

BRIGHTON & HOVE CITY COUNCIL

**ENVIRONMENT & COMMUNITY SAFETY OVERVIEW & SCRUTINY COMMITTEE AD HOC
PANEL - OLDER PEOPLE AND COMMUNITY SAFETY**

10.30am 3 JULY 2009

COMMITTEE ROOMS 2/3, BRIGHTON TOWN HALL

MINUTES

Present: Councillor Marsh (Chairman), Kennedy, Smart and Watkins,

Co-optee: John Eyles (Older People's Council)

PART ONE

11. PROCEDURAL BUSINESS

a Declarations of Substitutes

Substitutes are not allowed on Scrutiny panels

b Declarations of Interests

Councillor Smart said he had formerly been a trustee of Hangleton and Knoll Project.

c Declaration of Party Whip

There were none.

d Exclusion of Press and Public

In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

RESOLVED: That the press and public be not excluded from the meeting.

12. MINUTES OF PREVIOUS MEETING

12.1 The minutes of the meeting held on 22nd May were signed by the Chair.

13. CHAIRMAN'S COMMUNICATIONS

The Chair welcomed everyone to the meeting and introductions were made. Members of the public who wanted to make a comment or ask a question were requested to say if they were speaking for themselves or on behalf of an organisation.

14. ALCOHOL AND OLDER PEOPLE'S COMMUNITY SAFETY

14.1 Lead Commissioner for Mental Health Simon Scott, NHS Brighton and Hove, spoke to the Panel about the impact of alcohol across the City on people above 50 years old. He said there was evidence to show that the most prolific users of alcohol unhealthily, was the 50+ age group and resources were being allocated to addressing this via the Joint Commissioning Board, chaired by Councillor Ken Norman.

14.2 It was not uncommon for people to underestimate by half the amount of alcohol they drink. It was thought that the group in the general population who drink most above the recommended levels of alcohol are 50+ old and living on a low income in social housing.

14.3 Unlike smoking for which the clear and simple message is to stop smoking; the alcohol message is not necessarily to abstain but to drink in moderation and there was not one single message to send out for all parts of the community. Unhealthy drinking over a number of years has a physiological impact especially on liver kidneys and the brain (cognition) which accrues over time.

14.4 Over a single year there was thought to have been a 17% rise in alcohol-related hospital admissions including falling, fighting and domestic violence or, more commonly, adverse effects on physical health.

14.5 Falls and alcohol can be more associated with older people, whose mobility can be more affected, than younger people. Existing information did not show the extent to which older people were victims of alcohol misuse but it was likely that even hearing younger people drinking laughing and shouting would not aid an older person's sense of wellbeing.

14.6 Alcohol was an disinhibitor of violence and reduced constraints around social behaviour. Violence in the home was a serious concern for the city.

14.7 Brighton & Hove was known to have significantly more alcohol-related problems than the national and south east region averages, and other seaside towns.

14.8 Answering questions the Lead Commissioner said alcohol was associated with the young onset of dementia. Existing dementia services were seeing people younger and younger and there was not optimism about a cure.

14.9 Prompt early action was needed but this was difficult when alcohol was widely available and ridiculously cheap, he said. The cheaper the alcohol is, the more it was consumed.

14.10 Alcohol was a relaxant and depressant but excessive misuse exacerbated depression. The use of alcohol could affect a healthy sleep pattern, leading to poorer ability to cope.

14.11 Low income, below £10,000, was a key factor associated with greater use of alcohol and anxiety and depression were also interlinked. Asked about reasons there was no other known explanation, other than the social circumstances that older people can find themselves in. Intelligence was poor as to why people drink but there is anecdotal evidence that social isolation can lead to drinking at home. The Cheers!? Project to be described later at this meeting, would help to shed light on this, said the Lead Commissioner.

14.12 The Lead Commissioner outlined a recent alcohol-related initiative: Firstly to understand what is healthy drinking and persuade people to drink healthily. Social marketing to young people was now to be extended to people over 50 years. Interviews were being held on 24 July re tenders for social marketing to older people and NHS would like a volunteer to serve on the panel. Older People's Council co-optee John Eyles agreed to do this.

14.13 Secondly a series brief interventions sessions were being arranged for people drinking at a harmful level, to encourage more sensible drinking patterns. This contract has been let to a voluntary sector organisation.

14.14 Thirdly focussed intervention was being provided on the hospital ward to a dependent group for whom alcohol is known to be a problem for example domestic violence offenders/victims, public place violent crime perpetrators, and other people presenting to hospital. Those over 50 were likely to form a large part of this group.

14.15 The Chair thanked the Lead Commissioner for his helpful information.

14.16 The Chair welcomed Cheers!? Steering Group member Angela Flood, International Development Manager, working across City Council Adult Social Care and NHS Brighton and Hove. Her work was also related to the development at city level of the World Health Organization's Healthy Cities Programme. A 4-page summary of the Cheers!? project had been distributed to the Panel.

14.17 Cheers!? A project about older people and alcohol, was a joint research project between Age Concern, the University of Brighton School of Applied Social Science, NHS Brighton and Hove, the City Council and the Drug and Alcohol Team and was funded through the Brighton and Sussex Community Knowledge Exchange. It was carried out because alcohol and older people was seen as a neglected area of research, policy and practice – the focus had been on young people's drinking - and the reasons for older people's drinking were not well documented.

14.18 The project, built on a previous scoping study carried out by the Health & Social Policy Research Centre enabled older people themselves to carry out the research and included representation from the Older People's Council. The research findings were disseminated at a special launch event on 11 June and the project also won the University of Brighton's Research and Innovation Award for 2009, attracting further funding to develop the research.

14.19 Drinking should not always be seen as negative but could have a negative impact from the point of view of health, social life and relationships with family and friends. The Brighton and Hove night-time economy, aimed at younger people, was linked to economic development but ageing can exclude older people from certain locations and some areas were perceived to be unsafe. Perceptions can have a powerful impact on behaviour, potentially leading to an increase in social isolation.

14.20 The availability of low-cost alcohol, sometimes cheaper than bottled water, and higher drinks costs in pubs and restaurants could lead to more solitary drinking at home. Negative uses of alcohol tended to decrease for those with an active social life.

14.21 Some older people who feel their drinking is becoming a problem will seek help; however, some GPs may feel reluctant to raise this sensitive and confidential subject and possibly risk spoiling their relationship with the patient. The needs of older people which are overlooked within the general population, are likely to be worse for those who are already marginalised.

14.22 Main findings from the study which impacted adversely on drinking habits:

- Feelings of exclusion/social isolation
- Life transition points can trigger drinking (e.g. bereavement, unemployment, retirement)
- Current and previous lifestyles ('hanging onto youth')
- Cost and easy availability of alcohol
- Inactive social life
- Night time drinking economy affects perceptions of safety (e.g. 'no-go' areas)
- Leisure spaces aimed at younger people

14.23 Strategies and policies should be interlinked and planned collaboratively to provide an overall holistic approach to the needs of an ageing population.

14.24 A member of the public said that older people can also be fearful in their own homes (for example fear of users of drugs and alcohol in high-rise flats) in addition to certain places from which they feel excluded. Another member of the public said that many women feel isolated at home in the evenings as they are scared to go out.

14.25 Some panel members felt there were not enough suitable social meeting places where older people would feel comfortable.

14.26 The International Development Manager said that older people could be fearful of something that had happened in the past which would have an impact on their perceptions of safety and future social mobility.

14.27 Publicans could play a key role in offering good, reasonably priced food so that establishments provided a social not just a drinking-only environment. Ideally, the City should be age-friendly; a place where all ages should feel comfortable and included.

14.28 The Head of Community Safety reminded the Panel that there is clear information that older people are least likely to be victims of crime. She would be happy to speak to community groups including the Women's Institute

14.29 The Chair thanked the International Development Manager for her helpful information.

15. COMMUNITY ENGAGEMENT AND OLDER PEOPLE

15.1 The Community Engagement Improvement Officer circulated a copy of her presentation, available to view on request. The Community Engagement Framework had been developed for use city-wide and not only across the Council.

15.2 There had already been much good practice but some poor practice in community engagement work in the city. Before starting any engagement activity it was important to research what had already been done in the area.

15.3 There was a need to learn from experience and improve quality and coordination of engagement activity. It was important to be clear and honest when engaging with communities; if there were no extra resources, then that information should be included.

15.4 Many local organisations and groups already had good relations and know their client groups within communities, and should be engaged in the process at the outset. Members noted that there were well-established existing ways of communicating – such as 'The Pensioner', 'Grey Matters' and 'City News.'

15.5 The Community Engagement Improvement Officer reminded the meeting of the Duty to Involve and said that there was a commitment to respect and build upon existing structures and organisations. This would be a gradual process that would take time but it shouldn't be assumed that anything new was needed.

15.6 Some Members had the impression that, having completed many surveys over the years, there were no results to show.

15.7 The comment was made that older people were likely to prefer information to be provided in paper form.

15.8 A Member of the public felt that older people preferred a physical presence at a help desk rather than use the phone, a publication or the internet. For example the Pensioners' Service was a low-level and effective service available at libraries. A database of all older, vulnerable or isolated people in the City might be helpful for the local statutory authorities to know of their existence in cases of emergency and to help older people to feel included, he said.

15.9 The Head of Housing Management would reply to the Panel.

15.10 The Chair thanked the Community Engagement Improvement Officer for her presentation and handout.

16. ANNUAL REPORT OF 50+ PROGRAMME

With the agreement of the Chair this item was postponed to the following meeting.

17. RACIAL HARASSMENT AND OLDER PEOPLE

17.1 The Senior Racial Harassment caseworker reminded the meeting that the Partnership Community Safety Team (PCST) was a partnership of the Brighton & Hove Council with the Sussex Police, the Racial Harassment Forum, the Domestic Violence Forum, and the LGBT communities. Some members of the Team were employed by the Council and others were employed by the Police

17.2 She said together the team worked to reduce racist and religiously motivated crimes and incidents. The aims of the service included increasing reported incidents, ensuring victims and witnesses are fully supported and building their confidence in the criminal justice systems.

17.3 The Senior Racial Harassment Caseworker tabled a briefing on Racist and Religiously Motivated Incidents and Older People, available to view on request. She emphasised that the definition of racist/religiously motivated incident was intended to empower the victim; it was for the recipient to determine what was inappropriate and unwanted behaviour.

17.4 In some incidents there may be direct verbal racial hostility demonstrated by the perpetrator/s and in other cases the incidents may not be accompanied by direct racist abuse and the victim / witness or a third party may have attach a perception that 'these things are done to them' because of their race / faith / ethnicity / culture / colour / language / nationality etc. Prejudice is taken into account in their investigation of the incident by Police, Schools, NHS and employers, both statutory and private. Actions against the perpetrator / s are evidence led.

17.5 Incidents could be verbal or physical violence in the home or in the neighbourhood or in other public domain.

17.6 As shown in the PCST scoping report (available to view on request and circulated to the Panel previously) there was evidence to show that older people in general were less likely to report incidents than younger people. There were additional barriers to reporting racially motivated incidents such as language capacity, and fear of backlash. Surges in incidents occurred for example after the July 2005 London bombing and failed London bombing. During such politically turbulent times minority communities were known to restrict their mobility and also expect incidents/ abuse and may not report incidents, believing it to be normal. Older people may fear a backlash more than younger people.

17.7 Older people may be targeted due to their race or because of more than one identity for example BME, disabled, and sexual orientation. The statistics presented in the paper accounted for the racist and religiously motivated incidents only.

17.8 At present, available data showed the types of incident against ethnicity for all people and did not distinguish between older and younger people. Around a quarter of incidents were directed at Asian people and around a quarter against white ethnic groups.

17.9 Racial and Religiously Motivated Incidents can be experienced by anyone, not necessarily from an ethnic group – for example by association with partner, children or friend.

17.10 Current work in progress by the Racial Harassment caseworkers included advocacy and casework support. This could be done by meeting at a person's home, which was especially relevant for older people. There used to be drop-in Neighbourhood Surgeries in East Brighton, Turner and Central Hove. Language or sign interpreter, could be provided if needed and information about available services and reporting forms had been translated.

17.11 The Senior Racial Harassment Caseworker gave an example of successful work with Chinese older people in Brighton & Hove. The Chinese Community in the city was larger than the national average and represented around 0.5% of the population. There were many older people, many have issues around English language capacity, work in family owned shops/takeaways/are front line workers, and many had limited access to services. The Partnership Community Safety Team had translated the reporting forms in Cantonese and Mandarin and worked in partnership with a community organisation called 'Chinese Information Pilot' to effectively access Chinese older people. Recently a visit by Chinese elders was organised to the police station together with information on rights and how to report incidents with a view to increasing trust and confidence in the community. This has led to increased reporting levels.

17.12 The PCST attended and took stalls to relevant events of the minority communities and neighbourhoods. This has led to increased reporting and improved mechanisms and access to services.

17.13 Councillor Smart said he was serving on a local steering group concerning the Bangladeshi community and asked if this was a citywide process.

17.14 A member of the public said that although she contacted the police and local councillors with concerns about community safety, these were not always followed up. Councillor Watkins said that elected Members should be informed about incidents in their own wards.

17.15 The Senior Harassment Casework said that local councillors would only be informed about individual incidents with the consent of the client.

17.16 A Pan Sussex Racist Incident Report form was tabled at the meeting. This was for use by all organisations to record racist and religiously motivated incidents and then send the completed forms to the Partnership Community Safety Team (PCST) for monitoring and casework. Individuals could go to any organisation and fill in form thus increasing access to the reporting and casework services. This also meant that people could report at locations other than the police station. For example St Richards, Hangleton & Knoll Project, MOSAIC etc. were trained to be a reporting centre so people do not need to go to the City – can use existing staff. Individuals could also directly complete self reporting forms or contact the team to report incidents.

17.17 Casework services could help individuals if they gave their names and contact details. The Partnership Community Safety Team monitored levels and trends of incidents and reporting systems enable people to report anonymously, should they wish. On the central database, some 60% of reports come from the police – the remainder from other organisations including PCST which accounts for around 15 – 20%. Other organisations were now submitting more reports.

17.18 Asked by a member of the public about reporting to Crimestoppers the Head of Community Safety said local organisations should be used. Older people who were victims of RRMI were often not able to telephone and speak in English. The right local agency trust and confidence is important. Access is complex issue.

17.19 The Chair said people did not always know who to contact to get information or report incidents. Local Councillors were not always directly contactable. Councillor Marsh said she thought a printed publication aimed at older people would be helpful. The Internet was not the favoured tool of the elderly.

17.20 Members thanked the Senior Racial Harassment Case Worker for her presentation and especially for good outreach work.

18. SUMMARY AND NEXT MEETING; 10 JULY, 1.30PM BRIGHTON TOWN HALL

The Chair thanked all the contributors to the meeting and invited members of the public to the following meeting, being held at 1.30pm on 10th July in Brighton Town Hall.

The meeting concluded at 1.15pm

Signed

Chair

Dated this

day of