

EPPING FOREST DISTRICT COUNCIL
NOTES OF A MEETING OF CRIME AND DISORDER TASK AND FINISH SCRUTINY
PANEL
HELD ON THURSDAY, 23 NOVEMBER 2006
IN COUNCIL CHAMBER, CIVIC OFFICES, HIGH STREET, EPPING
AT 7.30 - 9.25 PM

Members Present: M Cohen (Chairman), M Woollard (Vice-Chairman), Mrs A Grigg, Mrs A Haigh, D Jacobs, R Law, Mrs C Pond (Chairman of Council), P Spencer, D Stallan and J Wyatt

Other members present:

Apologies for Absence: D Bateman and R Morgan

Officers Present S G Hill (Senior Democratic Services Officer), C Overend (Policy & Research Officer) and Z Folley (Democratic Services Assistant)

Also in attendance: A Cowie (West Essex PCT), M O'Keafe (West Essex PCT), S Cook (North Essex Mental Health Partnership Trust) and P Ashby (Essex Fire and Rescue Service)

15. SUBSTITUTE MEMBERS (COUNCIL MINUTE 39 - 23.7.02)

No substitute Members were reported.

16. DECLARATIONS OF INTEREST

No declarations of interest were made.

17. MINUTES - 12 OCTOBER 2006

Noted.

18. CRIMINAL JUSTICE SYSTEM AND OVERLAPS WITH MENTAL HEALTH

The Chairman welcomed to the meeting Alison Cowie, the Director of Public Health, Mike O'Keafe, the Lead Commissioner for Mental Health from the West Essex Primary Care Trust (PCT) and Steve Cook an Associate Director from the North Essex Mental Health Partnership Trust and specialist in the criminal aspects of mental health.

It was noted that the representatives had been invited to report on the link between criminal activity and mental health. The issue stemmed from the Chairman of the Panels experience that there was a lack of support for people with mental health issues in the criminal justice system.

Alison Cowie opened the discussion by reporting on PCT involvement in the Crime and Disorder Reduction Partnership (CDRP), how it benefited from this work and the key issues that would need to be picked up in the future.

She reported that the Epping Forest PCT had been a Responsible Authority for the CDRP since 2003. She advised that the services for crime and health worked closely together both directly for example in treating victims of crime admitted to A& E and indirectly to address the impact the fear of crime had on peoples willingness to go out and engage in activities such as Leisure Services which contributed to emotional wellbeing. She reported that PCT staff could be victims of violence and its buildings affected by vandalism. Certain issues had been defined as 'preventative health burdens' including alcoholism, drug use and the consequences of anti-social behaviour.

She advised that the PCT contributed resources, funding, staffing support to the CDRP and attended and chaired the network meetings. It also supported the 'Crucial Crew' initiative and participated in the scenarios for crime awareness. As a result, the trust obtained information on health trends and support for their own projects and had taken steps to address Hate Crime in the Heath Service. As a result of the restructuring of the PCT, a new public health lead would be appointed to take forward health issues on the CDRP and the LSP. The PCT ran projects with NACRO to reduce obesity.

The Panel noted the Pacts intention to continue with existing work and information sharing having regard to patient confidentiality. The Panel noted current work between the Princes Alexander Hospital and the Police to gather evidence on alcohol related crime to identify action. The Panel noted that this was a key priority area and that the National Treatment Agency for Drugs had driven some of their targets.

In response to the presentation, the Panel expressed concern about alcohol related low level antisocial behaviour and questioned whether such incidences could be related to the closure of hospital wards in the area? The Panel asked about the care that would be available for those patients moved back into the community as a result of the closures and the resources and future plans to support CDRPs with this work?

The Panel asked about the support that would be available to assist Members facilitate the 'community call for action' through raising local concerns with key agencies such as health.

In response, Mr Cook of the North Essex Mental Health Partnership Trust reported that the team provided specialist services including psychiatric care for people with mental health issues in the criminal justice system and also received information from the Essex Drug Action Team which the PCT sat on and was a sub group of the CDRP. He advised that a Criminal Justice Liaison Service had been established to, amongst other things, deliver training for parole officers and share information. Strong links had also been established between the service, the police and magistrate courts.

Mr Cook reported that the Criminal Justice Mental Health Teams had a strong relationship with the Police. Their role was to identify offenders with mental health issues in the prison system and undertake measures to link them back to into mainstream services. The process for this was explained. There was communication between the team and the prison services to facilitate care. There was also a close relationship between the Mental Health Team and Whipps Cross Hospital A&E and Princess Alexander A&E who shared information about patients with criminal behaviour and covered the totality of the District in terms of mental health provision.

The Panel asked if any cases could be called untreatable and if so how such cases were dealt with? It was noted that only those who had expressed an unwillingness to engage in the services fell into this category.

The Panel noted treatment for offenders with a personality disorder and non alcohol and drug related issues. A Member expressed concern that there was no representation on the CDRP or mechanisms within it for gathering information on such wider mental health issues. The Panel asked how this perceived gap in representation could be addressed and about plans to integrate the local Mental Health services into the work?

The Panel noted the process for setting priority areas which determined where attention was focused and information sought. The PCT was committed to engaging at every level and would be willing to sign up to new forums.

The representatives undertook to liaise with the CDRP to consider the concerns raised by the meeting about the involvement of mental health services in the CDRP and report back to the Panel. It was also reported that a wider discussion would take place between the agencies on the implications of the white paper which would also be reported back to the Panel. The Panel thanked the PCT representatives for their presentation.

ACTION:

PCT to report back to the Panel on the outstanding issues.

19. CONSULTATION WITH OTHER RESPONSIBLE AUTHORITIES WHO ARE REQUIRED TO PARTICIPATE IN THE CRIME AND DISORDER REDUCTION PARTNERSHIP UNDER THE PROVISIONS OF THE CRIME AND DISORDER ACT 1998.

The Panel received a presentation from Assistant Divisional Officer, Peter Ashby of Essex Fire and Rescue on the work his service in the Epping Forest District and how this was enriched by its relationship with the CDRP.

The Essex Fire and Rescue Service had been a partner of the CDRP since 2003. The service operated a mix of part manned and fully manned stations in the District and had a prevention and early intervention role with the CDRP to turn young people away from crime. A briefing paper on this was before Members.

In relation to specific schemes, it was reported that the service ran local 'Fire Break' weeks twice a year for 12 young offenders and potential young offenders. The scheme provided training on equipment and demonstrated the importance of team work. It also involved a 'card system' for controlling behaviour which carried a penalty of exclusion from activities and an end of course presentation to mark progress which was monitored over the longer term indicating very encouraging results. Usually only about 1-2 students failed to complete the course.

The Panel drew attention to the 'Crucial Crew' scheme. The Panel thought that the scheme had been very effective and thanked those officers involved for supporting it.

In terms of everyday work, reference was made to a case where there was a need for multi agency work and how the CDRP had facilitated such provision. The service was far more able to coordinate work in this area through working with the CDRP.

Attention was drawn to measures to deal with 'Fire Setting'. This involved the provision of awareness sessions, talking to fire starters families and referring them on to other agencies as required. The aim was provide early prevention to stop problems escalating and young people going on to commit offences in their late teens. A Members referred to press articles suggesting that that the service had become a target for violence. Mr Ashby reported that he was not aware of such incidences and that this was not a problem locally. A Members asked about the number of hoax calls received by the service? This was not a prevalent issue although there had been a campaign to raise awareness of this in view of the incidences of false alarms caused by malfunctioning electrical equipment.

The Panel thanked Mr Ashby for participating in the discussion.

20. COMMUNITY SAFETY SECTION OF THE CURRENT GOVERNMENT WHITE PAPER

Members noted a summary of the white paper and the duty to be placed on Members in relation to the 'Community Call for Action'. Consideration would need to be given to the document and the final report of the Panel and who would be tasked with this. Members might wish to write the report themselves. Caroline Wiggins the new Crime and Disorder Reduction Officer would be taking up duties on 4 December 2006 and would be attending future meetings of the Panel.

21. DATE OF NEXT MEETING

Agreed that representatives from the Youth Offenders Services and Drugs Intervention Team should be invited to the next meeting which was to be arranged for the new year.