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Havering
LONDON BOROUGH

# CRIME & DISORDER COMMITTEE

# AGENDA

| | | |
|---|---|---|
| **7.30 pm** | **Thursday 17 October 2013** | **Town Hall, Main Road, Romford** |

Members 6: Quorum 3

**COUNCILLORS:**

Osman Dervish (Chairman)
John Wood (Vice-Chair)
David Durant
Roger Evans
Georgina Galpin
Linda Van den Hende

**For information about the meeting please contact:**
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## What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

They have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers;

2. Driving improvement in public services;

3. Holding key local partners to account; and

4. Enabling the voice and concerns of the public.

The Crime and Disorder Committee considers issues by receiving information from, and questioning, Cabinet Members, officers and external partners, particularly the Responsible Authorities, i.e. Metropolitan Police, Metropolitan Police Authority, Fire and Rescue Authorities, and Primary Care Trusts, to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations.

Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups typically consist of between 3-6 Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research and site visits. Once the topic group has finished its work it will send a report to the Committee that created it and it will often suggest recommendations to the executive.

## Terms of Reference

The areas scrutinised by the Committee are in exercise of the functions conferred by the Police and Justice Act 2006, Section 19-22 and Schedules 8 & 9.

## AGENDA ITEMS

### 1 CHANGE OF MEMBERSHIP

To note the changes to the Committee's membership following the special meeting of the Council on 4 September 2013.

### 2 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

### 3 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

### 4 DISCLOSURE OF PECUNIARY INTEREST

Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting.

*Members may still disclose any pecuniary interest in an item at any time prior to the consideration of the matter.*

### 5 MINUTES OF THE MEETING (Pages 1 - 4)

To approve as correct the minutes of the meetings held on 16 July 2013 and authorise the Chairman to sign them.

### 6 UPDATE FROM THE METROPOLITAN POLICE

To receive an oral up date from the Borough Commander.

### 7 MENTAL HEALTH ISSUES AFFECTING PRISONERS AND EX-OFFENDERS

To receive a presentation from NHS England.

### 8 DRAFT ALCOHOL AND DRUGS STRATEGY (Pages 5 - 36)

A copy of the draft strategy which has been circulated for consultation is attached. Officers will be giving a presentation in support of the strategy.

## 9 REVIEW OF ANTI-SOCIAL BEHAVIOUR AND HATE CRIME POLICY

To receive a presentation from officers.

## 10 MOPAC FUNDING UPDATE (Pages 37 - 46)

To receive the attached report.

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## 11 URGENT BUSINESS

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specific in the minutes that the item should be considered at the meeting as a matter of urgency.

**Andrew Beesley**
**Committee Administration Manager**

**MINUTES OF A MEETING OF THE CRIME & DISORDER COMMITTEE**
**Town Hall, Main Road, Romford**
**16 July 2013 (7.30 - 9.15 pm)**

**Present:**

Councillors Osman Dervish (Chairman), John Wood (Vice-Chair), Becky Bennett, Denis Breading, David Durant, Roger Evans, Georgina Galpin and Nic Dodin (In place of Linda Van den Hende)

Apologies for absence were received from Councillors Frederick Osborne and Linda Van den Hende

## 1 MINUTES OF THE MEETING

The minutes of the meeting held on 21 May 2013 were agreed as a correct record and signed by the Chairman.

## 2 TRANSFORMING REHABILITATION

Lucy Satchell-Day, Assistant Chief Officer, Barking/Dagenham and Havering London Probation Trust attended the meeting to deliver a presentation on the Government's response to the consultation on the proposed Transforming Rehabilitation Reforms.

The Government proposed the creation of a New National Public Probation Service to replace the existing Probation Trusts. The new National Probation Service will be responsible for:

1. All cases assessed as high risk;
2. All case and parole reports;
3. Initial Risk Assessments;
4. All MAPPA cases in the Community;
5. A small number of public interest cases;
6. Cases where risk of harm has escalated to 'high';
7. Breach and Recall decisions;
8. Victim Liaison Unit and Approved Premises; and
9. Commissioning interventions for high risk offenders.

The Government were keen to keep local borough units.

The country would be divided into 21 Contract Package Areas (CPAs). London would be one CPA with approximately 33,000 cases.
Each CPA would include the following business:

1. Management of all medium risk and low risk cases, in Custody and the Community, with the development of 'through the gate' services;
2. Currently envisaged that most interventions, including Community Payback, Accredited Programmes and Specified Activity requirements would be included; and
3. The management of 'high risk of harm' and MAPPA cases while in custody.

Existing Trusts could spin off into 'Mutuals' and bid for business as a sub not a prime. The London Probation Trust was looking to establish a 'Mutual' to deal with interventions.

All work and resources identified as being in the 21 CPAs would be established as 21 'going concerns'. These would be called Community Rehabilitation Companies (CRCs). CRCs would be established as private entities which would be overseen by the Ministry of Justice until the CPA were awarded to the new providers. At this point the CRCs would be sold to the successful bidders. The Government would retain a small stake in the CRCs as an insurance policy.

The Government was also proposing to:

1. Reconfigure the prison estate to establish 'resettlement prisons' in local areas;
2. Establish a Professional Body for Probation Officers, although there was no guarantee new providers would subscribe.
3. Make arrangements for Her Majesty's Inspector of Prisons to oversee quality across the whole provider network, and
4. Include Community Payback in the CPAs with the exception of London which would be considered separately.

The Committee expressed some concern that the companies who were likely to be bidding for the work were those which had recently received bad press for their mishandling of the electronic tagging contracts.

The Committee thanked Lucy for her presentation and **noted** the report.

## 3 REVIEW OF NATIONAL POLICY - ANTI-SOCIAL BEHAVIOUR

Officers submitted a report outlining the measures included in the Anti-Social Behaviour, Crime and Policing Bill in so far as it related to Anti-Social Behaviour. The idea behind the Bill was to simplify and speed up the process. There was a general consensus that the provision for a Community remedy would be dropped before the Bill became law as it created too many problems.

The Committee **noted** the report.

## 4 DOMESTIC VIOLENCE

Following the last meeting the Topic groups report on Domestic Violence had been considered by lead members. A number of questions had been raised and officers had taken the report away for a rethink. The revised report was presented for the Committee's approval.

The revised report was **approved** from submission to Cabinet.

## 5 COMMUNITY PAYBACK SCHEME

At the request of members officers updated the Committee on the up to date position with SERCO. Officers had experienced difficulties in contacting SERCO and more recently there had been issues with contracts and liability. Officers advised that these issues had been resolved and the Head of StreetCare was working with SERCO to utilise Community payback in the borough.

The Committee indicated they would like a report on progress to their next meeting and details of best practice within other boroughs.

## 6 SAFER NEIGHBOURHOOD TEAMS

The Committee asked for an update on progress with the remodelling of the Safer Neighbourhood teams. The Borough Commander advised the Committee that within each ward there would be three named officers, a Sergeant, a PC and a PCSO. Overall within the borough the number of officers available for the Safer Neighbourhood Teams remained the same but those not allocated to a specific ward would be flexed to areas of greatest need, as and when required. This will enable the police to be both more pro-active and more re-active.

The Committee **noted** the report.

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**Chairman**

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Havering
LONDON BOROUGH

# Drug and Alcohol Strategy

## 2013 - 2016

**CONTENTS**

## Summary

This strategy sets out Havering Council's ambition for preventing harm caused by drugs and alcohol. It provides an analysis of the key challenges within Havering and proposes cross-cutting solutions to improve outcomes in the borough, with a particular focus on the following priority areas:

- Prevention & Early Identification of 'At-risk Groups'
- Safeguarding (including Troubled families and the Top 100 Families Project)
- Harm minimisation
- Treatment of drug-users
- Treatment of dependent drinkers
- The night-time economy

Objectives are set out for each area, along with the data that will be used to measure progress. In particular, the strategy aims to secure the following key outcomes for Havering:

- Early identification of families displaying drug and alcohol abuse to enable tailored support to be provided
- Improved coordinated support from public agencies for families
- A reduction in the adverse impact of drugs and alcohol on families and the wider community
- Improved treatment outcomes for drug and alcohol users to ensure long-term recovery
- A reduction in cost to health, criminal justice and social care agencies as a result of drug and alcohol misuse

## Aim and rationale

The overall aim of this strategy is to prevent the harm caused by substance misuse in Havering. The misuse of alcohol and drugs has serious impacts, not just on the health of individuals, but on families and broader communities, while placing an escalating financial burden on health, criminal justice and social care agencies. The challenges are complex and require true partnership work across organisational boundaries, involving a wide range of partners from health and social care agencies, through to the police, probation, the third sector and businesses. With the recent move of public health teams into Local Authorities, there is real opportunity to facilitate multi-agency solutions.

This strategy therefore aims to take a cross-cutting approach, outlining how the various dimensions of drugs and alcohol work can be further developed and aligned. From a corporate point of view, it aims to ensure that money spent on drugs and alcohol across Havering is being used as effectively as possible.

The scope includes:

- the level of need in Havering;
- services currently available to meet this and gaps remaining;
- cross-sectoral proposals to address unmet need.

## Local context

Havering's local picture is complex and unique. While significant progress has been made in recent years, there are still substantial challenges within Havering in terms of both drugs and alcohol.

### Prevalence of drug and alcohol abuse

The latest estimate available is that there are around 870 Opiate and Crack Users (OCUs) in Havering.[1] This equates to approximately 5.7 OCUs in the borough per 1000 population, which is lower than the figure of 9.6 per 1,000 for London and 8.7 per 1,000 for England[1].

Havering has very high levels of cocaine use. The most recent national study found the borough to have the highest proportion of powder cocaine users entering treatment in the country, as shown in Figure 1[2].

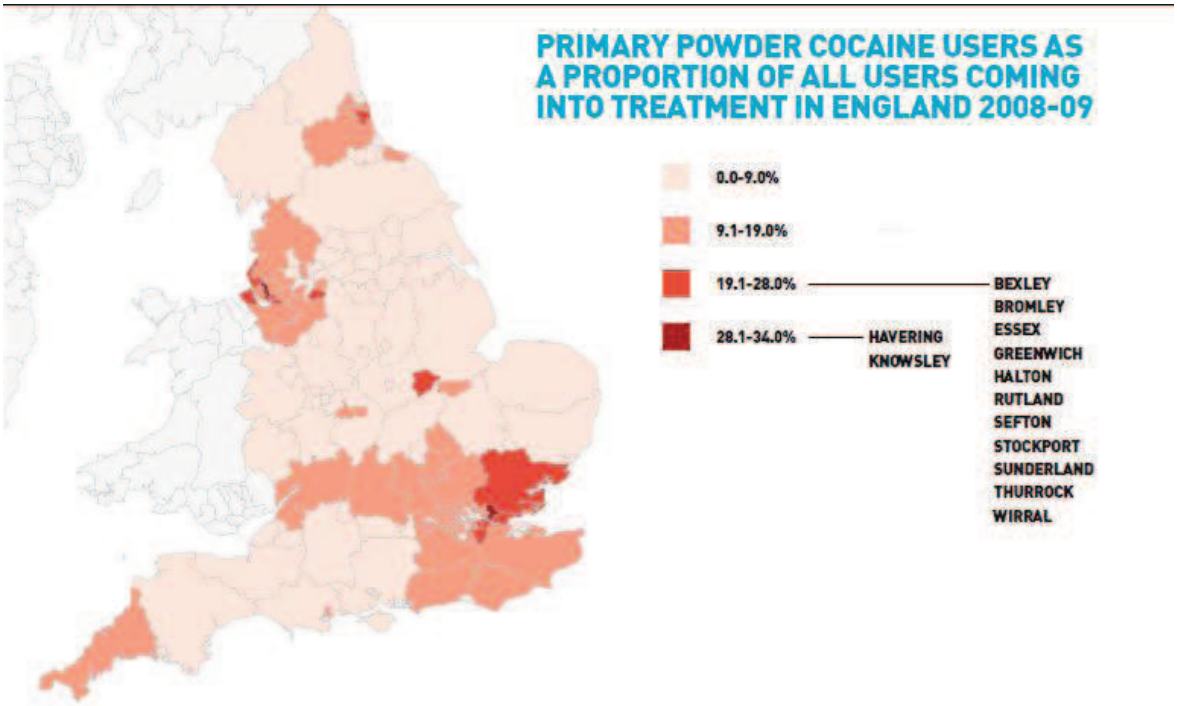
> "The most recent national study found Havering to have the highest proportion of powder cocaine users entering treatment in the country"

Compared to the national average, Havering has considerably more drug using adults with responsibility for children; just over 50% of adult users have children living with them[3]. National data shows over one third of adults in drug treatment are parents, with 60% claiming benefits,[4] meaning that their

[1] Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2010/11 www.nta.nhs.uk/facts-prevalence.aspx
[2] Powder Cocaine: *How the treatment system is responding to a growing problem*, NTA, 2010 www.nta.nhs.uk/uploads/ntapowdercocaine1march2010d.pdf
[3] DOMES/ NDTMS data report 2012-13 Q4

children are potentially more likely to live in poverty. Parental substance misuse can also reduce the parent's ability to provide practical and emotional care, which can have serious consequences, including exclusion or persistent absence from school.[5]

Figure 1: Primary powder cocaine users as a proportion of all users entering treatment in 2008/09 [6]




Data from local, regional and national sources paints a challenging picture, which supports the need to invest in local young people's specialist services[7]. A recent survey conducted in Havering showed that 3 out of 4 young people thought that drugs were "easy to get hold of" in their local community whilst 6 out of 10 young people reported that it was either "fairly" or "very easy" to get hold of alcohol. In total, 6 out of 10 young people had been offered drugs, while 4 out of 10 young people reported that they had used a drug with 9 out of 10 users trying their first drug at the age of 16 or under. Altogether, 1 in 4 young people surveyed admitted to using drugs every day or twice a week and 5 out of 10 young people reported that they had had an alcoholic drink in the last seven days, with 3 out of 10 reporting that they had been drunk in the past fortnight. Moreover, 50% of sexually active young people in Havering reported having sex under the influence of alcohol and a further 25% under the influence of drugs.

In terms of alcohol, Havering has approximately 3320 'dependent drinkers[8] and 20,000 'high-risk' drinkers[9]. This means that, out of Havering's adult drinking population, 6.9% are

[4] National Treatment Agency for Substance Misuse (NTA), *Parents with Drug Problems: How treatment helps Families,* London NTA, 2012. www.nta.nhs.uk/uploads/families2012vfinali.pdf
[5] National Treatment Agency for Substance Misuse (NTA), *Parents with Drug Problems: How treatment helps Families,* London NTA, 2012. www.nta.nhs.uk/uploads/families2012vfinali.pdf
[6] Powder Cocaine: *How the treatment system is responding to a growing problem*, NTA, 2010 www.nta.nhs.uk/uploads/ntapowdercocaine1march2010d.pdf
[7] London Borough of Havering, *Young People's Substance Misuse Needs Assessment: Key Findings Report*, LBH, 2012
[8] *JSNA Support Pack for Strategic Partners – The Data for Havering*; NTA 2012; Dependent drinkers defined as those people scoring 20 or more on a common alcohol screening tool (AUDIT2)

classified as 'high risk' drinkers, while an estimated 19.4% are 'increasing risk' drinkers (Table 1). Both of these figures are broadly similar to the London and England averages.

Table 1: Percentage of adults aged 16+ who are lower, increasing and higher risk drinkers[10]

| | Havering | London Average | England Average |
|---|---|---|---|
| Lower Risk drinking (% of drinkers only) synthetic estimate | 73.8 | 73.4 | 73.3 |
| Increasing Risk drinking (% of drinkers only) synthetic estimate | 19.4 | 19.7 | 20 |
| Higher Risk drinking (% of drinkers only) synthetic estimate | 6.9 | 6.9 | 6.8 |

The health risks of excessive and prolonged use of alcohol usually begin in adolescence. So it is particularly concerning that, in comparison with other London boroughs, Havering has the highest proportion of pupils reporting that they have tried alcoholic drinks. According to a recent survey it was slightly more common for young people in Havering to have ever had an alcoholic drink and to have been drunk once in the last month than was the case nationally. 45% in Havering had drunk an alcoholic drink compared to 42% nationally, and 7% in Havering had been drunk once in the last month compared to 6% nationally [11].

**Treatment and waiting lists**

Havering offers very effective drug treatment services, as evidenced by how highly it ranks for completions of treatment[12]. The most recent figure for the percentage of users leaving treatment successfully (and not then representing to the service in the following 6 months) is 25%, the second highest estimate in London, and far better than the England average of 12.3%. The length of time in treatment and re-presentation rates are also lower than the national average. In 2011-12, just over 500 OCUs were known to access treatment, suggesting Havering has an unmet need of approximately 370 OCUs (i.e. around 57% of the OCUs in Havering are accessing treatment).

Alcohol harm prevention and treatment has had far less investment than drugs in recent years and yet the prevalence of alcohol use is significant, as is the associated cost of alcohol related harm. In 2011/12, the Community Alcohol Team (CAT) received over 700 referrals with just over two thirds assessed as high-risk dependent drinkers. The referral rate represents less than 6% of the estimated prevalence of high-risk drinkers in Havering. This

[9] www.lape.org.uk/LAProfile.aspx?reg=h; High-risk drinkers defined as males drinking 50 plus and females drinking 35 plus units per week.
[10] http://www.lape.org.uk/LAProfile.aspx?reg=h
[11] Tell Us 4 Survey, Department for Schools, Education and Families, 2009. Cited in Havering JSNA 2010.
[12] www.phoutcomes.info/public-health-outcomes-framework/domain/3

compares to 13% in treatment at a national level, illustrating the need for more work to be done locally. [13]

**Healthcare burden (hospital admissions, bed days, ambulance call-outs)**

Dependent drinkers cost the NHS twice as much as lower or increased risk drinkers. In 2010/11, alcohol related healthcare costs in Havering were estimated at £16.3million, equating to £85 per adult. This is compared to £83 per adult for the regional average in London[14].

Rates of hospital admissions recorded as specifically resulting from alcohol are better than the London and England averages for both males and females. Admissions that are more broadly 'attributable' to alcohol show a similar pattern.

The overall rate of admissions has, however, increased by 8% from 2010/11 to 2011/12, more than both the regional average (7%) and the England one (4%)[15]. Analysis of Hospital Episode Statistics (HES) data paints a similar picture, showing that there are still large, and increasing numbers of admissions for alcohol related harm per year[16]. Evidence suggests that the largest and most immediate reduction in alcohol-related hospital admissions can be achieved by intervening with this group through the provision of specialist treatment[17].

There is also a higher number of recorded ambulance call outs related to alcohol in Romford Town, compared to other wards in the borough, as the table below illustrates. Of 1407 call outs in 2012, 536 (38%) were for Romford Town. The number of ambulance call outs related to drugs (Cocaine and Heroin only) is considerably smaller (just 14 were recorded for the whole borough in 2012). This is thought to be because of the difficulty in identifying drugs at the time of call out- often evidence of drug use is identified only once the patient is in hospital. However, of the 14 call outs attributable to drugs in 2012, 8 were from Romford Town.

**Table 5: Ambulance Call Outs (Alcohol) by Ward[18]**

| | 2012 | Rank |
|---|---|---|
| Brooklands | 92 | 16 |
| Cranham | 22 | 2 |
| Elm Park | 31 | 5 |
| Emerson Park | 16 | 1 |
| Gooshays | 100 | 17 |
| Hacton | 33 | 6 |
| Harold Wood | 68 | 13 |

[13] London Borough of Havering: *Adult substance misuse needs analysis and treatment/recovery plan 2013-16*, Romford, LBH, 2013.
[14] http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map
[15] http://www.lape.org.uk/LAProfile.aspx?reg=h
[16] Hospital Episode Statistics Data 2008-2011, collated by NHS ONEL informatics team.
[17] National Alcohol Strategy 2012
[18] Metropolitan Police Crime Reporting Information System (CRIS)

| | | |
|---|---|---|
| Havering Park | 63 | 12 |
| Heaton | 42 | 9 |
| Hylands | 28 | 4 |
| Mawneys | 38 | 7 |
| Pettits | 41 | 8 |
| Rainham & Wennington | 23 | 3 |
| Romford Town | 536 | 18 |
| South Hornchurch | 57 | 11 |
| Squirrel's Heath | 45 | 10 |
| St Andrew's | 82 | 14 |
| Upminster | 90 | 15 |
| Total | 1407 | |

**Prevalence of blood-borne viruses**

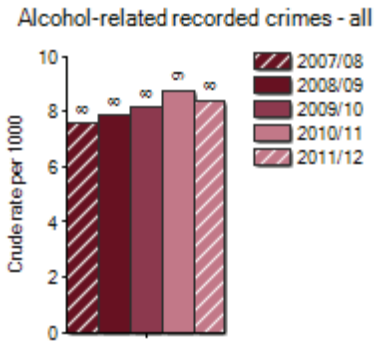
According to the Health Protection Agency (HPA) over 1000 individuals are estimated to be infected with hepatitis C in Havering and the cost of treating those already identified is estimated to be more than £1m[19]. The late diagnosis of HIV is common in Havering despite having the lowest incidence rate across London[20].

**Crime**

In 2011/2012 there were 2,385 acquisitive crimes in Havering[21], but due to historical arrangements in processing drug misusing offenders and relying on voluntary engagement, only 6% (152) of these crimes were identified as being down to drug using offenders. Recorded crime related to alcohol has increased year-on-year except for a small drop in the latest data for 2011/12 (Fig. 2):

"Havering's current rate of 8.4 recorded alcohol-related crimes per 1000 population…is significantly worse than the national average"

Figure 2: Alcohol-related recorded crimes per 1000 population




Havering's current rate of 8.4 recorded alcohol-related crimes per 1000 population compares favourably to the London figure, but is significantly worse than the national

[19] Health Protection Agency, May 2011, Estimated Prevalence of Hepatitis C
[20] HIV Epidemiology in London 2009 data – published September 2011
[21] Acquisitive crime defined as domestic burglary (residence), theft of a motor vehicle, theft from a motor vehicle and robbery (people and business).

average. For violent crime attributable to alcohol, Havering records 5.2 incidents per 1000 population, better than the London figure of 7.3 and roughly the same as the national average[22].

**Mortality**

Over the last 12 months, the borough has seen a significant increase in the number of drug and alcohol related/associated deaths, something that needs to be monitored and reviewed moving forwards.

> "rates of alcohol-specific mortality are much higher in Havering for women than for men"

Of particular note is that rates of alcohol-specific mortality are much higher in Havering for women than for men. The bubble charts at Annex A illustrate the situation here compared to demographically similar boroughs, showing the stark contrast between Havering's gender-specific rates.

**Current services provided in Havering**

Residents of Havering can access free and confidential advice, information and drug treatment services, which offer help and support for those experiencing difficulties with drugs and/or alcohol. The borough has a number of needle exchange providers to help people injecting drugs to use in the safest way possible, reduce the risks associated with use such as contracting and passing on blood borne virus' and to ensure that used needles are disposed of in a safe way. The service is free and confidential. In addition, the Community Alcohol Team, First Stop and Young Addaction all provide confidential advice and counseling, outreach, community detoxification and onward referral to appropriate needs-led treatment options.

A Direct Enhanced Service (DES), delivered by GPs, exists for alcohol and has recently been extended to cover 2013/14. This only applies to new patients and the financial rewards involved are low but it provides guidance to GPs regarding tools to use and thresholds for referral.

## National context

**Alcohol strategy**

The Government's Alcohol Strategy (2012) states that there were almost 1 million alcohol-related violent crimes and 1.2 million alcohol-related hospital admissions in 2010/11 alone. This is attributed to the availability of cheap alcohol and a lack of challenge to the individuals that drink and cause harm to others. To address this, the Government want to see an end to the availability of cheap alcohol and irresponsible drink promotions, so are seeking industry support to change the culture around alcohol, to support individuals to make informed choices, and to improve treatment and recovery services, including services for offenders.

[22] http://www.haveringdata.net/profiles/profile?profileId=1126&geoTypeId=5&geoIds=00AR

**Drugs strategy**

The Government's National Drug's Strategy (2010) also places an emphasis on shifting power and accountability to the local level through the introduction of Police and Crime Commissioners (PCCs), the reform of the NHS and the creation of Public Health England (PHE), as well as making it clear that individuals are responsible for their actions. The two key aims of the strategy are to reduce illicit and other harmful drug use and to increase the numbers of people recovering from their dependence. To do this, the strategy encourages partnerships to develop and commission recovery focused services using a whole systems approach to support individual's holistic needs and not just their substance misuse needs, enabling them to leave treatment free from drug or alcohol dependence for good.

**Public Health Outcomes Framework**

The Public Health Outcomes Framework outlines the vision for public health, and the desired outcomes and indicators that are intended to demonstrate how well public health is being improved and protected across the country[23]. The framework concentrates on two high-level outcomes to be achieved across the public health system, while grouping further indicators into four 'domains' that cover the full spectrum of public health.

A large number of the indicators have a relevance to drugs and alcohol work, but the two key ones are:

- Alcohol-related admissions to hospital
- Numbers of drug users that leave drug treatment successfully (free of drug(s) of dependence) who do not then represent to treatment again within 6 months, as a proportion of the total number in treatment

**Localism agenda**

Alongside the national agenda, it is increasingly recognised that the most effective solutions are often found at a local level. The Government is driving the localism agenda by providing local agencies with the power and tools to challenge and act on unacceptable behaviour. This includes changes to licensing powers and providing more power to local hospitals and health bodies to deal with drunken people in Accident and Emergency, by sharing information with other agencies and reviewing the licenses of establishments. This Drugs and Alcohol Strategy takes account of the above national strategies, while placing emphasis on the local context for drugs and alcohol in the borough.

## Priorities

This strategy sets out the current context of alcohol and drug misuse in Havering, what we want to achieve over the next 3 years, how we plan to get there and how we will measure our progress to ultimately achieve our vision:

[23] https://www.gov.uk/government/publications/public-health-outcomes-framework-update

*'To promote prevention, early intervention and a holistic approach to recovery, and create an environment that reduces the impact of substance misuse on the individual, children, families and communities'*

Tackling the challenge around drugs and alcohol requires close attention to each different stage of the problem: from prevention work with children and families, through to earlier identification of drug and alcohol abusers, and from effective treatment through to support and after-care preventing relapses. The implications and interests of course range far wider than health and social care, with significant impacts on the night-time economy, and so require close working between all partners, including police and local businesses.

The key outcomes we want to see are:

- Early identification of families displaying drug and alcohol abuse to enable tailored support to be provided
- Improved coordinated support from public agencies for families
- A reduction in the adverse impact of drugs and alcohol on families and the wider community
- Improved treatment outcomes for drug and alcohol users to ensure long-term recovery
- A reduction in cost to health, criminal justice and social care agencies as a result of drug and alcohol misuse

**Engagement and consultation**

In 2012, a number of workshops and consultations were held with the different services, partners and agencies to ensure a holistic approach was adopted to achieve our vision and outcomes. Using the evidence, a number of priorities emerged, which form the framework of this strategy and range across the 'spectrum of need' from high dependency through to low-level alcohol and drug misuse.

The 6 priorities are as follows:

i) Prevention and early identification of 'at-risk groups'
ii) Safeguarding (including Troubled Families and the Top 100 families project)
iii) Harm minimisation
iv) Treatment for drug users
v) Treatment for dependent drinkers
vi) Night-time economy

Within the strategy, these are ordered logically in a 'life-course' approach, rather than in any order of relative importance, as they are all part of a cross-cutting set of solutions.

**Funding**

To achieve our vision and key outcomes, resources need to be deployed 'smartly', with responses to tackling alcohol and substance misuse coordinated and proportionate to locally evidenced need and the issues within our community. In light of changes at both the local and national level, including the transfer of public health responsibility to local authorities, there is a need for all partners to review resources and work together to

achieve the required outcomes. This includes an evaluation of where money is currently spent, and what impact this has on addressing our priorities.

**Delivery**

Overall responsibility for the delivery of this strategy will rest with the Havering Community Safety Partnership (HCSP), with regular updates provided to the Health and Wellbeing Board.

## Priority 1: Prevention & Early Identification of 'At-risk Groups'

### Context

Intelligence from local data sources gathered via the National Drug Treatment Monitoring System (NDTMS) informs us that the most common primary and secondary drugs of choice in Havering are cocaine, cannabis, and alcohol. The majority of those who misuse these are not, however, classed as problematic drug or alcohol users requiring intensive treatment. Capturing this group at the earliest possible opportunity before misuse can escalate is therefore key.

One of the key ways of reducing the potential impacts of drug and alcohol misuse is to prevent those who shouldn't have access from getting hold of them. Licencing teams therefore have a key part to play in ensuring under-age sales of alcohol are prevented and cheap alcoholic drinks and promotions are restricted. This strategy therefore supports and aims to work in concert with Havering's Licencing Strategy.

Typically, drug and alcohol users have poor physical and mental health and are often reluctant to participate in screening programmes, as well as health promotion initiatives. For those that do participate, there has been mixed success. Havering is working with partners to redesign the treatment system to reflect local needs, the changing patterns of drug use and adopt a more preventative approach to capturing users at the earliest possible point. Communicating the effect of drugs and alcohol on health and well-being through social marketing campaigns and brief or extended intervention sessions is key to preventing the escalation of drug and alcohol misuse and more serious health issues down the line. This reduces the likelihood of consolidating health, social care, criminal justice, personal and social costs in the future.

In 2013, a shift in investment towards drug and alcohol prevention is envisaged, with additional health promotion and time limited brief interventions for those low level users who do not require structured interventions. Linked to this will be the inclusion of an alcohol risk assessment in the NHS Health Checks programme[24] for adults aged 40-74 years and targeted Identification and Brief Advice (IBA) training for health and social care staff.

In addition, there has been an anecdotal increase in the use and availability of new and emerging drug trends. This includes new psychoactive substances (NPS), over the counter (OTC) and prescription only medicines (POM). Although sometimes referred to as 'legal highs' they frequently contain substances that are not legal and cannot be assumed to be safe. Given the lack of reliable local data and the national trend, it is prudent to gain intelligence on these trends to reduce future potential harms.

[24] http://www.nhshealthcheck.nhs.uk/default.aspx?aID=63

## Objectives

- Identify high-risk population and offer them Identification and Brief Advice (IBAs)
- Prevent illegal sales of alcohol
- Improve intelligence on new psychoactive substances (NPS), over-the counter (OTC) and prescription-only medication (POM) drugs to assess impact locally

## How we will achieve our objectives

| | Actions | Lead agency/team | Delivery date |
|---|---|---|---|
| 1.1 | Continue to commission and promote Health Checks for people aged 40-74 | Public Health | Ongoing |
| 1.2 | Identify and develop further evidence-based preventative interventions required for young people and those under the age of 40 in Havering and scope potential sources of funding | Public Health | March 2014 |
| 1.3 | Increase the delivery of brief interventions using alternative methods/technology, including making best use of electronic media; target brief interventions to those most in need, including isolated elderly people and high-risk drinkers | Public Health<br>Havering Community Alcohol Team (CAT) | September 2013 |
| 1.4 | Develop and deliver an IBA & harm reduction training programme for all health and social care providers across the borough, plus community recovery champions and peer mentors | Public Health | March 2014 |
| 1.5 | Work with health colleagues to establish the prevalence and impact of OTC and POM locally, and scope tariff development for OTC pathway | Public HealthNHSE | September 2013 |
| 1.6 | Work with A&E staff to establish where young people showing up at A&E with alcohol or drug-related harms are obtaining alcohol or drugs to target action and reduce availability; A&E to report back to Licensing team where the last drink was bought from | Licensing<br>Public Health<br>Havering Clinical Commissioning Group (HCCG) | Ongoing |
| 1.7 | Reduce the number of under-age sales of age-restricted products | Licensing | March 2014 |
| 1.8 | Work with Police to identify and disrupt the drugs supply in the borough | Community Safety Team<br>Police | Ongoing |

## How will we measure the impact of our actions?

- The number of drug users and drinkers referred to treatment (identified through the roll out of IBA to health and social care professionals)
- The number of health and social care providers who have been trained in delivering IBA
- The number of brief interventions being delivered across the borough
- The number of Health Checks offered
- The number of under-age sales made in the borough
- The number of drugs warrants executed

## Priority 2: Safeguarding
## (Including Troubled Families and the Top 100 Families Project)

### Context

Drug and alcohol misuse can have a significant impact on families as well as individuals. Evidence suggests drug and alcohol misuse can lead to a deterioration in family relationships and increase the likelihood of domestic abuse, as well as causing criminal behaviour, isolation, and mental health issues. This is often referred to as the 'Toxic Trio' of domestic violence, signs of mental illness and substance misuse. In addition, research has shown the strong association between domestic violence and drug and alcohol misuse, with 92% of domestic abuse assailants reporting use of alcohol or other drugs on the day of assault[25].

Parental drug or alcohol use can reduce the capacity for effective parenting, resulting in possible child neglect or abuse, and councils have a statutory responsibility to safeguard these children. With the particularly high percentage of drug using adults having responsibility for children in Havering (50%), this is a priority area. Children of parents or carers who are dependent on drugs and/or alcohol are more likely to develop behaviour problems, experience low educational attainment and be vulnerable to developing substance misuse problems themselves. Tailored and coordinated support packages around the needs of the whole family, such as the Troubled Families scheme, can be effective, with savings estimated at £49,000 per family per year[26]. A joined up approach will also help to prevent generational substance misuse and dependency.

Before the launch of the Troubled Families initiative, Havering had already begun to plan how it would address the complex and inter-related risk factors affecting vulnerable families, to help them to break their negative and often inter-generational cycles of behaviour and deprivation. This work had been progressed through the Top 100 Families project, which identified high contact, high need families across 63 teams in various public sector agencies within Havering.

In addition, young people's drug and alcohol misuse is associated with involvement in crime and anti-social behaviour (including becoming a victim of crime), teenage pregnancy, and mental health problems, as well as risks of overdose and future drug dependency. There is a need to focus on prevention, as well as universal and targeted services to support young people and their families at risk at the earliest opportunity.

Joint working across service areas is paramount to safeguarding children through a planned early intervention and prevention approach, focusing where possible on the universal, or

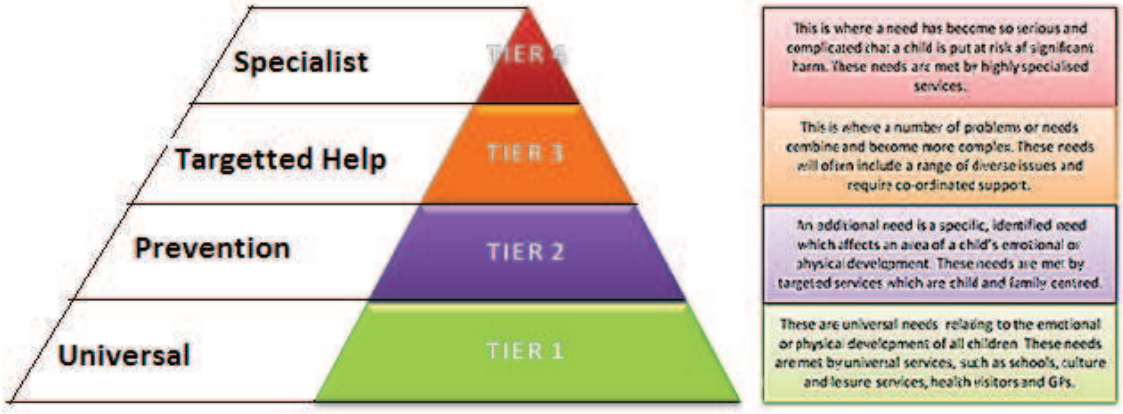
[25] Brookoff et al (1997) 'Characteristics of participants in domestic violence assessment at the scene of domestic assault'. *Journal of the American Association* (JAMA) May 7, 1997, Vol 277

[26] Kendall, S., Rodger, J. and palmer, H (2010) redesigning provision for families with multiple problems: early impact and evidence of local approaches. Research Report DFE-RR046. Department for Education

Tier 1, services (Fig. 3). Havering's Multi-Agency Safeguarding Hub (MASH) is instrumental in ensuring effective data sharing across all relevant organisations and focuses on early intervention, harm identification and reduction. Preventative work is fundamental to improving Havering's safeguarding service; adopting a proactive rather than reactive approach depending on the stage of the problem by:

1. Stopping a problem arising – aims to work with a child/young person and their family before any problem has emerged to prevent issues arising.
2. Stopping a problem escalating –focuses on intervening once a problem has been identified in order to reduce the negative impacts caused by the problem continuing or worsening.

Figure 3: Levels of need




Our objective is to ensure that the needs of as many children as possible require only the universal tier and that safeguarding issues caused by family breakdown due to drugs and alcohol misuse are reduced. In addition, preventing an individual's or family's problems escalating to the extent that they need intensive support is a priority in Havering. A new 'Tier 3' team is being piloted, which aims to target families before their issues become rated as 'severe' (Tier 4). The pilot is a development of, and ultimately a replacement for the Family Intervention Project (FIP), where drug and alcohol misuse was a key concern. The new team will include drug and alcohol service providers, as well as officers from various Council departments and public agencies, including Adult Services, Housing and the Police.

## Objectives

- Reduce the number of parents with drug and/or alcohol misuse problems that result in safeguarding issues
- Reduce drug and/or alcohol misuse for young people
- Improve physical, mental and/or sexual health of children
- Improve engagement in drug free, diversionary activities

- Provide intensive, bespoke support to Troubled Families, and other families with multiple complex needs to reduce the number of families who have drug and alcohol related issues
- Increase referrals to the Multi Agency Risk Assessment Conference (MARAC), a co-ordinated response to domestic abuse, to ensure action can be taken quickly at the earliest stage

## How will we achieve our objectives?

| | Actions | Lead agency/ team | Delivery date |
|---|---|---|---|
| 2.1 | Complete a mapping exercise of the typical child's journey through services to identify duplication and gaps | Early help services | June 2013 |
| 2.2 | Monitor the alignment and effectiveness of the partnership when working across the child's journey between universal, targeted and specialist safeguarding | Local Safeguarding Children Board (LSCB) | Ongoing |
| 2.3 | Lead, develop and improve referral pathway with Child and Adolescent Mental Health Services (CAMHS) for Children and Young People in need | Public Health HCCG | December 2014 |
| 2.4 | Refine the workforce training programme for professionals working with children and young people to improve early identification | Public Health | December 2014 |
| 2.5 | Utilise social media to engage with young people & promote key harm reduction messages with age appropriate interventions | Public Health HCCG Service providers | August 2013 |
| 2.6 | Develop targeted young people's diversionary activities project | Public Health | September 2013 |
| 2.7 | Implement and deliver Young Addaction's *Skills for Change* programme to young people with alcohol and drug using parents in order to identify and support them | Public Health Service provider | December 2014 |
| 2.8 | Commission a targeted sexual health support service to identify and respond to the sexual health and contraceptive needs of young drug users. | Public Health | March 2015 |
| 2.9 | Multi and single agency training, including Early Help Assessment (EHA) training, to target key priority areas known to be present in significant numbers of vulnerable families (to include consideration of the impact of housing, education and disability issues etc.) | LSCB training offer Single agency training & agency training leads | July 2013 |
| 2.10 | Training for staff and partners on the early warning signs of the impact of substance misuse on children living in circumstances where such misuse is occurring (to be incorporated in the Early Help Assessment training) | Early Help | July 2013 |
| 2.11 | Implement a more coordinated approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership to ensure that families affected receive the right support at the right time | Early Help | On-going reports to LSCB Board |

| | Actions | Lead agency/ team | Delivery date |
|---|---|---|---|
| 2.12 | Develop a process to identify the most relevant professional for each family for the Tier 3 Pilot | Early Help | From April 2013 |
| 2.13 | Evaluate phase 1 of the Tier 3 Team and extend the learning into the next phase of rollout of the remaining two teams | T3 Team | Ongoing |
| 2.14 | Ensure evidence based services/interventions are commissioned which support the whole family unit | Public Health MASH | January 2014 |

## How will we measure the impact of our actions?

- The number of young people with substance misuse issues
- The number of young people who have engaged in drug-free, diversionary activities
- The reoffending rate for young people
- The number of referrals to Children and Young People's Services where drug and/or alcohol misuse is an identified issue
- The number of 'troubled families' in the borough identified as having the 'toxic trio'
- The number of referrals to MARAC
- The number of families targeted through the Tier 3 Team

## Priority 3: Harm minimisation

Those who misuse drugs are particularly prone to blood borne viruses (BBVs) such as hepatitis B & C and HIV, all of which are preventable through early harm reduction interventions. According to the Health Protection Agency (HPA) over 1000 individuals are estimated to be infected with hepatitis C in Havering and the cost of treating those already identified is estimated to be more than £1m[27]. To reduce mortality from liver disease it is paramount that we ensure current and previous injectors are screened for hepatitis C and that treatment is widely available for those already infected. Early identification and treatment will reduce the rate of end stage liver disease, which is increasing nationally[28]. We will ensure through our commissioning of services that users deemed at high risk of BBVs are screened and vaccinated through the providers at the earliest opportunity.

The take up of screening and vaccination for hepatitis B amongst drug users in Havering has been particularly challenging despite the contingency management programmes implemented, although this has improved throughout 2012/13.

The late diagnosis of HIV is common in Havering despite having the lowest incidence rate across London[29]. While sexual transmission is still the most common route of infection, injecting drugs puts users at high risk. Needle syringe programmes have been the catalyst for the reduced incidence of HIV in drug users; it is therefore crucial to continue to invest in this harm reduction intervention. Data reported from pharmacy needle syringe programmes indicates a significant number of users accessing injecting equipment for steroid use. The partnership has not previously considered interventions for this group; nonetheless they are of significant risk of BBVs and there is a need for this to be explored further.

In the last 12 months there has been a sharp rise in the number of drug and alcohol deaths reported where mental health issues have featured. Barriers in accessing appropriate mental health services for people with drug and alcohol problems continues to be challenging, despite 70% of those in drug treatment and 86% of those in alcohol treatment having some form of mental health problem[30].

### Objectives

- Reduce the incidence and prevalence of BBVs
- Reduce referrals to hepatology services
- Improve access to BBV screening and vaccination
- Improve accessibility for drug and alcohol users who require a specialist mental health assessment

[27] Health Protection Agency, May 2011, Estimated Prevalence of Hepatitis C
[28] Health Protection Agency (2011) Hepatitis C in the UK. London
[29] HIV Epidemiology in London 2009 data – published September 2011
[30] National Treatment Agency 2012 – 'Why Invest' Presentation

## How we will achieve our objectives

| | Actions | Lead agency/team | Delivery date |
|---|---|---|---|
| 3.1 | Incorporate BBV screening and vaccination into the commissioning process as a mandatory and central outcome for providers | Public Health | December 2013 |
| 3.2 | Audit and quality assure harm reduction information and advice delivered by pharmacies to steroid users presenting to needle and syringe programmes | Public Health Pharmacists (via Local Pharmacy Committee (LPC)) | January 2014 |
| 3.3 | Scope specific social media opportunities to promote key harm reduction messages and interventions | Public Health | November 2013 |
| 3.4 | Scope the use of take home Naloxone for service users | Public Health | October 2013 |

## How will we measure the impact of our actions?

- The number of BBV vaccinations
  - Hepatitis B
- The number of BBV screenings
  - Hepatitis B
  - Hepatitis C
  - HIV
- The number of people in the borough with a diagnosed BBV
  - Hepatitis B
  - Hepatitis C
  - HIV
- The number of referrals to hepatology services

## Priority 4: Treatment for drug users

### Context

There is a large body of evidence to show that Opiate and Crack Users (OCUs) cause significant damage to themselves, families and communities. Of the estimated 870 OCUs in Havering[31] in 2011-12 just over 500 OCUs were known to access treatment and of these, 57% were aged 40 and above, suggesting that the opiate using population is ageing. To address health issues related to drug misuse, this cohort of people is being targeted for the NHS Health Check as of April 2013. There is also concern over the rising number of premature deaths in this cohort and this will need to be addressed in the treatment service and monitored through a local drug related death protocol.

The numbers of OCUs presenting for treatment has been in decline nationally and this is also the case for Havering, reducing from 329 in 2010-2011 to 304 in 2011-2012. Specialist services for this group are characterised by some of the highest unit costs in the system and a comparatively high volume of re-presentations to treatment services, reflecting the complexity of the overall caseload. Havering has well-established treatment pathways for users of powder cocaine, many of whom self-refer or are mandated to attend treatment interventions through Havering's pioneering use of Conditional Cautioning (police referrals). In 2011/12 there were 22 conditional cautions, 15 of which were Havering residents who all went on to access structured treatment interventions.

In January 2013, mandatory drug Testing on Arrest (TOA) was introduced into the borough. This allows offenders arrested for acquisitive crimes to be drug tested; where opiates and/or cocaine are detected the offender will be required to access treatment. Based on the data available, the partnership could expect up to a 44% increase (1040) in offenders processed through the former Drug Interventions Programme (DIP) and directed to treatment services. It is predicted that the introduction of TOA will help the partnership to identify the potential treatment of the naïve population (approximately 300). TOA will have an impact on offending across the borough and provide a rich source of data to help inform future treatment planning.

In 2011 a specialist NHS club drug clinic opened in London in response to the increased use of ecstasy, ketamine and 'legal highs'. Existing evidence from the club drug clinic suggests that users of NPS do not access drug services because existing treatment models do not cater for their needs. Further evidence from this service will help to inform the partnership of the type of interventions that will yield the best possible outcomes for users of such club drugs.

Effective drug and alcohol treatment contributes directly to the Public Health Outcomes Framework with regards to increasing life expectancy and reducing health inequalities in disadvantaged groups.

[31] Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2010/11 www.nta.nhs.uk/facts-prevalence.aspx

## Objectives

- Reduce the number of drug related acquisitive crimes and drug related violent crimes year on year (baseline to be established following reliable period of TOA data)
- Reduce the number of OCUs re-offending
- Increase the number of OCUs accessing treatment
- Increase the number of OCUs discharged from treatment free from drug dependency
- Reduce the number of drug related deaths
- Improve treatment coverage of non OCUs, as measured by numbers successfully engaged in treatment and re-presentation rates

## How will we achieve our objectives?

| | Actions | Lead agency/ team | Delivery date |
|---|---|---|---|
| 4.1 | Develop a robust plan with partners for the implementation and monitoring of TOA | Public Health<br>Police | May 2013 |
| 4.2 | Sustain and improve upon the innovative practice and progress made with Integrated Offender Management (IOM) | Community Safety<br>Police<br>Public Health | May 2013 |
| 4.3 | Develop a plan with Criminal Justice Service (CJS) partners to introduce Alcohol Conditional Cautioning in 2013/14 | Public Health<br>Police | July 2013 |
| 4.4 | Develop a meaningful and applicable protocol to review and monitor drug and alcohol related deaths to prevent further deaths | All partners | May 2013 |
| 4.5 | Develop a project plan for opening a recovery café | Public Health | Service to open by September 2013 |
| 4.6 | Ensure the workforce is appropriately trained/skilled in delivering interventions to users of all drugs and alcohol | Public Health | April 2014 |
| 4.7 | Undertake research/survey (or needs assessment) to establish the use of NPSs and other harmful drugs | Public Health | July 2014 |

## How will we measure the impact of our actions?

- The number of drug-users reoffending
- The number of OCUs and non-OCUs *accessing* and *re-presenting* for treatment
- The number of conditional cautioning referrals and the proportion of these who go on to access structured treatment
- The number of OCUs discharged from treatment free from dependency
- The number of TOAs
- The number of drug related deaths

## Priority 5: Treatment for dependent drinkers

### Context

In moderation, alcohol consumption can have a positive impact on adults' wellbeing. The majority of people who drink do so in an entirely responsible way, but too many people still drink alcohol to excess. The effects of such excess – on crime and health, as well as on communities, children and young people – are clear.

Commissioning plans for services in 2013/14 have been developed with the aim of placing a greater focus on successful results with dependent drinkers, as measured by abstinence, reliable change indices and health and wellbeing and other crime and disorder indicators. This is designed to ensure best use of resources within available public health budgets for drug and alcohol outcomes.

### Objectives

- Reduce the number of increased and high risk drinkers
- Increase the numbers of dependent drinkers accessing specialist treatment
- Reduce the number of alcohol related hospital admissions
- Improve the health and wellbeing of dependent drinkers

### How will we achieve our objectives?

| | Actions | Lead agency/team | Delivery date |
|---|---|---|---|
| 5.1 | Develop a commissioning offer to CCGs around joint working/commissioning of alcohol services, as part of scoping work for a combined drug and alcohol treatment system that creates capacity to manage specialist alcohol interventions | Public Health | December 2013 |
| 5.2 | Work with and support providers to develop an effective liaison service and pathway for A&E High Intensity Users (HIUs) with high risk alcohol dependency issues | Public Health<br>HCCG<br>Service providers | March 2014 |
| 5.3 | Develop an interim rapid alcohol community detoxification pathway in order to strengthen community alcohol services | BHRUT<br>Commissioning<br>Service providers | Complete |
| 5.4 | Develop targeted referral pathways for high risk dependent drinkers (troubled families and troubled adults, safeguarding, offenders, ASB) | Commissioning<br>BHRUT | December 2013 |
| 5.5 | Promote and ensure long term recovery support is available across the borough | Third Sector organisations, e.g. Alcoholics Anonymous | Ongoing |
| 5.6 | Review alcohol treatment in the acute setting to ensure it meets best practice guidance | HCCG | Ongoing |

## How will we measure the impact of our actions?

- The number of alcohol related A&E attendances
- The mortality rate from chronic liver disease
- The number of alcohol related hospital admissions
- The number of hospital admissions for alcohol attributable conditions
- The number of alcohol related deaths

## Priority 6: Night time Economy

### Context

Outside of the city centre, Romford is one of London's largest night-time economies, attracting some 11,000 to 14,000 people on Thursday, Friday and Saturday nights. Whilst this benefits Havering both socially and economically, it also presents challenges, primarily around crime and alcohol consumption. In addition to Romford, the borough has a growing night-time economy in Hornchurch, with more restaurants, bars and pubs applying for late night extensions. Although the night-time economy in this area is not on the same scale as Romford, there has been an increase in alcohol related issues over the last few years.

The Government's Alcohol Strategy (2012)[32] states that one of the key reasons for alcohol related harm is the availability of cheap alcohol. The national trend has been mirrored in Havering, where the number of cheap drink promotions at night time venues has increased as operators are forced to compete with supermarkets which undercut prices of pubs and clubs by a considerable margin. This has led to a change in behaviour, with increasing numbers of people drinking excessively at home before a night out (preloading) and/or binge drinking once inside a venue during the hours in which cheap drinks are offered.

Research suggests that the consequences of combining alcohol and drugs, in particular cocaine, are extremely popular, despite the health risks associated with this. Combining alcohol and powder cocaine, for instance, can significantly increase the risk of heart attack or sudden death. It can also result in a tendency of violent thoughts and threats, which may lead to an increase of violent behaviours. The National Treatment Agency for Substance Misuse published a study in 2010 in response to the national rise in the use of powder cocaine over the previous 15 years. As part of this document, Havering was highlighted as one of only two local authority areas in the country with a significantly high number of powder cocaine users coming into treatment in 2008/09 (28-34%). [33] This, combined with the borough's night-time economy, suggested that cocaine use was relatively high in the borough. In response, 'Project Weekend' was introduced which aimed to identify and provide information to users who are treatment adverse, as well as focusing on reducing the misuse of alcohol.

Whilst 'Project Weekend' was very successful, with over 90% of people surveyed stating they had seen promotional material that warned the public about the danger of combined cocaine and alcohol use, it remains an issue in the borough. A recent police-led operation involving 15 random drug swabs in a selection of licensed premises across the borough with a drug itemiser found all premises had readings for cocaine, and 12 of the 15 had recordings of primary contact (where the surface had direct contact with the drug). This suggests a need for another programme of awareness around drugs and drug use, in particular for cocaine.

[32] National Alcohol Strategy 2012 (pg. 3-4)
[33] Powder Cocaine: How the treatment system is responding to a growing problem, NTA, 2010

## Objectives

- Reduce irresponsible alcohol sales and consumption in our town centres
- Help reduce 'Fear of Crime' by further improving public perception of Romford as a safe and well-managed night time destination
- Reduce the number of violent and alcohol related crimes
- Reduce the number of underage alcohol sales and associated anti-social behaviour
- Tackle binge drinking and promote responsible drinking
- Prevent irresponsible alcohol consumption through early intervention initiatives
- Reduce the number of Ambulance Call outs attributable to drugs and alcohol

## How will we achieve our objectives?

| | Actions | Lead agency/ team | Delivery date |
|---|---|---|---|
| 6.1 | Extend the 'Banned from One, Banned From All' initiative to Hornchurch and develop further relevant initiatives | Community Safety | Ongoing (launched Aug 2013) |
| 6.2 | Work with retailers to ensure they demonstrate a responsible attitude to alcohol sales by adopting and operating robust systems and procedures to prevent underage sales | Trading standards | Ongoing |
| 6.3 | Explore the levelling of sanctions (compulsory attendance of alcohol treatment interventions) to those who cause antisocial behaviour through alcohol use | Public Health | Dependent on MOPAC bid (TBC) |
| 6.4 | Reintroduce the 'Best Bar None' scheme to raise standards within licensed premises | Community Safety | December 2013 |
| 6.5 | Develop social marketing techniques to Romford to address people using both cocaine and alcohol. | Community Safety<br>Public Health | Ongoing |
| 6.6 | Work with CJS agencies to develop alternative policing approaches to address drug and alcohol related violent crime, and sustain the success of conditional cautioning | Public Health<br>HCSP | August 2013 |
| 6.7 | Introduce street triage scheme to ensure people enjoying the night time economy get home quickly and safely reducing the burden on A&E departments | Community Safety | Jan 2014 |

## How will we measure the impact of our actions?

- The number of  Ambulance Service Call outs that are alcohol and/or drug related
- The number of alcohol related crimes and violent crimes (per 1,000 population)
- The number of seizures of alcohol in designated non-drinking areas
- The number of section 27s issued
- The number of young people committing alcohol related crimes (under 18s)
- Alcohol related hospital admissions for under 18s (per 100,000 population)

## Next Steps

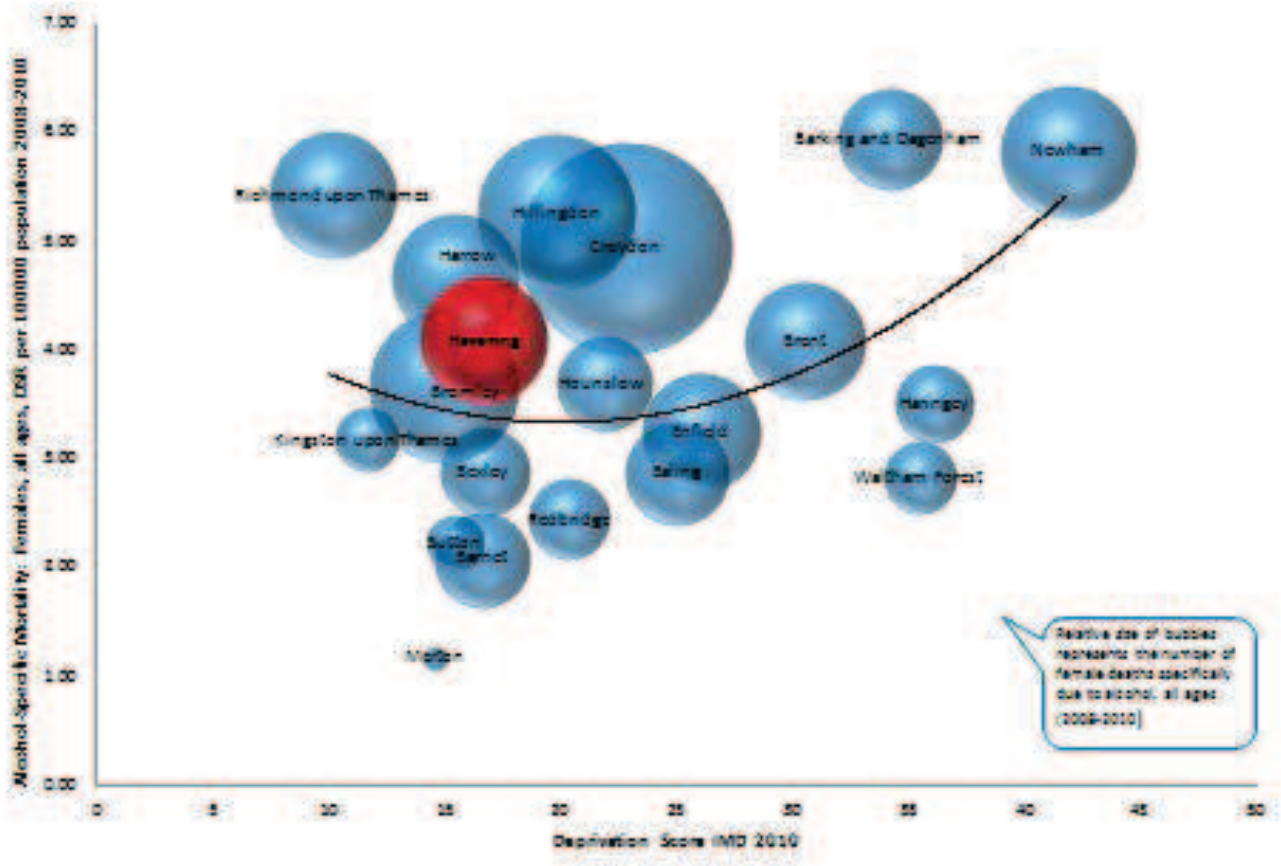
Overall responsibility for the delivery of the strategy rests with the Havering Community Safety Partnership, who commissioned the writing of this document. However, reports on progress towards the achievement of the desired outcomes will be given on a regular basis to the Health and Wellbeing Board in their role as drivers for improving the health and wellbeing of the residents and visitors to Havering.

It is anticipated that working groups will be set up to drive forward the implementation of the actions around each of the seven themes. In addition, in order to effect measurable outcomes, each theme group will be responsible for developing specific targets against each action, for example reducing the number of violent and alcohol-related crimes by x%.

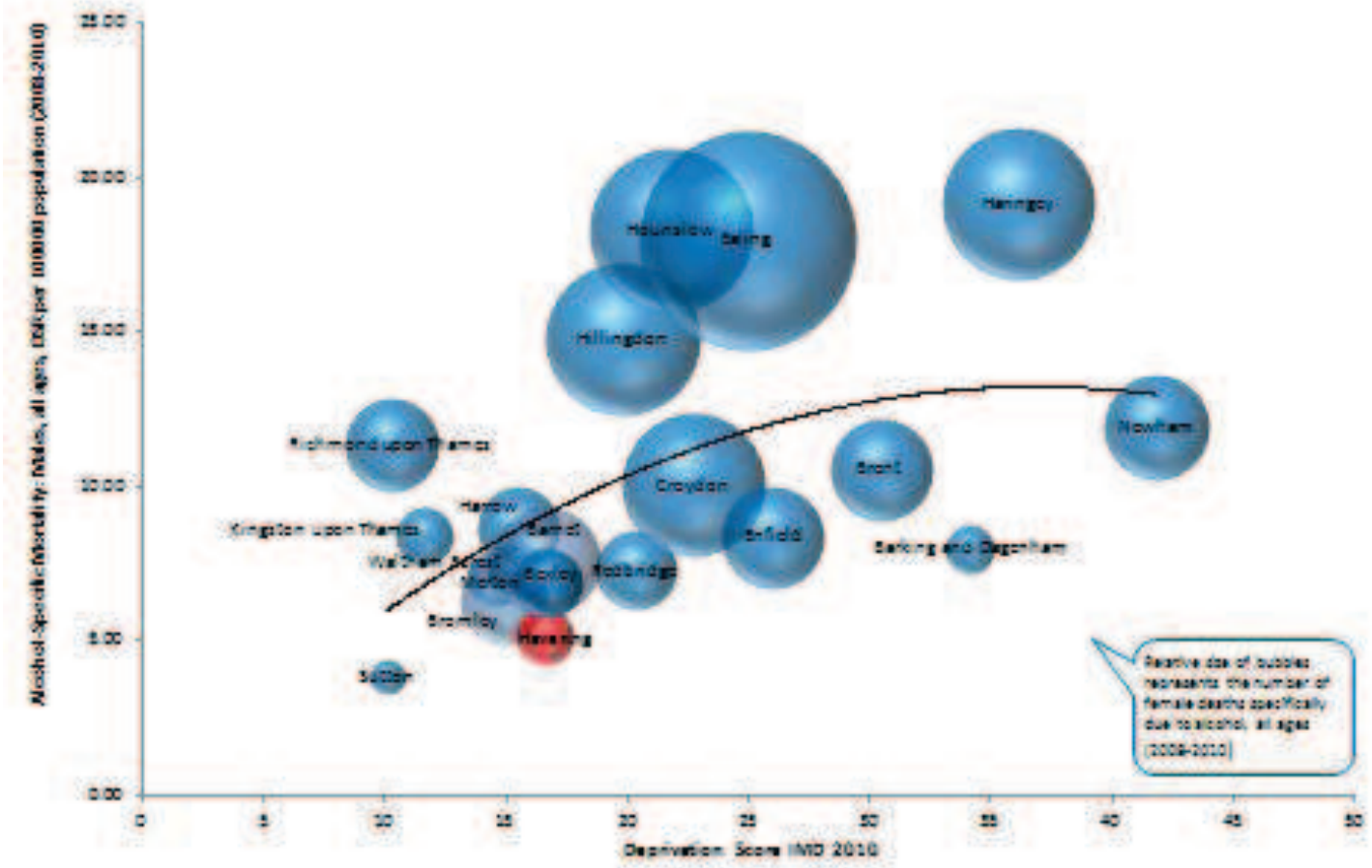
With the active involvement of all partners whose responsibilities encompass the potential to reduce the harms caused by drug and alcohol abuse, and engagement by members of the public, we can strive towards a healthier and safer Havering.

**ANNEX A**

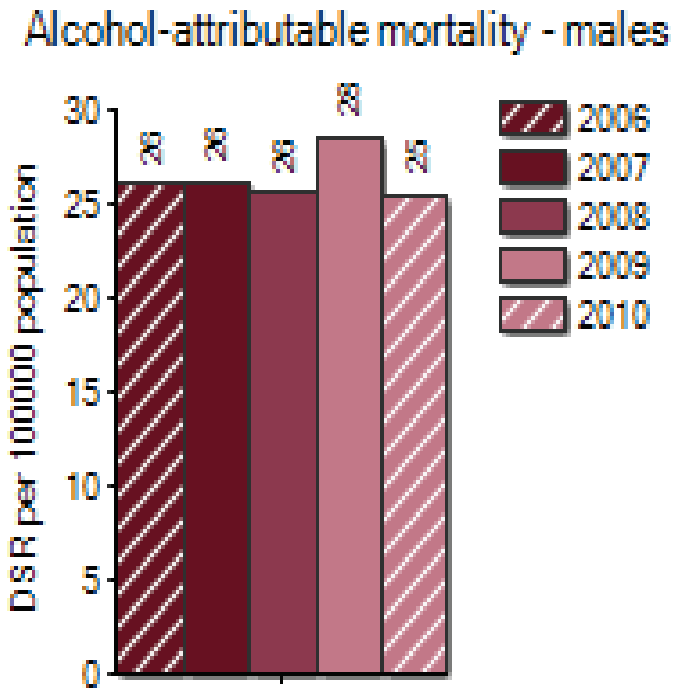
## Alcohol-specific mortality (female)

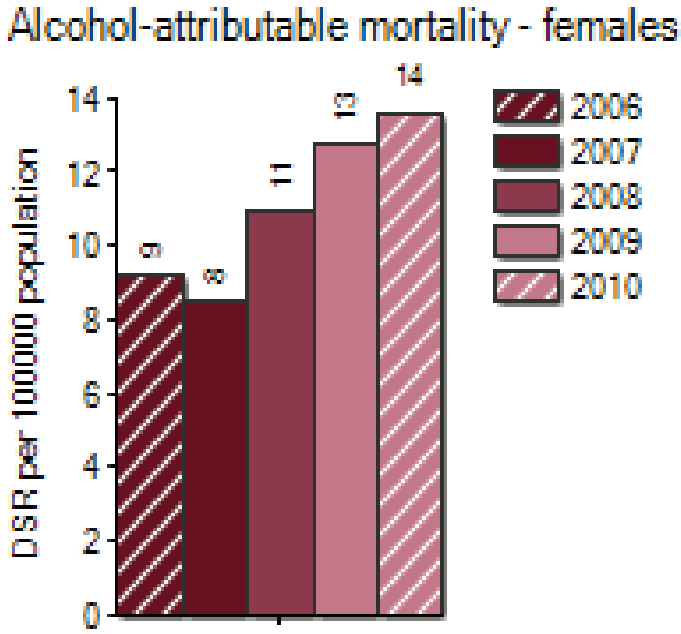


## Alcohol-specific mortality (male)



**Alcohol-attributable mortality: male and female**



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Havering
LONDON BOROUGH

# CRIME AND DISORDER COMMITTEE

| | |
|---|---|
| **Subject Heading:** | Update on MOPAC funded projects for 2013-14 |
| **CMT Lead:** | Cynthia Griffin, Group Director, Culture, Community and Economic Development |
| **Report Author and contact details:** | Diane Egan<br>diane.egan@havering.gov.uk<br>01708 730083 |
| **Policy context:** | This report links directly to the Council's Community Safety Plan as well as the Corporate Plan objective to work with partners to maintain low crime rates and make people feel safer |

## SUMMARY

*This report provides an update on progress for the Havering Community Safety Partnership's MOPAC funded projects*

## RECOMMENDATIONS

That the Crime and Disorder Overview and Scrutiny Committee note the contents of this report

## REPORT DETAIL

**MOPAC Crime Prevention Fund**

1. For the financial year 2012/13, MOPAC allocated a number of funding streams inherited from the Home Office that previously came straight to London boroughs' community safety partnerships. These are listed below:
   - Drug Intervention Programme (DIP) - £12.8 million (part of which was provided directly to MPS to undertake compulsory drug testing)
   - Community Safety Fund - £5.3 million
   - Youth Crime Prevention - £2.2 million
   - CAGGK (communities against guns, gangs and knives) - £1million

These funding streams ceased to exist after March 2013. Instead the Home Office has allocated an un-ring fenced 'Community Safety Fund' to each Police and Crime Commissioner, including MOPAC. Taken together with other MOPAC funding streams (the Police Property Act Fund and the Partnership Fund), MOPAC are now calling this fund the London Crime Prevention Fund. For 2013/14 this fund will sit alongside the main policing grant. From 2014/15 these two funds will merge into one MOPAC funding pot. This single pot will also contain funding for victims' services, which will come to MOPAC from 2014/15. It is not currently known whether the victims' part of the pot will be ring-fenced. The Ministry of Justice and the Home Office are currently making decisions on this.

To access funding from MOPAC, community safety partnerships now need to bid for funding every three years.

2. Following the first bidding process, which concluded in March 2013, the Havering Community Safety Partnership (HCSP) were advised on the 11th of April that the following bids for 2013/14 had been successful
    1. Street Triage £30,000
    2. Substance Misuse and Young People £40,000
    3. Domestic Abuse Perpetrators £20,000
    4. Improving Support for Domestic Abuse £35,000
    5. Rent Deposit Scheme for offenders £32,400
    6. Drugs and Alcohol Service Provision £56,000

    The total amount of funding awarded totals then £213,400, which is approximately £5,000 more than Havering received in 2012-13.

    The projects which we were unsuccessful in achieving funding for included work to tackle gang crime, which was not seen as much of a priority for Havering as in other boroughs.

3. Final terms and conditions of funding were finally approved and circulated to all London Boroughs in August 2013.

4. Within these terms and conditions, MOPAC reserves the right to reduce funding to any borough by up to £20,000 per annum if they do not voluntarily provide this level of contribution to the maintenance of Rape Crisis Centres during 2013/14. As Havering had not committed to voluntary funding for the North East London Rape Crisis Centre, which is based in Hackney, due to the relatively low numbers of referrals to this unit from Havering, the original funding available could be reduced to £193,400. The Community Safety Partnership will therefore have to adjust its spending plans accordingly to account for this £20,000 reduction.

5. The funds provided under this Grant Agreement cannot be used to fund the Metropolitan Police Service without specific formal written approval from MOPAC. This is to avoid indirect funding and the potential for duplicating provision. This includes not being able to use the grant for the purchase of police officers under MOPAC's 'Match Funding' or 'Cost Sharing' schemes.

6. As per the grant agreement monies will be claimed in arrears on a quarterly basis

## Progress to date

### 1. Street Triage

This is a new project that is being developed as part of the Romford Safe and Sound Night Time Economy programme of work that aims to reduce alcohol/drug related violence in the town centre by providing access to first aid and offering support and advice to people around alcohol. A working group has been established which includes St Johns Ambulance, the London Ambulance Service and the Deeper Lounge voluntary group. The group have visited a similar street triage scheme in Clapham which operates out of a church. We are currently awaiting final costs from St Johns Ambulance. We believe the project may change over its lifetime however in the initial stages it's proposed that the street Triage will consist of one of St Johns Ambulance mobile units and will run every Friday and Saturday night. The unit will be located beside the Deeper Lounge in South Street as their work can complement the triage unit. The unit will be staffed by 2 St Johns personnel but will in addition have other volunteers. It is anticipated that the project will be starting at the end of October.

The project will seek to achieve the following outcomes:-
A 10% Reduction in alcohol/drug related violence at peak times (8pm to 4pm) in Romford Town in year 1. The Town Centre is defined as the area bounded by the Ring Road and Mercury Mall.

### 2. Substance Misuse and Young People

The restructure of the Youth Offending Service (YOS) puts in place new arrangements for working with substance misusing young offenders by referring clients out to the charity Young Addaction. MOPAC funding will provide a new post, based in the YOS, with Young Addaction holding line management responsibilities. The post will provide a number of key functions including;

a) Providing a comprehensive assessment of each young offender's needs in order to identify their substance misuse problems in relation to psychological and physical harm, their safety and their risk of reoffending.
b) To work with each young offender to complete a structured and agreed care plan that supports the young offender's individual needs and helps them set and reach their goals relating to reducing their substance misuse.
c) To assess each young offender for suitability to access a diversionary activities project which offers substance misusing young offenders a range of health and social activities.
d) To work closely with the family, youth offending service and other appropriate agencies to monitor the young offender's progress (e.g. Mental Health services), collaborating, attending meetings, recording and sharing information to safeguard the young offender from substance misuse and reoffending.
e) To identify young offenders who have additional needs and support them to access contraception and testing as well as receive structured interventions for

young offenders that address issues around sexual bullying, violence and abuse in relationships.

f) To ensure that there is a planned and managed exit from the service with the offer of aftercare support and agreed appropriate onward referrals to other relevant agencies to support each young offender in the future.

g) To ensure targets and performance indicators around assessing, referring and interventions are met in line with local and national key targets and performance indicators.

Following notification of the bid's success in April, the Council worked closely with the YOS and Young Addaction in designing the service whilst putting in place interim arrangements between both services to support substance misusing offenders whilst the recruitment took place. Recruitment was completed in July and the new worker started in September.

This new service will work with young offenders to achieve the following outcomes;

a) 55% of young offenders reporting reduced substance misuse
b) 70% of young offenders reporting improved physical health
c) 75% of young offenders reporting improved psychological well being
d) 65% of young offenders reporting improved family relationships
e) 65% of young offender's reduction in reoffending

**3. Domestic Abuse Perpetrators**

Training for front line workers has been delivered by the Domestic Violence Intervention Project (DVIP) in identifying and working with perpetrators of domestic violence. Further training will be provided before the end of the financial year.

We are currently exploring the potential of the DVIP providing intensive 1:1 work with young male perpetrators who are currently with the YOS.

**4. Improving Support for Domestic Abuse**

Funding from MOPAC will be used to continue to deliver a programme of support and advocacy to victims of domestic violence in the Borough.

A full time Independent Domestic Violence Advocate (IDVA) continues to be based in Victim Support. The post holder offers confidential 1-1 advice and support for victim of domestic abuse and their families. High risk cases of domestic abuse are identified and referred to the Havering Multi Agency Risk Assessment Conference (MARAC) and victims are also supported through the criminal justice process.

Since April 2013 the IDVA has provided on-going support to 29 high-risk victims of domestic violence referred to the MARAC and 24 cases have been supported through the criminal justice process**.**

A specialist Domestic Violence worker has also been seconded from Havering Women's Aid and has been based in the Children and Young Peoples Services Tier Three team since April 2013. The Tier Three team brings together staff from a variety of agencies to work with families and young people up to the age of 19,

before they reach the point of statutory intervention. Criteria for referral to the tier 3 team includes

- Families who have a history of requiring intervention services resulting in re- referrals to MASH and other agencies plus one of the following
- Neglect which impacts on the outcomes of children / young people
- Domestic abuse issues impacting on children

Currently the worker is providing 1:1 work with six families.

MOPAC funding also supports the continuation of the domestic violence advocacy service provided by Havering Women's Aid. In Quarter 1 and 2 of 2013/14, the Advocacy service provided 52 two-hour drop in sessions per quarter, with 145 victims of domestic violence attending drop-ins.
An additional 26 hours extra support was provided each quarter to victims of domestic violence to follow up from actions agreed at the clinics.

The MOPAC funding continues to support the provision of Support Groups for female victims of domestic violence. Ten support groups sessions were held each quarter with 25 women attending in quarter 1 and 23 women attending in quarter 2, and 23 children were supported through the crèche .Twenty women have accessed counselling services. Following attendance at the support group women were signposted to the following services: 3 to mental health services, 5 to GP services, 11 to housing services, 11 to a solicitor, 9 reported the crime to the police. Women were also assisted to access the following services: 7 to higher and further education and 7 started computer courses.

The work of the above services will contribute to the overall outcomes of a 5% reduction in repeat calls for domestic abuse reasons by household and 5% reduction in the number of children placed on a Child Protection Plan for a domestic abuse reason by March 2014.

**5. Rent Deposit Scheme for offenders (RDS)**

The main aim of this project is to reduce re-offending by providing clients with a stable base in order to allow them to re-integrate into society. This, it has been shown, significantly reduces the risk of re-offending and returning to prison.

The amount spent on each individual varies according to their age and their entitlement to housing benefit. Rent deposit for those under 35 years of age costs around £1,290 per person while those over 35 years of age costs around £2,160 per person. The MOPAC bid was based on 15 Offenders costing the higher amount. The RDS programme is able to help re-settle more than 15 people if not all of them are over 35 years of age.

To date the RDS has achieved the following
Number of offenders accommodated via B&B: 6
Number of offenders re-settled into secure accommodation after B&B: 4
Referrals Pending: 5
Offenders Rejected before funds were spent: 4
Total Referrals into the RDS Scheme (including pending): 15
Those that have been resettled into secure accommodation are all complying with their orders, have not reoffended and are all looking at education, training or employment as the next phase of their support plans.

The following outcomes have been agreed

- 75% of the cohort to sustain engagement with floating supports services and criminal justice agencies after 6 weeks. Currently achieving 100% although only based on four offenders.
- Reduction in offending after 12 weeks. Currently achieving 100% although only 3 offenders have been in accommodation for 12 weeks, the 4th is on target and complying.
- Reduction in substance misuse after 12 weeks on the IOM scheme. This is only applicable to one of the offenders supported who is showing a reduction is substance misuse.
- Increased engagement with education, training or employment after 6 months. This will be assessed after the 6 month period.
- 75% of the cohort to be sustaining their tenancy after 6 months. This will be assessed after the 6 month period.
- 75% of the cohort to be successfully completing/ completed their order / licence. 100% are currently sustaining.

## 7. Drugs and Alcohol Service Provision

MOPAC funding for this project for 2013/14 was £56K, which was match funded by Public Health.

| **Expenditure period Quarter 1 & 2 2013/14** | **MOPAC** | **Public Health** |
|---|---|---|
| Arrest Referral Service | 14,000 | 12,488.00 |
| Enhanced Court interventions | | 6,930.00 |
| Case management provision | 7,000 | 5,476.50 |
| Assertive outreach | 7,000 | 5,476.50 |
| Criminal Justice co-ordinator | | 20,352.50 |
| Aftercare services/interventions | | 5,500.00 |
| | £28,000 | £56,223.50 |

**Update on Priorities**
Note: Following data is for Q1 only; Q2 data is not yet available.

1. Processing and assessment of offenders

A total of 100 clients were processed via the Drugs Intervention Panel (DIP) during Q1, this included prison referrals and out of borough referrals, from this figure 52 (51%) clients engaged in Tier 3 treatment. Below the table shows the number of clients from testing on arrest given an Required Assessment (RA) who entered

treatment, data has shown once a DIP client enters structured treatment the likelihood of them completing treatment successfully is very good (59% Q1)

| **Required Assessments Q1** | **No. Attended Appointment** | **No. retained in Treatment** |
|---|---|---|
| 51 | 44 (86%) | 29 (69%) |

2. Enhanced court interventions

The employment of a court worker has seen the number of clients assessed for treatment at court increase dramatically from last year figures, which is positive. The aim of the court worker is to identify offenders who may be deemed as suitable for a community order. A total of 41 drug and alcohol treatment starts 2012/13, it is expected Havering will exceed that figure this year.

| **Community Order Q1** | Assessments | Awarded by court (starts) |
|---|---|---|
| Drug Rehabilitation Order (DRR) | 17 | 11 |
| Alcohol Treatment Requirement (ATR) | 15 | 8 |
| **Total** | **32** | **19** |

Alongside RA assessment the court worker also completed 8 Restrictions on Bail assessments with 5 (63%) being awarded by the courts.

3. Supported case management for drug using offenders

As part of supporting criminal justice clients, all clients who enter structured treatment are offered the "Breaking the offending cycle Group" (BTOC), this group sessions helps clients to identify their patterns of offending.

4. Assertive outreach

The Criminal Justice team offers outreach to clients who fail to engage in treatment after a DIP assessment, the overall aim is to increase the number of clients who drop out of treatment after an initial assessment.

## IMPLICATIONS AND RISKS

**Legal implications and Risks**

The Council has a responsibility under the Crime and Disorder Act 1998 to address crime and disorder within the borough.

Although the funding available to the HCSP is consistent with previous years , we no longer have the flexibility of how we spend the funds which will impact on the Partnerships ability to respond to emerging crime trends over the coming year.

Failure to comply with terms and conditions of the grant agreement may result in funding for future years being withdrawn.

**Financial implications and risks:**

This report provides an up-date on progress for the Havering Community Safety Partnership (HCSP) on projects funded by the Mayor's Office for Policing & Crime (MOPAC).

An allocation of £213,400 has been agreed. However, a possible reduction of £20,000 in the original funding to provide continued funding for the East London Rape Crisis service could mean that budgets for other agreed projects will need to be adjusted to accommodate this. MOPAC have confirmed that this can be agreed at a local level.

Future funding from 2014-17 is dependent on the HCSP achieving agreed MOPAC targets and therefore is not guaranteed.

Funds will be claimed in arrears and are dependent on the HCSP submitting agreed grant returns in accordance with agreed timescales. A lead officer has been identified within the Community Safety Service with responsibility for this.

**Human Resources implications and risks:**
The Domestic Violence IDVA is employed by Victim Support London on an annual contract and therefore there are no HR implications for the Council if future funding is not secured.
The Tier Three worker is employed by Havering Women's Aid on an annual contract and therefore there are no HR implications for the Council if future funding is not secured.
As this report is for noting only, there are no HR implications affecting current staffing arrangements.

**Equalities implications and risks:**
An equalities impact assessment has been conducted on the 3 year Community Safety plan and equalities impacts were considered on each of the proposals submitted to MOPAC as part of the bidding process.

Equalities implications run thorough each of the projects and analysis of data in relation to the demographics of victims and offenders has been used to develop appropriate services.

Data will continue to be collected and reviewed to ensure series are delivered appropriately and that the needs of the changing communities in Havering are accommodated.

All commissioned services must ensure as part of our contractual arrangements and corporate procurement processes that they are compliant with the Equality Act 2010 and in particular the Public Sector Equality Duty. This will be monitored through the equalities monitoring of those who access the series

## BACKGROUND PAPERS

*Havering grant agreement for MOPACs Crime Prevention Fund for the 2013-14 Financial year.*

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