

domestic abuse and anti-social behaviour problems.

There was a growing problem with alcohol related hospital admissions and it was reported that there were around a million admissions to hospital over the last decade, approximately a million children with parents with alcohol problems and half a million children with parents with both drug and alcohol problems.

She advised that the substance misuse team which was located at Staffordshire County Council and that partners and partnerships were also involved although funding for drugs services would move to Public Health from 2013.

Information was provided which showed the number of drug users and those dependent on alcohol in Staffordshire. She explained that structured programmes and services were in place which provided treatment for people.

Ms. Merrick then provided information on the profile comparison of those in drug treatment between Cannock and Staffordshire; reference was also made to the Local Alcohol Profiles for England (LAPE) which compared the England average with Cannock Chase for alcohol specific conditions.

She then provided information on the social enterprise in Burton which was helping people in recovery from drug and alcohol addiction. The tearooms run by ex users provided an all day menu and social activities which helped develop work related and social skills to help long-term recovery. She also reported that consideration was being given to another similar project.

There were a number of services available to people in Cannock some of which were advice and information, education in schools and rehabilitation. Other services included advice and support through the Council for Voluntary Services and one-to-one support through Addaction.

It was reported that there was commitment from all partners including the Police, Fire and Rescue Services and Community Safety, and a 5 year direction of travel plan that ran from 2010-2015.

She discussed the future vision and resources with the Committee which would mean identifying additional inward investment for alcohol related services. Other actions needed were primary intervention, early intervention and tertiary prevention and treatments.

Information was provided regarding the Executive Board which was chaired by the Chief Constable. She explained that the Health and Wellbeing Board would oversee strategic changes, had authority to make decisions and would ensure that both the drug and alcohol agendas remained closely aligned.

Ms. Merrick advised that forthcoming developments included the move from Public Health to Local Authorities in 2013, health budgets which would move to Directors of Public Health and also responsibility for commissioning drug and alcohol services.

Ms. Merrick then asked Members of the Committee if they had any questions.

The Chairman referred to the LAPE and asked what assistance would be given to the District given the poor regional average for alcohol specific conditions. Ms. Merrick informed the Committee that this would depend on what strategy had put in place and what additional inward investment could be attracted for resources.

A Member referred to the National data estimates and asked what percentage of the number of people were using drugs.

Ms. Merrick informed the Committee that 1 in 10 adults had used drugs at some time which included prescription drugs. It was difficult to estimate the numbers in relation to young people as research had shown that some types of drugs, so called "legal highs", were now being purchased through the internet. However there was a decrease in other previously popular drugs.

In response to a question raised by a Member, Ms. Merrick talked about the areas of deprivation and the social culture within town centres around local drinking establishments. She commented that many drinking establishments offered incentives such as two for one on alcoholic beverages, however the Council could consider reviewing its licensing policy to take this into account and make changes.

In response to a question with regards to the LAPE and alcohol hospital admissions for the under 18s, and whether drinking establishments played a part in this, Ms. Merrick commented that parental responsibility and the way parents acted around alcohol was a factor in the way young people could act irresponsibly around it.

A Member asked who had overall responsibility for dealing with both drug and alcohol issues. In response Ms. Merrick advised Members that each Health and Wellbeing Board would oversee and allocate resources to these areas.

Members of the Committee also discussed the lack of activities for young people, the underlying causes of why young people turn to alcohol and also problems with how the current economic downturn could impact on people.

The Chairman raised concern that problems associated with both drug and alcohol issues had not been addressed within the District. She was also keen that the Committee meet with Angela Schulp who was the lead on these issues for the District.

Mr. Shilvock, Head of Environmental Health reported that he would be meeting with the Health and Wellbeing Portfolio Leader to discuss and try to address issues that had been raised.

60. Items Arising from Staffordshire County Council's Health Scrutiny Committee

The Chairman reported that due to a family bereavement she was unable to attend the last Health Scrutiny Committee meeting at Staffordshire County Council. She did however report that the Patients Association Project on Complaints with Mid Staffordshire NHS Foundation Trust funding would continue.

She reported that she had recently attended the last Health Scrutiny Accountability Session at the County for the South Staffordshire PCT which discussed the cessation of the PCT.

County Councillor P. Jones reported on other areas and indicated that performance figures in respect of young people not in education, employment or training (NEETS) and levels of obesity were poor for the District. He explained that Chads Moor was the most deprived ward with a high percentage of unemployment. He also pointed out that Tamworth now appeared to have better figures in these areas than Staffordshire.

The Head of Environmental Health reported that a Health Summit would be held in May with further details to be announced. It was intended that the meeting would be for the first formal engagement with the Clinical Commissioning Group and would serve as an opportunity to discuss concerns about local health issues.

The Chairman encouraged all Members to attend the Health Summit in order for concerns and issues to be raised.

61. Date of Next Meeting

Members noted the date of the next meeting scheduled for 17 July, 2012.

CHAIRMAN

(The meeting closed at 5.25 p.m.).