

COMMUNITY SAFETY PARTNERSHIP TASK GROUP

13 November 2017

Present: Councillor A Grimston (Chair)
Councillors S Bolton, A Dychton, B Mauthoor, G Saffery and
R Smith

Also present: Angela Edmonds, Hertfordshire Partnership University NHS
Foundation Trust
Bob Brewer, Hertfordshire Partnership Foundation Trust,
Team Manager for Watford and Three Rivers
Peter Belfield, New Hope

Officers: Environmental Health Manager
Community Safety Co-ordinator
Democratic Services Manager

12 **Apologies for Absence**

There was a change of membership for this meeting; Councillor Dychton replaced Councillor Cavinder and Councillor Mauthoor replaced Councillor Mills.

Apologies were received from Councillor Dhindsa.

13 **Disclosure of interests**

There were no disclosures of interest.

14 **Minutes**

The minutes of the meeting held on 4 September 2017 were submitted and signed.

15 **Mental health and related drug misuse**

The Chair introduced the speakers and invited them to talk about their work.

Mr Belfield, New Hope, explained that they worked with up to 600 vulnerable individuals providing homelessness support. A large amount of New Hope's service users had drug and alcohol problems as well as mental health issues.

Feedback from New Hope staff regarding mental health services from colleagues, including the Assistant Manager of the Rough Sleeper Intervention Service and a mental health worker from Herts Young Homeless (HYH), was that there was a generally good experience of working with the mental health team. Once an individual was under the care of the team then they had a good and positive experience. There were challenges around making contact with individual within the mental health team and a list of key people would be helpful in order to gain a better understanding of the mental health service. With regards to experience of the Community Mental Health Team (CMHT) there were difficulties in getting an appointment as waiting lists were long and the care co-ordinator had too many cases. There was work done at New Hope with an individual regarding drug and alcohol misuse. However, the challenge was to get to a point where the individual was managing their substance misuse and then for the mental health services to be involved but there could be a lag time during which the individual was likely to relapse.

Mr Belfield discussed the New Hope annual review for 2016/17. The review showed that 52% of service users had mental health issues. However, not all these would need access to mental health services and it was one of the challenges to understand where the thresholds were in terms of referring to the mental health team. There was a broad spectrum of mental health.

In response to a question from the chair Mr Belfield described how at New Hope the services worked from those who were rough sleepers or were about to be made homeless, then they would have emergency shelter where their risks and needs were assessed and they were assigned a support worker. Then they may be moved into temporary accommodation and according to their needs then moved into long term accommodation. Housing was the core business of New Hope but it was found that as the charity improved the skill set of workers and the quality of service provided there was a need to better integrate their services with clinical services. New Hope had brought together staff from Change Grow Live (CGL), Citizens Advice Bureau and HYH who were all working together and funded by New Hope. The impact of this partnership working had been dramatic.

In response to the task group's questions on partnership working compared with other locations nationally, Mr Belfield explained that the closest place taking a similar approach was Manchester where the Combined Authority Mayor, Andy Burnham, was focusing on housing. There had recently been a successful bid in Watford for Department for Communities and Local Government (DCLG) funding which had been made possible due to the long-standing partnership working in the town.

Mr Brewer from Hertfordshire Partnership Foundation Trust explained that they provided secondary mental health services. This meant providing treatment through a range of teams. There was the CMHT and behind that there were staff that assessed and planned a recovery pathway. The Trust was commissioned to provide assessment within 28 days of referral to the service. There were 140-160 assessments a month. Currently they had 44 people over the 28 day target and as a result had brought in additional staff to manage this. It was anticipated that they would get back to within the 28 day target at the end of November.

Mr Brewer continued that following assessment, cases were presented for a care package and there were various options available. People with severe and enduring mental health issues would look at treatments if they were treatable and the social care aspects. There were 1700 open service users, 30% of which were care co-ordinated.

Ms Edmonds explained that the service would assess the volume of people that were waiting for an allocation to a specific worker and that people would be monitored during that period.

Following a question from the chair, Mr Brewer explained that there was an 18 week treatment start target, but there were some delays in therapy currently due to staff turnover. People suffering severe and enduring mental health issues could start treatment within days. If people were very unwell they would be referred to crisis intervention and would be admitted to hospital. A larger number of people needed signposting to other services such as New Hope and Mind.

Ms Edmonds outlined that there were specialist employment and housing advisors as well as registered professionals within the team. People who were experiencing their first episode of psychosis were referred to a specialist team called PATH and were seen within 24 hours.

Following a question from Councillor Saffery, Mr Belfield explained that people who were new rough sleepers were quickly identified and offered support. If people have severe and enduring mental health issues then this was where the NHS could intervene. It was more of a struggle with those whose needs were less severe and it was difficult to assess a person's mental health if they were under the influence of drugs and alcohol.

The task group discussed whether the 28 day target for assessment worked with the demand seen by New Hope. It was explained that the target and the staff necessary to deliver the service were set by the commissioning board in the NHS. Also if a person was receiving treatment for drug and alcohol issues then this treatment needed to be concluded before further treatment could be started. It

was suggested by the task group that closer working by the NHS with organisations such as New Hope with staff possibly based at their offices could reduce waiting times and could be a model proposed to the commissioning board. Having someone from CGL onsite was working well currently for New Hope so that vulnerable people could be referred on site.

Mr Brewer and Ms Edmonds explained that their budget had increased and more funds had been released into community services. There was a partnership agreement with Mind to provide support recovery services. Funding had also been received for pilot work in GP surgeries. They recognised that 28 days was a long time for people to wait if they were suffering and the service operated a person centred value base, it was not about achieving targets but giving people the service they deserved.

The task group thanked the speakers for attending.

RESOLVED –

that the presentations be noted.

16 **Progress with the annual CSP plan**

The Community Safety Coordinator delivered the presentation to the task group.

Gangs and serious offences

Vulnerable areas had been identified and arrests had been made.

Night time economy

There was lower scale violent crime with links to domestic abuse. Marshals at the taxi ranks were in place to get people home quickly.

Race hate

There was no particular targeted group rather it was as a result of individuals having verbal disagreements which included race hate words. Alternatively a victim could feel that behaviour against them was because of their background.

Prevent training

The Chair requested that all members of the task group needed to encourage their groups to attend prevent training and praised the training session which had been held at the Town Hall recently.

Child exploitation

The task group requested more information in this area. There was a plan in place by the police and work was ongoing.

Homelessness and rough sleeping

All the individuals who were street drinkers or rough sleepers were known and four people who had refused to engage with any support services had been prosecuted.

The task group praised the work of the Community Safety Coordinator and New Hope.

RESOLVED –

that the presentation be noted.

Chair

The Meeting started at 6.30 pm
and finished at 8.00 pm