC is for young people under the age of 14. Young people aged 15-16 years are referred to either the paediatric SARC or adult SARC depending on the advice of clinicians about which would provide better support.
- Of the 264 recorded hate incidents in East Sussex in 2013/14, 203 were racist, 30 homophobic, 13 disablist, 12 religious and 6 gender based. Incidents were higher in Hastings than Eastbourne. Incidents of hate are also recorded at schools but are not included in these figures.

- Hate incidents are not about the intent, but the effect on the individual: how the victim perceives the incident, even if the perpetrator did not think it was a hate crime, is key to whether a hate crime has taken place. A third person, such as a police officer, may also perceive an incident to have been a hate crime and report it as such.

6.3 Officers provided the following information, based on a PowerPoint presentation, about the Council's new anti-terror duties:

- Under the Counter Terrorism and Security Act 2015 specified authorities (schools, nursery providers, further and higher education institutions, prisons, probation services, local authorities, the health sector and police) have new duties related to counter terrorism. Three key duties relate to identifying people vulnerable to being drawn to terrorism (Prevent); supporting people who are vulnerable to being drawn into terrorism (the Channel programme); and training staff to recognise radicalisation and extremism and provide appropriate capabilities to deal with it.
- Prevent is one of four workstreams of the UK's CONTEST counter-terrorism strategy. It is designed to stop people from beginning to support, or becoming involved in, terrorism. The Council now has a duty to assess and agree risk and coordinate Prevent activity using multi-agency groups. This will be achieved by establishing a Prevent Board which will be accountable to the Safer Communities Board. It will meet for the first time in early July 2015.
- The Channel programme was set up in summer 2014 and is overseen by a multiagency "Channel Panel" chaired by the Council. There has been one referral to the Channel Panel to date which resulted in a male not being adopted due to several agencies being already involved within the family. Activity of the Panel is fed into the Prevent Board.
- From 1 July 2015, specified authorities must train staff to recognise radicalisation and extremism and provide appropriate capabilities to deal with it. So far, 35 people have been given this training. Local councillors will be made aware of what the Council and its partners are doing in regards to its new duties and where they would need to go if they had issues or concerns.

6.4 RESOLVED – 1) to thank the witnesses for their presentations;
2) to agree to continue receiving an annual community safety update.

7 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

7.1. The Committee considered its work programme for its next two meetings on 17 September and 12 November 2015.

7.2. RESOLVED: to request that the committee papers, agendas and minutes of the East Sussex Better Together (ESBT) Scrutiny Board are circulated to Adult Social Care and Community Safety Scrutiny Committee members as a matter of course.

8 FORWARD PLAN

8.1. RESOLVED: to note the forward plan.

The meeting ended at 12.21 pm.

Councillor Peter Pragnell
Chair