

**MINUTES OF A MEETING OF THE
CRIME & DISORDER COMMITTEE
Town Hall, Main Road, Romford
17 October 2013 (7.30 - 9.45 pm)**

Present:

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

7 CHANGE OF MEMBERSHIP

Members noted that following the Council meeting on 4 September 2013 Councillors Rebecca Bennett, Denis Breading and Frederick Osborne were no longer members of the Committee. Members asked that our thanks be relayed to all three members for their service on the Committee.

8 MINUTES OF THE MEETING

The minutes of the meeting held on 16 July 2013 were agreed as a correct record, subject to the amendment of the final sentence in minute 4 to read "The revised report was **approved** for submission to Cabinet", and signed by the Chairman.

9 MENTAL HEALTH ISSUES AFFECTING PRISONERS AND EX-OFFENDERS

We welcomed Hong Tan, head of Health in the Justice System, NHS England to the meeting. He delivered an excellent presentation on Health Inequalities amongst Offenders and Ex-Offenders – Mental Health Issues.

To illustrate this point Hong Tan provided the following statistics:

	General Population (F) %	Sentenced Prisoners (F) %	General Population (M) %	Sentenced Prisoners (M) %
Personality Disorder	3.0	50	5.0	64
Anxiety	9.0	32	8	21
Depression	12	51	10	33
Psychotic disorder	0.5	14	1.0	7.7

By the early 1990's it was recognised that there was a need to divert offenders with mental health problems or learning disabilities to be diverted

away from or within the criminal justice system. In 2009 the Ministry of Justice commissioned Lord Bradley to review people with mental health problems and learning disabilities in the criminal justice system. His report contained 82 recommendations including Liaison and Diversion.

There were 22 providers in London delivering Liaison and Diversion across 25 sites (in Courts and Custody). These services aim to improve early identification of a range of vulnerabilities, (mental illness, substance misuse problems, personality disorder and learning disabilities), in people coming into contact with the Youth or Criminal Justice Systems.

This was followed up by the Independent Commission on Mental Health & policing led by Lord Adebowale in 2013. This review included 28 recommendations in respect of Leadership, 'On the Frontline' & Interagency working. Two key recommendations were:

- Recommendation 26: All police custody suites to have access to L & D services in line with the Bradley recommendations;
- Recommendation 23: No person should be transferred in a police van to hospital.

More recently the Department of Health through NHS England had commissioned MOPAC and the Met Police to run a Street Triage Pilot to:

- Reduce the number of detentions made under s136 of the Mental Health Act 1983;
- Reduce the time police officers spend dealing with incidents involving people with mental illness; and
- Ensure that people with mental illness were referred to the appropriate services to support their needs.

There were a number of challenges and Opportunities facing those who were commissioning to Improve Health Inequalities. These were as follows:

Challenges	Opportunities
"Offender vs Victim"?	Partnership working is vital <ul style="list-style-type: none"> • Mandate to NHS England • Working on joint challenges as Local Authorities and across London – Crime & Disorder Committees; Mayor's Crime Reduction Board, London health Board prioritising Mental health; impact of Transforming Rehabilitation on Probation
How to assure equivalence?	New arrangements in NHS England enable more efficient, effective co-ordination: <ul style="list-style-type: none"> • Only 10 Area Teams leading commissioning instead of 27 Teams,

	<ul style="list-style-type: none"> • Enable more rapid roll out of innovation e.g. Continuity of care pilot at Peterborough prison - >reducing reoffending by 6%, • Shared learning across pathways - > across prisons, immigration removal centres.
Co-commissioning policies and priorities vary – ‘Fair and Sustainable’, Benchmarking?	
Pace of change – vary eg Transforming Rehabilitation, Transforming Youth Custody	
Efficiencies: <ul style="list-style-type: none"> • Local Authorities, NOMS, probation, Police and Crime Commissioners • Case for change -> £30 billion savings in NHS by 2020. 	

The big need is to ensure that the three arms which will be commissioning services work closely together.

The NHS Commissioning Board is responsible for ‘Commissioning of health services for people in prison and other places of detention.’ (through 10 Local Area teams). Services provided in the following places:

- Prisons,
- Police Custody,
- Sexual Assault Referral Centres,
- Immigration Removal Centre,
- Secure Training Centres, and
- Secure Children’s Homes.

Clinical Commissioning Groups are responsible for ‘Commissioning the majority of health services for offenders managed in the community or released from custody.’ These services are provided to:

- Children and Young people on court orders and released from secure estate,
- Adult offenders managed by probation.

The third group responsible for commissioning services are local authorities who are responsible for ‘Commissioning public health and care services for offenders managed in the community or released from custody.’ These include drug and alcohol treatment services for offenders not in prison or places of detention.

The Committee **noted** the report and thanked Hong Tan for his thought provoking presentation.

10 DRAFT ALCOHOL AND DRUGS STRATEGY

Dr Mary Black, the borough's new Director of Public Health attended the meeting to deliver a presentation on the draft Drugs and Alcohol Strategy 2013 - 2016. Back in 2012 the Havering Community Safety Partnership (HCSP) had called for a new strategy which incorporated both the health and community safety aspects of drug and alcohol misuse. The strategy had been presented to the Council Management team and HCSP. This draft had now been circulated for consultation with wider partners. This was an opportunity for this Committee to have some input.

The aim of the strategy was 'To prevent the harm caused by substance misuse in Havering.' It was key to ensure that money spent on drugs and alcohol across Havering was being used as effectively as possible.

What was the scale of the problem in Havering?

- Estimated 870 Opiate & crack users
- Highest proportion of powder cocaine users entering treatment
- Estimated 3,320 'dependent drinkers'

What burden does this create?:

- For Healthcare –
- 14.4% opiate drug users successful leave treatment
- 500 Opiate and Crack users were known to access treatment (55%)
- Estimated 1,000 infected with Hepatitis 'C'
- Rates of hospital admissions for alcohol related problems better than London and England
- Overall rate of admissions has increased by 8%
- Romford Town has highest no. of alcohol-related ambulance call outs than other wards in Havering.

- The crime burden

- 2,385 acquisitive crimes in 2011/12, 6% due to drug using offenders
- 8.4 recorded alcohol related crimes per 1,000.

The following key actions had been identified:

1.	Prevention and early identification	Delivery of Identification and Brief Advice (IBA).
2.	Safeguarding	Ensure delivery of Young Addaction's Skills for Change programme to young people with alcohol and drug-using parents.

3.	Harm minimisation	Incorporate BBV screening and vaccination into the commissioning process as a mandatory and central outcome of providers.
4.	Treatment for drug users	Sustain and improve upon the innovative practice and progress made with Integrated Offender Management (IOM).
5.	Treatment for dependent drinkers	Develop an interim rapid alcohol detoxification pathway in order to strengthen community alcohol services.
6.	Night time economy	Extend the 'Banned from One, Banned from All' to Hornchurch.

The Committee identified two areas not covered by the Draft Strategy; these were legal highs and middle-aged women on prescription drugs.

The Borough Commander advised that we do not have much information on legal highs but evidence of their use is being seen in discarded canisters in the streets. There was no current evidence to show that these legal highs caused any medical damage to the users.

The Committee felt that the strategy should include reference to these issues and provide for educational programmes in schools on the use of legal highs.

It was agreed that any member wish to respond to the draft strategy should contact either the Director of Public Health or Claire Thompson direct.

11 UPDATE FROM THE METROPOLITAN POLICE

The Borough Commander delivered an oral report on crime within the borough, specifically focussing on the MOPAC seven crime types upon which the Metropolitan Police are set targets by the Mayor of London. Generally, Havering is experiencing reductions in most types of crime and the trend overall is downwards, which is very positive. There were one or two exceptions. The first was robbery where one event the 'One Love Festival' had resulted in an increase in theft from persons incidents. Work was on-going to refine these figures as on investigation some of the reported loses were found not to be robberies.

The other area of concern was Domestic Violence were numbers were up slightly. This could have been caused by the change in the definition. The revised definition is as follows:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or

have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional'

Nationally courts were being more lenient to Domestic Violence offenders. In Havering, however, detection of Domestic Violence was very good.

The Committee asked that full details of the statistics be circulated to all members of the Committee.

In response to questions concerning the Safer Neighbourhood Teams the Borough Commander advised that there were significantly more officers available to the Teams, an extra 54 officers on the streets. There was still some work to do on shift patterns but the new proposals were working well.

The Committee **noted** the report.

12 **REVIEW OF ANTI-SOCIAL BEHAVIOUR AND HATE CRIME POLICY**

The Committee were informed that officers were scoping out the new policy. Currently there were nine different reporting pathways for anti-social behaviour, and we need to ensure that we are being consistent in our approach to tackling and preventing anti-social behaviour across the borough.

As the draft policy is progressed further reports will be submitted to this committee for information and further input from Members.

13 **MOPAC FUNDING UPDATE**

The Committee were advised that for 2013/14 MOPAC had agreed funding of £213,400 for borough projects. Six projects had been agreed as follows:

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; and
6. Drugs and Alcohol Service Provision - £56,000.

In August 2013 MOPAC advised London Boroughs that they reserved 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. Havering do not commit voluntary funding to the North East London Rape Crisis Centre, which is based in Hackney, due to the low number of referrals to the unit from Havering. As a result the level of funding to Havering will be reduced to £193,400. How the Community Safety Partnership adjusts the budget has been left to them. Officers are looking at existing budgets to determine how they can make up the shortfall.

Details of progress with all six projects were considered by the Committee. The Committee asked why the rent deposits for ex-offenders were not recovered. Officers would investigate and report back.

The report was **noted**.

Chairman