

## NOTICE OF MEETING

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# Safer Communities Executive Board

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THURSDAY, 4TH NOVEMBER, 2010 at 12:00 HRS – CANTEEN, CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

**MEMBERS:** Please see the table below for details of the Membership

### AGENDA

**1. APOLOGIES**

To receive any apologies for absence.

**2. URGENT BUSINESS**

To consider any items of Urgent Business. (Late items of Urgent Business will be considered under the agenda item where they appear. New items of Urgent Business will be considered under Item 13 below).

**3. DECLARATIONS OF INTEREST**

Members of the Board must declare any personal and/or prejudicial interests with respect to agenda items and must not take part in any decision made with respect to those items.

**4. MINUTES (PAGES 1 - 12)**

To confirm the minutes of the meeting held on 3 June 2010 as a correct record.

**DISCUSSION ITEM:**

**5. STRATEGIC ASSESSMENT - HEADLINE FINDINGS AND PRIORITIES FOR THE NEXT FIVE YEARS**

A presentation will be given.

**BUSINESS ITEMS:**

**6. TERRORISM UPDATE**

A verbal update will be provided.

**7. HALF YEAR PERFORMANCE REPORT QUARTER 1 AND QUARTER 2: 2010/11  
(PAGES 13 - 22)**

**8. PROPOSALS REGARDING THE FUTURE OF SAFER COMMUNITIES EXECUTIVE  
BOARD'S ALLOCATION OF AREA BASED GRANT (PAGES 23 - 26)**

**9. TOWARDS INTEGRATED OFFENDER MANAGEMENT (PAGES 27 - 34)**

**INFORMATION ITEMS:**

**10. RESPONSE TO THE GOVERNMENTS CONSULTATION ON THE DRUG  
STRATEGY (PAGES 35 - 62)**

**11. QUARTER TWO UPDATE ON IMPLEMENTATION OF ALCOHOL ACTION PLAN  
(PAGES 63 - 88)**

**12. UPDATES ON KEY DEVELOPMENTS FROM PARTNERS**

Partners to provide a verbal update on the key issues affecting their organisation.

**13. NEW ITEMS OF URGENT BUSINESS**

To consider any new items of Urgent Business admitted under Item 2 above.

**14. ANY OTHER BUSINESS**

To raise any items of AOB.

**15. DATES OF FUTURE MEETINGS**

Please note the dates of future meetings as set out below:

- 27 January 2011, 11am, at Civic Centre, High Road, Wood Green, N22 8LE.
- 21 April 2011, 11am, at Civic Centre, High Road, Wood Green, N22 8LE.

Ken Pryor  
Deputy Head of Member Services  
River Park House  
225 High Road  
Wood Green  
London N22 8HQ

Xanthe Barker  
Principal Committee Coordinator  
Tel: 020-8489 2957  
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Published 25 October 2010

ORGANISATIONS	NO. OF REPRESENTIVES	NAME OF REPRESENTATIVE
<b>Haringey Council</b>	7	Councillor Bernice Vanier <b>(Chair)</b> Niall Bolger Peter Lewis Barbara Nicholls Claire Kowalska Marion Morris Jean Croot
<b>Haringey Teaching Primary Care Trust</b>	1	Stephen Deitch
<b>Haringey Metropolitan Police</b>	1	Dave Grant <b>(Vice-Chair)</b>
<b>Haringey Fire Service</b>	1	Richard Mills
<b>Haringey Probation Service</b>	1	Kate Gilbert
<b>Homes for Haringey</b>	1	Paul Bridge
<b>Mental Health Trust</b>	1	Lee Bojtor
<b>Community Link Forum</b>	3	Sajda Mughal Rev Nims Obunge <i>X1 TBC</i>
<b>HAVCO</b>	1	Pamela Pemberton
<b>Haringey Community Police Consultative Group</b>	1	Enid Ledgister
<b>Metropolitan Police Authority</b>	1	Joanne McCartney
<b>Haringey Magistrates Court</b>	1	Stephen Carroll
<b>Haringey Crown Prosecution Service</b>	1	Hywel Ebsworth
<b>TOTAL</b>	<b>21</b>	

**MINUTES OF THE SAFER COMMUNITIES EXECUTIVE BOARD (HSP)**  
**THURSDAY, 3 JUNE 2010**

**Present:** Councillor Bernice Vanier (Chair), Jean Croot, Stephen Deitch, Hywel Ebsworth, Sarah Hart, Paul Hoare, Jennifer James, Claire Kowalska, Enid Ledgister, Joanne McCartney, Richard Mills, Saja Mughal, Rev. Nims Obunge, Yemesi Onigbinde, Mike Snowdon.

**In Attendance:** Xanthe Barker, Elaine Cunnea, Samantha Evans, Chris Hannington, Eliza Meechan, Wayne Longshaw.

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>	<b>ACTION BY</b>																
<b>HSP23.</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence were received from the following:</p> <table border="0"> <tr> <td>Niall Bolger</td> <td>- Mike Snowdon substituted</td> </tr> <tr> <td>Dave Grant</td> <td>- Paul Hoare substituted</td> </tr> <tr> <td>Kate Gilbert</td> <td></td> </tr> <tr> <td>Peter Lewis</td> <td>- Jennifer James substituted</td> </tr> <tr> <td>Marion Morris</td> <td>- Sarah Hart substituted</td> </tr> <tr> <td>Barbara Nicholls</td> <td></td> </tr> <tr> <td>Pamela Pemberton</td> <td>- Yemesi Onigbinde substituted</td> </tr> <tr> <td>James Slater</td> <td>- Stephen Deitch substituted</td> </tr> </table>	Niall Bolger	- Mike Snowdon substituted	Dave Grant	- Paul Hoare substituted	Kate Gilbert		Peter Lewis	- Jennifer James substituted	Marion Morris	- Sarah Hart substituted	Barbara Nicholls		Pamela Pemberton	- Yemesi Onigbinde substituted	James Slater	- Stephen Deitch substituted	
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Pamela Pemberton	- Yemesi Onigbinde substituted																	
James Slater	- Stephen Deitch substituted																	
<b>HSP24.</b>	<p><b>URGENT BUSINESS</b></p> <p>There were no new items of Urgent Business.</p>																	
<b>HSP25.</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were made.</p>																	
<b>HSP26.</b>	<p><b>MINUTES</b></p> <p>Prior to the confirmation of the minutes the following points were raised:</p> <p><u>HSP07</u> – Jean Croot and Eliza Meechan had visited the Kurdish Youth Group referred to under this minute and it was intended that links would be developed with the group.</p> <p><u>HSP14</u> – the Board was advised that the next MPA Joint Engagement Meeting was provisionally scheduled for April/May 2011 and the theme would be Serious Violent Crime. Details would be circulated nearer the time.</p> <p><u>HSP22</u> – as set out an email sent on 30 March, following confirmation of the Council’s Calendar of Meetings for 2010/11, it was noted that the dates of future meetings had been amended as set out below:</p>																	

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	<p>14 October – <u>now 7 October 2010</u> 26 January – <u>now 27 January 2011</u></p> <p><b>RESOLVED:</b></p> <p>That the minutes of the meeting held on 18 February 2010 were confirmed as a correct.</p>	<p>All to note</p> <p>Xanthe Barker</p>
<b>HSP27.</b>	<p><b>APPOINTMENT OF CHAIR FOR 2010/11</b></p> <p><b>RESOLVED:</b></p> <p>That Councillor Bernice Vanier be appointed as Chair of the Safer Communities Executive Board for 2010/11.</p>	<p>Xanthe Barker</p>
<b>HSP28.</b>	<p><b>APPOINTMENT OF VICE-CHAIR</b></p> <p><b>RESOLVED:</b></p> <p>That Dave Grant be appointed as Vice-Chair of the Safer Communities Executive Board for 2010/11.</p>	<p>Xanthe Barker</p>
<b>HSP29.</b>	<p><b>APPOINTMENT OF REPRESENTATIVE TO THE HSP STANDING LEADERSHIP CONFERENCE FOR 2010/11</b></p> <p><b>ESOLVED:</b></p> <p>That Rev. Nims Obunge be appointed as the Safer Communities Executive Board's representative on the HSP Standing Leadership Conference for 2010/11.</p>	<p>Xanthe Barker</p>
<b>HSP30.</b>	<p><b>CONFIRMATION OF MEMBERSHIP AND TERMS OF REFERENCE FOR 2010/11</b></p> <p>The Board received a report that sought confirmation from Partners of the Safer Communities Executive Board (SCEB) Membership and Terms of Reference for 2010/11.</p> <p>The Board discussed its membership and it was noted that Community Police Consultative Groups (CPCGs) were usually included within the membership of Crime and Disorder Reduction Partnerships (CDRP). Over the previous two years the Director of Haringey CPCG had been a member of the SCEB by virtue of her appointment as HAVCO's representative.</p> <p>There was a general consensus that, given that the CPCG played a key role in fostering public confidence and that improving this was a key priority for the Police, it would be appropriate for the SCEB's Terms of Reference to be amended to allocate a place to the CPCG in its own right.</p> <p>In addition the following amendments to the Terms of Reference were</p>	<p>Claire Kowalska</p>

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	<p>also agreed:</p> <ul style="list-style-type: none"> <li>• The MPA's status as a statutory partner should be reflected and that one observer place should be retained.</li> <li>• The membership of the SCEB Performance Management Group (PMG) should be amended to include the Probation Service.</li> <li>• That reference to the Government Office for London (GOL) as an observer should be removed.</li> </ul> <p>It was also requested that consideration be given to offering a place on the SCEB PMG to HAVCO and the Chair requested that this suggestion be considered by the PMG at its next meeting.</p> <p><b>RESOLVED:</b></p> <p>That, subject to the amendments set out above, the Membership and Terms of Reference for the SCEB be confirmed for 2010/11.</p>	<p>Claire Kowalska</p> <p>Claire Kowalska</p> <p>Claire Kowalska</p>
<p><b>HSP31.</b></p>	<p><b>COMMUNITY ENGAGEMENT</b></p> <p>A presentation was given on the HSP Community Engagement Framework (CEF) and the 'top line' results of the Annual Residents Survey 2010, with respect to crime.</p> <p>It was noted that the CEF had been developed in 2009 and that the Delivery Plan attached ran from 2009-12. The CEF had been established in order to improve the way the HSP engaged with communities and to provide a single portal for the HSP.</p> <p>The following items were included within the current CEF Programme:</p> <ul style="list-style-type: none"> <li>• Sustainable Community Strategy 2010</li> <li>• Child Poverty Consultation 2011/2</li> <li>• Corporate Budget Consultation 2011/12</li> <li>• Managing the Annual Residents and Place Surveys</li> </ul> <p>The Board was advised that the Annual Residents Survey had been undertaken in February 2010 and that this had been based on two sample groups consisting of one thousand and fifty-five adults and two hundred and forty-two young people (aged eleven to seventeen years old).</p> <p>The Board discussed the results of the survey and in response to a query it was noted that the survey had been undertaken by an independent company. As each London Borough was required to carry out an Annual Residents Survey the information gathered could be easily benchmarked.</p> <p>The company used had made provision to ensure that BME groups and other minority and hard to reach groups were represented proportionally within the survey; where this was not possible a weighting was attached to certain responses to ensure that the Borough's profile was properly</p>	

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	<p>reflected.</p> <p>It was noted that in addition to the Annual Residents Survey partners were likely to be carrying out their own respective surveys. It was suggested that it would be useful to analyse how the data gathered by each of these compared in order to obtain a better understanding of trends. This type of analysis would also form a useful tool for the Needs Assessment.</p> <p>In response to a query the Board was advised that once all of the data was received it would be analysed in more depth and broken down by age, ethnicity and other groupings. This breakdown would provide a clearer picture of the areas that were of concern to specific groups. Once available this would be circulated to the Board.</p> <p>The Board was advised that at the last CPCG and Ward Panel meeting it had been agreed that the information would be broken down by Ward and supplied to each of the Safer Neighbourhood Teams.</p> <p><b>RESOLVED:</b></p> <p>That the presentation be noted.</p>	<p>Wayne Longshaw</p>
<p><b>HSP32.</b></p>	<p><b>END OF YEAR PERFORMANCE AND PROJECT EXCEPTION REPORT</b></p> <p>The Board considered a report that provided an overview of performance against key community safety targets during 2009/10.</p> <p>The Board was given an overview of the key highlights and successes achieved during the period:</p> <p><u>Overall level of recorded crime</u> – this had dropped by 6.2% overall in comparison with figures recorded during 2008/09 and was the seventh consecutive year that had seen a reduction in overall crime.</p> <p><u>Serious acquisitive crime</u> - this had dropped by 10% in comparison with the figures recorded during 2008/09 and had exceeded the associated LAA target by 3%.</p> <p><u>Personal robbery</u> – this had dropped by 4.7% in comparison with the figures recorded during 2008/09 and this was the forth consecutive year where there was a reduction. Haringey continued to perform well in terms of the sanctioned detection rates with respect to personal robbery and this was directly attributable to the investigation process adopted in Haringey.</p> <p><u>Domestic violence</u> – both of the Stretch Targets with respect to this had been met. The number of sanctioned detections had exceeded the target by 8.4% and the number of instances of domestic violence recorded had been one hundred and ten, which was under the target of one hundred and forty-two.</p>	



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Preventing violent extremism – it was noted that measures including training had been rolled out, in line with the Home Office Self Assessment Framework, in order to achieve Level 3. An independent evaluation and further measures were being planned to improve work in this area.

First time entrants into the Youth Justice System – performance in this area had been good and the prevention work undertaken by youth offending staff working in Custody Suites, as part of the triage programme, had been key to this. Further intensive prevention programmes were being developed as part of the Challenge and Support scheme and Intensive Intervention Project.

Serious violent crime – the LAA target with respect to this, which required an overall reduction of 4%, had not been met and as of the end of Quarter Four a total increase on 14.7% had been recorded.

Drug users in effective treatment – to date one thousand and fifteen people had been assisted against the LAA target of one thousand and sixty-eight. It was unlikely that the target would be met as the number of new clients coming into treatment had dropped significantly.

Treatment Effectiveness – the LAA target of 82% had been exceeded by 6% and this was also higher than the London average of 84%.

Alcohol related admission rates – provisional figures for the first half of 2009/10 indicated it was unlikely that the LAA target with respect to this would not be achieved. New investment to address this had only become available in September and the impact of this was unlikely to be felt until 2010/11.

The Board discussed the report and it was noted that NHS Haringey had been informed that NHS London had assessed Haringey's performance against N140 as being 'Good'.

**RESOLVED:**

That the report be noted.

**HSP33. PARTNERSHIP PRIORITY PLAN 2010/11**

The Board received a report that set out the draft Partnership Priority Plan for 2010/11. The plan built on the previous iteration and included thirteen key priorities and a series of actions with respect to each of these.

It was noted that improving public confidence was a key priority for the Police and there was agreement that this should be reflected in the Plan.

**RESOLVED:**

That the Partnership Priority Plan for 2010/11 be noted.

Claire  
Kowalska

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<p><b>HSP34.</b></p>	<p><b>DRAFT COMMUNICATIONS PLAN 2010/11</b></p> <p>The Board received a report that presented a draft Communications Plan for the Partnership.</p> <p>The Board was advised that ‘Communicating for Confidence’ was a Home Office expectation and a locally adopted priority. Although progress had been made in this area there was a need to form an agreed approach for communicating the work of the Partnership and the Plan set out how this could be approached over the forthcoming year.</p> <p>Support was expressed for strengthening the way in which the Partnership communicated its work. It was noted that provision would need to be made to ensure that duplication did not occur and the Board was advised that existing mechanisms, within the respective Partner organisations, would be used where appropriate to avoid this.</p> <p>In terms of the funding required to support the Plan, the Board was advised that the Council would meet the costs attached to the ‘quick communications’ outlined in the Plan; statutory partners were asked to make a contribution of £4K towards the publication costs attached.</p> <p>The Board discussed the how the information would be disseminated and it was recognised that when a target group was identified consideration would need to be given to the way in which they would be most likely to access the information. This was particularly important in reaching young people and there was agreement that consideration should be given to using Social Networking sites and other data platforms in addition to leaflets and poster campaigns.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>i. That statutory Partners were asked to consider making a contribution of £4K during 2010/11 towards the publication of one annual joint publication. (The Community Safety Team would follow this up with an email).</li> <li>ii. That a Communications Working Group should be established and that Partners organisations should be nominate a representative to sit on the group.</li> </ol>	<p>Elaine Cunnea</p> <p>Statutory Partners / Elaine Cunnea</p> <p>Statutory Partners / Elaine Cunnea</p>
<p><b>HSP35.</b></p>	<p><b>HARINGEY REDUCING RE-OFFENDING PROGRAMME 2010/2011</b></p> <p>The Board considered a report that set out the work carried out to date as part the Haringey Reducing Re-offending Programme (HARRP).</p> <p>It was noted that, since the previous meeting, the following actions had been undertaken:</p> <ul style="list-style-type: none"> <li>• <u>Reducing Re-offending Action Plan</u> - as suggested by the SCEB Children and Young People’s Services were consulted.</li> </ul>	

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- Reducing Re-offending Conference – this had highlighted the absence of mental and physical health services and these agencies were now being engaged with.
- The Haringey Reducing Re-offending Network (HARREN) – this was established in April 2010 and thirty organisations had been engaged with. A 'Working Level Agreement' and online forum had also been established.
- Recruitment of Caseworker – unfortunately this had been delayed due to the HR processes that had to be undertaken. In the meantime the Reducing Re-offending officer was taking on a small cohort of prisoners leaving Pentonville Prison.

In response to a query, as to how this fitted in with the work of the Probation Service, the Board was reminded that the Probation Service did not work with offenders serving sentences of less than twelve months and that the Programme was specifically targeted at providing support to this group. In addition offenders also had to be Haringey residents in order to be eligible.

The Board discussed the wider context within which the programme sat and how it would be integrated with new initiatives such as the Total Place agenda, Diamond Districts and existing DAAT services. It was noted that the Police and Probation Service would continue to be consulted as the programme developed to ensure that work was properly integrated.

**RESOLVED:**

That the report be noted.

**HSP36. SAFER COMMUNITIES RISK REGISTER (AMENDED)**

The Board received a report setting out the key risks against service objectives and Local Area Agreement (LAA) targets.

It was noted that each Thematic Board was required by the HSP to adopt a Risk Register in order to manage the risks attached to achieving LAA targets within their responsibility. The risk rating attached had been assessed in conjunction with colleagues from NHS Haringey and the Police.

The Board discussed the document and it was contended that the emphasis placed on financial risk was too heavy and that the impact upon residents and communities should be given increased weighting. There was a general consensus that consideration should be given to better reflecting this within the document.

It was noted that gang related crime and violence had a particularly significant impact upon local communities and it was contended that local intelligence suggested that the likelihood of a major incident happening in the Borough was higher than the document suggested.

Jean  
Croot/  
Claire  
Kowalska

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	<p>The Board was advised that Police in the thirteen worst affected Boroughs (of which Haringey was one) in London had been instructed to hold weekly meetings to review knife and gang related crime and the intelligence received with respect to this. At present Haringey was the only one of the thirteen Boroughs that was making progress in this area. This was due to the proactive approach that was taken in targeting known gang members; the continuous pressure that was placed on these individuals played a significant role in reducing the level of crime they were able to commit.</p> <p>It was noted that the targeted work undertaken to prevent young people becoming involved in gang crime had been effective; however, there had been an increase in the level of gang related crimes recorded amongst the slightly older age group of eighteen to twenty-four year olds. In addition the recent incident at Victoria Station had been the first murder of its type where none of the people charged had any previous convictions or were known to the Police.</p> <p>This demonstrated the ongoing need to analyse knife and gang related crime and target interventions at the relevant groups.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the Risk Register be adopted.</li> <li>ii. That consideration be given to revising the weighting attached to financial risk and incorporating a set of risks to recognise the impact upon local communities.</li> </ul>	Jean Croot /
HSP37.	<p><b>ACTION PLANS FOR SUB-BOARDS</b></p> <p>The Board received, for information, the Action Plans for each of the Sub-Boards for 2010/11.</p> <p>It was noted that the Action Plan for the Other Violent Crime Board had been omitted from the agenda and pack and there was agreement that this should be circulated with the minutes.</p> <p><b>RESOLVED:</b></p> <p>That the Action Plans presented by noted.</p>	Xanthe Barker
HSP38.	<p><b>COMMUNITY RESILIENCE PLAN</b></p> <p>The Board received, for information, a report setting out the measures being taken to raise public awareness around being prepared for emergency situations.</p> <p>It was noted that 'z-cards' had been produced setting out a list of things that people should do in the event of an emergency. These would be distributed through Libraries, Leisure Centres and Council Customer Service points throughout the Borough.</p>	

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	<p>In addition posters and leaflets, available in a number of languages, would also be distributed.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	
<b>HSP39.</b>	<p><b>THREE YEAR PARTNERSHIP STRATEGY - UPDATE</b></p> <p>The Board received a verbal update with respect to the three year Partnership Strategy.</p> <p>It was noted that the new Partnership Strategy was currently being drafted to replace the existing strategy, which would come to an end in 2011. The Plan was being developed in conjunction with the Police and a range of other partners and there would be a series of targeted consultation events in the autumn. The issues arising from these would form the basis of the strategy.</p> <p>It was anticipated that the first draft of the strategy would be completed in January and brought to the Board for discussion; the final version would then be brought back to the Board for approval in April.</p> <p><b>RESOLVED:</b></p> <p>That the update be noted.</p>	
<b>HSP40.</b>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>No new items of Urgent Business were raised.</p>	
<b>HSP41.</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>The following items of AOB were raised:</p> <p><u>Council Budget</u></p> <p>It was noted that the new coalition Government had announced that Local Government funding would be reduced by approximately £1.2B this year. The reduction of funding that Haringey would face was estimated to be between £6m and £9M and this would be split between both revenue and capital budgets.</p> <p>It was anticipated that the Area Based Grant would be heavily reduced as it was one of the most flexible streams of funding. The Board was advised that at its meeting on 27 May the HSP Executive had agreed that it would hold a dedicated session (in July, once the Government's emergency budget had been announced on 22 June) to develop a process and criteria against which priorities for funding could be established. It had also been agreed that no new financial commitments should be made.</p>	

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	<p>Once further information was available the Thematic Boards would be advised.</p> <p><u>Police Budget</u></p> <p>It was noted that the Police Service was also expecting significant cuts to funding during the current financial year. At present the Government was being lobbied to give an indication of the funding available prior to the Comprehensive Spending Review in the autumn.</p> <p>Once further information had been received the Board would be advised.</p> <p><u>Problem Solving Awards</u></p> <p>It was noted that this event was being held at the end of the month and partners were asked to advise the MPS of any initiatives or examples of work that they felt should be recognised.</p> <p>The Board was advised that Haringey had put forward a problem solving project on burglary.</p> <p><u>National Peace Week</u></p> <p>The theme for this year's Peace Week would be 'giving back' and this was intended to highlight the message that everyone had something to give back to their communities. This would be targeted at nineteen to twenty-six year olds.</p> <p>The Chair requested that more information with respect to this was circulated once it became available.</p> <p><u>Young Haringey Hero Awards</u></p> <p>This event was being held on 9 July at the Bernie Grant Arts Centre and members of the Board were invited to attend. Further details could be obtained from Jennifer James.</p> <p>It was noted that this would be last meeting that Eliza Meechan would be attending before she went on Maternity Leave in August. The Board wished her well and thanked her for contribution.</p> <p><b>RESOLVED:</b></p> <p>To note the items of AOB raised above.</p>	<p>All</p> <p>All to note</p>
<p><b>HSP42.</b></p>	<p><b>DATES OF FUTURE MEETINGS</b></p> <p>The dates of future meetings, set out below, were noted:</p> <ul style="list-style-type: none"> <li>• 7 October 2010, 11am, Council Chamber</li> <li>• 27 January 2010, 11am, Council Chamber</li> </ul>	

**MINUTES OF THE SAFER COMMUNITIES EXECUTIVE BOARD (HSP)  
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• 21 April 2010, 11am, Council Chamber

The meeting closed at 12.50pm.

All to note

COUNCILLOR BERNICE VANIER

CHAIR

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**Meeting:** Safer Communities Executive Board

**Date:** 4 November 2010

**Report Title:** Half Year Performance Report Quarter 1 and Quarter 2010/11

**Report of:** Claire Kowalska, Community Safety Strategic Manager

**1. Purpose of the report (That is, the decision required)**

To inform the Board of performance for the first half of the financial year 2010/11 against the key community safety targets and responsibilities

**2. State link(s) with Other Plan Priorities and actions and /or other Strategies:**

- 2.1. Addressing the prevention and reduction of crime, the fear of crime, the harm caused by drugs and alcohol and anti-social behaviour are all key parts of the cleaner, greener and safer priority. Collectively, these remain top priorities for residents

**3. Recommendations**

That SCEB note the highlights and the mitigating actions to address any areas of concern

**4. Summary – See purpose of the report above**

**5. Chief Financial Officer Comments (N/A)**

All planned actions are deliverable within agreed and existing budgets, primarily, through the Area Based Grant. See point 9 for further comment

**6. Head of Legal Services Comments (N/A)**

There are no areas of obvious concern from a legal perspective

**7. Equalities & Community Cohesion Comments**

People from black and ethnic minority communities, and young people, have a disproportionately high risk of becoming a victim of crime. In addition, women and older people tend to suffer from higher levels of anxiety about crime. There are several actions which have directly addressed this over the year and these include: Targeted interventions of the most vulnerable streets and houses in the borough; an increase in outreach to young people by Victim Support; development of the third party reporting process for hate crime; delivery of the Preventing Violent Extremism agenda; increased response by the YOS to ethnic changes in their caseload;

additional support with resettlement for non-statutory offenders. A Scrutiny Review of support to victims has recently been undertaken in the borough.

**8. Consultation**

All issues relating to performance are shared and discussed with the multi-agency Performance Management Group (PMG), reporting to the SCEB

**9. Service Financial Comments**

A high proportion of the Safer Communities Service is funded externally and through the Area-Based Grant (ABG). This leaves the Service without the security of stable and ongoing funding. Significant reductions across all external grants are expected to be announced in October 2010.

**10. Use of appendices /Tables and photographs**

A project/ budget highlight report is attached giving details of funding, progress being made and areas of concern identified.

**11. Local Government (Access to Information) Act 1985**

11.1. Background papers are as follows:

- Cutting Crime: Home Office Strategy 2008-2011
- Safer for All Strategy 2008-2011
- National Drug Strategy 2008-2011

**12. Background**

12.1 The Safer Communities Partnership is responsible for a number of key priorities under the Local Area Agreement (LAA). These are:

- Reducing serious violent crime, domestic and gender-based crime
- Reducing serious acquisitive crime
- Improving perceptions of how well the police and local authority deal with crime and ASB in the local area
- Preventing violent extremism
- Increasing numbers of people in effective drug treatment
- Reducing the number of young people (aged 10-17) entering the youth justice system
- Increasing local confidence in the criminal justice system
- Reducing re-offending and the impact of re-offending
- Increasing support to young victims of crime

**13. Key highlights and successes from Q1 & Q2**

Overall crime (Total Notifiable Offences)

13.1 Haringey police recorded 6.7% fewer total recorded offences (12,055 against 12,862) during April – September 2010 compared with the same period last year. Without exception, all crime targets are performing well and exceeding their annual targets. This also compares noticeably and favourably with the 0.4% overall reduction across the Metropolitan Police Service area. Haringey

has now seen seven consecutive years of reduction for total recorded offences. We believe that this is due to a combination of effective prevention, better problem-solving, smart use of a range of data and intelligence, robust case work, neighbourhood policing and a focus on the most vulnerable locations and people.

#### Key crime types

- 13.2 Last year the rate of serious violence was a significant concern. However, 'most serious violence' in Haringey has now fallen by over a fifth (21.4%) compared to its annual target of 4% (fall of 49 from 229 to 180 offences). Contributing factors include the Gang Action Group work and the Tackling Knives Action Plan (TKAP). The former is delivering a multi-agency response to gang related violence and some early successes have been achieved. New referrals continue to be received from a range of partners, demonstrating that they see the benefits of referring individuals to the group. 10 individuals referred to as 'nominals' have been removed from the main monitoring list due to reduced risk.
- 13.3 Acquisitive crime overall is down by 13% compared with the same time last year and despite anticipated rises due to the economic downturn (fall of 490 from 3,713 to 3,223 offences). Performance is primarily being driven by reductions in residential burglary (down 17%) and theft from motor vehicles (down 15%). Better use of data and shared intelligence is paying dividends as well as joint tasking and targeted action.

#### Drug treatment

- 13.4 The first part of 2010-11 has seen a reverse in the recent trend of fewer people entering treatment. This trend was responsible for our missing the target for drug users in effective treatment last year as opposed to issues of ineffectiveness. There are now 48% more new clients in treatment compared with previous years (117 in Q1 compared with 70 in Q1 last year). Haringey has consistently ranked above the London average for the proportion of clients completing treatment drug free (44% against 33%). Efforts to understand the reasons for drop out have intensified as has activity towards full recovery rather than stabilisation and maintenance. A full needs' assessment is being prepared and will also include alcohol. Results will be shared with SCEB members early in the new calendar year.

#### Preventing Violent Extremism (PVE)

- 13.5 Preventing violent extremism work has reached its target of level 3 based on the Home Office self-assessment framework. However, projects are already running at reduced capacity as funding has been cut in year. Furthermore, the future of this work remains uncertain and there is a strong sense that it will not continue in its current form. This belief is affecting morale and the third sector delivery agencies are beginning to focus on how they might survive beyond April 2011.

#### Youth crime prevention

- 13.6 Haringey has already achieved its challenging target this year for prevention of first time entrants to the Youth Justice System aged 10-17 (NI 111). There were 1,491 new entrants recorded against a final target of 2,313. This reflects a reduction of 37.5% compared with last year. A key success factor has been the multi-agency approach and the prevention work of trained youth offending staff working in custody suites as part of the 'triage' programme. Further

intensive intervention programmes are running as part of the Challenge and Support scheme and the Intensive Intervention Project.

13.7 The July 2010 figure for those not in employment, education or training (NEETs) was 7.4% which compares with 6.9% last month and 7.7% last July. This is comfortably below the NEET target (8.9%).

13.8 Anti-social behaviour

In relation to enforcement against ASB offenders, the ASB Action Team is using all available tools and powers. Enforcement rates remain well above the national average. They have a 94% success rate for enforcement action following surveillance. The weighting in Haringey is towards the use of injunctions and Acceptable Behaviour Contracts as early intervention measures. However, ASBOs continue to be used sparingly and to good effect, most recently against long-term street drinkers in Wood Green. Prevention work and training continue and the parenting programme has been highly successful with no further enforcement required for 150 families engaged. This work is all subject to short-term and uncertain funding.

13.9 Reducing re-offending

Pilot work with non-statutory offenders is progressing steadily towards the target of helping 30 offenders to resettle in the borough. The case worker is currently working with 21 people and using the full resources of the Haringey Reducing Re-offending Network and supporting programmes such as mentoring and employer engagement. Conversations are underway with Probation and others regarding integrated offender management, pending announcements around resettlement budgets and offender management structures in the Autumn/Winter.

13.10 Domestic violence

Hearthstone continues to provide support and advice to survivors of domestic violence in Haringey. The key performance points from Q1 and 2 are as below:

- Hearthstone received 601 contacts from agencies and members of the public
- Hearthstone supported a total of 232 survivors of domestic violence in Haringey. This is a slight decrease from 249 survivors during the previous six month period (Oct 09 – Mar 10). However, the centre is generally quieter during the summer months
- The service supported 5 male survivors, compared to a total of 15 in 2009-10.
- The average age group of clients is 20-29, accounting for 41% of clients during the period.

Ethnicity of clients

- The largest represented ethnic groups accessing Hearthstone remain unchanged. During Q1 and 2:
  - 17% of clients defined themselves as White British
  - 16% as Black Caribbean
  - 12% as Black African

Support provided

- 16 clients were provided with Sanctuary installations, to help them stay safe in their homes
  - 14 clients were placed in a domestic violence refuge
- 13.11 Police recorded repeat victims of domestic violence show the majority relating to a second offence. This dropped from 88 to 78 between April and September. This does not account for the actual number of incidents which may have occurred prior to police contact.

13.12 Perception target (NI 21)

In response to the Residents' Survey 2009/10 (Question 12: How much would you agree or disagree that the police and other local services are successfully dealing with anti-social behaviour and crime in your area?) - 53% agreed and 16% disagree (of all 1,276 respondents). When asked a similar question in 2008/9 in the Place Survey 2008/9 (NI21), respondents answered with the following - 28% agree and 25% disagree. This represents a considerable increase in positive perception. Targets of this ilk are due to be cease from April 2011.

14. **Issues and areas of concern**

- 14.1 Reductions to external funding and internal finances will affect many areas of the Safer and Stronger Communities Service and wider Safer Communities Partnership. The main areas of vulnerability are around prevention and diversionary work, case work and intensive support, delivery arrangements for drug treatment and reducing re-offending. A further important issue is that all case loads are set to increase due to the likely knock-on effects of increased financial pressures and unemployment. Changes to the benefit system could significantly affect some Haringey residents and families.
- 14.2 Delays have been experienced with our support to young victims due to an amended contract with Victim Support and the need for further recruitment. The current ABG funding anticipates mainstreaming most of this activity within existing youth and children's services in order to eliminate or greatly reduce the reliance on partnership grants. The successful candidate is currently capacity building, strengthening the volunteer base and creating relationships with the relevant services to help secure sustainable support.
- 14.3 The Coalition Government has indicated its intention to remove central targets as far as possible and to expect partnerships to set local priorities on the basis of robust data, intelligence and consultation. Measuring Total Notifiable Offences may be the only police target. However, the partnership should agree on which key targets should remain subject to measurement and monitoring for the purposes of continuity and comparison.
- 14.4 Several Green Papers are due this Autumn/Winter on Overall Crime, Anti-social Behaviour (ASB), Rehabilitation and Resettlement. The Green Paper on crime is expected in October with consultation from November to February. The paper is likely to concentrate on the adult system with the Youth Justice System inter-woven or as a separate section. It is envisaged that in relation to youth justice it will cover:
- sentencing reform, including a second stage of review of out of court disposals;

- payments by results and local delivery and
- the governance of youth justice

# Project Highlight Report

## Period: July 2010 - September 2010

### QUARTER 2 PROJECT HIGHLIGHT REPORT - SAFER COMMUNITIES

Projects	Project Manager	Monitoring Return										Total Budget 09/10	Spend To Date	Budget Left to Spend	Project objectives/targets 09/10	Year to date	Comments				
		People at the Heart of Change	An Environmentally Sustainable Future	Economic Vitality and Prosperity Shared by All	Safer for All	Healthier People with a Better Quality of Life	This Quarter	Timescale	Resources	Issues	Risks							Budget			
Problem Solving	Claire Kowalska					✓	A	A	A	A	A	A	A	A	A	£10,000	£5,727	£4,273	Problem solving methodology to be widely implemented across all partners Problem solving projects to be evaluated to identify and promote success and learn from mistakes Problem solving initiatives to reflect borough and local (ward) priorities		Budget Spend is on target - August spend has not gone through. Budget was reduced from £50K to 10K.
Haringey Police Provision/Organised Crime Intelligence	Chris Barclay (Met Police)					✓	A	A	A	A	A	A	A	A	A	£295,000	£61,898	£233,102	Reduce crime types in line with targets set by MPS, GoL and the agreed targets under the LAA Deliver enhanced and additional police response to relevant crime types in order to meet the required reductions Continue to develop the problem solving approach to identified problems and issues as they arise Direct work based on intelligence and information trends as identified by the Partnership Data Report and Police Borough Intelligence Unit Problem Profiles Deliver monthly monitoring to the partnership around the relevant crime types and trend analysis Direct work and tasking based on intelligence and information trends as identified.		Budget: The spend profile has been revised to reflect the cuts. Variance: Due to the uncertainty of ABG funding some projects were temporarily frozen. This has resulted in a red status on the budget. Waiting for invoices.
Safer Communities Provision	Claire Kowalska					✓	G	A	R	R	A	A	A	A	A	£380,000	£169,303	£210,697	To prevent and reduce serious violent crime (non-domestic). To prevent and reduce serious acquisitive crime (residential burglary, theft of and from motor vehicles and robbery). To reduce re-offending through improved and co-ordinated rehabilitation and resettlement services for adults (especially short term prisoners not subject to probation support) To measurably improve perceptions of how the local authority and police deal with anti-social behaviour and increase confidence in the CJ agencies locally To co-ordinate engagement and marketing activity across key partners		

# Project Highlight Report

## Period: July 2010 - September 2010

Projects	Project Manager	Monitoring Return	Sustainability Indicators							Total Budget 09/10	Spend To Date	Budget Left to Spend	Project objectives/targets 09/10	Year to date	Comments	
			People at the Heart of Change	An Environmentally Sustainable Future	Economic Viability and Prosperity Shared by All	Safer for All	Healthier People with a Better Quality of Life	This Quarter	Timescale							Resources
Anti-Burglary Support Project	Steve Fallon (Care & Repair)					✓				£35,000	£17,500	£17,500				<p><b>Budget:</b> This was adjusted downwards from £420K. Spend is on target, September spend has not gone through yet.</p> <p><b>Issue:</b> The majority of key permanent post in the CST have been identified for generic central roles.</p> <p><b>Risk:</b> Failure to maintain the current excellent performance in the face of rising unemployment.</p>
Addressing and Reducing Domestic Violence/Nia Project	Eve Featherstone					✓				£112,994	£41,822	£71,172				<p>To provide a home visiting service to persons aged 55yrs plus.</p> <p>To conduct security and safety audits at the homes of burglary victims and to implement the recommendations.</p> <p>To follow up security survey and ensure recommendations have been maintained.</p> <p>By the end of the financial year 2010 the project would have received 200 enquires, visited 150 clients and improved security and safety to 150 households.</p> <p>Increase women and children's safety</p> <p>Hold abusers accountable</p> <p>Undermine social tolerance/approval of Domestic Violence and Gender Abuse or actions which challenge inaction by either individuals or organisations</p> <p>Provide children and young people with the knowledge and skills to build relationships based on respect, mutual understanding, with shared power and a commitment to non-violence</p> <p>Combat gender abuse</p> <p><b>Budget:</b> Spend profile has been adjusted to reflect the £2,006 cuts. Spend is on target. August spend has not gone through yet.</p>
Anti-Social Behaviour Action Team	Mike Bagnall					✓				£284,500	£142,419	£142,081				<p>To investigate all cases of ASB in both the public and private sector as well as non tenure specific incidents (e.g. public spaces).</p> <p>To work closely with other partners, particularly the police to tackle community issues</p> <p>To carry out a programme of education for young people on the effects ASB on others and what to do if subjected to incidents of harassment or bullying.</p> <p><b>Budget:</b> Spend is on target.</p> <p><b>Issue:</b> raised with Snr management and Executive Member.</p> <p><b>Risk:</b> Discussions taking place with Homes for Haringey re future funding.</p>



# Project Highlight Report

## Period: July 2010 - September 2010

Projects	Project Manager	Monitoring Return	People at the Heart of Change							Total Budget 09/10	Spend To Date	Budget Left to Spend	Project objectives/targets 09/10	Year to date	Comments					
			Change	An Environmentally Sustainable Future	Economic Viability and Prosperity Shared by All	Safer for All	Healthier People with a Better Quality of Life	This Quarter	Timescale							Resources	Issues	Risks	Budget	
Community and Victim Work	Clare Williamson (Victim Support Haringey)								A	A	G	R	R	R	£44,009	£11,634	£32,375	To deliver key services to victims in partnership with the statutory and voluntary sector. To contribute to key national and local priorities and targets, especially through reducing repeat victimisation and the prevention of victim turned perpetrator. To deliver specialised support to young people, BME and young victims of crime with an emphasis on serious crime		Budget: This is rec due to the recruitment process which took place in May and June. £991 under spend identified from 2009/10. Further £8K underspend identified in 2010/11.
Specialist Youth Crime Prevention	Linda James						✓		G	G	G	G	G	G	£115,500	£56,590	£58,910	<p><b>Learning Mentor:</b> Support maximum caseload of 20 young people of secondary school age to contribute to N1 45. Co-facilitate motivational education group</p> <p><b>Drugs Work:</b> Assess all relevant young people coming to the attention of the YOS via the courts. Contribute to Triage project by assessing those arrested on drug offences and divert away from Criminal Justice System. Facilitate cannabis and alcohol awareness sessions as necessary.</p> <p><b>Foreign National Work:</b> NO OBJECTIVES GIVEN</p>		Budget: Spend is on Target.
Preventing Violent Extremism	Sean Sweeney						✓		A	A	A	G	G	G	£144,000	£69,032	£74,968	<p>Understanding of, and engagement with, Muslim communities.</p> <p>Knowledge and understanding of the Preventing Violent Extremism agenda.</p> <p>Effective development of an action plan to build the resilience of communities and support vulnerable individuals.</p>		Budget: Spend is on Target. A revised spend profile has been completed to reflect the cuts.

**Project Highlight Report**  
**Period: July 2010 - September 2010**

Projects	Project Manager	Monitoring Return	People at the Heart of Change						This Quarter	Timescale	Resources	Issues	Risks	Budget	Total Budget 09/10	Spend To Date	Budget Left to Spend	Project objectives/targets 09/10	Year to date	Comments
			People at the Heart of Change	An Environmentally Sustainable Future	Economic Viability and Prosperity Shared by All	Safer for All	Healthier People with a Better Quality of Life													
Drug and Alcohol Misuse	Marion Morris													£415,410	£116,916	£298,494	Effective oversight, delivery and evaluation of projects and actions.  To build the capacity of the partnership to lead on the delivery of the Adult Drug Treatment Plan To develop meaningful carer/user involvement in the planning, commissioning and monitoring of adult treatment services To ensure that DAAT is delivering services which offer value for money To improve the partnership structures for planning and commissioning of Young People's Substance Misuse prevention and treatment services To improve local needs assessment process by ensuring that it is in line with nationally agreed guidance in order to improve the knowledge base for commissioning young people's substance misuse services To ensure that the Children's and Young People's treatment model is widely understood and works as an integrated, holistic system rather than a collection of individual services To reduce alcohol-related health harm To reduce alcohol-related harm to children and young people To reduce alcohol-related mortality		<b>Budget:</b> Spend is on target, September spend not gone through yet.	
Note: Traffic light annotation is based on the following: Green Status- the project is on schedule to deliver agreed milestones/outcomes in line with the project plan Amber Status- the project has encountered some issues which could affect the delivery of outcomes within agreed time, cost and resources. Recovery action is underway, but has either not yet been approved or tested. Red Status- Delivery of outcomes within agreed time, cost and resources is not presently possible. The project may have stalled and requires urgent attention.																				



**Meeting:** Safer Communities Executive Board

**Date:** 4 November 2010

**Report Title:** Proposals Regarding the Future of Safer Communities Executive Board's Allocation of Area Based Grant

**Report of:** Jean Croot, Corporate Head of Safer Stronger Communities

**Purpose**

To report to the Safer Communities Executive Board the proposals drawn up regarding allocation of Area Based Grant for 2011/12, and the suggested priorities for next year.

**Summary**

The HSP requested that all Theme Boards draw up proposals for their 2011/12 allocation of Area Based Grant (ABG) if there are 25%, 50%, 75% and 100% reductions compared to the allocation for 2010/11. The HSP also asked us to draw up proposals on the draft priorities for 2011/12.

**Legal/Financial Implications**

There is great uncertainty regarding the allocation of ABG after March 2011, and it is quite possible that it will cease altogether.

**Recommendations**

- i. That the Board approve the recommendations in the attached paper regarding the proposals against the possible reductions.
- ii. That the Board approve the draft priorities, until these have been formally reviewed and agreed after the Strategic Assessment has been approved by the Board.

**For more information contact:**

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## **Background**

This work was first carried out by a small group of officers, lead by the Corporate Head of Safer Stronger Communities, with officers from the Council, Police and Haringey PCT.

Following agreement by this group, it was placed before a wider group for discussion and consideration. The invitees of this group were:

Susan Otit	PCT
Chris Barclay	Metropolitan Police Service
Aidan.Gibson	Metropolitan Police Service
Claire Kowalska	Community Safety Team,
Marion Morris	Drug & Alcohol Action Team
Linda James	Youth Offending Service
Pamela Pemberton	HAVCO
John Egbo	Community Links
Frances Palopoli	Finance
Mike Bagnall	Anti-Social Behaviour Action Team
Jean Croot	Safer Stronger Communities

Some minor changes were made to the proposals at this stage.

The paper has also been placed before the SCEB Performance Management Group, and at the time of writing this report, that meeting had not taken place.

It must be appreciated that this it is too early to make decisions on the priorities for 2011/12, as these decisions need to be made following consideration by the Board of the Strategic Assessment and its findings. The draft priorities contained within this paper were created from a merger of the past three years' priorities.

It is therefore suggested that these priorities be discussed and agreed by the Board either at this meeting in the discussion on the Strategic assessment report, or at the following Board meeting.

## **Appendices**

One appendix – see attached.

Theme Board Priorities Template

Resourcing Priorities for 2011/12													
Priority	Rationale	People at the Heart of Change	Healthier People With a Better Quality of Life	Economic Vitality Shared by All	Environmentally Sustainable Future	Safer for All	People and Customer Focused	Activity to be delivered (name and brief description)	Funding Source	Proposed Funding based on 25% ABG Reduction	Proposed Funding based on 50% ABG Reduction	Proposed Funding based on 75% ABG Reduction	Impact (detail impact to Services and Equalities/COMPACT/Health/ Economic and Environmental implications based on 25%, 75% and 100% reduction)
1. Addressing and preventing youth crime, and safety/protection of young people.	Annual Strategic Assessment; Ward profiles; Area-based working groups; Residents' surveys; Police Control Strategy; Safer Neighbourhood resident consultations; data and intelligence from key partners	X	X	X		X	X	Specialist youth crime prevention This project funds 3 f.t.e social worker posts in the YOS, carrying out statutory work.	ABG	£113,000	£80,000	£73,600	75%: Minimal impact 50%: Would lose one social worker post plus reduce another post to p/t - loss of statutory work. 25%: would lose 1.5 posts; loss of statutory work. Nil funds: Statutory work lost, National Standards of Youth Justice not maintained. Increase in youth offending/re-offending. Failure in inspection.
		X	X			X	X	Haringey Police Provision This project enhances the basic police response to Acquisitive and Violent crimes adding additional hours through overtime payments to officers to increase targeted operations.	ABG	£248,000	£210,000	£117,000	75%: Some pro-activity lost. 50%: Some proactivity lost 25%: Would lose priority Crime Team (covers robbery, burglary, gang-related crime); crack house closures would cease; Burglary Q-Car gone. Nil funds: Increases in crime, reductions in Sanctioned Detection rates
		X	X			X	X	Safer Communities Provision The project funds specialist policy, partnership, data and analytical staff.  Addressing and reducing domestic violence This project addresses domestic violence and gender abuse. This includes increasing women and children's safety and holding abusers accountable.	ABG	£308,000	£200,000	£45,000	Funds 8 out of 9 Community Safety officer posts. All posts are subject to Support Functions Review, therefore team may not exist in future. £0 All funded posts are subject to Support Functions Review.
								<b>Sub totals</b>		<b>£113,000</b>	<b>£80,000</b>	<b>£73,600</b>	
3. Addressing and reducing anti-social behaviour and substance misuse (drugs and alcohol)	As above and also Annual Substance Misuse Needs Assessment and user survey data	X	X	X		X	X	Anti Social Behaviour Team This project funds core ASB case work - prevention and enforcement. This includes legal applications to protect the public and the wider community (e.g. Injunctions, ASBO's, Closure Orders and Evictions), Preventative work in schools and community groups as well as gathering evidence to prosecute perpetrators of ASB via the ASBAT CCTV service. The work of the ASBAT also supports and works in tandem with the Police Safer Neighbourhood Teams	ABG	£281,803	£160,000	£102,000	75%: reduction=5 posts deleted; 100 ASB cases unallocated; waiting list in place. 50%: reduction= 3+ posts deleted; 60 cases on waiting list. 25%: reduction=1 post deleted; 20 cases on waiting list.; new criteria of life and limb would be required. The rolling programme of school workshops carried out in primary and secondary schools will be adversely affected. Nil Funds: only HfH cases accepted as only funding would be from HfH. No private sector or other cases accepted. Residents would get very distressed and some would be very unsafe.
								<b>Sub totals</b>		<b>£588,000</b>	<b>£430,000</b>	<b>£162,000</b>	

Safer Communities Executive Board

Theme Board Priorities Template

Resourcing Priorities for 2011/12													
Priority	Rationale	People at the Heart of Change	Healthier People With a Better Quality of Life	Economic Vitality Shared by All	Environmentally Sustainable Future	Safer for All	People and Customer Focused	Activity to be delivered (name and brief description)	Funding Source	Proposed Funding based on 25% ABG Reduction	Proposed Funding based on 50% ABG Reduction	Proposed Funding based on 75% ABG Reduction	Impact (detail impact to Services and Equalities/COMPACT/ Health/ Economic and Environmental implications based on 25%, 75% and 100% reduction)
		X	X	X		X	X	<p><b>Drug and alcohol misuse</b></p> <p>This project funds a voluntary sector service for children affected by parental substance misuse, a post targeting repeat hospital admissions, a service for YP who have drug or alcohol problems, 3 posts in the children service working with children and families around substance misuse and part of a post in the DAAT working with service users and communities.</p>	ABG	£390,000	£245,200	£120,000	<p>75%: One post would be deleted with related loss of service. 50%: Above, + Children and Young people's Treatment service would be lost, leaving very limited service in mainstream teams. 25%: All that would remain would be the service to children of substance misusers (covers child protection issues), the dedicated post supporting alcohol misusers, and a very small and limited function re young people with substance misuse. Nil funds: Serious safeguarding issues due to no/or very limited provision for young people growing up in families with substance misuse/no specific service for young people with substance misuse problems, increased alcohol related hospital admissions/mortality, no specific user/carer/communities work with drug and alcohol users.</p>
									<b>Sub totals</b>	<b>£671,803</b>	<b>£405,200</b>	<b>£222,000</b>	
									<b>Safer Communities Executive Board Total</b>	<b>£1,091,000</b>	<b>£755,200</b>	<b>£355,600</b>	



**Meeting:** Safer Communities Executive Board

**Date:** 4 November 2010

**Report Title:** Towards Integrated Offender Management

**Report of:** Claire Kowalska, Community Safety Strategic Manager in collaboration with Probation and Haringey Drug and Alcohol Action Team (DAAT)

**1. Purpose of the report (That is, the decision required)**

To seek endorsement for the establishment of a strategic Integrated Offender Management (IOM) Partnership Group in Haringey to undertake the work described under 7.2

N.B. We appreciate that many decisions about structures and resources have yet to be confirmed but suggest that discussions should begin now in order for Haringey to be best placed to respond to the forthcoming announcements.

**2. Recommendations**

That SCEB endorse and support the moves towards integrating and co-ordinating offender support and management in the borough

**3. Chief Financial Officer Comments**

The CSR had not been published at the time of writing. Neither the level nor final distribution of resources is currently known

**4. Head of Legal Services Comments**

There are no areas of obvious concern from a legal perspective

**5. Local Government (Access to Information) Act 1985**

- 5.1. Background papers are as follows:  
 Cutting Crime: Home Office Strategy 2008-2011  
 Safer for All Strategy 2008-2011  
 National Drug Strategy 2008-2011  
 Sustainable Community Strategy

**6. Background**

- 6.1 Reducing re-offending is a stated priority in the Safer for All Strategy 2008-2011 which contributes to the Sustainable Communities Strategy and in turn strongly responds to residents' concerns. Reducing re-offending came to the fore as a priority under the Labour Government and remains high on the

agenda under the Coalition. A Green Paper on Rehabilitation is expected in the Autumn/Winter.

- 6.2 Since April 2010, Community Safety Partnerships have a duty to reduce re-offending and are required to pull together a strategy. This will be driven less by national guidance and targets and more by local conditions and the imperative for efficiency.
- 6.3 *Reducing Re-offending through Skills and Employment*<sup>1</sup> estimated that around 60% of released prisoners were convicted of another crime within two years. Of these, 50% re-offend within the first 4 months and over 80% within 12 months. The National Audit Office now estimates the total public cost of re-offending to be £10billion.
- 6.4 A number of schemes and approaches currently exist which touch at the margins but are not aligned or integrated in Haringey. These include the work of Probation (statutory offenders), Community Safety Team (non-statutory), Drug Intervention Project (DIP), Prolific and Priority Offenders, Youth Offending Service (YOS), Prisons (Resettlement Officers), Multi-agency Public Protection Arrangements (high risk offenders), MARAC (domestic violence victims and perpetrators), public health services and voluntary agencies.
- 6.5 The National Offender Management Service (NOMS) is in the process of consulting boroughs ahead of their forthcoming interventions strategy. Lessons are also now available from a range of local innovative practice and from pilot schemes such as 'Diamond Initiatives' and 'Total Place' exercises.
- 6.6 Modern academic writing on desistance from crime has increased substantially over the past few years inspired by authors such as Shadd Maruna (Queen's University, Belfast) and Fergus McNeill (University of Glasgow). Their research confirms the need for us to better understand the processes of change and the timing of interventions and support. It calls primarily for the return to person-centred, offender-led approaches based on a robust case work model and set against a holistic and integrated strategy.

## **7. Rational for an IOM approach**

- 7.1 An IOM approach can pull together the learning and experience across the board. This report has borrowed from the work of consultant Mike Bland who has undertaken a comprehensive piece of work for the London Borough of Hammersmith & Fulham. He states that IOM is about effective throughcare with a view to managing offenders across and out of their criminal career. It is about 'doing core business differently'.
- 7.2 The expected benefits of co-ordinating these strands include the following:
- Improved data, intelligence and analysis sharing
  - Sharing of existing and best practice
  - Development of a collaborative strategy with joint ownership and clarity of purpose
  - Streamlined processes

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<sup>1</sup> Joint publication of the Home Office, DWP and Dept. for Education and Skills. 2005



- Maximum use of resources with joint commissioning and reduced duplication
- Development of local success measures and evaluation
- Smoother transition between young and adult offenders
- Provision of a forum for a co-ordinated response to new policies and developments

**8. Recommendation**

- 8.1 It is recommended that Haringey should proceed with bringing the relevant parties together by December to start working on an IOM approach, jointly consider new policies and agree on a timetable for strategy development.
- 8.2 Membership should reflect the groups identified under 6.4 with representation from the police and higher education. The Chair should initially be held by the Assistant Chief Officer, Probation with the Haringey remit. The group will agree on working practices and terms of reference in due course.

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**Meeting:** Safer Communities Executive Board

**Date:** 4 November 2010

**Report Title:** Haringey Reducing Re-offending Programme (HARRP) 2010/2011

**Report of:** Michael Buraimoh – Reducing Re-offending Officer

#### **Summary of Important Statistics:**

The cost of re-offending in Haringey is £40 million and the national cost of re-offending is £10 billion (Home Office and National Audit Office reports respectively). The social impact of repeat offending is unquantifiable and 2 out of every 3 offenders released from prison re-offend within two years.

#### **Programme Summary:**

On the 18<sup>th</sup> of February 2010, the Reducing Re-offending Officer made a presentation to the board on HARRP (the Haringey Reducing Re-offending Programme). A further report was presented on the 3<sup>rd</sup> of June which summarised the strategic work carried out so far as well as the planned delivery of the programme. This report summarises the operational work carried out so far and the matters arising from this operational and time critical work.

It is worth mentioning again that although the current funding is for the first year of delivery only; the programme would need to last a minimum of 2 years for its achievements to be measurable (based on the working definition of re-offending).

#### **Summary of key Activities and Successes to date:**

- Reducing Re-offending Action Plan developed and presented to SCEB in February 2010
- The Action Plan was well received and members' suggestion of engagement with Children and Young People's Services carried out accordingly.
- A Reducing Re-offending conference was organised and held in March 2010
- The conference brought together key partners in delivering the reducing re-offending plan but also highlighted the absence of mental and physical health agencies, with the engagement of these agencies now being active.
- Key partnerships were developed and the Haringey Reducing Re-offending Network (HARREN) was created in April 2010

- Thirty organisations have committed to membership of HARREN
- A Joint Working Agreement has been written to facilitate the partnership working of HARREN.
- An online forum for managing the network has also been set up and has been live since June 2010.
  
- Recruitment of Reducing Re-offending Case Worker was finalised in August 2010
  
- Recruitment and training of 17 volunteers on the HARRP mentoring scheme was carried out in September 2010.
  
- Recruitment and ongoing engagement with 21 non statutory offenders/ex-offenders.
  - 10 ex-offenders have been released from custody and are actively engaging with the programme; their continued engagement on the programme is voluntary thereby providing an indication of changing attitude.
  - 2 ex-offenders have now secured full time sustainable employment.
  - 7 clients are in the process of securing further education/training spaces with various training establishments.

**Planned Future Activities:**

- Setting up of a HARRP Court Service in partnership with Haringey magistrates. This is a project based on magistrates deferring offenders' sentences on the condition that they will engage with HARRP volunteer mentors and interventions carried out accordingly.
- Delivery of HANSRE – The HARRP intensive employer engagement initiative to sign up and engage up to 50 employers. The aim of this project is to secure the commitment of employers to the recruitment of ex-offenders in Haringey as well as to carry out an ongoing vacancy sourcing from such employers - Target date is December 2010.
- Recruitment and engagement of 10 additional clients on the programme by January 2011.

**Recommendations:**

- That board members note the progress to date and outcomes achieved as well as achievable by the programme.
- That the Board note and support the proposed activities over the coming months with a view to reducing re-offending of non-statutory offenders and consider the impact of the project's current end-date of March 2011.

**Financial/Legal Comments:**

Funding has been allocated from the Safer Communities Area Based Grant to cover the salary cost of the Reducing Re-offending Officer. An operating budget has been allocated from the BCU fund, which also covers salary for a Case Worker.

**For more information contact:**

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## Background

**1. Introduction:** In 2008 the Community Safety Team (CST) and Drug and Alcohol Action Team (DAAT) co-commissioned research into re-offending and resettlement. The key recommendation of this work was to establish a project management post to work with a multi-disciplinary officer group to produce and co-ordinate a comprehensive reducing adult re-offending action plan regarding offenders serving sentences of less than 12 months.

In April 2010 reducing re-offending became a national priority and the statutory responsibility of Crime and Disorder Reduction Partnerships or Community Safety Partnerships.

Statistically:

- 67 per cent of people released from prison go on to re-offend within two years.
- In March 2010 the National Audit Office put the national cost of re-offending at £10 billion a year.
- Some 50,000 people are sent to prison for less than six months each year and this group of offenders make up more than 60% of offenders.

## 2. The Haringey Reducing Re-offending Programme (HARRP)

**General Objective:** To significantly reduce the risk of re-offending among non-statutory adult offenders through a partnership case management model to deliver coordinated resettlement services.

**3. Scope:** The London Borough Offender Profile Report reveals that adult Haringey residents who are non-statutory offenders/ex-offenders sentenced to either custodial (particularly in Pentonville and Holloway prisons) or community sentences make up over 60% of re-offenders in Haringey. The Reducing Re-offending Programme will only target this group, as no agency has the statutory obligation to supervise or coordinate efforts to effectively resettle them following their prison sentences. HARRP will work with these offenders during and after imprisonment. It will also provide access to services for offenders' families.

## 4. Summary of expected Outcomes

- 70% of offenders/ex-offenders on the programme do not re-offend within at least two years of engagement on HARRP.
- Clear lines of accountability and infrastructure for managing offenders sentenced to less than 12 months in Haringey.
- Sustainable partnership is developed with statutory and voluntary organisations on reducing re-offending of non-statutory offenders.
- Sustainable and active network of socially responsible employers in Haringey.

- A sustainable resource for managing offenders sentenced to less than 12 months.
- Improved community involvement in offender resettlement through HARRP Volunteer Mentoring Scheme.

## 5. Risks and mitigating action

Risk	Impact (H/M/L)	Probability (H/M/L)	Mitigation Summary	Plan
There is a risk of inadequate funding leading to inability to fully implement action plan, especially regarding the social enterprise project.	H	M	The private sector will be engaged to achieve funding where feasible. However the Social Enterprise Project might become a future project	
There is a risk of a lack of commitment from key partners which could lead to problems with establishing an effective multi-agency approach and sharing information as well as co-funding.	M	M	Good practice from other partnership approaches within Haringey and from Tower Hamlets will be implemented where appropriate	
There is a risk that future funding to deliver the action plan may not be available – a risk of discontinuity	H	M	An evidence base demonstrating the argument for investment is being developed	



**Meeting:** Safer Communities Executive Board

**Date:** 4 November 2010

**Report Title:** Response to the Governments Consultation on the Drug Strategy

**Report of:** Marion Morris, Drug & Alcohol Strategy Manager

### **1.Purpose**

1.1.To inform the Board of the response to the Governments consultation on proposed new drug strategy which is due to be launched in December 2010. This response has been co-ordinated on behalf of the Local Authority and NHS Haringey by the Drug and Alcohol Action Team. It incorporates views of members of the Young Persons Commissioning Group, drug and alcohol treatment providers and the London Drug Policy Forum.

### **2.Summary**

2.1. Concerns have been raised in Parliament and elsewhere about the length of time given to respond to the strategy, (6 weeks as opposed to the usual 12), the lack of policy detail and inaccessibility of this consultation. In particular there have been concerns that experts from the drug and alcohol treatment field will not have contributed. However, locally the DAAT have ensured that we have included the views of our providers. The attached response was submitted to the Home Office on 29<sup>th</sup> September and has been signed off by Cllr Vanier and the Head of Safer and Stronger Communities.

2.2. The overall vision for this strategy is that tackling drugs should be part of building the 'big society'. Quite what this means in practice for some of the most marginalised in our society and how they can play a part is not clear.

2.3. In terms of priority areas, much is similar to the previous drug strategy. However, one of the main differences, which is to be welcomed, is the apparent recognition that substance misuse is a public health issue as well as a criminal justice issue and that it must be joined up with other policy areas such as housing, mental health, child protection, alcohol misuse (for first time) and employment.

2.4. There is move towards rewarding outcomes (payment by results) which exists elsewhere in the NHS, but could be quite problematic to operate within the substance misuse field as so many other factors come into play that assist in a person becoming drug free. For example a number of agencies have usually had contact with drug users by the time they become drug free – do you simply reward the most recent provider.

2.5. The strategy also seems to be nudging towards the idea that partnerships need to be able to respond to all drug and alcohol issue and not just those of class A drug users. For the first time there seems to be recognition of the harm that alcohol can and does cause.

2.6. One of the challenges of this strategy, with its emphasis on the recovery/re-integration agenda is how this can be achieved within the current economic climate. Also unclear at time of writing is whether the Drugs Intervention Programme will continue to be specifically funded by the Home office, or something similar in terms of reducing drug related offending.

2.7. The role of DAATS themselves is yet to be worked out. The consultation document seems to suggest that commissioning should be done at a local level, with budgets and responsibilities devolved. However. One possibility is that they will sit alongside Public Health within the Council as part of a joint commissioning team, or that drug and alcohol commissioning is done on a sector wide basis again with input from Public Health. All of this may become clearer by late October/early November when the position paper for the merger of the NCL 5 PCTs will be written by the NCL PCT Executive Team.

2.8. Prevention features strongly in the young peoples section, so much so, that it is questionable whether the coalition Government think treatment has a place in responding to young people's substance issues.

### **3. Legal/Financial Implications**

3.1. At the time of writing it is understood that monies to support this strategy will be within the newly created centralised Public Health Service. These public health monies are said to be 'ring-fenced at the national and local level', quite what this mean is practice remains to be seen. Clearly the architecture to support the delivery of the drug or substance misuse strategy will be changed with the incorporation of the National Treatment Agency into the new Public Health Service along with a number of other 'quangos'.

3.2. The DAAT have been working with our drug and alcohol treatment providers in anticipation of further cuts to this budget to ensure we keep a coherent and effective treatment system in place. However, until the publication of the strategy it is difficult to know where the emphasis will be and therefore which services need to be prioritised. At the December DAAT Partnership Board meeting the position should be clearer.

### **4. Recommendations**

To note the response to strategy and questions it poses in terms of future commissioning arrangements.

The Board are asked to consider whether some of the drugs agenda should also feed into the Health and Wellbeing Board (as alcohol already does), particularly as this Board will have a statutory function.

### **For more information contact:**

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# 2010 Drug Strategy consultation PRO FORMA FOR RESPONSES

For a full version of the consultation paper, please visit our website at:  
<http://www.homeoffice.gov.uk/publications/consultations/cons-drug-strategy-2010/>

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## How to respond

- Using the [online form](#)
- Emailing this pro-forma complete with your responses to [DrugConsultations@homeoffice.gsi.gov.uk](mailto:DrugConsultations@homeoffice.gsi.gov.uk)
- Sending a hard copy to:

Consultation  
Drug Strategy Unit, Home Office  
4<sup>th</sup> floor, Fry building  
2 Marsham Street  
LONDON SW1P 4DF

The closing date for responses to reach use by is **30 September 2010**.

# 2010 Drug Strategy consultation PRO FORMA FOR RESPONSES

## About you

**What is your gender?** (please tick one)

- Female   
Male

**How old are you?** (please tick one)

- Under 18   
18 – 24   
25 – 34   
35 – 54   
Over 55

**Where do you live?** (please tick one)

- North East   
North West   
South East   
Yorkshire and the Humber   
West Midlands   
East Midlands   
East of England   
South West   
London   
Wales   
Northern Ireland   
Scotland   
Channel Islands  Please name island: \_\_\_\_\_

**Please tell us your occupation (if relevant)**

*Drug and Alcohol Strategy Manager*

**Please tell us which organisation you represent (if applicable)**

*Drug and Alcohol Action Team Haringey Council & NHS Haringey*

## 2010 Drug Strategy consultation PRO FORMA FOR RESPONSES

### Vision for the new drug strategy

The Home Office will lead the new Drug Strategy to prevent drug taking, disrupt drug supply, strengthen enforcement and promote drug treatment with the focus on enabling people to become free of their addictions, including alcohol, to recover fully and contribute to society. It aims for:

- Greater ambition for individual recovery whilst ensuring the crime reduction impact of treatment.
- Actions to tackle drugs being part of building the “Big Society”.
- A more holistic approach with drugs issues being assessed and tackled alongside other issues such as alcohol abuse, child protection, mental health, employment and housing.
- Budgets and responsibility devolved wherever possible, with commissioning of services at a local level.
- Budgets and funding streams simplified and outcome based.
- The financial costs of drug misuse reduced.

#### QUESTION A1: ARE THERE OTHER KEY ASPECTS OF REDUCING DRUG USE THAT YOU FEEL SHOULD BE ADDRESSED?

- Yes
- No

Please outline any suggestions below

***The general principles around acknowledging that drug and drug related issues need to be tackled in conjunction with many other policy areas are welcomed. Recognition of the very close relationship between alcohol use and illegal and legal drugs is particularly welcomed. A fully integrated substance misuse strategy makes sense at a national and local level. Approaches to reducing drug use and associated harms should be based upon the best evidence and research available. Drugs should be categorised in terms of the actual /physical/emotional harm they cause. It would be helpful if the strategy took more of a public health stance and aimed to reduce health inequalities/life chances that arise as a result of substance misuse.***

#### QUESTION A2: WHICH AREAS WOULD YOU LIKE TO SEE PRIORITISED? PLEASE SELECT AS MANY AS APPLY

- Greater ambition for individual recovery whilst ensuring the crime reduction impact of treatment.
- Actions to tackle drugs should be part of building the “Big Society”.
- A more holistic approach, with drugs issues being assessed and tackled alongside other issues such as alcohol abuse, child protection, mental health, employment and housing.
- Budgets and responsibility devolved wherever possible, with commissioning of services at a local level.
- Budgets and funding streams simplified and outcome based.
- The financial costs of drug misuse reduced.
- None of them

***All of the above areas have merit. It is important that we are ambitious in terms of the outcomes for those who have experienced drug problems. We should also be ambitious in terms of the outcomes for their families and communities.***

## 2010 Drug Strategy consultation PRO FORMA FOR RESPONSES

***The role of the voluntary sector and the public in responding to drug problems is critical. More work needs to be done to help support understanding of the realities of substance use and promote awareness of what can be done and where help is available. This requires there to be a mechanism to allow ready access to evaluated, good quality advice on a range of substance use issues.***

***Clearly local areas and local partnerships are better placed than central government to identify and respond to local issues. We would agree that there has been too much emphasis on central targets and a burdensome weight of bureaucracy. However, it needs to be acknowledged that certain highly specialist areas may benefit from systems that promote regional or sub regional collaboration. Substance misuse cannot be allowed to fall off local agendas; this does not require a vast apparatus but will need consistent and positive support.***

***The simplification of budgets and funding streams is to be welcomed. We would ask that budgets are made as dependable and reliable as possible. Previous experience demonstrates that fluctuations in budgets and uncertainty of future funding renders efficient planning impossible and results in less than optimum returns on investment. The move toward outcome targets is a positive one. However, we do need to bear in mind that some areas of work benefit from innovation and its important to ensure that any outcome based system does not stifle the development of new approaches (which maybe potentially more cost effective).***

### QUESTION A3: WHAT DO YOU THINK HAS WORKED WELL IN PREVIOUS APPROACHES TO TACKLING DRUG MISUSE?

***The experience of the Communities Against Drugs Initiative was positive in its ability to galvanise local activity – and indeed helped promote activity that would seem to fall within the Big Society agenda. CAD enabled DAATs to work with communities at a very local level in both identifying and finding solutions to localised drug problems.***

***The establishment of local partnerships has been positive and been central to the gains that have been made in the last 15 years. It has enabled DAAT Strategy Managers and commissioners to be supported in this challenging area of work and remove blockages. While concerns may still remain about aspects of commissioning there is no disputing that it has improved from the very low level of the 1990's. There has likewise been improvement in terms of a larger and more skilled workforce. Models of Care and Treatment Outcome Profiles have represented step changes in service delivery. In particular MOC and MOCAM gave commissioners/service users and providers a sense of what should be available at a local level in terms of drug and alcohol provision. While the impacts of narrowly ring fenced budgets may not always be positive, certainly in terms of building robust local partnerships there is no doubt that dedicated resources targeted at drug use have ensured improvements which would otherwise have been in doubt .***

## 2010 Drug Strategy consultation PRO FORMA FOR RESPONSES

***Without disputing the scope for improvement it is vital to acknowledge that great strides have been made in tackling drug issues since the 1990's. While seeking to build on this progress we should ensure we do not lose these gains.***

QUESTION A4: WHAT DO YOU THINK HAS NOT WORKED SO WELL IN PREVIOUS APPROACHES TO TACKLING DRUG MISUSE?

***There has been an over emphasis on the link between drug misuse and offending to the detriment of wider public health issues – e.g. the spread of hepatitis C. The Home Office lead for the Drug Strategy may not have helped in this matter.***

***Previous approaches have tended to not promote the work relating to alcohol issues or mental health and broader health and wellbeing priorities. At a local level for example the drugs agenda is tied into the CDRP, whilst alcohol feeds into the Wellbeing Board. Arguably substance misuse work should sit within the wellbeing/health improvement arena at a national and local level.***

***There was insufficient focus on scientific and research evidence and the issues relating to the ACMD and the media coverage of such was unhelpful.***

***There has been a lack of consistent “championing” of drug issues centrally. This is an area which needs to be constantly promoted in terms of the benefits it brings across a broad range of policy.***

***The concentration on outputs rather than outcomes was also a problem as was the narrow focus on treatment and narrow definitions of what constituted drug treatment and therefore what got ‘counted’. Micro-management from the centre stifled creativity and made it difficult to commission against real local need e.g. beyond class A drug users. Having no dedicated money for alcohol has also been problematic. In summary we would like to see drug/alcohol policy linked into other cross cutting policy areas at the centre and locally.***

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### Prevent drug use – Department for Education lead

Acting early, particularly with young people, can help stop drug and alcohol problems from developing. However there are many different factors that can lead people to misuse drugs or alcohol and a range of different approaches to prevention.

The reasons that people come to misuse drugs or alcohol are complex, influenced by personal, community and societal factors. And while we know that adolescence is typically the point at which misuse starts, prevention strategies need to consider the full range of these factors.

The government has already set out some proposals for tackling the supply of drugs or alcohol to young people including a system of temporary bans on so called 'legal highs' and licensing measures to increase the penalties for those selling alcohol to underage young people.

#### QUESTION B1: WHAT ARE THE MOST EFFECTIVE WAYS OF PREVENTING DRUG OR ALCOHOL MISUSE?

***As with many areas of health inequalities it is impossible to ignore the added risks associated with poverty in relationship to drug and alcohol misuse. Work to tackle poverty and address entrenched inequality will contribute significantly to reducing problem use. Likewise drug and alcohol related work are essential components in reducing poverty, inequality and promoting regeneration.***

***Evidence clearly indicates the importance and benefits of a good school and educational experience. Likewise the importance of keeping children within the school system. Therefore a major priority should be the prevention of individuals dropping out of school. Schools should be supported to develop good pastoral care. The decision not to proceed with a compulsory PSHE curriculum does highlight a key issue. We have a duty to educate young people about the substances and risks associated they will face in society, we also need to assist in developing young peoples sense of social responsibility and their ability to make informed decisions in complex situations. There is a clear need across to issues of under age pregnancy, sexual health as well as tobacco and diet. Progress has been made but again this is an area where there is a need for good quality and accessible information to support professionals. Also steps should be taken to improve the training of teachers (and other professionals) to enhance their capability around responding to substance use issues.***

***Building upon the Every Child Matters agenda and supporting Children's Services can make an important contribution to reducing substance misuse. It is surely wrong that it is possible to identify multiple risk factors in young people as regards substance misuse (as well as other harms) without putting in place effective interventions. Specifically our experience locally suggests the following is effective:***

- ***Life skills drug education as part of a planned time-tabled programme of Personal Social Health Economic education. Provided from Year One to Year 13 on a spiral curriculum. Drugs and alcohol education to include tobacco and other legal drugs.***
- ***Specialist PSHEe teachers with on-going professional development are best placed to provide this education supported by specialist outside agencies, for example drug and alcohol treatment services, police service, school nurses.***



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- **Parental engagement, especially through schools, is important to ensure information, skills and attitudes are common and up-to-date.**
- **Theatre in Education and well-supported near peer educators can also play a positive role in reducing misuse and can also enrich and reinforce key messages about harm and safety.**
- **Models of drug education that seek to minimise harm and equip young people with the skills and knowledge they need to make the right healthy choices.**
- **Specialist support in schools /colleges including provision of counselling and mentoring schemes.**
- **Early intervention programmes that provide advice and guidance to vulnerable and 'at risk' children and young people.**

QUESTION B2: WHO (WHICH AGENCIES, ORGANISATIONS AND INDIVIDUALS) ARE BEST ABLE TO PREVENT DRUG OR ALCOHOL MISUSE?

**In relationship to this question (and B1) we feel it is vital to define reductions in harm not merely in prevalence. The harms that accrue to individuals and communities should be the priority for an effective strategy.**

**In terms of organisations Health and Wellbeing Boards should have a major role and there is a clear and vital role for local partnerships (DAATs) with a focus on substance use who work with all appropriate partners. However, the real need is to embed the issues across all services and organisations who work with young people and indeed beyond into those working with the community in general.**

**We should also work to ensure that parents, carers, family members can readily access advice and information relating to substance use. In addition:**

- **Schools/teachers and specialist support (drug/alcohol agencies, school nurses) have a key role to play in providing effective drug and alcohol education in a planned PSHEe curriculum, with prevention or deferred use as likely outcomes**
- **Family support services with staff having specialist knowledge**
- **Informed and confident families**
- **Integrated youth support organisations**
- **FRANK or equivalent national drug/alcohol information service with public advertising campaigns**
- **National phone lines e.g. Drinkline; Smoking Quitline**

QUESTION B3: WHICH GROUPS (IN TERMS OF AGE, LOCATION OR VULNERABILITY) SHOULD PREVENTION PROGRAMMES PARTICULARLY FOCUS ON?

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**There are a range of indicators which identify those young people at particular risk and resources should be directed at these. The ACMDs Pathways to Problems report provides clear indication of these factors. It is important that services that deal with major traumas which may effect young people, e.g. sexual abuse, are linked to substance misuse responses. Rather than focussing on specific age groups (while acknowledging factors such as transition to secondary school) we should be seeking to ensure that all young people are aware of where they can get advice and where appropriate support.**

**In relationship to this question (and B1) it is vital to define reductions in harm not merely in prevalence. The harms that accrue to individuals and communities should be the priority for an effective strategy.**

**Specifically the following should be targeted:**

- **Universal intervention through schools for all children and young people**
- **Children in families of substance misusing parents/carers**
- **Looked After Children**
- **Young people excluded from school**
- **Teenage parents**
- **Young people and families with mental health problems**
- **Young tobacco smokers**
- **Young people who are NEETS**
- **Young people involved in the criminal justice system**

### QUESTION B4: WHICH DRUGS (INCLUDING ALCOHOL) SHOULD PREVENTION PROGRAMMES FOCUS ON?

- All drugs

Please explain your view below

**As previously stated there should be an emphasis on harms. However, it needs to be recognised that different drugs may cause different individuals, cohorts and communities different levels of harms. This will vary across the country. With the development of a public health approach we need to balance work around whole populations (prevalence, which may of course reduce the pool from which individuals will go on to experience harms) against the acute needs of those with drug problems, their families and communities. We need to ensure that all substances are considered and that our systems and responses are reactive to changes in terms of patterns of use. Universal education concerning the nature of all drugs, including alcohol and tobacco, legal and illegal, is crucial to enabling young people to make informed and healthy choices. The drugs that cause most harm—and heaviest cost to the health and criminal justice services—are alcohol and tobacco. Illegal drugs also cause great harm, but it is important not to create double standards in the eyes of young people. Demystification of what drugs are, their relative harm, risks and legal status should be at the centre of education and prevention programmes. The information provided about all drugs should be honest, up to date and accurate.**

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QUESTION B5: HOW CAN PARENTS BEST BE SUPPORTED TO PREVENT YOUNG PEOPLE FROM MISUSING DRUGS OR ALCOHOL?

QUESTION B6: HOW CAN COMMUNITIES PLAY A MORE EFFECTIVE ROLE IN PREVENTING DRUG OR ALCOHOL MISUSE?

**Communities need to be actively engaged. To be supported in identifying the problems they face and then determine effective (and wherever possible evidence based) responses. The experience of Communities Against Drugs did demonstrate that relatively modest investment could galvanise communities and achieve clear benefits.**

QUESTION B7: ARE THERE ANY PARTICULAR EXAMPLES OF PREVENTION ACTIVITY THAT YOU WOULD LIKE TO SEE USED MORE WIDELY?

**There are a number of approaches being developed which show some promise – often around more positive engagement with the education process. More specialist provision needs to be targeted at those known to be at highest risk (e.g. those within Pupil Referral Units or out of school). Diversion activities are also considered worthwhile, though we would flag that these should consist of more than just sport related programmes. Outcomes for such approaches need to look at a range of positives, not merely drug prevalence rates.**

- **Haringey Drug Education Team trained over 500 teachers and helped embed drug/alcohol education in all school's PSHEe curriculum**
- **Theatre In Education and other creative methods of active learning**
- **Trained counsellors in schools**
- **Specialist drug/alcohol advice workers for vulnerable young people**
- **Youth-friendly websites. For example, Haringey has [www.herbonline.info](http://www.herbonline.info)**
- **Advertisements, posters, films and leaflets that young people have helped design (Haringey has examples)**
- **Peer educators (with ongoing support)**

QUESTION B8: WHAT BARRIERS ARE THERE TO IMPROVING DRUG AND ALCOHOL PREVENTION?

- **Not being compulsory in schools, drug and alcohol education provision can be patchy and inadequately provided**
- **Lack of time on curriculum and trained teaching staff**
- **Popular misconception, sustained by much of mass media, that alcohol and tobacco are not drugs or that they are not as dangerous or significant as illegal drugs**
- **Media scare stories and lack of balance in reporting drug/alcohol issues**
- **Lack of trained counsellors and other specialist staff in schools, colleges, youth and community centres to support vulnerable young people**
- **Adult double-standards, particularly over alcohol use/misuse and other drugs**
- **Insufficient funding for drug/alcohol education and prevention programmes and staff**

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## 2010 Drug Strategy consultation PRO FORMA FOR RESPONSES

### Strengthen enforcement, criminal justice and legal framework – joint Home Office and Ministry of Justice lead

As part of the full assessment on sentencing policy, we will ensure that sentencing for drug use helps offenders come off drugs.

#### QUESTION C1: WHEN DOES DRUG USE BECOME PROBLEMATIC?

***Drug use becomes problematic when it impacts on the individuals own health/wellbeing, their family, or comes to the attention of the Criminal Justice system, health or other public services. Some problems will be acute (e.g. overdose) others may be longer term or chronic (e.g. disengagement from school/work or long term liver damage). The previous focus on criminal justice related problematic use has left a gap that could be closed with a public health focus – for example in relation to Blood Borne Viruses.***

#### QUESTION C2: DO YOU THINK THE CRIMINAL JUSTICE SYSTEM SHOULD DO ANYTHING DIFFERENTLY WHEN DEALING WITH DRUG-MISUSING OFFENDERS?

***We believe that a considerable amount of human and financial resource is wasted around the current level of drug testing.***

***We also believe that there is considerable scope to develop conditional cautioning.***

***There is a need to improve the filter process that separates those who are arrested and have used substances (including alcohol) from those whose criminal activity is related to use that would benefit from treatment. Other interventions need to be enhanced for this first group.***

- ***recognise the inappropriateness of sending users to prison for breaching an order***
- ***there could be better join up between the prisons and community post release of prisoners***
- ***more investment in CARATS***
- ***DIP is effective – however, could be even more effective if courts services were better engaged in the process.***

In order to ensure that the UK has an effective statutory framework able to respond to emerging threats we will introduce a system of temporary bans on new psychoactive substances or so called “legal highs”. This will enable us to take early legislative action to curb availability of potentially harmful emerging substances whilst waiting for full advice from the Advisory Council on the Misuse of Drugs. Offences will apply to the “trafficking/supply offences” and not simple possession. (Further information about government’s proposal is available at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk))

#### QUESTION C3: DO YOU HAVE A VIEW ON WHAT FACTORS THE GOVERNMENT SHOULD TAKE INTO CONSIDERATION WHEN DECIDING TO INVOKE A TEMPORARY BAN ON A NEW SUBSTANCE?

**No**

Please explain your views below

## 2010 Drug Strategy consultation PRO FORMA FOR RESPONSES

***As an overall approach the temporary banning of substances is unhelpful and potentially puts people more at risk. Drugs are constantly evolving and any real research into the effects takes at least 18 months. More importantly banning makes them more expensive and encourages further attempts at creating similar substances, meaning the government would effectively be chasing it tail trying to keep up with the new drugs. There needs to be enhanced systems to detect changes in trends/emerging drugs early. Currently we have a largely retrospective and reactive approach. Good analytical services should be able to help identify emerging substances of most concern. There is also a need to try and ensure that the process of banning – and associated media interest – does not act as advertising for such products. It seems likely that the developments around new substances in recent years will have a significant impact in drug use and drug markets and these should be monitored.***

We will explore alternative forms of secure, treatment-based accommodation for mentally ill and drug-misusing offenders.

QUESTION C4: WHAT FORMS OF COMMUNITY BASED ACCOMMODATION DO YOU THINK SHOULD BE CONSIDERED TO REHABILITATE DRUG OFFENDERS?

***There is scope to develop places of safety within the community (these should be provided for both adults and young people). Issues around stable and safe accommodation are important for those going through treatment, and only by addressing accommodation issues can we maximise gains from investment in treatment. However, much could be achieved through use of tenancy support programmes etc. The use of secure residential accommodation needs to be carefully considered. More support for drug free wings within the existing secure estate would be welcomed.***

We will strengthen enforcement by targeting all points along the drug supply chain from disrupting street level dealers to tackling organised crime groups.

QUESTION C5: WHERE DO YOU THINK WE MOST NEED TO TARGET ENFORCEMENT EFFORTS TO REDUCE THE SUPPLY OF DRUGS?

***The short answer to this question is that enforcement appears not be working – if it was the price of drugs on the street would have gone down considerably – this has not happened. Street level dealers are by definition often users themselves – the drugs trade is international and is often linked with other forms of crime. There needs to be greater efforts at an international level. In terms of communities street level issues are a priority and while allowing for the realities of drug market displacement tackling open and nuisance creating drug markets must remain a police priority***

We will also ensure law enforcement responds swiftly and flexibly to the changing drugs landscape, including emergence of new drugs, and the cyber-threat.

QUESTION C6: WHAT ELSE DO YOU THINK WE CAN DO TO KEEP ONE STEP AHEAD OF THE CHANGING DRUGS MARKETS?

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**Police could liaise with their local drug action team who often have intelligence about new drugs coming onto the market from the drug service providers they commission. . There would be clear benefit in developing an early warning system (this would also have public health benefits). As with other professionals those engaged with enforcement would benefit from enhanced training around this issue.**

We will reduce drug-related re-offending by incentivising local criminal justice, voluntary and other partners to work together in a more joined-up and targeted way to deliver cost effective services, including models such as Integrated Offender Management (IOM).

QUESTION C7: WHICH PARTNERS – IN THE PUBLIC, VOLUNTARY AND COMMUNITY SECTORS - WOULD YOU LIKE TO SEE WORK TOGETHER TO REDUCE DRUG RELATED REOFFENDING IN YOUR LOCAL AREA?

**We would welcome a scheme similar to Communities Against Drugs to help engage the voluntary and community sectors. Modest investment here could deliver significant gains. Work to support the engagement of those working across the broad social policy framework (housing, social services, education, employment) is essential. Improvements would be welcomed around liaison with those involved in offender management. Key partners would be the Police, Job centre Plus, the community including ex users, Probation, Housing, the DAAT, and Supporting People.**

QUESTION C8: WHAT RESULTS SHOULD BE PAID FOR OR FUNDED?

**There is no in principle objection to rewarding positive outcomes. However, it needs to be acknowledged that simplistic outcome targets can potentially penalise those delivering effective services. There is also a very wide spectrum of individuals to be worked with and many external factors (e.g. employment ) that are beyond services control. Work could be developed on a basket of indicators, including health (e.g. entry into Hep C treatment) as well as training and social functioning outcomes. We would argue these need to be flexible and negotiated at a local level (albeit within a potential national framework).**

**Many of the outcomes on Treatment Outcome Profile give a good indication of changes in behaviour and are about outcomes rather than targets. However, some are inevitably more difficult to measure than others. Government should continue to fund a range of prevention and treatment interventions from lower level harm reduction services through to Tier 4 rehabilitation services.**

We will reduce drug supply in prison by deploying a comprehensive range of measures based on local risk assessment, working closely with law enforcement partners, and developing intelligence gathering capability.

QUESTION C9: WHAT MEASURES DO YOU THINK SHOULD BE TAKEN TO REDUCE DRUG SUPPLY IN PRISON?



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***There is already clear evidence of what helps reduce supply in prison. Effective use of staff (which requires adequate resources) and technology has been shown to reduce supply significantly. There is support for the development of drug free wings – which again require adequate support. A particularly significant concern around prison drug use is the associated health problems. Addressing these should be a priority. More activities in prisons making it less likely that drug markets would flourish***

QUESTION C10 (IF APPLICABLE):

WHAT IMPACT WOULD THE MEASURES SUGGESTED HAVE ON:

a) offenders?

b) your local community?

- a) ***Improve their health and so increase likelihood of successful reintegration.***
- b) ***The above would help reduce re-offending, save resources and improve public health.***



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Rebalance treatment to support drug free outcomes – Department of Health lead

**Harm reduction services are more generally available (though these would benefit from being greater valued for their public health gains and new challenges require innovation).**

- **Local commissioning frameworks based on sound needs assessment**
- **Models of care**
- **User involvement in the planning and commissioning process**
- **outcome based commissioning**
- **DAAT Partnerships**
- **Crack/stimulant specific services**
- **Accessiblility**

QUESTION D2: THINKING ABOUT THE CURRENT TREATMENT SYSTEM, WHAT IS IN NEED OF IMPROVEMENT AND HOW MIGHT IT NEED TO CHANGE TO PROMOTE RECOVERY?

(E.g. how commissioners get the most out of community and residential rehab)

**Better support is required for mainstream services, much more could be achieved within primary care settings.**

**There is a clear need to improve the linkages between drug services and those working with alcohol and mental health. The role of non-specialist services also needs to be recognised.**

**We should value the existing evidence base, seek to ensure it is implemented – but not at the expense of stifling innovation and look at new methods.**

**Greater local autonomy offers the opportunity of more tailored local responses but treatment and recovery initiatives will benefit from central championing.**

**Looking at access we should seek to develop routes into advice and treatment which are low threshold to try and intervene prior to the development of more acute problems.**

- **Integrated treatment system**
- **More GP Prescribing and involvement**
- **Education, training and employment opportunities – that are endorsed and supported by central and local government**
- **more and wider range of accomodation for current and ex-users**
- **funding for community care could be simplified (pooling of LA and NHS monies)**
- **The recovery capital of users and their families needs investment. Start up funding to make personalisation real and available to ex-substance misusers.**
- **Benefit system needs to facillitate gradual entry into the job market and to acknowledge that volunteering etc is a valuable**

QUESTION D3: ARE THERE SITUATIONS IN WHICH DRUG AND ALCOHOL SERVICES MIGHT BE MORE USEFULLY BROUGHT TOGETHER OR ARE THERE SITUATIONS WHERE IT IS MORE USEFUL FOR THEM TO BE OPERATED SEPARATELY?

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**Combined services could work for polydrug use, counselling, recovery agenda, but separate services may be needed for specific group work or work in GP settings., e.g. tranquillisers users often need a lot of ongoing intensive one to one support as well as group work. Feedback from service users has sometimes favoured separate drug and alcohol services. The main priority is that if we have combined services we must have the necessary expertise and understanding of drug and alcohol issues within the staff team.**

QUESTION D4: SHOULD THERE BE A GREATER FOCUS ON TREATING PEOPLE WHO USE SUBSTANCES OTHER THAN HEROIN OR CRACK COCAINE, SUCH AS POWDER COCAINE AND SO CALLED LEGAL HIGHS?

Yes

Please explain your response below

**Yes – cannabis, ketamine, khat and cocaine can be extremely problematic for the individual user and their family both in terms of mental and physical health. Commissioners should be able to treat people based on their local needs assessment.**

QUESTION D5: SHOULD TREATING ADDICTION TO LEGAL SUBSTANCES, SUCH AS PRESCRIBED AND OVER-THE-COUNTER MEDICINES, BE A HIGHER PRIORITY?

Yes

Please explain your response below

**Not necessarily higher – more that treatment services should be able to treat and work with anyone who comes through their door for help with a substance misuse problem. The previous strategy made this nigh on impossible with its focus on class A drug users to the exclusion of other drugs, including alcohol.**

QUESTION D6: WHAT ROLE SHOULD THE PUBLIC HEALTH SERVICE HAVE IN PREVENTING PEOPLE USING DRUGS IN THE FIRST PLACE AND HOW CAN THIS LINK IN TO OTHER PREVENTATIVE WORK?

**Substance misuse prevention should be a core part of public health/health improvement activity. It could easily link in with other preventative work e.g. cardiovascular disease/high blood pressure screening can and should be linked to alcohol screening/screening for stimulant use. Specifically this work should be linked to tackling health inequalities e.g. Haringey DAAT have recently worked with the Somali community re prevention of TB within Mafrishes – where khat is chewed and poor ventilation contributes to spread of TB). Reducing Teenage pregnancy and obesity can and should be linked into drugs and alcohol work. Prevention of blood borne viruses e.g. HIV, Hep B and Hep C. Clean water and injecting equipment.**

We will build a skilled workforce to deliver better results and improve treatment (both medical and psychosocial), offering more ambitious and individual services, building on the evidence of what works and is cost-effective.

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QUESTION D7: WE WANT TO ENSURE THAT WE CONTINUE TO BUILD THE SKILLS OF THE DRUG TREATMENT AND REHABILITATION SECTOR TO ENSURE THAT THEY ARE ABLE TO MEET THE NEEDS OF THOSE SEEKING TREATMENT. WHAT MORE CAN WE DO TO SUPPORT THIS?

- **Ensure NVQ's available through the Skills Council**
- **Ensure evidence based research continues and offer free conferences**
- **Focus on drug and alcohol should be part of GP/other health and social care staff training not just specialist drug and alcohol workers**

We will improve the “patient experience” of treatment and recovery, ensuring better continuity of care when moving between treatment settings (e.g. prison and community, with appropriate services for young people, and promoting a more holistic approach that includes effective support for reintegration).

QUESTION D8: TREATMENT IS ONLY ONE ASPECT CONTRIBUTING TO ABSTINENCE AND RECOVERY. WHAT ACTIONS CAN BE TAKEN TO BETTER LINK TREATMENT SERVICES IN TO WIDER SUPPORT SUCH AS HOUSING, EMPLOYMENT AND SUPPORTING OFFENDERS?

**Central government needs to ensure that all Whitehall departments who relate to policy around housing, employment and support of offenders work together. Previously agendas have often competed against each other and on occasion actively discriminated against those working toward recovery/social reintegration. Championing the case that recovery and social reintegration is a reality and delivers real results for individuals, families and communities is essential.**

**Government could incentivise employers to take on people with previous offending/drug using history as there is often a great deal of prejudice regarding this group. A dedicated Work Placement Officer whose task it is to support the employee and employer has proved helpful in Haringey. Funding for social enterprises can also be helpful. There needs to be a push from central government re housing of people with former substance misuse problems, as this is not something that can simply be tackled by the local Drug and Alcohol Action Team. Locally we have been fortunate in being able to redesign SP accommodation based support services to better meet the needs of people with drug/alcohol and mental health problems. However, unless there is move on accommodation this scheme will quickly develop a waiting list.**

We need to ensure that commissioners across different Government programmes are working effectively together and can access funding without excessive restrictions on use.

QUESTION D9: HOW DO YOU BELIEVE THAT COMMISSIONERS SHOULD BE HELD TO ACCOUNT FOR ENSURING THAT OUTCOMES OF COMMUNITY-BASED TREATMENTS, FOR THE PROMOTION OF REINTEGRATION AND RECOVERY, AS WELL AS REDUCED HEALTH HARMS, ARE DELIVERED?

**Essentially commissioners need to be held account by their local communities via their local authorities (with their expanding remit into public health). This can only be achieved by promoting a clear understanding of the scale of the problems faced, the links into related areas and an expectation of what effective interventions can provide. Targets should be agreed at a local level as each London borough is different. The outcomes should be based on the findings of our local needs assessment. In terms of accountability for the wider recovery agenda this cannot be solely the commissioners responsibility, as stated above**

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***employees need to be incentivised and we need more jobs and housing - particularly in the current climate.***

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### Support recovery to break the cycle of drug addiction – Department for Work and Pensions lead

The Coalition Government believes in an approach to tackling drug and alcohol dependency that is firmly rooted in the concept of recovery and reintegration, as a process through which an individual is enabled to overcome the symptoms and causes of their dependency, and become an active and contributing member of society.

It is however, important to recognise that recovery can mean different things, to different people, at different points in their journey, and is most effective when an individual's needs and aspirations are placed at the heart their care.

The end result should also be the focus, rather than the means, which is why we will seek to embed appropriate outcome-based incentives into the delivery and commissioning system.

Recovery does not begin or end with treatment and applies equally to employment, housing, education and skills, family support, probation and wider health services that need to wrap around treatment in a holistic fashion to support sustained recovery.

QUESTION E1: WHAT INTERVENTIONS CAN BE PROVIDED TO BETTER SUPPORT THE RECOVERY AND REINTEGRATION OF DRUG AND ALCOHOL DEPENDENT OFFENDERS RETURNING TO COMMUNITIES FROM PRISON?

***Better pre-release planning should be developed. We welcome the recognition of the vital role of services beyond drug treatment.***

- ***Properly funded carat teams***
- ***meet and greet teams –***
- ***better join up between the prisons and community re release dates.***
- ***treatment plans that have been agreed whilst offender is still in prison***
- ***support networks in place***
- ***housing in place –(particularly if prisoner already has accommodation – more work is needed to ensure they do not loose there tenancy or are not discriminated against in terms of housing because they have been in prison***

QUESTION E2: WHAT INTERVENTIONS COULD BE PROVIDED TO ADDRESS ANY ISSUES COMMONLY FACING PEOPLE DEPENDENT ON DRUGS OR ALCOHOL IN RELATION TO HOUSING?

- ***Much more could be done to help people maintain existing housing and with their transition to managing a home. Tenancy support work can pay significant dividends. We need a greater recognition that housing is often the issue that secures individuals progress/recovery and so realises the gain on other investment. Continuation of funding for Supporting People***
- ***services that are targeted at substance misusers and offenders***

QUESTION E3: HOW MIGHT DRUG, ALCOHOL AND MENTAL HEALTH SERVICES BE MORE EFFECTIVE IN WORKING TOGETHER TO MEET THE NEEDS OF DRUG OR ALCOHOL DEPENDENT SERVICE USERS WITH MENTAL HEALTH CONDITIONS?

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***There is a real gap in terms of alcohol services for those with Dual diagnosis. Alcohol services and particularly voluntary sector alcohol services are not funded to deal with complex needs and given that many cases include the use of cannabis and alcohol it is crucial that these services are better resourced. In addition CMHT's could be better resourced to deal with these issues, GP's could be better trained to recognise and work with this group, psychology could have an input into dual diagnosis services. Ultimately what is needed are integrated drug/alcohol dual diagnosis services that are fully resourced.***

QUESTION E4: DO APPROPRIATE OPPORTUNITIES EXIST FOR THE ACQUISITION OF SKILLS AND TRAINING FOR THIS GROUP?

***Often not, or where they do exist with very limited capacity. The experience of initiatives such as Progress 2 Work show that such interventions can be beneficial. We need to have a wide range of interventions to cope with the breadth of the problems faced, ranging from basic literacy and numeracy through to coaching and confidence building. People with a dual diagnosis are often more stigmatised than those with drug or alcohol problems..***

In respect of employment, we will reform the welfare system so that those with drug and alcohol problems receive the help and support they need to overcome their dependency and get back to work.

QUESTION E5: SHOULD WE BE MAKING MORE OF THE POTENTIAL TO USE THE BENEFIT SYSTEM TO OFFER CLAIMANTS A CHOICE BETWEEN:

- a) some form of financial benefit sanction, if they do not take action to address their drug or alcohol dependency; or
- b) additional support to take such steps, by tailoring the requirements placed upon them as a condition of benefit receipt to assist their recovery (for example temporarily removing the need to seek employment whilst undergoing treatment).

***We do not believe applying benefit sanctions is a sensible proposition with this client group. It could lead to more drug related crime/ pressure on carers and other family members. Some of this group cannot read or write and have never worked. We would like to see the development of more apprenticeship schemes for this group. It is senseless to pretend that employers are going to welcome them with open arms - there needs to be a concerted media campaign to change attitudes toward people with substance misuse problems.***

QUESTION E6: WHAT IF ANYTHING COULD JOBCENTRE PLUS DO DIFFERENTLY IN ENGAGING WITH THIS CLIENT GROUP TO BETTER SUPPORT RECOVERY?

(For example, greater use of specialist advisers and outreach, use of different communication channels for benefit advice and administration)

- ***Specialist JCP advisors could come into treatment services and be part of the service users reviews***
- ***JCP staff need more training on effects of substance misuse and its impact on this group***
- ***JCP staff need to talk to newly unemployed JCP clients re the risk of escalating alcohol/drug use linked to unemployment***



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QUESTION E7: IN YOUR EXPERIENCE, WHAT INTERVENTIONS ARE MOST EFFECTIVE IN HELPING THIS GROUP FIND EMPLOYMENT?

- **life skills training**
- **personal development**
- **dealing with conflict**
- **developing self-esteem/confidence**
- **help with completing CV's**
- **basic literacy and maths**
- **voluntary work/ training for short periods**
- **benefits talling off as employment becomes more secure**
- **having a dedicated work placement officer that the person can check back in with – not necessarily linked to treatment services.**

QUESTION E8: WHAT PARTICULAR BARRIERS DO THIS GROUP FACE WHEN WORKING OR LOOKING FOR EMPLOYMENT, AND WHAT COULD BE DONE TO ADDRESS THESE?

(For example, how could employers be encouraged to look beyond stigma to employ recovering addicts)

**As previously stated employers might need to be incentivised and receive some training re drugs and alcohol. The could be supported by knowing that the new employee had a Work Placement Officer who was supporting them and the new employee deal with any conflict etc. The barriers they face are – criminal record, low paid or exploitative work opportunities, child care, fear of poverty if they come off benefits.**

New approaches to supporting families with multiple problems will be developed. The cost-effectiveness of children's services will be improved and the number of children requiring safeguarding or taken into care reduced, with child protection and safeguarding addressed across the strategy.

QUESTION E9: BASED ON YOUR EXPERIENCE, HOW EFFECTIVE ARE WHOLE FAMILY INTERVENTIONS AS A WAY OF TACKLING THE HARMS OF SUBSTANCE MISUSE?

**The 'Think Family' model has started to work very well locally and we would like to see it's coverage widened. In addition targeted services to work with children and families affected by substance misuse are affective in ensuring intergenerational substance misuse problems do not develop.**

QUESTION E10: IS ENOUGH DONE TO HARNESS THE RECOVERY CAPITAL OF FAMILIES, PARTNERS AND FRIENDS OF PEOPLE ADDICTED TO DRUGS OR ALCOHOL?

**No – there is a need for more systemic work in substance misuse services and input from wider support services. It is difficult for family to help service users when they themselves are affected by the users drug or alcohol use.**

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QUESTION E11: DO DRUG AND ALCOHOL SERVICES ADEQUATELY TAKE INTO ACCOUNT THE NEEDS OF THOSE CLIENTS WHO HAVE CHILDREN?

(e.g. are they afforded sufficient priority; is there adequate access to childcare; are the design and opening hours of services appropriate; and could more be done, taking into account child protection issues, to ensure that service users maintain contact with their children whilst engaged in treatment)

***There are minimal resource to do all of the things that substance misuse services would like to be doing if they were truly offering a family friendly service. In terms of safeguarding – this has moved on tremendously and we are confident that all of the staff within the services are aware of the potential risk to children and what to do if they have concerns.***

QUESTION E12: WHAT PROBLEMS DO AGENCIES WORKING WITH DRUG OR ALCOHOL DEPENDENT PARENTS FACE IN TRYING TO PROTECT THEIR CHILDREN FROM HARM, AND WHAT MIGHT BE DONE TO ADDRESS ANY SUCH ISSUES?

- **Problems – Poverty**
- *poor housing*
- *poor access to childcare*
- *poor family support*
- **Solution – in reach of childcare professionals into services, specialist team midwives, drug worker, health visitor, social worker, parenting support worker peer support volunteers**



## 2010 Drug Strategy consultation **PRO FORMA FOR RESPONSES**

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If you want other information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence.

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**Meeting:** Safer Communities Executive Board

**Date:** 4 November 2010

**Report Title:** Quarter Two Update on Implementation of Alcohol Action Plan

**Report of:** Marion Morris, Drug and Alcohol Strategy Manager

### 1.Purpose

1.1. To provide SCEB Board members with an update on implementation of the Alcohol Strategy Action Plan up to Q2. There is a statutory duty on Crime and Disorder Reduction Partnerships to have a strategy that addresses alcohol-related crime and disorder. Government guidance, in line with the national alcohol strategy *Safe. Sensible. Social.*, calls for strategies that go beyond a crime focus and also address health harms and the impact of alcohol on children and families - which is the approach taken by Haringey in the development of its Alcohol Strategy and this Alcohol Action Plan.

### 2.Summary:

2.1. Since 2004, the detrimental effects of alcohol-use disorders has resulted in several government policy initiatives. In addition, the need to prevent and reduce alcohol-use disorders has been incorporated into several public service agreements (PSAs). Key strategies being: 'Alcohol Harm Reduction Strategy for England' (Prime Minister's Strategy Unit 2004), which was updated in 2007 to 'Safe, Sensible, Social'. Haringey choose to prioritise tackling alcohol related harm through the Local Area Agreement, specifically 'reducing the upward trend in alcohol related hospital admission rates' as one of its (NI39) targets. The work is supported by a Local Alcohol Harm Reduction Strategy 'Dying for a Drink?' 2008-11 and this Action Plan.

2.2. This Action Plan is divided into three areas –

- reducing alcohol related harms (Wellbeing Board)
- reducing alcohol related crime and anti-social behaviour (SCEB)
- reducing alcohol related harm to children and young people (Children & Young Peoples Partnership Board)

As of Q2 good progress has been made against the majority of the actions as can be seen by RAG status. For the purpose of this Board, actions on reducing alcohol related crime and anti-social behaviour are the focus.

### 3.Reducing alcohol-related crime and anti-social behaviour

3.1. This section of the plan aims to reduce alcohol related violence and anti-

social behaviour along with ensuring that licensed premises are operating within the context of the law and responsibly. There are a number of actions in this part of the plan that are behind schedule or are experiencing problems with implementation.

3.2. Actions **CS1 and CS2** (information sharing protocol with North Middlesex and Whittington re monitoring and analysing alcohol related violence is delayed. This is due to a new IT system being installed. It is unlikely that this will take place now until next year. The Community Safety Team has received some data information from the Whittington and Homerton Hospitals. As soon as the additional information is received (from North Middlesex) the team will provide a breakdown of the violence related to A&E admissions.

3.3 **(CS3)** CCTV Control Room briefs in order to inform and assist in the detection of violent crime (including alcohol related). CST Analyst tasks the team on a periodic basis following outcomes of Haringey Officer Tasking Group, which meets monthly.

3.4. **(CS8)** The development of a responsible licensee scheme has not met with the response from licensee's that was expected, e.g. a mail out asking licensees to get back to licensing to register their interest met with zero response. This was again raised at Pub Watch meetings and again met with no response. Under the financial constraints of the Council licensing will not be mailing out the newsletter again but will continue to put a newsletter on the web pages and will circulate it at Pub Watch.

3.5. A tailored programme of fire prevention/safety is being developed with Fire Brigade Borough Commander to be delivered at alcohol and drug services along with targeted home fire safety visits for problematic alcohol/drug users.

3.6. **CS11** Area based working re picking up ASB/alcohol related disorder issues is not working as well as it could be – this will be remedied by ensuring representation of DAAT/and or HAGA at these meetings as and when necessary.

3.7. **CS16** Development of local reconnections work with Thames Reach and or Barka limited due to financial constraints. Polish worker appointed but post under threat due to possible spending cuts.

3.8 **CS17** Development of Communications Plan linked to street drinking. As Communication is now centralised key messages around alcohol will be delivered via this avenue.

#### **4. Legal/Financial Implications**

4.1. The work to support key parts of this action plan is under threat due to possible reductions to the area based grant in 2011. In particular actions around health and children and young people. The impact of this would be severe and range from increased alcohol related hospital admissions/deaths, increased street drinking and associated anti-social behaviour along with risks to the viability of the boroughs services for children and families affected by

substance misuse (COSMIC).

**5. Recommendations**

- i. To note progress against action plan which is largely on track.
- ii. To note serious risks to ability to deliver against this plan in the future and the associated consequences.

**For more information contact:**

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**Background**

Whilst we are still unsure of the exact approach the new coalition Government will take to tackling alcohol related harms, there is a strong indication that they wish to see more of a public health stance around alcohol - We will “produce an ambitious public health strategy which will tackle health inequalities and support families with multiple needs”. A Substance Misuse Strategy will be launched in December 10, which will put more flesh on these proposals and we understand that money to support this work will be within the new Public Health Service. Given the extent of alcohol related harm in Haringey, the associated risks - from safeguarding to domestic violence then arguably alcohol should remain a local priority.

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## ALCOHOL STRATEGY ACTION PLAN 2010-11

Reducing alcohol-related health harm		Wellbeing Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
H1	NHS Mid life health checks programme to be extended to 16 new practices in the east of the borough (to include alcohol screening).	NHS Haringey	May 10	NHS Haringey Resources identified	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G	
H2	Implement a social marketing awareness campaign targeting key communities.	Joint Director of Public Health/Public Health Strategist in Addictions/DAAT Strategy Manager	Aug 10	NHS Haringey Social Marketing/PH Monies Resources identified	DAAT Partnership Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G	

Reducing alcohol-related health harm		Wellbeing Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
H3	Update the 'Rush' model re treatment capacity to more accurately reflect treatment need across the treatment modalities.	Public Health Strategist	May 10 and Ongoing	Within existing resources	DAAT Partnership Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G	
H4	Following on from H3 explore how the current alcohol treatment system can be better remodelled in order to meet these gaps.	Drug & Alcohol Strategy Manager/ Joint Commissioning Manager	Sept 10	Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A	
H5	Ensure alcohol is included in all relevant mainstream health promotion strategies (e.g. obesity, sexual health) and activities (e.g. health trainers).	Joint Director of Public Health	Ongoing	Core business	DAAT Partnership Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G	



Reducing alcohol-related health harm		Wellbeing Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
H6	Agree a commissioning framework for alcohol treatment and prevention, to include service user involvement (MOCCAM).	Joint Commissioning Manager for Substance Misuse	Sept 10	Core business to develop commissioning framework	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A	
H7	Update existing borough wide alcohol leaflet and ensure it is put onto NHS Haringey website to facilitate increased referrals from GP's.	DAAT Strategy Manager	May 10	Core Business (within existing resources)	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G	

Reducing alcohol-related health harm		Wellbeing Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
H8	To continue to ensure that the housing needs of people with alcohol problems are addressed by SP, RSLs and Homes for Haringey. Including provision of Brief Interventions training for front line housing workers.	Assistant Director Housing/ Director HAG/DAAT Strategy Manager/ SP Commissioner	Ongoing	Core business	Integrated Housing Board	Homelessness Strategy objectives	Well-being/ Integrated Housing Board	A	
H9	Prepare a proposal to research the extent of alcohol problems in older people in Haringey (Links into NHS Haringey falls collaborative).	Public Health Strategist in Addictions	Apr 10 - Proposal Complete Dec 10 - Research Complete	Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	R	
H10	Improve existing alcohol screening and BI in primary care by: commissioning of alcohol GPSI contract in practices with highest hospital admission rates, screening and BI linked to chronic conditions, alcohol awareness training via GP collaboratives.	Joint Commissioning Manager/Director HAG	Jun 10 and Ongoing	Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G	

Reducing alcohol-related health harm		Wellbeing Board						
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	Progress (RAG)
H11	To explore possibility of developing Workplace IBA Pilot as a further means of identifying alcohol problems at an earlier stage of development.	Ranzetta Consulting/Drug and Alcohol Partnership Manager	Aug 10	DoH monies	DAAT Partnership Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G
H12	Explore possibility of extending training in Healthy Lifestyles to include alcohol and consider roll out to wider Tier 1 staff.	Public Health Strategist in Addictions	Oct 10	NHS Haringey Resources identified	DAAT Partnership Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A
H13	Deliver a range of events to coincide with National Alcohol Awareness Week.	DAAT Strategy Manager	Oct 10	NHS Haringey Mainstream	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A

Reducing alcohol-related health harm		Wellbeing Board						Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	
H14	Secure resources to continue to commission HAGA, COSMIC and outreach work with street drinkers.	Joint Commissioning Manager/DAAT Strategy Manager	Apr 10	ABG	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G
H15	Set up and co-ordinate a programme of GP training and alcohol awareness events within identified GP practices with high reported rates of alcohol problems/CONEL etc. The aim is to increase referrals to alcohol services.	Public Health Strategist in Addictions/HAGA	Jul 10	Core business	DAAT Partnership Board	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G
H16	To improve screening and BI at North Middlesex A&E by: identifying clinical alcohol lead within A & E, targeting frequent flyers, screening and BI to attendees with top 10 presenting conditions and referral to alcohol liaison nurse.	Joint Commissioning Manager	Jul 10	Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G

Reducing alcohol-related health harm		Wellbeing Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
H17	Map out alcohol care pathway and present to CEG.	Drug & Alcohol Partnership Manager/ DAAT Programme Manager	Sept 10	Core Business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	A	
H18	Agree how alcohol can be best integrated into the new poly systems.	Joint Commissioning Manager	Jul 10	Core Business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G	

<b>Reducing alcohol-related crime and antisocial behaviour</b>		<b>Safer Communities Executive Board</b>						
	<b>Activities to be undertaken</b>	<b>Lead organisation and lead officer's name</b>	<b>When</b>	<b>Resources</b>	<b>Partnership or subgroup</b>	<b>Related target</b>	<b>Thematic board</b>	<b>Progress (RAG)</b>
CS1	To develop and implement an information sharing agreement with North Middlesex and Whittington A&E departments to monitor extent of alcohol related violence.	Policy Officer (violent crime) Community Safety	Aug 2010	TKAP DoH funding	Other Violent Crime Partnership Board (OVCB)	NI 15: serious violent crime rate	SCEB	A
CS2	To conduct a comparative analysis of police and health service data re: violent incidents.	Crime and Data Analyst	Nov 2010	Core business	OVCB	NI 15: serious violent crime rate	SCEB	A
CS3	To continue to brief the CCTV control room in order to inform and assist in the detection of violent crime (including alcohol related).	Data Analyst Community Safety	Monthly	Core business	OVCB	NI 15: serious violent crime rate	SCEB	G
CS4	Delivery of ASB/Alcohol Research Study Action Plan.	Policy Officer (ASB) Community Safety Team	Mar 11	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and	SCEB	A

<b>Reducing alcohol-related crime and antisocial behaviour</b>		<b>Safer Communities Executive Board</b>							<b>Progress (RAG)</b>
	<b>Activities to be undertaken</b>	<b>Lead organisation and lead officer's name</b>	<b>When</b>	<b>Resources</b>	<b>Partnership or subgroup</b>	<b>Related target</b>	<b>Thematic board</b>		
CS5	To provide a rolling training programme for enforcement agencies/front line officers on new powers to address alcohol-related ASB/disorder in order to keep up-to-date with legislation.	Assistant Director for Enforcement	Ongoing	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	G	
CS6	Establish programme of joint enforcement activity targeting (rolling) top ten problem licensed premises.	Assistant Director for Enforcement	Ongoing	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local	SCEB	G	

<b>Reducing alcohol-related crime and antisocial behaviour</b>		<b>Safer Communities Executive Board</b>						
	<b>Activities to be undertaken</b>	<b>Lead organisation and lead officer's name</b>	<b>When</b>	<b>Resources</b>	<b>Partnership or subgroup</b>	<b>Related target</b>	<b>Thematic board</b>	<b>Progress (RAG)</b>
CS7	Agree a joint alcohol enforcement protocol to include new provisions of the Policing and Crime Bill in relation to Yellow Card-Red Card and setting up of a licensing panel to deal with problem premises for inclusion in the council Enforcement Policy.	Assistant Director for Enforcement	Nov 10	Core business	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	A
CS8	To develop and launch a Responsible Licensee Scheme to help licensees implement best practice and raise awareness.	Assistant Director for Enforcement	Dec 10	Resources not identified - will require approx £5k)	ASB Partnership Board	NI 21: Dealing with local concerns about anti-social behaviour and crime by	SCEB	A



Reducing alcohol-related crime and antisocial behaviour		Safer Communities Executive Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
CS9	Out of hours officers to conduct noise and licensing visits and where appropriate police to task CCTV services to use cameras on problem premises.	Enforcement Response Manager	Ongoing	Core business	ASB Partnership Board/DAAT	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	G	
CS10	To continually update and implement a multi-agency approach to the alcohol control zones. This will include: ensuring all enforcement officers are clear about their powers; ensuring support	Asst Director Enforcement/Director HAGA/Regional Director St Mungo's Assistant Director for Enforcement	Ongoing	Core business	ASB Partnership Board/DAAT	NI 21: Dealing with local concerns about anti-social behaviour	SCEB	G	

Reducing alcohol-related crime and antisocial behaviour		Safer Communities Executive Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
	agencies are involved (HAGA, employment, housing etc); CCTV are aware of zones and any particular issues.					and crime by the local council and police (improvement target)			
CS11	ASB/Alcohol related disorder/issues to be picked up through the area based working model for appropriate responses.	Neighbourhood Management/ Assistant Director for Enforcement/Police/ CST	Jun 10	Core business	ASB Partnership Board/DAAT	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	A	
CS12	Information on the Alcohol Control Zones to be clear, sources of support available (e.g. leaflets/cards to be readily accessible, ensuring enforcement officers have	Assistant Director for Enforcement/Director HAGA/Regional Director St Mungo's Assistant Director for Enforcement	Ongoing	Core business	ASB Partnership Board/DAAT	NI 21: Dealing with local concerns about anti-social	SCEB	G	

<b>Reducing alcohol-related crime and antisocial behaviour</b>		<b>Safer Communities Executive Board</b>						
	<b>Activities to be undertaken</b>	<b>Lead organisation and lead officer's name</b>	<b>When</b>	<b>Resources</b>	<b>Partnership or subgroup</b>	<b>Related target</b>	<b>Thematic board</b>	<b>Progress (RAG)</b>
	alcohol awareness training.					behaviour and crime by the local council and police (improvement target)		
CS13	Integrate fire safety messages as appropriate into alcohol prevention and information, and improve links between fire service and substance misuse agencies where vulnerable adults are concerned – to help reduce accidental dwelling fire.	Fire Service Borough Commander	Ongoing	Core business	ASB Partnership Board	Local target: Number of accidental dwelling fires (2007 –2010 stretch target)	SCEB	A
CS14	To continue to support survivors of Domestic Violence who have substance use issues by providing surgeries at Hearthstone by an alcohol and Domestic Violence specialist worker.	HAGA/Hearthstone Equalities Team	Ongoing	Core business	Domestic Violence Partnership Board	Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	SCEB	G
CS15	Continue with the rolling programme of test purchasing	Assistant Director for Enforcement	Ongoing	Core business	ASB Partnership board		SCEB	G

Reducing alcohol-related crime and antisocial behaviour		Safer Communities Executive Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
	for alcohol.								
CS16	Development of local reconnections work with Thames Reach and/or Barka, UKBA.	Polish outreach worker DAAT Strategy Manager	Sept 10	ABG	DAAT Partnership Board		SCEB	R	
CS17	Development of communications plan to ensure realistic expectation and informed understanding of street drinking across public/residents and all agencies. (To be integrated into Community Safety comms. plan).	Policy Officer (ASB Community Safety Team)	Sept 10	May require additional resources	Alcohol Strategy Steering Group	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target)	SCEB	A	

Reducing alcohol-related crime and antisocial behaviour		Safer Communities Executive Board						
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	Progress (RAG)
CS18	Ensure street drinking action plan ties in with appropriate strategies including Rough Sleeping, Housing, Crime & Drugs etc.	Head of Safer & Stronger Communities	Sept 10	Core business	Alcohol Strategy Steering Group		SCEB	A
CS19	Potential explored for greater integration of Domestic Violence into drug and alcohol work, including alcohol arrest referral schemes. DVC to attend DAAT meetings. DAAT co-ordinator to attend DVPB.	Domestic Violence Co-ordinator supported by DAAT/HAGA/DVPB, via substance misuse refuge	Jun 10	Core business	DVPB		SCEB	G
CS20	Stella project training provided to substance misuse workers and frontline Domestic Violence workers.	Stella Project supported by DVC	Ongoing	Core business	DVPB	Reduce Repeat Victimisation Target 191 Baseline 240	SCEB	G
CS21	Improve information sharing and training exchange between domestic violence service providers and alcohol services	DAAT and DVPB	Apr 10	Core business	DVPB	Evidence of referrals between DV and		G

Reducing alcohol-related crime and antisocial behaviour		Safer Communities Executive Board						
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	Progress (RAG)
	so that people experiencing DV who have alcohol problems receive appropriate support and treatment.					alcohol services Numbers of DV services providers attending Tier 1 DAAT training Numbers of Alcohol service providers attending DVPB DV training	SCEB	
CS22	Use the MARAC (Multi Agency Risk Assessment Conference) to assist in safety/action planning for people at high risk of domestic violence where alcohol use is a concern.	HAGA, HEARTHSTONE and DVPB	Ongoing	Core business		Evidence of referrals between agencies Reduction in risk and repeat victimisation for victims of DV.	SCEB	G
CS23	Work with Maternity Services	HPCT and Whittington	Ongoing	Core business		TBC		

<b>Reducing alcohol-related crime and antisocial behaviour</b>		<b>Safer Communities Executive Board</b>						
	<b>Activities to be undertaken</b>	<b>Lead organisation and lead officer's name</b>	<b>When</b>	<b>Resources</b>	<b>Partnership or subgroup</b>	<b>Related target</b>	<b>Thematic board</b>	<b>Progress (RAG)</b>
	and the Alcohol Liaison Worker, primary care, HVs, Children's Centres and CVS to promote awareness of guidance on alcohol in pregnancy particularly with victims of DV.	Hospital - JCM for Substance Misuse			DAAT Partnership Board		SCEB	G

Reducing alcohol-related harm to children and young people		Children and Young People's Partnership Board						Progress (RAG)
Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board	Progress (RAG)	
YP1	Cosmic and In-volve to continue to work with secondary schools to deliver programme developed from 2008 Scrutiny Review findings. The programme includes early identification and support programmes for young people affected by familial or their own alcohol (and drug) use and support for schools.	Young People's Substance Misuse Commissioner, Children and Young People's Service, PSHE/Citizenship/ Participation Manager	Mar 11	Core business	YP Substance Misuse Commissioning Group	PSA 25 – reducing the harm caused by alcohol and drugs; PSA 14 – increasing the number of children on the path to success; NI 40 – recording the increase in numbers of drug users (including under-18s) in effective treatment; NI 115 (also included in Haringey's LAA) – substance misuse by young	Children's Trust Board	A



Reducing alcohol-related harm to children and young people		Children and Young People's Partnership Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
YP2	Agree protocols for child protection where alcohol is involved and ensure training is provided to voluntary and statutory sector.	CYPS/DAAT/Deputy Director HAGA, Police/YOS/In-Volve	Mar 11	Core business	Local Safeguarding Children's Board (LSCB)	As above PSA 25, NI 40, NI 115, VSB 14	Children's Trust Board	A	
YP3	Ensure alcohol is included in cluster and centre based PHSE training for schools.	PDC PSHE/Citizenship Manager	Ongoing	Core business	DAAT Partnership Board	As above	Children's Trust Board	G	
YP4	Ensure drug and alcohol policies are in place in primary and secondary schools in the borough.	PSHE/Citizenship Manager (CYPS)	Ongoing	Core business	YP Substance Misuse Commissioning Group	As above	Children's Trust Board	G	

<b>Reducing alcohol-related harm to children and young people</b>		<b>Children and Young People's Partnership Board</b>						
	<b>Activities to be undertaken</b>	<b>Lead organisation and lead officer's name</b>	<b>When</b>	<b>Resources</b>	<b>Partnership or subgroup</b>	<b>Related target</b>	<b>Thematic board</b>	<b>Progress (RAG)</b>
YP5	Alcohol awareness and brief advice training (including identifying parental substance misuse) and appropriate signposting to be delivered to key target groups in the community, by trained professionals.	Parent Commissioner/ CYPSCOSMIC/ ASBAT/In-voive	Sept 10		YP Substance Misuse Commissioning Group	As above		A
YP6	Ensure effective joint working between CYPSC, police and trading standards re new licensing applications to support new licensees to be responsible traders in regard to their safeguarding responsibilities.	CYPSC Young Persons Substance Misuse Commissioner	Ongoing	Core business	LSCB	As above	Children's Trust Board	G
YP7	Ensure Test Purchasing programme operating throughout the year to combat underage purchasing of alcohol.	Police/Trading Standards	Ongoing	Core business	LSCB	As above	Children's Trust Board	G
YP8	Ensure delivery of range of positive activities for young people - ongoing detached work by Youth Response Team	Youth Service Head of Youth Service	Ongoing	Core business	Young People's Commissioning Group	As above	Children's Trust Board	G

<b>Reducing alcohol-related harm to children and young people</b>		<b>Children and Young People's Partnership Board</b>						
	<b>Activities to be undertaken</b>	<b>Lead organisation and lead officer's name</b>	<b>When</b>	<b>Resources</b>	<b>Partnership or subgroup</b>	<b>Related target</b>	<b>Thematic board</b>	<b>Progress (RAG)</b>
	including referral to substance misuse services, YOTS practitioners to deliver D & A education programme.							
YP9	Improve existing alcohol screening and brief interventions with young people in primary care by linking in with alcohol strategy (ref. H10)  Brief advice training being developed and plans to deliver to GPs.	Joint Commissioning Manager/Director HAGA	Jun 10 and Ongoing	Core business	DAAT Joint Commissioning Group	NI 39 and VSC26: Alcohol-related hospital admissions (improvement target)	Well-being	G
YP10	Develop and improve access to age appropriate and harm reduction resources for universal, targeted and specialist services.	YPSM Commissioner Cosmic In-Volve Exposure	Ongoing	Core business	DAAT YPSMCG	As above	Children's Trust Board	G
YP11	To continue liaison with HAGA nurse and paediatric A&E to ensure that young people being admitted are screened for alcohol via FAST and that advice, information and	YPSM Commissioner HAGA Cosmic In-Volve	Ongoing	Core business	DAAT YPSMCG	As above	Children's Trust Board	G

Reducing alcohol-related harm to children and young people		Children and Young People's Partnership Board							Progress (RAG)
	Activities to be undertaken	Lead organisation and lead officer's name	When	Resources	Partnership or subgroup	Related target	Thematic board		
YP12	signposting occurs. Deliver a range of young people focused alcohol education and awareness information and events in National Alcohol Awareness Week.	YPSM Commissioner HAGA Cosmic In-Volve Youth Service Schools	Oct 10	Core business	DAAT YPSMCG	As above	Children's Trust Board	A	