

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 21 March 2016 at 9.30 am**

**Present:** Councillor PA Andrews (Chairman)  
Councillor J Stone (Vice Chairman)

Councillors: CR Butler, ACR Chappell, PE Crockett, CA Gandy, JF Johnson, MD Lloyd-Hayes, MT McEvilly, PD Newman OBE, A Seldon, NE Shaw and D Summers

**In attendance:** Councillor PM Morgan

**Officers:** Mrs J Davidson, G Hughes, PM Morgan, Samuels and Claire Ward

**60. APOLOGIES FOR ABSENCE**

None received.

**61. DECLARATIONS OF INTEREST**

None.

**62. MINUTES**

**RESOLVED**

That the minutes of the meeting held on 29 January 2016 be approved as a correct record of the meeting.

**63. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY**

None received.

**64. QUESTIONS FROM THE PUBLIC**

None received.

**65. ADDACTION**

Disappointment was noted that despite officer efforts given to ensure a speaker for this item, there was no representative present from Addaction at the start of the meeting. Members were advised that, following enquiries, representatives from Addaction would be arriving at 10am. The meeting was therefore suspended at 9.40am pending attendance from Addaction representatives.

The meeting resumed at 10am.

Members received a presentation from Addaction which provided an overview of the service. Sharon Wain, manager from the Wigan and Leigh service of Addaction attended with Laura Burrough, the newly appointed service manager for Addaction

Hereford. It was explained that Ms Wain was attending from another area in the absence of other local representation. It was noted therefore that it was not possible to explain some of the abbreviations or provide additional local detail specific to the Hereford service and this would be provided separately.

In response to questions from members, the following information was provided:

- The Addaction contract was commissioned and managed by public health.
- The service works with the commissioning manager, and with other agencies, to ensure that pathways were developed and to ensure safeguarding issues were covered.
- As the provider of mental health services, 2gether NHS Foundation Trust, had worked to ensure an integrated approach with Addaction.
- Access to the service for adults could be as self-referral or via a professional such as a GP; outreach was shown to be less effective for adults due to issues such as client confidentiality. Service provided was based on an individual assessment and recovery plan.
- The decrease in young people admitted to hospital with drug or alcohol-related issues in Herefordshire was observed to be less than the overall national decrease; it was suggested that this was due to young people in rural areas feeling less confident in services being discreet and ability to travel to the provision, therefore highlighting the importance of rural outreach. There was preventative work to be done in schools and educational work with organisations such as the Amy Winehouse Foundation.
- Performance monitoring was linked to Public Health England indicators and measured against comparative areas.
- A key issue was that of access to substances: urban centres tended to be the start of the production and supply chain; in rural areas, therefore, alcohol was often the substance of choice as it was more accessible than other substances and therefore this was the focus for Addaction in Herefordshire.
- The service recognised the aging population and there was a campaign “Drink wise, age well” tailored towards the over 50s. In this age group there tended to be more people who had been prescribed drugs such as methadone over a long term. This was a difficult group to engage due to long-term prescription dependency, but once engaged, successful outcomes were achievable.
- Service performance for the next year included targets on numbers of clients who did not re-present to the service. The use of peer mentors, individual treatment programmes and key workers would be instrumental in this. Individualised plans would include consideration of circumstances such as family, housing or debt to address these alongside treatment.
- Organisations such as Al-anon existed who could provide support to family members as they were key in supporting recovery and literature is available at Addaction for families.
- There were plans to develop a presence in the community via quarterly newsletters and other promotional and educational work. It was noted that web searches did not prioritise Addaction and there was an absence of signposting via the WISH service. It was acknowledged that there was work to be done in publicising the service using a variety of means, particularly noting the rural nature of the county, and this would be addressed.
- Organisational growth was being achieved, with 150 successful projects across the country. This supports sharing of good practice and development of support programmes to ensure a high standard of service provision.
- There were many strands to providing such a service and the links to other support, such as street pastors, were being addressed.

- Waiting times were monitored to ensure people were able to access services. Access to services for people with disabilities would be supported via relevant professionals.
- The service was available between 9am and 5pm, Monday to Friday, plus a late night and Saturdays. There was an out of hours telephone service which could signpost to local support services. Local walk-in centres were aware of the service. However, it was noted that the out of hours service had limitations as it was a national service and the service would benefit from having a local number for the public to call.

The Cabinet member for health and wellbeing clarified that, in terms of funding, this was through the public health budget. She reminded the committee that the council had moved from general grant making to commissioned services for specific groups, and services, such as SHYPP, and advice services from organisations such as SIL remained available for those most in need.

Addaction representatives were thanked for attending.

**RESOLVED**

**That:**

- a) the local service manager and the commissioning manager provide a service update to the committee in July;**
- b) committee consider a twelve-month review of the service in January 2017; and**
- c) a briefing note for members be circulated in order to respond to a number of questions raised regarding county-specific matters.**

**66. PUBLIC HEALTH ACCOUNTABILITY SESSION**

Due to late publication of papers, the chairman withdrew this item.

**RESOLVED**

**That the item be deferred to the next meeting on 3 May 2016.**

The meeting ended at 11.08 am

**CHAIRMAN**