1. **Apologies for absence and substitute members**
The Chair, Cllr Limbajee, welcomed everyone to the meeting. Apologies for absence were received from: Cllr Shameem Highfield (for lateness). Apologies were also received from: Cllr Marie Pye (LBWF); Ch. Supt Steve Wisbey (MPS); Jennette Arnold OBE AM (MOPC); Leora Cruddas (LBWF); Sue Hargreaves (LBWF); Paul Langford (LBWF); Phillip Dundon (Community Safety Board).

2. **Declarations of interest**
No declarations of interest were made.

3. **Public Participation – Requests to speak at the Sub-Committee**
There were no requests.

4. **Minutes of the meeting of the Community Safety Overview and Scrutiny Sub-committee held on Wednesday 1st February 2012**
The minutes were AGREED and signed by the Chair as a correct record.
5. **Human Trafficking and Prostitution in Waltham Forest**

Alastair Macorkindale presented the update report which focused on the scale of trafficking and the response at national, London-wide and borough level. He said there had not been a huge number of developments since the original Scrutiny meeting. He gave an update on the recommendations made at the earlier meeting.

Re: para 2.2.1, **AM** reported that the letter sent to the GLA had not produced any direct response but that this was not unusual. However, lines of communication remain open. The GLA has a group working on violence against women and girls and a member of the Community Safety team attends these meetings.

Re: para 2.2.2, **AM** reported that the Mayor of London has commissioned a London-wide research programme to be undertaken by the Lillith Project – the organisation that originally produced the Poppy report. This work was originally commissioned in March, although the Borough was not aware at the time. The Borough will be involved.

Re: para 2.2.3, **AM** said he was not aware whether the police had shared their training toolkit with partners and would follow up.

**AM** reported that work around child trafficking was being taken forward by the Local Safeguarding Children Board (LSCB) as one of their business priorities. A briefing is taking place on 24 May 2012, convened by the Safeguarding Children Boards of the four outer East London boroughs. **AM** suggested that this body or CYP Scrutiny might wish to follow up on this.

Questions from Councillors followed:

**JH** Is there also an issue with boys being exploited? Also, what is being done about massage parlours?

**AM** The national and regional strategies focus on women and girls. Locally we’re looking, as part of our gangs work, to commission provision to address sexual exploitation among young people; this will require them to look at the issue of boys too. Issues to do with massage parlours are dealt with by a central police team; the central team decide whether to take action. If we find we’re not getting a response we escalate the matter.

**RB** Although other Olympic cities may not have reported an increase in this problem are we confident that this will also be the case for London?

**AM** Our evidence base does not suggest a change in relation to these offences. However, we’re alive to the danger of child trafficking for committing crimes.

**SQ** How are we monitoring massage parlours?

**AM** When reports come to my team they’re normally dealt with by the Antisocial Behaviour Team and stored on our database. We’ve had no more than 6-8 reports in the last year.

**SQ** Would not the time to be really vigilant be July?

**AM** We’re reliant on people telling us. The places we’re being told about are residential locations – reported by residents or via councillors. We log, we map, we refer to the police. As the Olympics approaches, this administration...
is putting more money into ASB work – particularly around misuse of public space. This will give us more capacity. Our plan for Olympics Time is that when people are arrested and they do not live in the borough, capacity is being provided to attend court and serve the offender with an ASB order if convicted to exclude them from the area. Quick communication is then needed to local police and our CCTV teams around enforcement.

KL Is there a correlation between an increase in street prostitution and the numbers of migrant workers working on the Olympic site and elsewhere?

AM There might be but it’s difficult to prove causality.

KL Is it known what proportion of prostitutes have been trafficked as against being coerced in some other way?

AM I have no data. Data of that kind would be held only above the local level, if at all. Colleagues in the police say they have found minimal evidence of trafficking. However, we need to be alive to the fact that, even if a prostitute is not alleging being trafficked, there are questions that can be asked of that person and signposting to a safer environment is possible. Verifying that someone has been trafficked is extremely difficult.

SQ What are the health impacts for sex workers?

AM Anecdotally, illegal drug use – either self-medicated or forced – is part of the picture.

SQ If the victims have no access to public funds…?

NA Yes, it is a problem because our funding allocation is to help residents. I’ll discuss this with Alastair outside this meeting. We have discussed this issue with providers.

KL You mentioned the work being done on the Local Safeguarding Children Board. We need to get numbers and statistics.

AM I’ve no data. I don’t know if Children’s Social Care will have that data. This could come back to the Sub Committee as a strand of the gangs work or as a more general piece.

KL We do need to find out numbers from Children’s Social Care. I would also like to know if the Police have shared their training toolkit with other partners, as per our recommendation from last time. I think we’re asking the right question on this topic. Scrutiny needs to ensure that it’s monitoring the work of Children’s Safeguarding effectively. I think aftercare for prostitutes is still work exploring following the disbandment of the Poppy Project.

The Chair then thanked Alastair Macorkindale for his presentation.

6. Substance Misuse in Waltham Forest
The item was presented by Nuzhat Anjum supported by John Currie. Nuzhat Anjum explained that all commissioning takes place according to national guidance as set by the Department of Health. A recent shift in national strategy has been towards a focus on recovery – in other words, users shouldn’t be being prescribed alternatives indefinitely. Commissioning too is now shifting to reflect that new focus. There are major local changes too. From 1st April, Public Health will be part of the local authority. At the national level, the National Treatment Agency will become part of Public Health England. Waltham Forest has been rated as one of the mirror Partnerships.
However, there is more work to be done to improve the service. Accordingly, providers are being monitored very closely. Nuzhat Anjum said that she did not think the borough was getting value for money. There is a need to have a high expectation of providers. Accountability has suffered during a period of governance change. The Drug and Alcohol Team will now report to the Joint Commissioning Board. The alcohol side of the service needs to be improved. There are high A&E admissions. An Alcohol Strategy has now been put in place. A steering group of all the partners is being formed at a strategic level to make a difference at the operational level. Improvements should be visible in three to four months. An increase of 9% in funding for this area has been obtained.

The presenters highlighted that there is a problem of data from hospitals but work is ongoing with the acute commissioners. A project has been agreed to carry out a major data analysis and work has begun. Provision of early intervention and prevention remain issues. A steering group is being formed with the support of GPs. The Department of Health will pay for the evaluation of the project. The lead from the Department of Health will be part of the steering group.

The Chair thanked Nuzhat and John for their introductory remarks and then invited questions from Councillors:

**JH** How do you obtain statistics from the Observatory? Also, why is there a high rate of admissions?

**JC** For the Observatory, there’s a formula used to derive the statistics. I don’t have the methodology to hand. Regarding rates of admission, the latest data shows a decrease which is pleasing. In Waltham Forest, there is relative quick access to community-based detox services.

**NA** Last year we took an initiative in relation to A&E liaison. We have just funded a full-time post and this person is raising awareness of the issue. The pathway to treatment has improved. We’re also setting clear timescales – maximum 48 hours.

**SQ** What communities do you see presenting on a Friday night for example?

**JC** There should be two sets of data that we can refer to in order to answer this. Firstly, there’s the front end data from A&E. We’ve got plans to obtain this with help from the Department of Health. Secondly, we already have the raw data in the case of patients admitted. That’s being analysed at the moment. This will give us a demographic breakdown. We should have the A&E data in about six weeks. The report on admissions data will be available soon.

**NA** There are 75,000 entries so it will take some time to make sense of this data. Then we will be able to work on a more informed basis.

**AM** Four years ago we commissioned a pilot project to see who was being arrested for alcohol-related crimes with a view to establishing services around early intervention. Our research suggested that 35-40% of those arrested and drunk have mental health problems.

**NA** These are usually not minor conditions. In Waltham Forest the drug and mental health services are provided by NELFT. For mental health commissioning we are working on a dual diagnosis pathway so that the right intervention is provided more quickly.
**SQ** During the Olympics, there may be lots of street drinking. Will we see a spike in activity for hospitals?

**AM** The local authority is providing additional funding because of concerns about misuse of public space. A street drinking protocol has been developed. The aim is to bring together health, the police, licensing etc. We are also trying to introduce an outreach element for Eastern Europeans.

**SW** It looks as thought there are on average 600 binge drinkers per ward. However, I suspect this is clustered. Is there a breakdown? Secondly, does outreach work still take place?

**NA** Outreach works well. People don’t generally come through the door which is why it’s so important.

**JC** We can break down the admissions data by GP practice, and also by postcode. That will be helpful.

**SW** How is outreach targeted?

**NA** We go to hostels and to parks - working with the police. We target particular licensed premises. It’s necessary to go out onto the streets and work directly with people.

**SW** I have spoken with a local chemist who says that he is pulling out of the needle exchange scheme.

**NA** We’ve got contacts with lots of pharmacies for needle exchange. I’d be interested to get details of that particular pharmacy so that we can have a discussion. We need to improve what we do in this area.

**RB** How long before you expect to see measurable improvement in the services you say are not working?

**NA** Six months.

**SH** As I magistrate, I have to deal with lots of cases of people who commit crimes when drunk. What more can be done?

**JC** There is the alcohol treatment requirement, overseen by probation. The court can mandate alcohol treatment.

**NA** £55,000 is being made available for a worker to assist those being given Alcohol Treatment Orders and Drug Rehabilitation Orders.

**KL** How practically do people get help?

**NA** This can be by self-referral to the treatment services. They may just need advice or this may be people who need substitute prescribing. Lots of psychological interventions are given at the same time. If someone needs an intensive rehabilitation or detoxification, this is available too, for example a twelve-week programme. Then there’s aftercare to minimise the risk of relapse. Aftercare is not well developed in Waltham Forest but we’re developing it now.

**KL** Can you say more about the problem you perceive with NELFT provision?

**NA** We want the mental health team and the drug workers to work together for a joint care plan. This doesn’t happen currently. We want to improve this.

**AM** NELFT is an expert in those areas but the two teams feel unskilled in working in each other’s areas.

**JC** If dual diagnosis is commissioned jointly it will be done better. Inpatient
admissions for dual diagnosis are very expensive.

KL About 66% of the population in Waltham Forest are from ethnic minorities. Which communities are most affected?
NA We’ve got the data for clients who’ve been in treatment services. We set targets for the BME community and these are being met. We can give you the whole picture.
JH Yes, that would be helpful.
JC Even more important will be the Accident and Emergency admissions data.
AM Statistically, drug using offenders are more likely to be male and Afro-Caribbean. Different communities have different patterns of addictive behaviour. Some behaviours are hidden.
KL It would be good to have a report back in a few months’ time.
NA Certainly. Any financial information will have to come from NELFT.

The Committee AGREED to make the following recommendations:
• That NELFT ensures a joined up approach is achieved for mental health and drugs/alcohol commissioning and that the Council uses it powers through the Section 75 agreement to help secure this outcome.
• That the cost implications in terms of more expensive interventions (esp. inpatient admissions) arising from the current lack of a dual diagnosis and treatment system within NELFT for mental health and drugs/alcohol commissioning should be looked at by Finance Scrutiny.

The Committee decided to formally put on record that the programme of development being put forward had its full support.

It was AGREED that Nuzhat Anjum be asked to report back to this Sub Committee in six months’ time to see how the work has progressed.

7. Diversity and Equalities
It was AGREED that these issues had been well covered in the preceding items.

8. Forward Work Programme and Response Sheet
JH suggested that an update on Safer Neighbourhood Teams should be one of the first items for the new Committee and this was AGREED in principle. It was AGREED that, with this addition, the items listed should go forward to the Overview and Scrutiny Management Committee. The response sheet was noted.

The Chair expressed thanks to officers, including Tony Lane, and to Committee Members for their work over the past year. RB expressed thanks on behalf of the Sub Committee for the work undertaken by the Chair.

The meeting ended at 9.50 pm.