
Community Safety Partnership

THURSDAY, 1ST MARCH, 2012 at 12:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Please see membership list set out below.

AGENDA

1. APOLOGIES

To receive any apologies for absence.

2. URGENT BUSINESS

The Chair will consider the admission of any items of Urgent Business. (Late items of Urgent Business will be considered where they appear. New items of Urgent Business will be considered under Item 11 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 discussion with respect to those items.

4. CONTEXT SETTING (PRIOR TO WORKSHOP SESSION) (PAGES 1 - 36) (30 MINUTES)

- Strategic Assessment Overview – Focus on trends, pressures and gaps (15 mins)
- Policing and developments (5 mins)
- Tottenham Regeneration Update (5 mins)
- Youth Strategy (5 mins)

5. WORKSHOP SESSION - TO IDENTIFY PRIORITY ACTIONS AND RESOURCES 2012/13 PLAN (1 HOUR 15 MINUTES)

Workshop 1 - Engagement, Confidence and Partnership Communications

Workshop 2 - Responding to key gaps around victim/offender/location profiles

Format for both:

- a) what is already working?
- b) What else is most needed?
- c) How can priority work be resourced?

Feedback Session (15 minutes)

6. MINUTES (PAGES 37 - 46)

To confirm the minutes of the meeting held on 6 October 2011 as a correct record.

7. TERRORISM UPDATE

A verbal update will be provided by the Borough Commander.

ITEMS FOR DECISION:

8. NEXT STEPS AND TIMING FOR FINAL DELIVERY PLAN

A verbal update will be provided.

9. COMMUNITY SAFETY PARTNERSHIP - GOVERNANCE REPORT (PAGES 47 - 52)

10. ENDING GANG AND YOUTH VIOLENCE FUNDING 2012/13 (PAGES 53 - 60)

11. NEW ITEMS OF URGENT BUSINESS

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

12. ANY OTHER BUSINESS

To raise any items of AOB.

13. DATES OF FUTURE MEETINGS

Please note that the Council's Calendar of Meetings for the Municipal Year, which runs from 1 May to 31 April, has not been agreed as yet.

Once these dates have been set members of the Board will be advised.

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Published: 23 February 2012

ORGANISATIONS	NO. OF REPRESENTIVES	NAME OF REPRESENTATIVE
Haringey Council	7	Councillor Bernice Vanier (Chair) Claire Kowalska Lyn Garner Libby Blake Stephen McDonnell Jeanelle de Gruchy Barbara Nicholls
Public Health	2	Tamara Djuretic Marion Morris
Haringey Metropolitan Police	1	Sandra Looby
Community and Police Consultative Group	1	Enid Ledgister
Haringey Fire Service	1	Richard Mills
Haringey Probation Service	1	Kate Gilbert
Homes for Haringey	1	Paul Bridge
Mental Health Trust	1	Mark Landy
Community Link Forum	3	Sajda Mughal Rev Nims Obunge <i>X1 TBC</i>
HAVCO	1	Pamela Pemberton
Metropolitan Police Authority	1	Joanne McCartney
Haringey Magistrates Court	1	Stephen Carroll
Haringey Crown Prosecution Service	1	Hywel Ebsworth
TOTAL	22	

Strategic Assessment Summary - Community Safety Partnership (1/03/2012)**1. Summary Overview (October 2010-Sept 2011 vs previous year unless otherwise stated)**

N.B. This should be read in conjunction with the attached, separate needs assessments for drugs, alcohol and domestic violence

1.1 Long-term trends and key changes

Recorded crime fell nationally and consistently between 2002/3 and 2009/10. In Haringey, it fell by 35% (down to 25,735 offences) and there was a corresponding improvement in residents' perceptions of – and concern about – crime, falling from 54% worried in 2005 to 35% worried in 2009/10. This period coincided with a strong economy and high levels of investment in community safety and other public services

1.2 The rate of reduction for overall recorded crime is now in decline. It fell by 4.5% in 2010/11 – the lowest reduction since 2007/8 – but has since flattened out. However, serious youth violence was up 26% (126 offences) at end December 2011 and knife crime by 21% (258) compared with the previous year. Correspondingly concern about crime rose in 2011-12 by 10% for the first time since 2005/6.

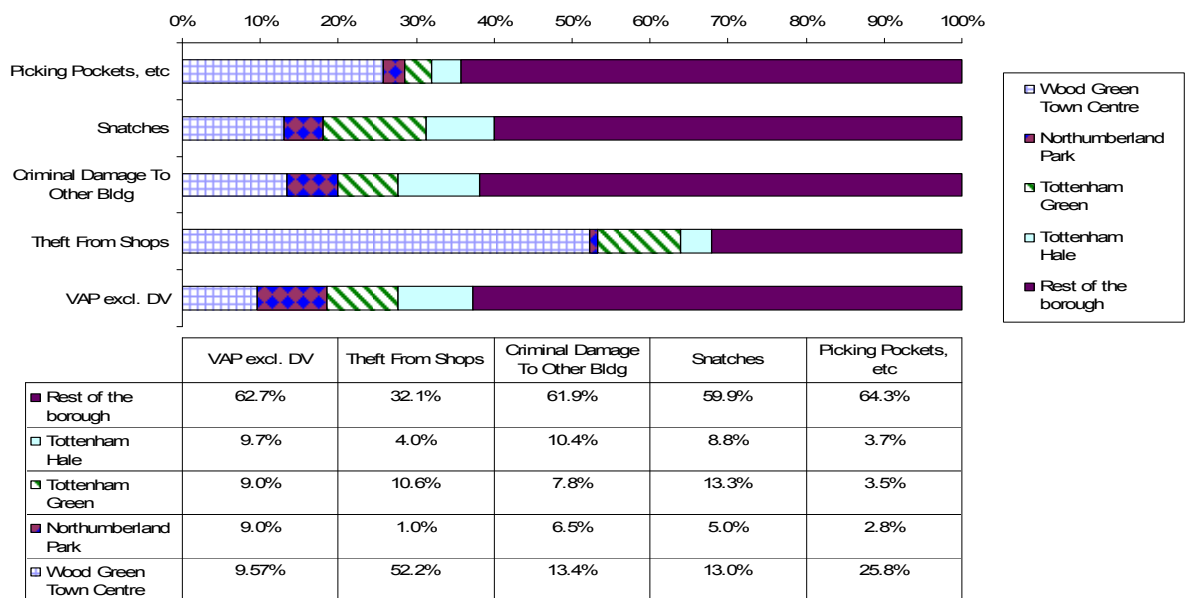
1.3 Property crime has increased significantly over the past 18 months with a 19% (+500) increase in residential burglary; 37% (+331) increase in personal robbery; theft of motor vehicles (+24% 580) and theft from MVs (+99% 778). This coincides with rising unemployment and economic downturn but follows many years of significant and sustained reductions in these crimes.

1.4 There is a clear trend in Haringey for younger people offending with 18-24 year old offenders heavily overrepresented; young offenders tend to commit robbery, burglary, theft and carry offensive weapons. Offenders are overwhelmingly male (80%) and over half are unemployed. African/Caribbean offenders are overrepresented (accounting for twice their borough proportion). These representations are considerably less marked when the School Census data from January 2011 are used and these are quoted in the document.

1.5 Victims aged between 18 and 25 are most vulnerable and youths (10-17) are most likely to be victims of robbery and assaults. Male and female victims are split evenly. 60% of gang-related victims and 25% of gang-related offenders are youths. There is also a growing concern about the impact of domestic violence on young people.

1.6 The north-east corner of the borough and the length of both High Roads (Tottenham and Wood Green) have been long-standing hot spots for crime, ASB and disorder with notable clusters around transport hubs such as Seven Sisters and Wood Green to Turnpike Lane.

- 1.7 Noise complaints to the Council have decreased by 16% over the period but calls relating to rowdy and inconsiderate public behaviour remain high (61% of all disorder calls) with Noel Park, Northumberland Park and Tottenham Green combined accounting for 30%. Mental health related calls correlate strongly with areas of dense local authority housing. Respondents to surveys by Mind UK have historically shown very high levels of victimisation among this group – up to 90%.
- 1.8 Noel Park ward (incorporating Hollywood/Tube area; High Road and the Shopping Centre) is a very significant hotspot and the only ward to have a crime rate that is double the borough average. This ward has had notable increases in personal robbery (+ 118 offences 195%); youth robbery (+36 offences 200%); theft and snatch (+50% 48 offences); gang-related crime (+ 195% 37 offences – 4 x higher than other wards); knife-enabled crime (+105% 30 offences); highest volumes of all ASB disorder
- 1.9 Tottenham Hale, Tottenham Green and Northumberland Park together account for 28% of recorded violent offences (exc. domestic violence) and 26% of criminal damage to buildings. Peaks occur mid-week especially Tuesday and Wednesday between 1pm and 7pm and are driven by retail and transport interchanges causing high footfall and opportunities for aggravated robbery.



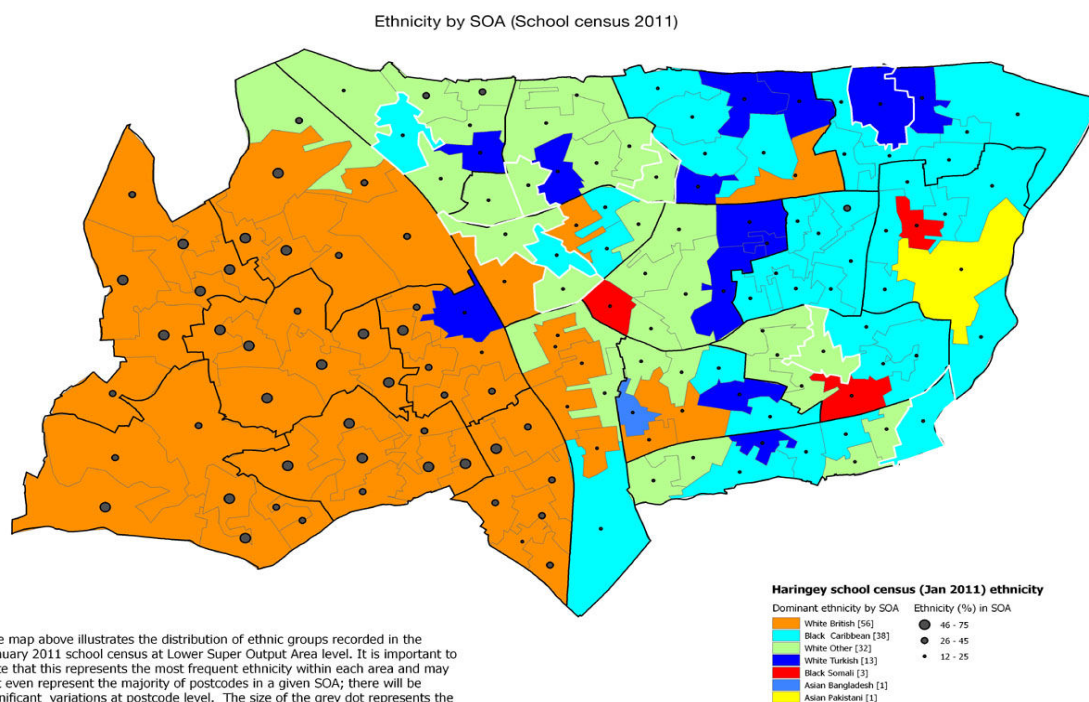
2. Vulnerable Localities Index (VLI)

the prevalence of Black Caribbean and White Turkish children in some of the most deprived areas. Black Caribbean children comprise the majority ethnicity within the nine highest risk SOAs for racial/religious crime, accounting for 12% of the total.

3.3 Comparing the ethnic make-up of accused by School Census, Black offenders remain over-represented but markedly less so i.e. index score of 152 rather than 299 as below. White offenders remain under-represented but also less so (index score of 89 rather than 57). Asian offenders remained broadly similar but Other-Chinese/Arabic offenders appear significantly less under-represented.

	Resident %	Accused (%)	Accused Index
White	66.4%	37.6%	57
Black	17.9%	53.6%	299
Asian	10.7%	4.0%	37
Other	5.0%	4.8%	97

Data according to previous Census



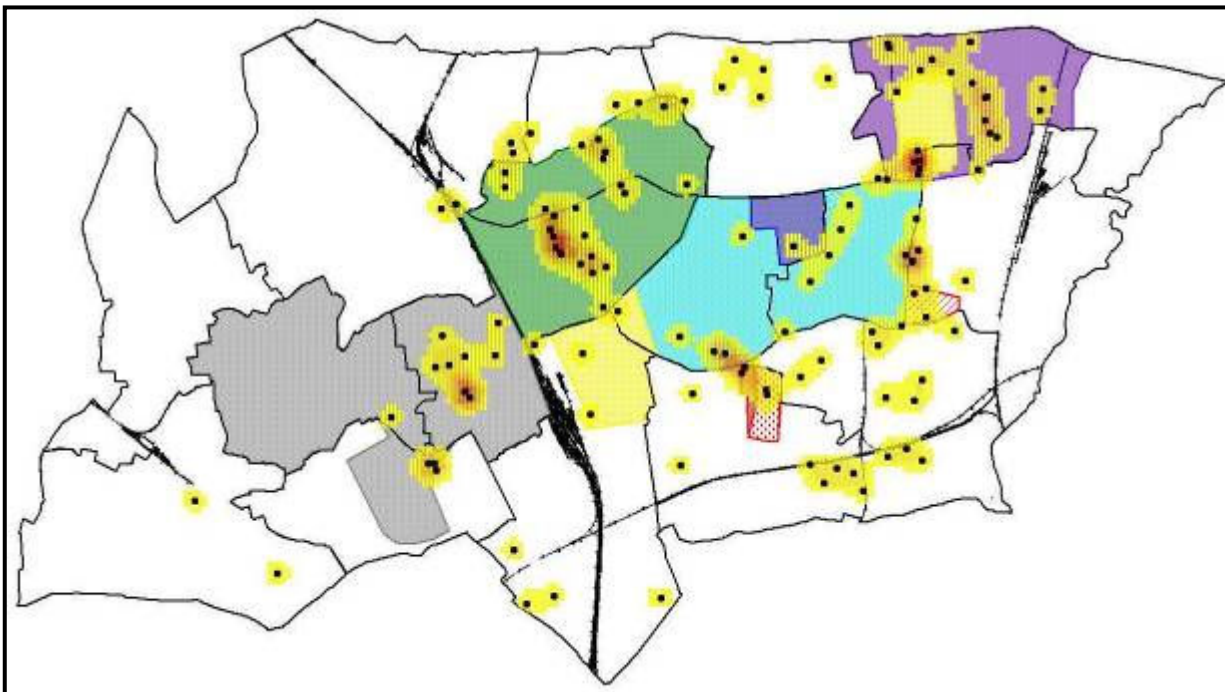
4. Gang crime

4.1 There are currently eleven gangs and one Organised Criminal Network (OCN) in Haringey. These gangs commit violent offences and are, in some cases, involved in drug dealing. The groups are currently in dispute with one another - the most high profile and historic gang tension being between Wood Green Mob and

Tottenham based gangs. There are also cross borough tensions between Tottenham and Edmonton gangs, Wood Green and Enfield gangs and Tottenham and Hackney gangs.

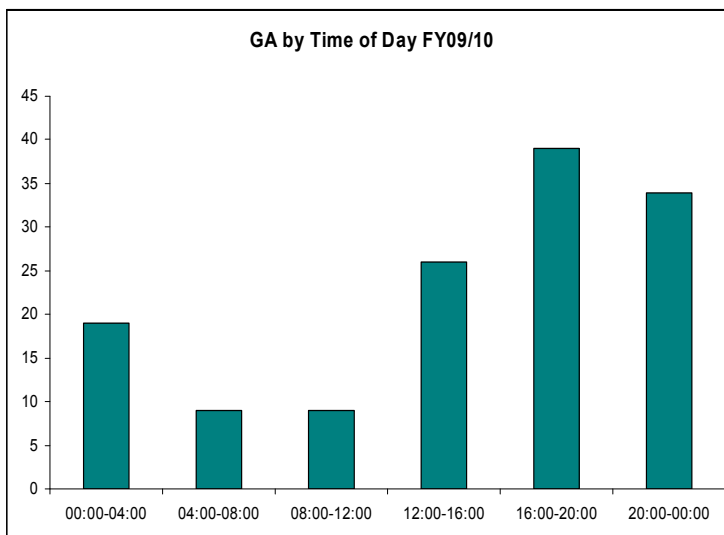
- 4.2 The 12 months to September 2011 have seen an overall 39.3% increase (n=48) compared to the previous year². It should be noted that one of the inherent limitations when monitoring gang related offences is that they are dependent on a gang (GA) flag being correctly applied to the offence record. Compliance can vary depending on force priorities and resource. However, as officer awareness has increased with time the level of conformity has improved. This may have contributed to the significant increase seen during this period.
- 4.3 The impact of the August 2011 disturbances has led to an increase in reported offences in the 12 months to September 2011. During this period there were 169 gang flagged offences, a third (56 offences) of which occurred during the troubles (between 6th and 10th August 2011). During the same period (6th-11th August) in 2010 there was only 1 gang flagged offence. Noel Park ward recorded the greatest percentage increase of nearly 200% (37 additional offences) which accounted for one third of all gang offending and almost 4 times higher than any other ward.
- 4.4 Gang related offending has also seen increasing levels in relation to the seriousness of offences committed; both robbery and violence against the person have increased notably, driven by personal robbery (183%, n=11) and serious wounding 61%, n=14) respectively. The most commonly committed offence is serious wounding (37 offences or 22% of offences).
- 4.5 The map below shows the location of gang territories in Haringey (shaded areas), overlaid with hotspots for gang crime. The dots indicate the intensity.

² Gang flags are only used locally, not MPS wide and therefore are not automatically generated by CRIS. Hence there are no official figures for gang crime

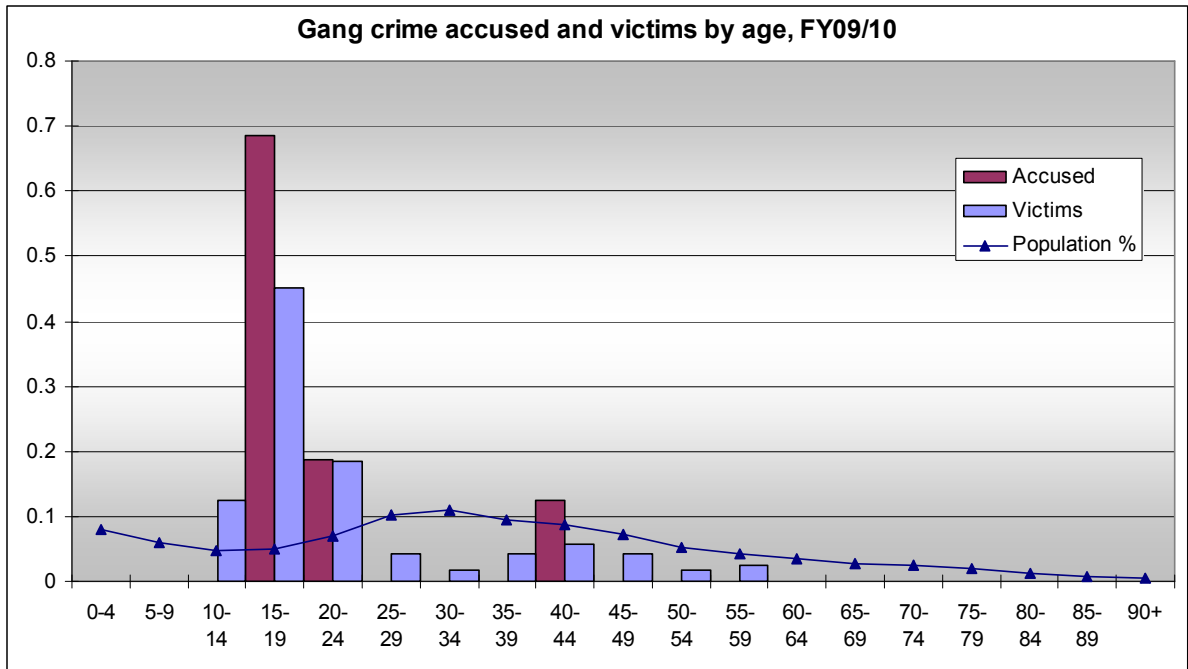


GA hotspot with gang territory FY09/10

Gang crime is fairly evenly spread across all days of the week, but varies by time of day. It becomes increasingly busy towards the late afternoon/evening. The peak hours were specifically between 15:00 through to 17:00, which coincides with school finishing times. Most of the lower level gang members who are involved in gang related ASB are of school age.



The graph below shows that victims and those accused of gang crime are overwhelmingly likely to be young. Young victims of gang crime are disproportionately likely to be victims of violent crime (assaults and robberies), with older victims more likely to be victims of property crime or criminal damage. Overall, 60% of gang crime victims and 25% of gang accused were youths (please note that accused data is only available for 16 gang flagged incidents, making gang accused analysis less statistically significant).



22 year olds were the most likely to be accused and represent numbers 20 times greater than their equivalent in the local population. All of the gang accused were male. 13 of the 16 were Black African and Caribbean. Most were British. Where occupation was recorded, the majority was unemployed. Most were being charged for the third or more time, reflecting that gang members are persistent re-offenders.

The Gang Action Group

A problem solving group set up in response to increasing violence between rival gangs in Haringey, the group was formalised as the Gang Action Group. The group was set up to bring together partners to add value to the enforcement options delivered by the police.

- To prevent and minimise violence between gangs
- To identify and share information about individual gang members
- To identify what interventions are in place for individual gang members; what has worked, what has not worked and why.
- To ensure that each gang member targeted by the group is assigned a lead agency
- To coordinate and implement plans for individual gang members through enforcement, intervention and support with referrals as relevant
- To consider and implement the full range enforcement options available to all partners
- To identify safeguarding issues relating to gang members and their families and appropriate referrals

- To identify gaps in provision and recommend projects and approaches which might address these gaps
- To adhere to the terms of the Crime, Disorder and Anti-Social Behaviour Information Sharing Protocol
- To recognise and respond to the impact of gang activity on families and wider communities

Expected Outcomes

The expected outcomes of this group are to establish clear lines of accountability for managing gang members and an infrastructure for sharing information with a view to reducing violence between gangs.

Gang Injunctions:

The Anti-Social Behaviour Action Team (ASBAT) has recently secured the borough's first gang injunctions against three individuals in South Tottenham. They hope to use this legislation again to deal with North Tottenham gang members.

5. Domestic Violence (Full Needs Assessment underway due end March)

- 5.1 It must be noted that this section is almost entirely based on police data. More use of non-police data from agencies such as Haringey, Victim Support, Council Safeguarding Teams and Probation is essential to gain a more complete picture of the problem. A full needs assessment is currently underway, and responding to this should be a priority action for next year's delivery plan.
- 5.2 It should also be noted that cases of 'domestic violence' are identified by the use of flags which are added to a crime report by officers entering the report. One of the limitations of these data is, therefore, that they are dependent on a DV flag being correctly applied to the offence record. Compliance can vary depending on force priorities and resources.
- 5.3 Domestic violence rates are seven times higher in the deprived parts of east Haringey than the level in the west of the borough. It constitutes 30% of all violent crime in Haringey which is high when compared to other London boroughs. The Local Safeguarding Children's Board annual report in 2010 highlights the impact of domestic violence and the need to ensure a widespread understanding of the risk indicators peculiar to domestic violence and the impact that living with violence has on children. This includes the violence that takes place in teenage relationships.
- 5.4 Victims of domestic violence are less likely than victims of other forms of violence to report their experiences to the authorities because of beliefs that their abuse is not a matter for police involvement, their experiences too trivial, or from fear of reprisal. There is thus significant under-reporting of domestic abuse by victims

with an estimated 21% of incidents being reported to the police (Walby and Allen, 2004).

- 5.5 Victims are predominantly young with the 21 – 33 age group accounting for 45% or all victims. 25 is the peak age. Residents in single adult households with children, social renters and those living in the top 20% most deprived areas are at significantly higher risk. Data from London Probation and the Heathstone DV facility indicate that female victims have considerable mental health problems and are at a much higher risk from a partner or ex-partner than current or former spouse.
- 5.6 Of the 165 women interviewed in a recent British Crime Survey; three quarters were repeat victims with nearly one third having been victimised three or more times.
- 5.7 In the 12 months to September 2011 there were 1,420 DV offences³ (DV in Haringey was ranked 17th highest in London for FY 2010/11). DV recorded offences have not differed significantly during the last 12 months (3.9% reduction or n=58) and total DV offences for the last two 12 month periods are lower than for the previous 3 years.
- 5.8 There has been a steady falling trend since 2006/7 of 15% (258 fewer records) which conflicts somewhat with reports from colleagues and partners who are detecting high levels of domestic violence among their client groups. Probation data suggest very high levels of domestic violence among their community case load (between 70% – 82%). Domestic abuse is also a feature of the current nominals on the Gang Action Group.
- 5.9 DV accounts for 30% of violence against the person and 6% of total recorded offences and has remained at around this average proportion for the past few years. However, given the caveats above, it could be much more significant.
- 5.10 Half of all offences occur over the weekends with a fifth occurring late at night and into the early hours of the morning, reflecting periods of increased contact between partners and families

6. Mental health

- 6.1 People with mental health problems are more frequently victims than perpetrators. Responses to a widely recognised 2009 MIND survey concluded that:

³ Figures taken from the Financial Year End MPS TP Weekly Scorecard

- 71% of people with mental health issues had been victimised in the previous 2 years
- Over three quarters living in local authority housing had been victimised
- 41% were victims of ongoing bullying
- 22% had been physically assaulted

6.2 The prevalence of mental health reports in the borough relate closely to secure and high density housing provision and, of course, the St Ann's hospital site. Having said this, mental disorders and depression correlate strongly with substance misuse, unemployment and general ill health.

6.3 Haringey has recently launched Mental Health First Aid Training that is evidence-based and has been developed and regulated by the National Institute for Mental Health in England (NIMHE). It covers the causes, symptoms and treatments of common mental health problems. Its aim is to offer a range of front-line workers (including probation officers, librarian, school staff) the knowledge and confidence to recognise signs of mental health problems, encourage someone to seek the right help, and to reduce the stigma around mental illness.

7. Impact of the riots (2011)

7.1 The riots in Haringey took place in two distinct areas, adjacent to the two arterial high roads (N17 and N22). Of the 2,222 crimes recorded in Haringey during August, 303 (14%) related to the disorder between 6th-11th August. This was joint highest with Croydon of the 15 local authorities affected.

7.2 The main crimes recorded were: property related (50%), criminal damage to buildings inc arson (36%), violent offences (7%), other (7%)

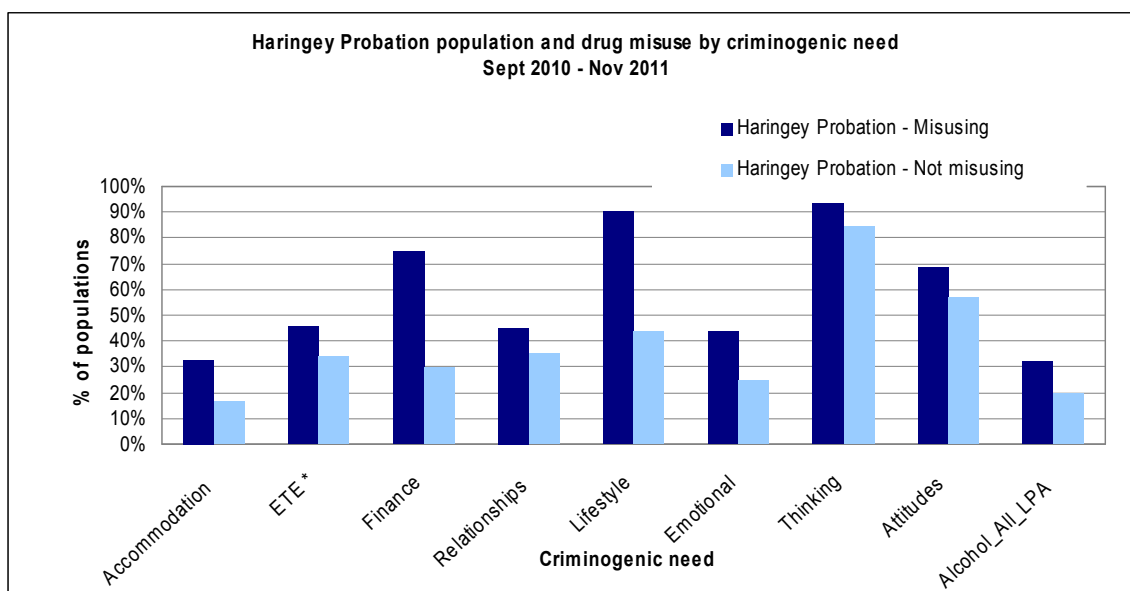
7.3 Wood Green is a key hotspot for gang-related crime but a high proportion of these offences was recorded during the riots (6 – 10th August 2011). One third (56) of the overall annual gang-related offences was recorded during the riots and three quarters of the Wood Green gang offences (26) were recorded during this period.

7.4 28 youths have so far been before the courts for riot-related offences. 30% of this group are from a 'Black Other' background; 20% from Black Caribbean and 18% White UK. Contrary to public opinion, it has been consistently estimated that youths accounted for 20% of the total offences committed during the riots but not everyone has yet been processed so there is no final confirmation.

7.5 It is recognised that the causes of these riots were multifarious. However, they have unfortunately raised some old wounds in the community, raising police/community understanding, interface and relationship building as a priority for the coming year.

8. Re-offending

- 8.1 As well as making up a much smaller proportion of all offenders (16.5% of the total) than men, women are also less likely to re-offend than men, although not significantly so. Of women who had proceedings brought against them, 9.3% were charged for the 3rd or more time, compared with 13% of men. Conversely women were more likely to receive less serious sanctions, such as cautions or fixed penalty notices, than men.
- 8.2 Particular crime types which featured high levels of re-offending were drug trafficking (41.7%), burglary in other buildings (31.4%) and personal robbery (26.8%) charged for the 3rd or more time. Property criminals are unsurprisingly prone to re-offend but there are high levels of persistent crime among gang nominals and those committing serious wounding. Serious wounding accounts for 18% of those re-offending for the 3rd time or more.
- 8.3 White accused offenders were most likely to re-offend, with 47.7% charged for the 3rd or more time, slightly more than Black accused who account for 45.7%. Asian and Other accused were the least likely to re-offend for a 3rd time or more representing 5.2% and 1.2% respectively. Re-offending rates appear to increase with age up to the early twenties, after which they stabilise before trailing off slowly by the mid-forties.
- 8.4 The criminogenic needs of offenders are well documented. The chart below gives a snapshot from a recent probation caseload which is indicative. Of these pathways, Haringey has particularly acute needs around employment, stable accommodation and lifestyle associates. Thinking and attitude issues are paramount.



- 8.5 Recorded offences for youth offending have reduced by 30% over the past year from 1,210 offences committed by 489 individuals to 845 committed by 386. *However, many young offenders are still awaiting sentence since the August disturbances so this may distort the picture.* The successful triage process operating in Haringey YOS may also have had an impact.
- 8.6 The most common offence types were theft (21%), robbery, violence against the person and drug-related. Repeat offenders make up 48% of youth offences, accounting for 76% of all offences.
- 8.7 The peak offending age for young males is 14 years (22% of the total) and 17 years (60%) for girls. These age groups are strongly over-represented in the criminal justice system relative to their numbers in the local population.
- 8.8 Using the school census data, black boys remain over-represented with an index score of 157 (100 of above indicates over-representation) and white girls even more so with an index score of 175.
- 8.9 Similar to adult profiles, the ASSET scores for youths indicate the highest risk factors as 'Thinking and Behaviour', 'Lifestyle' and 'Attitudes to offending'. The lowest risks registered as 'physical health', 'substance misuse' and 'neighbourhood'.

9. Initial areas of concern (not including drug and alcohol specific)

- Sharp rises in property crime (links to unemployment, growing inequality, reduced social investment). Forthcoming welfare reform is set to further exacerbate the situation
- Concentrated crime/disorder in key wards (e.g. Noel Park, Northumberland Park, Tottenham Green, Tottenham Hale, Bruce Grove)
- Noel Park continues to be a significant hotspot for which will need to be addressed within the plan
- Gang-related violence (often with weapons)
- Young victims inc young adult (esp of violence)
- Domestic violence – significance, under-reporting, impact on young people
- Young male offenders and victims of Black Caribbean origin
- Police/community relations in Tottenham (recent consultations)
- Few if any resources identifiable to manage offenders beyond PPO and DIP cohorts
- Recent borough-wide consultation highlighted a strong concern with lack of environmental enforcement (inc. housing (HMOs), planning, landlords etc).

10. Current responses / what works

Experience and review indicates that our interventions and responses outlined below are likely to be the most successful in the long run. They rely heavily on a holistic

approach and robust partnership collaboration. Most of them also require highly skilled staff over a sustained period and are, therefore, resource intensive.

1. Diversion from the criminal justice system. Examples of this include the triage system for young offenders operating in Haringey YOS; forensic/mental health assessments by nurses in custody suites
3. Targeted, individual intervention and support. Examples include Priority and Prolific Offenders Scheme (PPOs), Drug Intervention Projects, Gang Action Group, Family Intervention, Nursing Partnerships, Offender resettlement brokering
4. Visible neighbourhood policing with strong community links and attention to lower level incidents, early intervention and confidence building
5. Swift, effective and early enforcement. Examples include use of all ASB tools inc behavioural contracts, injunctions, ASBOs; police rapid response teams (eg Q Cars); environmental enforcement inc all forms of licensing
6. Activities and specific facilities for young people e.g. sport and leisure especially if also combined with education back up and pathways into work as a prevention measure

Designing out crime at early planning stages can also be very effective.

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Alcohol (draft)

Introduction

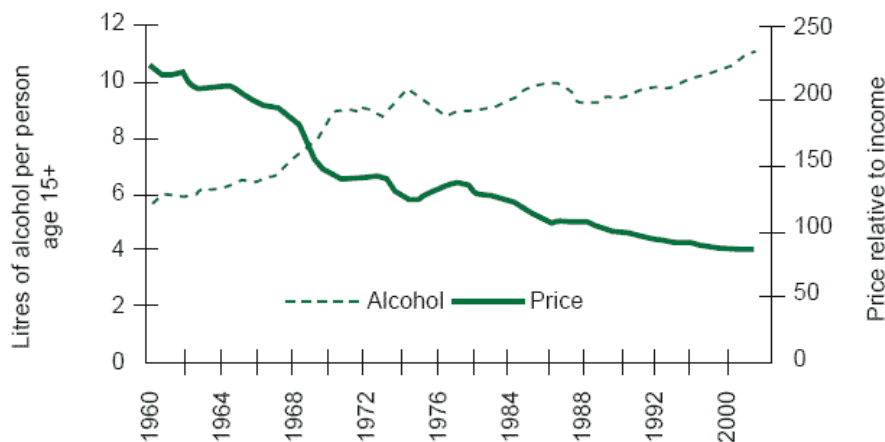
In Haringey, as in the rest of England, hospital admission rates due to alcohol are rising rapidly as more and more people are drinking to excess. Alcohol misuse is associated with a number of health-related problems including: cancers, liver disease, alcohol poisoning, accidental injuries, road traffic accidents, violence, and premature death. The Department of Health has estimated that the annual cost to the National Health Service for alcohol-related hospital admissions, A&E attendances and primary care was around £2.7 billion in England in 2006/07 (Alcohol Concern, 2011). In Haringey the Alcohol **Specific*** Mortality rate for men is higher than both London and England average

The impact of alcohol is wide reaching encompassing alcohol related health harms and injuries as well as significant social impacts including alcohol related crime and violence, teenage pregnancy, loss of workplace productivity and homelessness (DH 2007).

Locally and nationally alcohol is associated with domestic violence and other violent crime, as well as anti-social behaviour such as street drinking. Parental drinking is also a factor in a number of cases focused on the protection of children.

As alcohol has become increasingly affordable and available consumption has increased. Since 1970 the per capita consumption of alcohol has risen by 50% in the UK (Academy of Medical Sciences, 2004).

Table 1: Alcohol consumption relative to its price in the UK, 1960-2002 (Academy of Medical Sciences, 2004).



Advertising campaigns have also had a part to play in the increased consumption of alcohol through, for example, the targeted marketing to teenagers on Social Network sites. Brands such as Fosters, WKD and Carling have their own interactive websites and a presence on Facebook and Twitter. Most concerning is that there is no regulation of this activity (Alcohol Concern, 2011).

Tackling alcohol abuse is one of the top priorities for a new partnership between the Mayor of London, London Councils and the National Health Service, to improve the health of all Londoners (London Health Improvement Board, 2011). Haringey tackles these multi faceted issues through its Alcohol Harm Reduction Strategy which addresses the health and social harms, along with alcohol-related crime and anti-social behaviour. Delivery is supported by a yearly partnership alcohol action plan. Haringey's Alcohol strategy 'Dying for a Drink' can be found at http://harinet.haringey.gov.uk/haringey_alcohol_harm_reduction_strategy_2008-2011.pdf. This chapter focuses on the health harms associated with alcohol misuse amongst adults.

Key Issues and gaps (locally in Haringey)

- Alcohol related hospital admissions in Haringey have doubled between 2002 and 2011.
- In Haringey the Alcohol **Specific*** and alcohol **Attributable**** mortality for males is higher than both London and England averages.
- The corresponding rates for women are higher than the London average Local Alcohol Profiles for England (LAPE), 2011).
- Male deaths from Chronic Liver Disease are higher than both London and England averages. The corresponding female figure is higher than the London average (LAPE, 2011).
- There is a visible street drinking population that consists of 'traditional' street drinkers along with individuals from Eastern European countries.
- There are higher alcohol related ambulance call outs in the more deprived East of the borough.
- The number of under-eighteen year olds admitted to hospital with alcohol specific conditions between 2007/08 to 2009/10 was 53. This is low in comparison to other areas such as Liverpool (n= 384) (LAPE, 2011).
- Synthetic estimates of crimes relating to alcohol show that all alcohol recorded crime and violent crime attributable to alcohol in Haringey has decreased slightly between 2006/07 and 2010/11(LAPE, 2011).
- Synthetic estimates of sexual crimes attributable to alcohol have increased slightly between 2006/07 and 2010/11(LAPE, 2011). Given the under reporting of sexual crimes; it is probable that this figure is actually higher.

* A list of conditions that are specifically caused by alcohol, e.g. Alcoholic Liver Disease.

** A list of conditions which are partially caused by alcohol, e.g. Hypertension.

Who is at risk and why (locally in Haringey, in London and nationally)

Men are more likely to drink heavily than women. 38% of men and 16% of women consume more alcohol than is recommended (DH 2004, ANARP Project). Whilst those from higher income households are more likely to drink at higher levels than those from lower income households it is the most deprived fifth of the UK population who suffer two to three times greater loss of life attributable to alcohol; three to five times higher death rates due to alcohol specific causes and two to five times more admissions to hospital because of alcohol than wealthy areas (Department of Health, 2009). This is a pattern that is recognisable in Haringey with the majority of alcohol-related and alcohol-specific hospital admissions coming from the East of the borough. The lowest income groups are more likely to suffer negative effects of 'risky' health behaviours than their less poor counterparts (Department of Health, 2009). Research also suggests that those most susceptible to developing problematic substance misuse problems are from 'vulnerable groups' such as children in care, persistent absentees or excludees from school, young offenders, the homeless and children affected by parental substance misuse. (DfES:2005, *The NHS Information Centre: 2011*). It is estimated that liver disease could overtake stroke and coronary heart disease as a cause of death within the next 10-20 years (Alcohol Concern, 2011).

In particular in Haringey:

- Males are more at risk than females; due to higher rates of liver disease, alcohol related admissions and alcohol related mortality.
- Men from the Irish community seem particularly vulnerable in relation to alcohol related problems in Haringey.

At a national level the Department of Health (DH) use the terms 'increasing risk' and 'higher risk' to refer to individuals who are drinking at levels that increase risk. DH use the terms 'Binge drinking' and 'dependent drinking' to refer to two sub-groups of people who potentially fall into the categories of lower, increasing and higher risk drinking. Tables 2 and 3 below describe the UK population consumption patterns and the definitions of alcohol categories.

Table 2: DH estimates of UK alcohol consumption numbers of population.

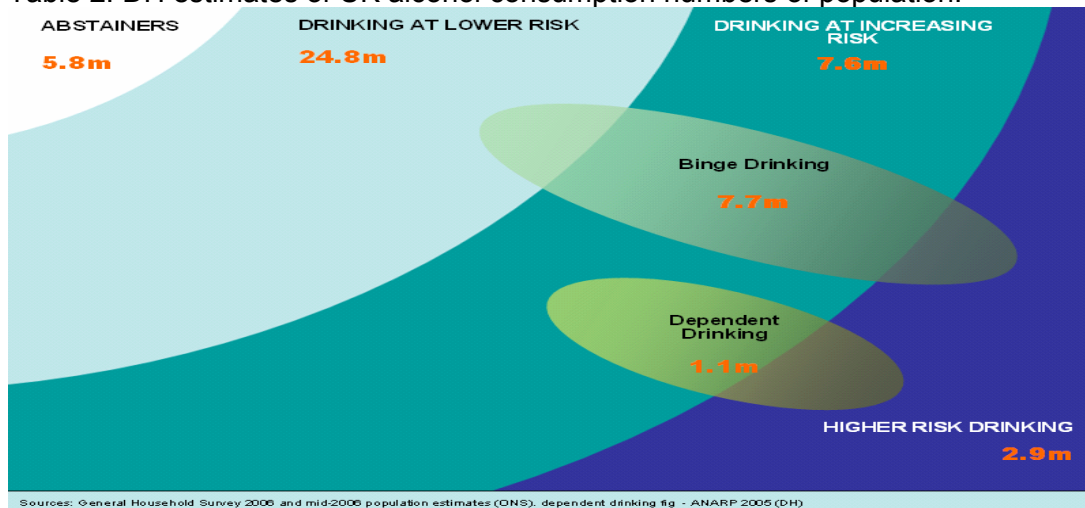


Table 3: Explanation of DH alcohol consumption categories.

Risk	Men	Women
Lower Risk (Following recommended daily drinking guidelines)	No more than 3-4 units per day on a regular basis	No more than 2-3 units per day on a regular basis
Increasing Risk	4 or more units per day on a regular basis	3 or more units per day on a regular basis
Higher Risk	8 or more units per day on a regular basis or 50+ units per week	6 or more units per day on a regular basis or 35+ units per week

Source: DH presentation to Haringey GPs, Don Lavoie, November, 2011

Using the DoH RUSH* model, DoH estimated that during 2010 2.4 million Londoners were drinking alcohol at increasing and higher levels and that a further 280,000 were dependent on alcohol in order to function in their daily life (London Health Improvement Board, 2011).

* The RUSH Model is a model for estimating the required capacity for alcohol treatment systems at the local or regional level (Rush, 1990)

The level of need in the population (locally in Haringey)

North West Public Health Observatory (NWPHO) synthetic estimates suggest that 19.02% of the local population are drinking at increasing risk and 4.79% are drinking at high risk within Haringey (NWPHO, 2011). However, only a small percentage of this population will go onto become dependent drinkers and require specialist alcohol treatment.

The National Treatment Agency for Substance Misuse (NTA) administers the National Alcohol Treatment Monitoring System (NATMS). NATMS data indicates that 576 adults were accessing specialist alcohol treatment services during November 2011 in Haringey (NDTMS, 2011). However, alcohol data has only been collected since 2009 and local intelligence tells us this figure is an underestimate. Currently, the data collection systems in place for alcohol are simply not robust enough and therefore level of need is difficult to estimate. However, national and local trends of alcohol related hospital admissions suggest the upward trend in alcohol related admissions will continue meaning the need is likely to increase, at least in the short to medium term.

Current services in relation to need (locally in Haringey)

The current service provision is comprehensive and consists of:

- Identification and Brief Advice for alcohol in primary care and at the North Middlesex Hospital emergency department and gastroenterology wards and out patients.
- A community alcohol treatment service (Haringey Action Group on Alcohol)
- Specialist alcohol workers available in GP settings
- Street outreach programmes to traditional 'street drinkers', and to individuals from Eastern European communities
- Social reintegration services including access to supported housing and education, training and support
- A specialist domestic violence worker
- Abstinence based day programme
- Services for children and families affected by substance misuse
- Support for families and carers
- Inclusion of alcohol in the NHS Health Checks Programme

For a full list of services offered and contact details for the above services please see:

http://www.haringey.gov.uk/haringey_drug_and_alcohol_service_directory_2010.pdf

However, early identification and treatment are only part of the solution to tackling alcohol misuse. Making alcohol less affordable is recognised as one of most effective ways of reducing alcohol related harm (NICE, 2010), yet to date the UK government have not introduced a minimum price for alcohol although extensive evidence exists that raising alcohol prices reduces consumption on a societal level (Rabinovich, 2009).

Alcohol is one of the priority areas of the governments Public Health Responsibility Deal (2011). This deal aims to encourage businesses to support public health initiatives. There has been scepticism expressed around the possible success of the deal as in order to be effective it would lead to a loss in business profits. For example, a reduction in alcohol consumption would lead to a decrease in sales and therefore profits for the alcohol industry.

International evidence also stresses the importance of making alcohol less available by controlling the number of outlets selling alcohol and having shorter opening hours (NICE, 2010). Specific concerns have been raised about the lack of regulation in social media and alcohol advertising aimed at young people (NICE, 2010).

Service users and carers opinion (locally in Haringey)

The local alcohol service HAGA has a well established user forum and a user run physical exercise group, 'Wheels for Recovery'. Carers have their own service, 'Chrysalis', and a newsletter. An annual service user and carers survey is completed. This survey covers opinions of service users and carers of both alcohol and drug services. The main conclusions in 2010 were:

- A high level of confidence in treatment services; over 90% thought their treatment plan would work.
- Not all service users reported being offered education, training, support and life skills training.
- Alcohol was not systematically screened for across all substance misuse agencies.
- It was felt that consideration should be given to how alcohol use is tackled by drug services as part of key working sessions.

At the time of writing the current service user survey is out to consultation and its findings will inform the tender specification for an integrated substance misuse treatment system.

Expert (professionals) opinion and evidence base

The first Alcohol Harm Reduction Strategy for England was published in 2004. An update on the progress made through the national strategy was published in 2007 (Department of Health, 2007). The evidence base around interventions to prevent and respond to alcohol misuse has grown substantially since 2007 and expanded rapidly during 2010 with the publication of three sets of guidance on alcohol by NICE (NICE, 2010). This guidance not only emphasised the importance of interventions at a national level but also promoted the use of Identification and Brief Advice around alcohol by a wide range of practitioners and not only specialists in the alcohol field (NICE, 2010). The

evidence base on effectiveness of IBA is well documented and includes a Cochrane Review on the subject (Kaner et al, 2007). All of Haringey's alcohol provision is informed by this guidance and evidence base.

Guidance has been published for commissioners of alcohol services to improve services provided (Department of Health, 2009). The National Treatment Agency (NTA) has recently taken over responsibility for alcohol and we await information from them on the operating systems that will be instigated.

Nationally, there is a move towards combining alcohol and drug services together. This is evidenced by the NTA becoming responsible for monitoring alcohol service provision and is being taken forward in our commissioning plans in 2012/13.

Projected service use in 3-5 years and 5-10 years

National and local trends of alcohol related hospital admissions suggest the upward trend in alcohol related admissions will continue. Increased emphasis on alcohol misuse identification and improved patient pathways in short term may increase demand for treatment. However, in the longer term the earlier identification of alcohol problems through Identification and Brief Advice should ultimately mean a reduction in alcohol harm, hospital admissions and specialist treatment.

The National Alcohol Treatment Monitoring System (NATMS) is the best data collection method currently available for dependent drinkers. NATMS data for November 2011 reports that Haringey have 430 individuals currently in treatment (2011). It also reports a growth year on year in the numbers in treatment. All indicators point towards this trend continuing in the short to medium term.

Unmet needs and service gaps

The main gaps/unmet needs are:

- Current provision of IBA for alcohol problems is limited to clinical settings. There is a need to extend the coverage of IBA to staff working in community settings in line with recent guidance (NICE, 2010). This increase in access and coverage will ensure that more people will be identified earlier who may be at risk of developing alcohol problems.
- There is a need for more targeted work with communities who appear to be particularly vulnerable to developing alcohol problems e.g. the Irish and Polish communities.
- The Alcohol Liaison Service (ALS) at the North Middlesex Hospital is currently being evaluated in order to improve provision and develop a model that can be used across the NCL Sector.
- There are capacity issues in the provision of extended brief advice in clinical settings.
- An increasing number of clients in treatment has led to additional counselling requests. This places pressure on the provision of this type of intervention to cope with demand.
- Information sharing from the Whittington Hospital remains inadequate.
- The emergency department data sharing protocol on alcohol and violent incidents needs to be robustly established to ensure that timely data is delivered to partners.

Recommendations for Commissioning

- Increase early Identification of alcohol problems (Haringey Council, 2012) by developing a training programme for staff that may be in contact with people with alcohol issues e.g. safeguarding staff, domestic violence staff.
- Extend IBA across North Central London, emergency departments through the development of a CQUINN.
- Ensure individuals involved with the Criminal Justice System are screened for alcohol issues and develop more coherent treatment pathways with the police and probation services.
- To maximise the impact of work around health inequalities; combine alcohol interventions with other Public Health work streams.
- Ensure that alcohol continues to be an integral part of the NHS Health Checks Programme.
- Continue to encourage service user and carer involvement by working with service users to increase social capital to enable recovery.
- Increase provision of extended brief advice in alcohol hubs in GP surgeries.
- Re-tender both alcohol and drug treatment services as a joint tender in line with the national move to combine alcohol and drug services.

Recommendations for further needs assessments

- Establish the needs of the Irish community within Haringey and examine what interventions will lead to recovery.
- Establish the needs of individuals from Eastern European countries. We know that this group is over represented in the numbers of local street drinkers.
- The impact of IBA training and the levels of resulting referrals in the community needs to be monitored/evaluated.

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Summary of data tables for commissioners

Table 1: Alcohol Consumption compared to price relative to income in the UK, 1960-2000

Table 2: DH estimates of UK alcohol consumption numbers of population

Table 3: Explanation of DH alcohol consumption categories

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Introduction

Haringey has high levels of problematic drug use. The latest prevalence estimate of crack cocaine and opiate users in Haringey is 2424. The rate of 14.96 per 1000 population is higher than in London and England, 9.45 and 8.93 respectively (Hay et al, 2009). Those most vulnerable to problematic drug use, especially crack cocaine and heroin use, are more likely to live in deprived areas, suffer from mental ill health, live in poor housing and be involved in other criminal activity (National Treatment Agency :2010). Drug misuse not only impacts on the individual drug user but is also a key cause of societal harm, including crime, poverty and family breakdown.

The profile of clients in drug treatment in Haringey mirrors other patterns of deprivation. The majority of people in drug treatment are from the east of the borough, are unemployed and without a permanent place to live. Around a quarter enter drug treatment via the criminal justice system, a similar proportion has mild or severe mental health issues. Injecting drug users are particularly susceptible to contracting blood borne viruses – including hepatitis B and C and HIV (Health Protection Agency, 2009).

An annual adult drugs needs assessment undertaken by the Drug and Alcohol Action Team has consistently identified high demand for drug treatment which includes:

- Support to reduce drug related harm, e.g. advice and information on drugs and their effects, needle exchange provision, outreach services to vulnerable groups e.g. female sex workers and hepatitis B/C screening and hepatitis B immunisation
- Targeted work with specific communities e.g. the Somali community and use of khat/ incidence of TB
- Intensive structured treatment where the aim is for people to become drug free, e.g. detoxification, counselling, residential rehabilitation, dual diagnosis, education, training and employment
- Support for families and friends of drug users and children affected by parental substance misuse

This JSNA chapter relates to illicit drug use across the adult population in Haringey, primarily crack cocaine and heroin use (referred to as 'Problematic Drug Use').

Key issues and gaps

- Haringey has higher rates of problematic drug use than the London and England averages.
- A significant majority of the drug treatment population use crack cocaine (75%; 1812) with opiate use at slightly lower level (1736).
- Combined use of crack and opiates is common.
- Reported numbers of those tested for Blood Borne Viruses and being vaccinated for hepatitis B in structured drug treatment remain low
- Haringey is classed as Band C by the Health Protection Agency (high band) for numbers of drug users infected with hepatitis C
- The current drug treatment system whilst effective could be further improved by integrating drug and alcohol provision in the borough

- Haringey is rated in the top quartile in the country for crack cocaine and opiate users leaving treatment free of drug dependence

Who is at risk and why

Whilst drug use can affect any section of the community, there is a strong correlation between economic disadvantage and/or deprivation and the development of more serious drug problems (Home Office, 2010). Many adult problem drug users will have had long histories of substance misuse which started before they reached 18. Research suggests that those most susceptible to developing problematic substance misuse problems are from 'vulnerable groups' such as children in care, persistent absentees or excludees from school, young offenders, the homeless and children affected by parental substance misuse. (DfES:2005, *The NHS Information Centre: 2011*). The majority of young people needing help for substance misuse also have other emotional or social problems, such as self-harming, offending and are not in education, employment or training (NTA: Dec 2011). For more information about young people and substance misuse go to section [\(add link\)](#).

Data from Haringey adult drug treatment services in 2010-11 indicates that this population has a wide range of social problems:

- Significant housing problems with just under one third (31%¹; 188)³
- 12 per cent (74)² being homeless (no fixed abode)
- A little over quarter came to treatment via criminal justice system (26%; 169)³
- Nearly a quarter (24%; 151)³ were identified with dual diagnosis, a term which is used to describe co-existing mental health and substance misuse problems.
- Only 15 percent (90) had any paid work in the last four weeks prior to their treatment start date³

There is also considerable body of research which shows children who grow up in families where there is domestic violence and/or parental alcohol or drug misuse are at increased risk of significant harm (Cleaver et al 1999; ACMD 2003). The double stigma associated with being both a victim of domestic violence as well as having a substance use problem may compound the difficulties of help-seeking. Women drug users are also at risk of sexual exploitation through for example involvement in prostitution (Taylor and Kearney 2005).

For more information go to section Domestic and Gender Based Violence [\(add link\)](#).

The level of need in the population

¹ Percentages in this document are from known values. If values are missing from more than 20% of all records, this will be indicated in the main text.

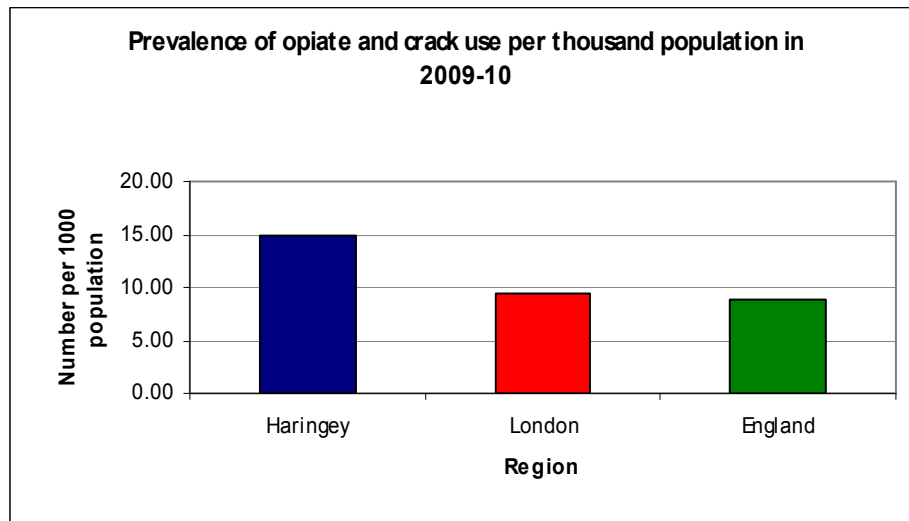
² Source: National Drug Treatment Monitoring System - Quarterly partnership report April 2011.

³ Source: Treatment Outcome Tool baseline report 2010-11

Prevalence of crack cocaine and opiate use

It is difficult to accurately estimate the full extent of drug use at a national or local level, partly because of the illicit nature of drug misuse. Most of the prevalence estimates are on problematic drug use (crack cocaine and heroin users). These drugs are deemed the most harmful to the individual and society and are the area that central government has put the most resources into, both in terms of treatment provision and monitoring. The use of these drugs is in decline both nationally (NTA: 2011) and locally. Glasgow University calculates local and national prevalence estimates (Hay et al, 2009). The latest prevalence estimate of crack cocaine and opiate users in Haringey is 2424. The associated confidence intervals are 2,220 - 2,714. The estimate includes ages 15-64.⁴ The prevalence rate of 14.96 per 1000 population is higher than in London and England (9.45 and 8.93 respectively, see figure 1). A significant majority use crack cocaine (75%; 1812) with opiate use at slightly lower level (1736). Combined use of crack and opiates is however common.

Figure 1



Source: University of Glasgow prevalence estimates

- The prevalence estimates for Haringey have decreased since the first study in 2004-5 but due to changes in methodology, yearly trend information is not reliable
- The prevalence of young opiate and crack users aged 15-24 per 1000

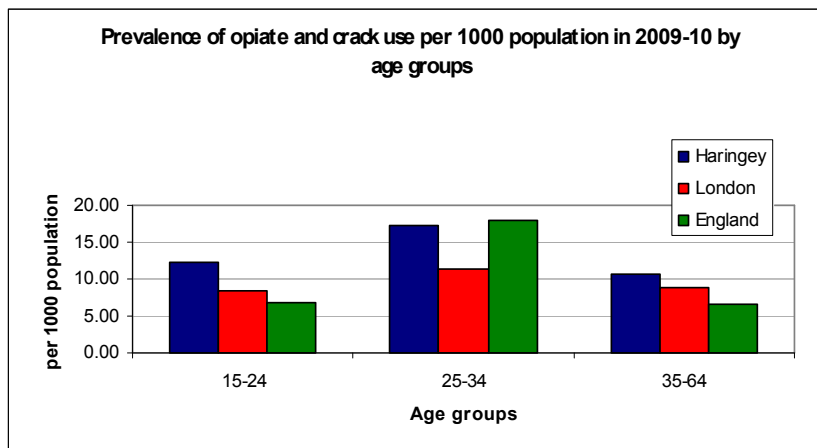
⁴ 2009-10 estimates by the University of Glasgow. The associated confidence intervals are 2,220, 2,714. The estimate includes ages 15-64.

⁵ The analysis includes only known values hence the sample is smaller than the total number in treatment in 2009-10. It includes Haringey residents in drug treatment in 2009-10 aged 18 who had their full postcode recorded, representing 66% of the total treatment population. It was not possible to retrieve this data from CRI and residential agencies outside the borough. The representativeness of the sample was tested: there were no differences of more than 3% percentage points in the demographic profiles between the sample and the total treatment population.

⁶ The index map shows a score for each of the boroughs 144 Lower Super Output Areas (LSOA). An index value of 100 indicates a score that is proportionate to the borough average rate (3.95 clients per thousand residents [891 known clients/225,529 residents] based on ONS MYE 2009 population figs). The client rate for each LSOA is calculated: (no of clients/LSOA residents) x 1000 and then the rate is divided by the overall borough rate and multiplied by 100 to create the index score i.e. (LSO rate/borough rate) x100. A score exceeding 100 indicates that an area is above average. Thematic mapping requires class ranges for each area (or LSOA) - absolute numbers do not work - so the borough average is represented as a range defined as 20% less than 3.95 to 20% greater than 3.95. This translates to an index class range for the borough average of 80 – 120.

population is lower than those aged 25-35 (12.35 and 17.38 respectively, see figure 2) but higher than regional and national averages (8.51 and 6.87 respectively). Previous local needs assessments have shown that young adult population seeking drug treatment are more likely to use cannabis.

Figure 2



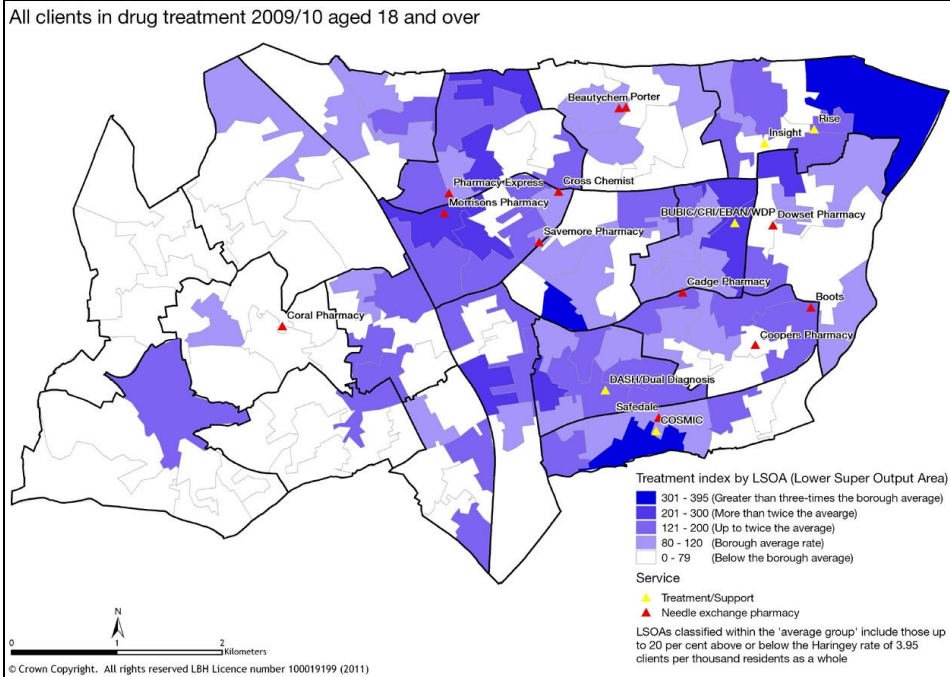
Source: University of Glasgow prevalence estimates

- There are no local prevalence estimates for the use of other drugs as recreational use is difficult to detect and measure, but as an indication, 31 per cent (186) of clients entering treatment in 2010-11 reported using drugs other than opiates and crack cocaine (e.g. cocaine powder, cannabis).

Profile of drug treatment population

- Haringey residents who seek treatment are likely to come from the more deprived, diverse and densely populated east: the highest concentration of 2009-10 drug treatment population were found to be residing in areas around Seven Sisters, Bruce Grove and Northumberland Park. Accordingly, the main drug services are based around those areas (See figure 3).

Figure 3: Index map of drug treatment population in 2009-10 by super output area (n=891⁵)



Source: National Drug Treatment Monitoring System (NDTMS) - analysis by Haringey Council Business Intelligence⁶

- Women consistently make up a quarter of the drug treatment population (see figure 5 in the projection section), which is on par with national and regional average
- Almost one third (30%, 187) of new clients in 2010-11 were born outside of the United Kingdom
- The largest group of all clients in treatment in 2010-11 were White British (35%; 473) followed by Black Caribbean and Other White (14%; 191 and 18%; 246 respectively). These two groups were over represented in treatment compared to overall Haringey population. See figure 4.

Figure 4: Ethnicity breakdown of adult clients in treatment in Haringey 2010-11

Ethnicity	Number	%
White British	473	35%
White Irish	64	5%
Other White	246	18%
White & Black Caribbean	37	3%
White & Black African	13	1%
White & Asian	*	1%
Other Mixed	21	2%
Indian	*	1%
Pakistani	*	0%
Bangladeshi	18	1%
Other Asian	28	2%
Caribbean	191	14%
African	74	5%
Other Black	72	5%
Chinese		
Other	45	3%
Not Stated	21	2%

Missing ethnicity code	26	2%
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Source: National Drug Treatment Monitoring System – Quarter 4 Adult Partnership report

* Data suppressed for data protection

Current services in relation to need

Haringey has a long standing and evidenced based drug treatment system which has been informed by annual adult drugs needs assessments, research and guidance by the NTA (National Treatment Agency for Substance Misuse) and NICE (National Institute for Clinical Excellence) . Commissioning of drug treatment in Haringey is undertaken by the Drug and Alcohol Action Team (Public Health) on behalf of the Wellbeing Partnership Board and Safer Communities Executive Board.

There is a comprehensive range of services, from low level harm reduction services such as advice and information, needle exchange, outreach services to vulnerable groups such as sex workers, blood borne virus testing and immunisation through to structured drug treatment such as detoxification, counselling, community day and residential programs. There are also social reintegration programs which address the educational, employment and training needs of this group along with access to supported housing.

Recent research in the drugs field (Cebulla et al, 2004), the drug strategy (Home Office, 2010) and the recent Marmot review into health inequalities (Marmot et al, 2010) recognize that access to meaningful employment is a key factor in addressing health inequalities. Being in employment itself has an intrinsic therapeutic value (South N. et al: 2001). These along with access to secure housing are the main long term indicators of a person's ability to remain drug free. The importance of employment in users' recovery was also borne out by a specific needs assessment undertaken by the DAAT in 2010.

The Drug Intervention Programme is a specific programme commissioned to address drug related offending. Haringey DAAT also commissions services which provides support to friends and family of drug users and children affected by parental substance misuse.

Against the prevalence outlined earlier, a little over half (55%; 1427) of crack cocaine and opiate users in Haringey have accessed treatment services at some point prior to 31 March 2011, and half (50%; 1210)⁷ have been in 'effective

⁷ Source: NDTMS needs assessment analysed by the University of Manchester, 'bullseye data' report. These figures include clients in treatment 31/03/2011, in treatment in the year prior to 31/3/11 and clients known to treatment, but not treated in 2010-11.

⁸ "In effective treatment" includes individuals in contact with Tier 3 or 4 services, during the period in question, who are recorded as having begun a drug treatment intervention and who fulfil either of the following criteria:

- they were retained in treatment for 12 or more weeks from their triage date
- they were subject to a planned discharge following a planned exit from their treatment within 12 weeks of their triage date (for opiate and crack users, planned discharge means that they finished treatment drug free).

Definitions for the National Drug Treatment Monitoring System data and reports are available from www.nta.nhs.uk

⁹ Source: National Drug Treatment Monitoring System (Monthly drug treatment performance report). Figure refers to individuals leaving treatment year to date (April – November 2011) and is accurate as of 19 January 2012.

treatment' as defined by the NTA⁸. Waiting times for services are rated as excellent; no one waits for more than 72 hours for an assessment and treatment starts within three weeks. At 37 per cent (n=90)⁹ Haringey is rated in the top quartile in the country for crack cocaine and opiate users leaving treatment free of drug dependency. More information about all drug services available for Haringey residents is available from [add link](#).

Service users and carers opinion

The input of people affected by drug use is important in the development of services. Service users and their friends or families can influence how services are run and commissioned in a number of ways: by attending regular service user meetings at local services, attending meetings with commissioners, and being part of the Recovery Champions Group – a group set up to tackle the stigma associated with substance misuse and help build the 'recovery capital' of those in drug and alcohol treatment. Carers have set up a group with the help of the DAAT and providers, (Chrysalis as it is known) also has its own newsletter. There is also an annual service user survey. The findings from the 2010 survey which was completed by 191 service users were very positive showing a high level of confidence in treatment services; over 90% thought their treatment plan would work. The following service improvement suggestions were made:

- To continue to promote treatment through Job Centres and GPs
- Individual care plans should focus on aftercare and consider the role of education, training and employment as part of treatment to overcome loneliness and lack of purpose.
- Ongoing support after treatment helps service users move on with confidence
- Managers/commissioners should monitor the regularity of keywork sessions
- Managers should support staff and service users to set aspirational goals
- To consider how alcohol use is addressed by drug services
- Explore whether services can be more generic and focus on all of the needs of their local area¹⁰.

At the time of writing the current service user survey is out to consultation. Its findings will inform the specification for a new integrated substance misuse treatment system in 2013/14.

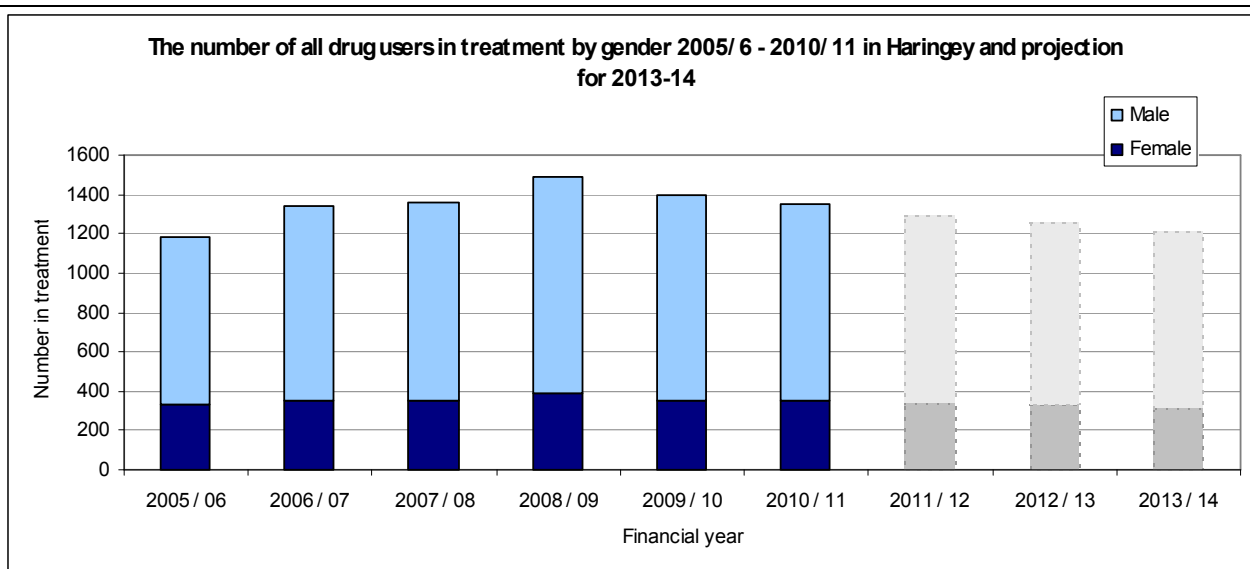
Projected service use in 3-5 years and 5-10 years

In Haringey the total number of drug users in treatment peaked at 2008-9. If the downward trend continues at a similar rate it is likely that by March 2014 the yearly figure for Haringey residents in treatment will be around 1214 (see figure 5)¹¹.

Figure 5

¹⁰ Surveys were completed by Haringey services users currently in treatment in Haringey or completed treatment within the last 3 months.

¹¹ The projection is based on an average decline by quarter in the number of new clients coming to treatment since quarter 1 in 2010-11 financial year.



Source: National Drug Treatment Monitoring System report: Generated by NDEC, University of Manchester, 07/12/2011. Projection by Haringey Council Business Intelligence.

The decline in the number of crack and heroin users can be partially attributed to the increase, and the improved quality, of drug treatment services in the last decade. There also appears to be fewer young people getting involved in crack and heroin use (NTA:2010). By June 2014, the number of crack and opiate users in effective treatment in Haringey is likely to decrease around 11%, from 872 to 772¹².

It is not possible, however, to accurately predict trends or the demand for drug treatment. For example the impact of the economic downturn on the level of drug use is unknown. New drugs coming in to the market (e.g. legal highs) and the availability of drugs also has an impact - which in turn depends on police activity, not only in the UK but in the source countries.

Expert opinion and evidence base

The effectiveness of the specific harm reduction¹³ and drug treatment interventions¹⁴ outlined in the Models of Care (2006) and various NICE guidelines is well established. Treatment effectiveness is monitored through the National Drug Treatment Monitoring System (NDTMS) and evidenced in other national research projects (Davies et al. 2009, Jones et al: 2010, Millar et al: 2008, Webster et. al: 2009). Research studies on the overall cost of illicit drug use to society suggests that drug treatment provides value for money (Davies et al: 2009, Godfrey et al: 2002). Cost benefit estimates by the National Treatment Agency for Substance Misuse (NTA) show that our local treatment provision provides good value for money: in Haringey every pound spent on drug treatment saves £5.02 in crime and health costs. The estimated net benefit is £46.1 million in total for the 2010 spending review period (2011-12 to 2014-15)¹⁵.

¹² ie the total number of clients in a 12 month period. The projection assumes effectiveness remains the same, ie 85% as at 7th Dec (latest available report on www.ndtms.net). This estimate is based on an average monthly changes in the last two years in Haringey.

¹³ eg. needle exchange, hepatitis C & B testing, advice and information

¹⁴ eg. substitute prescribing, residential rehabilitation, counselling

¹⁵ Source: Value for Money Tool. National Drug Treatment Monitoring System. These estimates include both, the cashable cost benefit for the public sector in crime and health savings, as well as non cashable natural benefits, e.g. quality of life years (QALYs). The cost of and spend on the drug treatment system is shown in real terms, during the spending review period, and is discounted and adjusted for market forces. The baseline data is from

Studies have highlighted a relatively high prevalence of mild and moderate mental health problems in drug treatment population (Strathdee et al., 2002 cited in NTA 2010, Daddow, Broome: 2010). Accordingly those who received help for particular mental health issues as part of their drug treatment strengthened their chances for recovery (Daddow, Broome: 2010).

The NTA guidance (NTA:2010) highlights the need to have a balanced treatment system that seeks to reduce the associated harm by stabilising the drug use, helps people to become drug free and achieves better social reintegration. Given the broad range of problems drug users face (i.e. physical and mental ill health, family dysfunction, offending) such a process can take a long time or require several attempts. National guidelines, including clinical guidelines from NICE, that are implemented locally are available from the National Treatment Agency website: www.nta.nhs.uk/guidance.aspx

Unmet needs and service gaps

- Services for children affected by parental substance misuse are not adequately resourced storing up potential for intergenerational substance misuse
- Care pathways into drug (and alcohol) treatment need to be simplified (see recommendations)
- Further and ongoing work with the Somali Community re khat use and TB
- Social exclusion factors/stigma which prevent people with former histories of drug and alcohol use from accessing meaningful employment and stable housing.
- Further development of mutual aid, peer support and user led services
- Wider coverage of blood borne virus screening and immunisation services
- Parenting support for drug using parents

2010-11 financial year but the estimates for the 2010 spending review period are based on a number of assumptions, for example, the reductions in offending (evidenced in other studies) were assumed to be caused by the treatment itself and not by other factors associated with treatment entry. Therefore the figures should be treated as indicative only.

Recommendations for commissioning

- Re-tender existing substance misuse provision to create an integrated, recovery focused substance misuse treatment system by 2013/14.
- Respond to changing trends in drug misuse, non class A drug use and needs of particular communities e.g. khat use in the Somali community
- Continue to ensure fast access to a wide range of prevention and treatment services to meet changing drug trends, along with services for carers and families and children affected by parental substance misuse.
- Ensure wider coverage and better uptake of Blood borne viruses screening and immunisation
- Continue to tackle the wider determinants of health inequalities in this group such as access to housing and employment by working with colleagues elsewhere within the council and through national government initiatives such as the Work Programme, Supporting People programme and locally commissioned education, training and support services.

Recommendations for further needs assessments

Haringey drug and alcohol needs assessment is an ongoing process. The planned work during 2012 is to include:

- Map how long opiate users are staying in drug treatment and profile the needs of those staying in specialist prescribing services for over 12 months
- Understand the needs of those who drop out of treatment early or who are not progressing in treatment. .
- Improve knowledge about the impact of powder cocaine, legal highs and cannabis use on local health services
- Monitor the success of social reintegration

Local agencies should focus on completing treatment outcome data and improve the data quality on the number of children who live with clients in drug treatment so as to accurately estimate the number of children affected by parental problem drug use.

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Reference:

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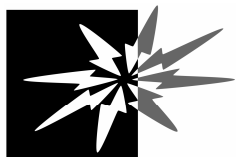
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Haringey Council

Briefing - Tottenham Regeneration Programme

Community Safety Partnership

1st March 2012

1. Purpose of briefing

1.1 To provide an update about the regeneration programme for Tottenham. This includes progress to date, feedback received from the public consultation, an update regarding funding for the programme and relevant issues for the Community Safety Partnership to consider.

2. Progress to date

2.1 Following the August riots, the Council, its partners, local communities and businesses have been working together to restore confidence in Tottenham and to start developing plans and proposals for its regeneration and transformation. The key projects and activities to date are summarised below:

2.2 Setting up of Tottenham Regeneration Team – this team is made up of Haringey staff seconded from their substantive posts who are experienced in regeneration, planning, community engagement and working across organisational barriers and with external partners. This dedicated staff resource is leading on:

- consulting and involving the local community and stakeholders in developing a regeneration strategy for the area;
- supporting businesses to access funding and financial support following the riots;
- working with the GLA to identify investment and funding requirements to support the long term sustainable transformation of the area; and
- working with the landowners to ensure that their sites are reoccupied and reopened as soon as possible and that the schemes are of the highest quality and support the overall regeneration ambitions for the area

2.3 Support for businesses - over 200 businesses received one-to-one visits from council officers to offer practical advice and support in the aftermath of the riots. The High Street Support Scheme (funded by CLG) that we have administered in riot hit areas with over 150 businesses grant aided, in total £365K and as appropriate supported to find new premises, such as the Post Office. Rate relief has also been awarded totalling over £1m. Additionally there has been funding through the Sir William Castell High Street fund, with a further £1m of support awarded.

2.4 Key to maintaining and bolstering community and business confidence is the prompt relocation and return of those businesses which were severely damaged or destroyed in the riots, particularly as a number of these businesses were high street staples that drew in customers and footfall for the many independent businesses on the High Road. Further information on these key businesses and sites is provided below:

Carpet Right - we have been working closely with Carpet Right to ensure that this key symbol of Tottenham's recovery is back on the High Road as soon as possible. We have held pre-application discussion meetings with the landowners and we expect a full planning application to be submitted in shortly (and determined by Planning Committee in early Spring). Subject to planning permission, Carpet Right (and associated residential units above) would be open for business by the summer 2013.

Aldi – we have had a number of discussions with Aldi and we are working with them to ensure they return to the High Road with a high quality development as soon as possible. A Planning Brief for the Aldi site has been developed. Planning proposals have been submitted and will shortly be considered by the Planning Committee.

Post Office – we have been working closely with the franchise holder and Post Office Counters and the Post Office has been reopened at 476 High Road. In terms of the actual site (530-536 High Road) that

was destroyed in the riots, we have begun discussions with the landowners over their intentions and we have developed a planning brief for the site that we plan to begin consulting on in January 2012.

Job Centre Plus – a small base has been provided in CHENEL but currently most of the clients need to travel to Walthamstow. Teams working with key client groups – families and young people – have moved into the Northumberland Park Resource Centre to provide a local service to vulnerable residents. Job Centre Plus will be back in their newly refurbished premises in the High road at the end of march.

639 High Road (council building, also grade 2 listed) – we are currently developing options for this building which includes developing the building into an employment and enterprise centre for Tottenham (with incubation space for new and growing businesses) as well as services to support skills and training for young people. Negotiations are also at an advanced stage with the GLA to involve the Mayor's Team London programme there to develop volunteering opportunities for the borough.

The aim of the project is: to create a new Enterprise and Employment Hub in the heart of Tottenham, run by local people for local people. The Hub will bring together, in one place, all of the strands of support for engaging people to help them develop and sustain their careers: from school leavers' support and training, to business mentoring and career development initiatives.

2XL – this major local recruiter for the health, social care, IT and accounting industries has been successfully relocated to Tottenham Town Hall.

2.5 'I love Tottenham' campaign – this campaign has played a key role in restoring business and consumer confidence to Tottenham High Road in the aftermath of the riots, bolstering civic pride and supporting economic vitality. It is a partnership between the Council and local traders and has included marketing and promotional activities (including bags, banners, badges), a programme of events in the run up to Christmas as well as physical improvements to the High Road such as planting flowers, hanging baskets and trees and the painting of hoardings around damaged buildings.

2.6 Moving forward, we will be planning a series of creative activities and events (e.g. film projects and screenings) that will draw in new visitors to the High Road. These will be planned in partnership with local traders so we ensure that the I Love Tottenham campaign continues to be an opportunity for us to come together and demonstrate unity and promote all that is great about Tottenham.

2.7 In the next 12 months we intend to secure long-term Town Centre Management arrangements in Tottenham to maintain the momentum achieved through post riots business engagement.

2.8 A Tottenham Task Force has been established chaired by the Cabinet Member for Regeneration and Social Inclusion, Councillor Alan Strickland. Other members of the group include Councillor Vanier, David Lammy, Paul Head, Principal of CHENEL, Andrew Campling, Chair of Business Board and Sir Stuart Lipton who has been appointed as the Mayor's advisor. The Leader and Chief Executive are Ex-officio members. It is not a formal decision making body and its role is to help in drafting of the Regeneration Strategy. It currently meets every 2 weeks and focuses on a specific topic and draft objective each time. Through Stuart Lipton the group has been able to draw down on different external experts such as in the fields of economics and transport. Apart from the core membership others are invited to meetings depending on topics. At the last meeting Claire Kowalska and Superintendent John Carroll attended to provide background information on the topic Safe and Secure and Confident Communities. In addition to the Task Force governance arrangements ensure that there is input from other stakeholders such as ward members, businesses, traders, Area Committees, resident groups and partnership boards. An objective of my attendance at the Community Safety partnership Board is first of all to provide information of what has been happening to date and to receive advice and comment to steer drafting of a Regeneration Strategy for Tottenham.

3. Feedback from the public consultation

3.1 Since the riots in August, we have been talking to local residents, businesses and stakeholders to inform and shape the key elements of our overall approach to regeneration in Tottenham. Between 1st November 2011 and end of January 2012 we undertook formal public consultation to give the local

community an opportunity to have their say about shaping Tottenham's future and what their priorities for change are. As part of the public consultation process, consultation questionnaires were sent to every household in Tottenham as well as being available to complete online. We have received 600+ responses to this questionnaire. We are currently analysing these responses and the comments, feedback and suggestions will be used to inform the development of a draft regeneration Strategy for Tottenham. An electronic version of the Consultation leaflet is attached.

Officers from the Tottenham Regeneration Team have visited local schools to talk to pupils about regeneration proposals and to capture their ideas. The same officers have also worked with the borough's housing management company – Homes for Haringey – to engage local residents by knocking on their doors and discussing the consultation exercise with them.

3.2 We also held two successful public consultation events on the 28th and 29th November at Tottenham Town Hall (South Tottenham) and the Northumberland Park Neighbourhood Resource Centre (NRC) (North Tottenham). The event at Tottenham Town Hall attracted almost 90 attendees and the event at the NRC almost 30.

3.3 The events were 'have your say' type events with table top discussions facilitated by Council Officers. Residents were invited to write down their concerns, aspirations and ideas for change. The key emerging themes of **aspirations** for Tottenham were:

1. Encouraging jobs and enterprise growth
2. Building on the vibrant arts and cultural offer
3. Building on the excellent diversity and community relations
4. Development of a positive image for Tottenham
5. Better utilisation of Tottenham's many assets
6. An attractive, vibrant and historic High Road

3.4 Some specific comments which have arisen from the Have Your say event and the online and hard copy responses when asked what is needed to support the objective of safe, secure and confident communities include:

1. The role and presence of the Police- both in terms of increased presence and increases in CCTV and general enforcement and comments regarding perceived poor relations with the local community
2. More opportunities, jobs, events etc for the community, particularly young people
3. Effective promotion to improve the Image of the area and increasing pride in and attractiveness of Tottenham as a destination
4. Improvements to the public realm- particularly street lighting.

Other responses include delivering support for businesses to grow, emphasis on getting rid of anti-social businesses such as betting offices, strong emphasis on dealing with environmental management issues- e.g. overflowing bins, issues related to Houses in Multi-Occupation (HMOs) and related issues of transience and pride in the area.

3.5 A more detailed report of the feedback received during the consultation events will be published on the website shortly. Further consultation will be undertaken on the draft Regeneration Strategy for Tottenham from May 2012 onwards.

4. Funding for the Tottenham Regeneration Programme

4.1 We submitted a comprehensive funding bid to the GLA in December to support key projects and programmes that would kick start the regeneration of Tottenham. This bid was for over £40m and covered a wide range of projects including comprehensive public realm and heritage improvements, bringing forward development and investment in key High Road sites and buildings, employment and skills programmes, community safety initiatives, major investment in transport schemes including

improvements to Tottenham Hale station and programmes to support local businesses and encourage investment in Tottenham.

4.2 The GLA announced the funding package for Tottenham on the 17th January, a total package of £41m of which £24m is grant funding from the GLA and CLG and just under £12m being the Council's investment.

A total of £27m, GLA and Council funding has been allocated to support North Tottenham regeneration. This includes highway and public realm improvements in the vicinity of the Spurs stadium proposals and heritage building improvements. Also transport infrastructure improvements to Tottenham Hale, and new route linking White Hart Lane station and entrance to the new stadium.

A new employment and skills programme is to be funded with a total of £4.5m including private sector funding. An Opportunity and Investment fund is to be set up with a pot of £4m. This will be used to kick start capital projects to be identified. Furthermore the GLA will invest a further £3m to create an Employment and Enterprise centre at 639 High Road. Funding has been agreed to improve the public realm in the High Road particularly around Bruce Grove to support growth and enterprise. One of the key projects is a proposal to develop Tottenham Green into a hub for cultural events and activities. This will be achieved through re-landscaping of Tottenham Green, installation of market infrastructure, landscaping and opening up of the Old School Yard, completion of improvements to the open space next to Bernie Grant Arts Centre and new footpaths and a new surface on the Town Hall Approach Road.

This funding package should enable a start to be made to support regeneration. There are resources going in to support local people, particularly young people, into work. There are no new revenue funding streams to support any new social and community initiatives. But we are actively seeking new funding opportunities for a range of social and community programmes and many organisations are looking to work with the Council such as the Prince's Trusts. The Council is committed to using 10 Bruce Grove more intensively for young people and looking at options to make this happen.

The Council is rolling out an environmental improvement programme across the Borough with an early focus on Tottenham bringing together new Neighbourhood Action teams, with housing and planning enforcers to tackle a range of environmental issues such as dumped rubbish, unsightly shop fronts, and poor housing conditions. It is intended to join up the Council resources with the Police and Fire Brigade. There will be an emphasis on zero tolerance to enviro- crime but at same time supporting behaviour change providing advice and guidance to residents and traders. The message in Tottenham is that we should all be working towards better environmental quality demonstrating a cared for approach.

5. Matters for the Community Safety Partnership to consider

1. Note progress of work that has taken place over the last 6 months since the Riots and approach going forward.
2. Note some of the emerging comments that have been raised through the consultation as set out above in paragraph 3.3 and 3.4 and for the Partnership to put forward views on any actions to address.
3. Any views and comments on integrated approach to Enviro- nuisance/ crime.

MINUTES OF THE COMMUNITY SAFETY PARTNERSHIP (HSP)
THURSDAY, 6 OCTOBER 2011

Present: Councillor Bernice Vanier (Chair), Robin Charnley, Tamara Djuretic, Kate Gilbert, Claire Kowalska, Mark Landy, Richard Mills, Marion Morris, Nims Obunge, Winston Reid and Gurdip Singh

In Attendance: Joan Hancox, Helen Chapman, Farzad Fazilat, Patrick Jones, Anne Lippitt, Tessa Newton and Stuart Young

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP91.	<p>APOLOGIES</p> <p>Apologies for absence were received from the following:</p> <p>Peter Lewis Sandra Looby Sam Evans Enid Legister Sajda Mughal Pamela Pemberton Jan Doust</p>	
HSP92.	<p>URGENT BUSINESS</p> <p>The were no items of urgent business.</p>	
HSP93.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made.</p>	
HSP94.	<p>MINUTES</p> <p>Prior to confirmation of the minutes the following updates were provided:</p> <p><u>HSP78 – Minutes</u> The Board was advised that around 1,000 mentors were now being trained as part of the GLA mentoring project, a group of whom would be associated with Haringey and would be available to support the work of the Youth Offending Service and Gang Action Group. An update on this work would be presented to the next meeting.</p> <p><u>HSP79 – Performance highlights – financial year 2010/11</u> The Board was advised that none of the applications to the Victim and Witness Protection Fund made by Victim Support in London had been successful.</p> <p><u>HSP80 – Haringey Community Safety Plan 2011-14</u> The Board confirmed that, subject to the changes discussed at the previous meeting, the Haringey Community Safety Plan was formally agreed.</p>	<p>Claire Kowalska</p>

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	<p><u>HSP82 – Engaging with Mental Health Services</u> It was confirmed that a briefing note had been produced and would be circulated with the minutes of the meeting for information. Mark Landy was confirmed as the new representative for the Mental Health Trust on the Board.</p> <p><u>HSP84 – Overview of new single Frontline</u> The item would again be deferred until next meeting.</p> <p>RESOLVED:</p> <p>That the minutes of the meeting held on 19 May 2011 be confirmed as a correct record.</p> <p>The Chair agreed to vary the order of the agenda to take the item on Review of Partnership Arrangements next.</p>	Helen Chapman
HSP95.	<p>REVIEW OF PARTNERSHIP ARRANGEMENTS</p> <p>Stuart Young, Assistant Chief Executive, presented the report on the Review of Partnership Arrangements, which set out the full list of recommendations arising from the research commissioned into partnership arrangements. Three key principles had been identified; that there should be a core partnership group that meets every six weeks, the only standing partnership bodies would be the shadow Health and Wellbeing Board and a Community Safety Board and task and finish groups would be commissioned to undertake specific pieces of work to deliver partnership objectives. It was intended that the new structure should focus on priorities and outcomes, and how these could be best achieved, and that streamlining the partnership body structure would reduce duplication.</p> <p>The first meeting of the Joint Leadership Group was to meet later in the week and would include representatives from the police, Job Centre Plus, education and health. It was confirmed that Cllr Vanier would also be a member of this body. The body would focus initially on priorities and outcomes, and would adopt a commissioning approach to pieces of work necessary, using task and finish groups.</p> <p>Concern was expressed that while there were discussions taking place at a regional level regarding partnership working and the role of Crime Reduction Partnerships, there appeared to be a dismantling of the partnership structure in Haringey. Concerns were also raised regarding where the decision would be made regarding which were the 'right' bodies to be involved in certain pieces of work, and what the involvement of the voluntary and community sector would be in taking these decisions. In response to some of these concerns, it was confirmed that the Community Safety Partnership would remain, and it would be the whole Board that would take any such decisions, which would include voluntary and community sector representatives. It was also intended that any sub-bodies, including and task and finish groups,</p>	

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	<p>would remain fully accountable to the Board and report into Board meetings.</p> <p>It was suggested that the terms of reference of the Board be revisited, and it was agreed that this would be useful given that, while the overarching responsibilities of the Board would remain the same, different ways of working with partners were being explored.</p> <p>Stuart Young encouraged Board members in advance of the next meeting to think about the groups and sub-bodies already in place and to map these against the identified priorities and outcomes to ensure that there was as close a fit as possible. This could then be reflected upon at the next meeting.</p> <p>It was reported that all of the previous sub-bodies of the Board were in the process of being reviewed as part of the move towards the Victim / Offender / Location model and were currently inactive pending the outcome of this review.</p> <p>The Board welcomed the opportunity to look at increasing the efficiency of its work, but felt that greater communication was required around the ongoing review process, as not all of the Chairs of the sub-bodies of the Board had been aware that their activity was frozen. It was requested that the various sub-boards be consulted so that they could feed into the review process.</p> <p>RESOLVED</p> <p>That the report be noted.</p>	<p>All to note</p> <p>Claire Kowalska</p>
<p>HSP96.</p>	<p>APPOINTMENT OF CHAIR FOR 2011/12</p> <p>Cllr Vanier was nominated for Chair by Kate Gilbert, and this nomination was seconded by Richard Mills.</p> <p>RESOLVED</p> <p>That Cllr Vanier be appointed Chair of the Board for 2011/12.</p>	
<p>HSP97.</p>	<p>APPOINTMENT OF VICE-CHAIR</p> <p>Sandra Looby, Borough Commander, was nominated for Vice-Chair by Claire Kowalska and this nomination was seconded by Richard Mills.</p> <p>RESOLVED</p> <p>That Sandra Looby be appointed Vice-Chair of the Board for 2011/12.</p> <p>RESOLVED</p> <p>The Board endorsed the Drug and Alcohol Strategic Manager as an</p>	

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	ongoing Member of the Board.	
HSP98.	<p>TERRORISM UPDATE</p> <p>Detective Superintendent Gurdip Singh, representing the Borough Commander, advised that the current level of threat from terrorism for the UK was classified as “substantial”. It was clarified that this indicated that there was a potential strong likelihood of an attack.</p> <p>NOTED</p>	
HSP99.	<p>REGENERATING TOTTENHAM - INVESTMENT AND IMPLICATIONS FOR COMMUNITY SAFETY PRIORITIES</p> <p>Anne Lippitt, programme director for the Tottenham Regeneration Programme, addressed the Board in respect of the work of the Tottenham Regeneration Programme. The three key elements of the work were outlined as:</p> <ol style="list-style-type: none"> 1) Continuity (handling the immediate aftermath of the riots, supporting local residents and businesses). 2) Confidence-building 3) Rebuilding Tottenham <p>The Board was advised of the positive achievements that had been made, such as the establishment of the Community Assistance Centre and the Tottenham Fund to support residents and businesses affected by the riots, the successful lobbying for recovery funding, and the implementation of a 3 month exemption from business rates for affected businesses, which was in the process of being extended to 6 months.</p> <p>There was a need to increase confidence amongst traders, residents and people from outside the area in Tottenham as a place to visit. The ‘I love Tottenham’ campaign had been launched and would involve physical improvements to the High Road environment such as banners and hanging baskets, additional street cleaning, as well as t-shirts and bags with the ‘I love Tottenham’ logo, to enable people to show their support and promote the area.</p> <p>Bringing the Post Office back to the High Road was identified as a priority, as this had a significant impact on footfall locally, and work was progressing to achieve this. The Job Centre was currently operating out of Chenel, and it was intended that this would be consolidated in the short term by providing a Portakabin to enable the full range of Job Centre services to be offered on site. Work was progressing as quickly as possible regarding the Carpet Right and Aldi plots, and also to re-instate a Council presence at 639 High Road. Temporary uses were also being considered for some of the vacant sites, for example community gardens. The Community Panel, chaired by the Leader of the Council, aimed to unite the Borough in the recovery process and to ensure that all views from the community were taken on board and fed into the regeneration work.</p>	

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The Board was advised that a vision was needed in order to establish Tottenham as a place where people want to live, work and stay. Key elements were identified as business investment, open space and transport, jobs for local people, high quality housing and safe, secure, confident communities.

Promoting the strengths of the area was felt to be a key issue, as well as converting these strengths into a deliverable strategy. Ensuring that Tottenham Hotspur remained in the area was a key part of any regeneration effort, as a catalyst for further development. In addition to physical regeneration, social and economic regeneration was essential and must be centred around existing communities and how they could benefit. Tottenham could provide a new model for regeneration, leading to physical improvements alongside better homes and new jobs for local people.

The Board was advised that Sir Stuart Lipton had been appointed as a link / champion for Tottenham regeneration. It was felt that, working with partners, the regeneration programme should be ambitious in its bids for funding, outline bids for which needed to be submitted by early November. There were a number of community safety issues for consideration, which partners were encouraged to provide their thoughts on.

All to note

The Board expressed the view that it was essential to engage marginalised groups during the development of regeneration plans for the area. It was also emphasised that, with regards to the regeneration plan, any proposed initiatives should consider how they would benefit young people and also how proposals could incorporate and respond to the views of young people. In response to concerns raised regarding youth services in the area, it was noted that the Bruce Grove youth centre was not closed, and was still in operation for service users, although now based on a hub system.

The Board felt that there was an opportunity to provide a hub for shared services, for example health, employment, criminal justice, as having a range of services in one place could deliver real benefits and enable partners to pool resources. It was also suggested that talks with local businesses could build on work already achieved with the probation, health and DAAT services in supporting people back into work, alongside professional assistance. It was noted that Homes for Haringey were keen to play a part in community recovery work and were looking at mentoring and employment initiatives in respect of youth engagement.

The Committee noted the view that it is people that make a place and that regeneration should therefore start from this point, for example assisting young people and ex-offenders into employment and building aspiration. It was also suggested that consultation should actively target those groups requiring the most support so that they had a sense of ownership in the process. It was felt that issues such as the proliferation of betting shops in the area needed to be robustly addressed in order to

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	<p>better reflect what was wanted for the future of Tottenham. In order to change the negative impressions of Tottenham, it was felt that people should identify and build on the genuine reasons there were to love Tottenham.</p> <p>It was further noted that the Fire Service and Metropolitan Police would be looking to build into any proposals the highest level of safety standards so that the area did not just feel safer but was genuinely safer.</p> <p>Board Members were encouraged to contact Patrick Jones or Claire Kowalska if they had any further ideas to feed into the process after the meeting, and it was suggested that, once the proposals relating to community safety were drawn up, these be circulated for the Board's endorsement and endorsed via the Chair. Anne Lippitt asked for any suggestions of specific groups to consult or meetings to attend to be forwarded on to her, and it was suggested that she attend the forthcoming Better Places Partnership Board as a way of contacting key stakeholders.</p> <p>NOTED</p>	All to note
HSP100.	<p>POST RIOT RECOVERY UPDATE AND SUMMARY OF CONSULTATION</p> <p>Stuart Young addressed the Board regarding the Community Panel, Chaired by the Leader of the Council, which was formed of a range of community representatives and had the remit of actively listening to the whole community via a range of means, including the following;</p> <ul style="list-style-type: none"> • Focus groups – engaging directly with young people, businesses, residents and institutions • Opportunity to have your say – a general call for information was being issued, and a set of questions would be set out to which responses were sought. • Community debates and discussions – a number of these had already been held and it would be useful for anybody holding notes of any such events to feed these into the work of the Community Panel. <p>People were encouraged to contact the Community Panel via the website and by email, details of which would be provided to all Board Members.</p> <p>The Board suggested that it would be very beneficial for the Community Panel to publicise those actions that had arisen in direct response to feedback that had been sent in, as a way of showing that they were acting on the information provided by the community.</p> <p>It was acknowledged that effective engagement was always a challenge, and that work was ongoing to engage with as much of the community as possible, given that there were groups who were unlikely to attend events such as public meetings. It was suggested that use of social media such as BBM, Twitter, etc could be explored, and also that these could be tied in with the existing 'I love Tottenham' campaign via a</p>	Stuart Young

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	<p>website, so that it was all in one place. It was also suggested that images of the Community Assistance Centre could be used to inspire people and make people proud of the area and what local people have achieved.</p> <p>NOTED</p>	
<p>HSP101.</p>	<p>HALF-YEAR CRIME PERFORMANCE (APRIL - SEPTEMBER 2011)</p> <p>Claire Kowalska presented the report on half-year crime performance, and advised that the increase in property crime compared with the previous year was a key concern. Violent crime indicators were broadly on track overall, although within those indicators there were significant increases in youth violence and crime involving a weapon and these were also key issues to be addressed. It was reported that there would be a discussion regarding youth offending and related issues at the December meeting.</p> <p>The Board noted the action plan that had been circulated, and it was noted that there were concerns with regard to Northumberland Park, where a significant majority of police activity was centred, and that this needed further monitoring. A further area of concern was Victim Support, given the loss in funding, particularly for support for young victims, and the news earlier in the meeting that none of the bids for funding from Victim Support in London had been successful.</p> <p>RESOLVED</p> <p>That the contents of the report be noted.</p>	<p>Jan Doust / Linda James</p>
<p>HSP102.</p>	<p>DELIVERY PLAN REPRIORITISATION</p> <p>Claire Kowalska presented the report on the progress against the delivery plan, and it was noted that the annual assessment would not be complete until December 2011.</p> <p>The Board was advised that, in respect of developing an Integrated Offender Management model, a scoping document had been completed and meetings had been held, including a discussion with Avon and Somerset Police regarding their experiences. Board agreement that this was the direction they wanted to move in was required in order to then make plans for implementation and develop a project plan.</p> <p>The Metropolitan Police were asked to comment on any specific areas of work relating to the concerns regarding crime performance as raised in the previous agenda item. Detective Superintendent Gurdip Singh advised that there was now an Intelligence resource working on prevention measures in relation to gang activity. It was reported that the Intelligence structure was moving towards a Victim Offender Location model, this was in the process of implementation and should be in place by the end of November. With regards to property crime, it was reported</p>	

**MINUTES OF THE COMMUNITY SAFETY PARTNERSHIP (HSP)
THURSDAY, 6 OCTOBER 2011**

	<p>that there was a Property Action Plan in place with a focus on tactical delivery and resources aligned according to the relevant expertise. Partnership work was ongoing in relation to violent crime and more innovative ways of tackling these issues and engaging with victims were being sought. It was reported that the Connect taskforce were making direct contact with potential gang members and inviting them to come and discuss ways out of this activity, with enforcement action only being taken as a last resort when individuals disengaged from the process.</p> <p>Clarification was sought on whether arson was included in the police's Property Action Plan, as the Fire Service had analysts and statistics which might be of use to the police in its own intelligence work around this area. It was agreed that this was to be taken forward outside of the meeting.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> i) That the focus for partnership activity to the end of the year should be reducing property crime, youth re-offending, violent crime (inc weapons and gangs) and engagement with victims of crime; ii) That agreement be given to proceed with the development of an Integrated Offender Management system iii) That any ideas relating to community safety be fed into the Tottenham Regeneration Programme team's work via the Chair of the Board. 	<p>Richard Mills / Gurdip Singh</p> <p>Claire Kowalska</p> <p>Kate Gilbert</p> <p>All to note</p>
<p>HSP103.</p>	<p>INTEGRATED OFFENDER MANAGEMENT</p> <p>This issue had been covered in discussions earlier on the agenda.</p>	
<p>HSP104.</p>	<p>MENTAL HEALTH PARTNERSHIP LIAISON</p> <p>The Board was advised that work was taking place with the Mental Health Trust to provide training and guidance for frontline staff, and also a single point of contact for information on mental health issues. Work was also ongoing regarding the formation of clearer working relationships.</p> <p>NOTED</p>	
<p>HSP105.</p>	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>There were no new items of urgent business.</p>	
<p>HSP106.</p>	<p>ANY OTHER BUSINESS</p> <p>There was no business raised under this item.</p>	

**MINUTES OF THE COMMUNITY SAFETY PARTNERSHIP (HSP)
THURSDAY, 6 OCTOBER 2011**

HSP107.	DATES OF FUTURE MEETINGS The dates of further meetings, set out below, were noted: 12pm, 15 December 2011 12pm, 1 March 2012 The meeting closed at 1.50pm.	
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Haringey Council

Community Safety Partnership - Governance Report

Date: 1st March 2012

Report of: Community Safety and Engagement Manager, Single Frontline

Purpose: To agree on an amended structure to reflect the outcome of Haringey's review of partnership governance

Attached: Report with background, current structure, proposed structure, membership of a reinstated performance management group.

Appendix 1: Chart of proposed format below the Joint Leadership Group

COMMUNITY SAFETY PARTNERSHIP – PROPOSED GOVERNANCE

1. Background

- 1.1 A recent review of partnership boards in Haringey recommended the retention of the Community Safety Partnership (CSP) alongside a statutory Health and Wellbeing Board. Two safeguarding boards also remain; one for adults and one for children. More recently, a Social Inclusion and Worklessness Group has also been established which covers a large part of the business formerly managed by the Enterprise and Integrated Housing Boards.
- 1.2 The remaining boards report up to a newly formed Joint Leadership Group, combining the Cabinet, Directors and key partners. This replaces the Local Strategic Partnership, meeting 6-weekly with a more dynamic and integrated agenda - **see Appendix 1**
- 1.3 It is recognised that areas of overlap remain such as mental health, domestic violence, drugs and alcohol, employment and regeneration. Some of this is being addressed holistically through Social Inclusion & Worklessness; the Tottenham Delivery Board and the Troubled Families Group on a task and finish basis.
- 1.4 A very significant package of regeneration work is being managed by the Tottenham Delivery Board in conjunction with the Greater London Authority and in partnership with businesses and senior local leaders. This programme is intense and time-limited and sits outside the normal partnership structure.
- 1.5 At the previous CSP in October 2011, partners acknowledged that the board needed to re-shape its sub-groups to fit the new governance framework. It has since become clear that, while much of this work is still needed, there is now a clearer distinction between strategic boards; task and finish working parties and case management groups. This paper proposes an amended structure to reflect the above.
- 1.6 A discussion is also underway to streamline the large number of commissioning groups that exist across Haringey Council but the outcome should not affect this proposal.

2. Former structure

- 2.1 The former structure had a number of themed partnership boards that met on a regular, quarterly cycle. These served largely for information sharing and to set and monitor specific annual action plans. The themes were linked to crime types such as acquisitive crime, violent crime and anti-social behaviour and there was a considerable amount of grant funding to be managed.

2.2 A separate performance management group functioned as a forum for sharing intelligence, managing resources, monitoring progress and overseeing project delivery across all priorities that sat underneath the former Safer and Stronger Communities Service. This meeting provided a joint picture to officer leads and the Cabinet Member with responsibility across disciplines, including domestic violence, drugs and alcohol and youth offending.

3. Proposed structure (see Appendix 1)

3.1 Three strategic boards sit below the two standing partnerships and report to both/all as required. These are the Drug and Alcohol Partnership (DAAT) Board; Youth Offending Partnership Board and the Domestic Violence Partnership Board.

3.2 It is proposed that three further groups should remain directly below the CSP: (Integrated) Offender Management Group – IOM; Gang Action Group (GAG) and the Anti-social Behaviour/Harassment Casework Group. These all work around a casework, wrap around model and will need to meet on an ongoing basis.

3.3 In addition, it is proposed that a streamlined performance management group be reinstated that meets 6 times a year with a focus on the strategic outcomes to:

- Assess the latest intelligence
- Understand and respond to under-performance
- Ensure compliance with legislation and requirements on CSPs
- Manage partnership resources and explore pooled funding
- Manage ad hoc funds and co-ordinate external bids
- Agree and monitor task and finish activity
- Prepare and monitor annual delivery plans

Proposed membership

Cabinet Member for Communities

Dept Borough Commander / or Det. Supt Borough Intelligence

Head of Service or Asst Director Single Front Line

Community Safety and Engagement Staff

Chief Inspector Partnerships (Haringey MPS)

DAAT Manager (Public Health)

YOS Manager (CYPS)

DV Service Manager (CYPS)

Key analysts (Police and/or Council)

Head of Emergency Planning (as required)

A link would be maintained to the Tactical Tasking Group that is held every two weeks. This model builds on the award winning 'SAFE' meetings that operate in some other boroughs.

3.4 It is proposed that a full meeting of the CSP should take place three times a year instead of the current 4 in Feb/March; end June; and October.

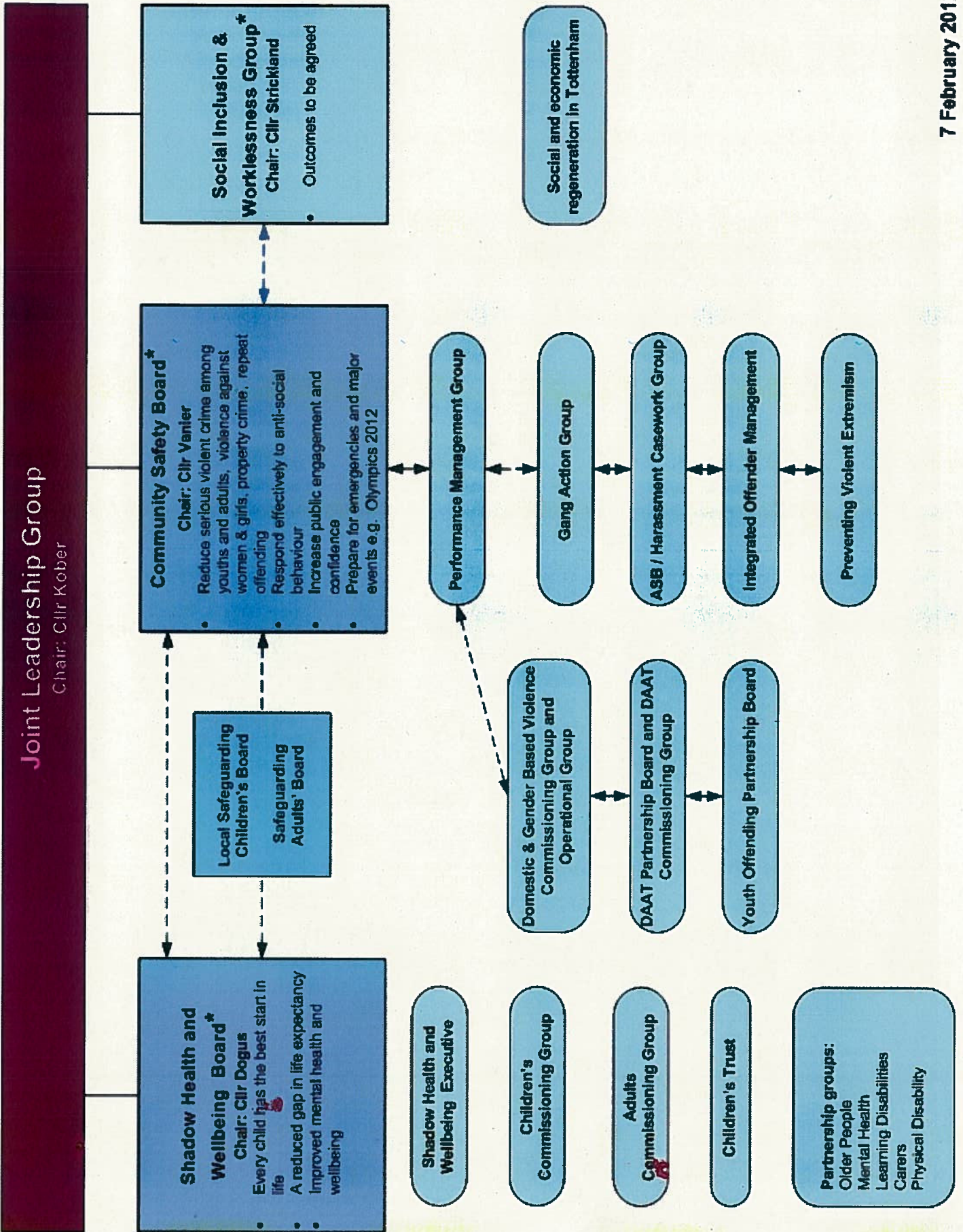
4. Decision-making

4.1 All key strategic decisions will be taken by the full CSP members.. Annual delivery and resource plans will be taken in full consultation with CSP members.

4.2 The performance management group will consider exception reports and feedback to the relevant delivery groups.

4.3 Major or emergency decisions will be escalated to the Chair and Vice-Chair (Cabinet Member and Borough Commander respectively) with notification to the Chief Executive and/or Leader of Haringey Council where appropriate.

STRUCTURE FOR PARTNERSHIP WORKING IN HARINGEY



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Report to the Community Safety Partnership
1st March 2012

Ending Gang and Youth Violence funding 2012/13

PURPOSE:

To detail the plans proposed by the Gang Action Group for the allocation of the Ending Gang and Youth Violence funding 2012/13.

BACKGROUND:

Under the Home Office Ending Gang and Youth Violence programme, Haringey has been offered a provisional allocation of £199,074. This funding is to be used to develop long-term and sustainable violence reduction strategies that focus on early intervention as well as enforcement and routes out of violent lifestyles.

Half of the funding allocation is for onward distribution to the voluntary and community sector.

FUNDING PROPOSALS:

The proposals set out below are based on the key findings of the problem profile produced for the Ending Gang and Youth Violence funding application.

Over 60% of the funding has been allocated to the voluntary and community sector.

The attached table sets out how these proposals fit within the existing and planned projects to address gang related crime and serious youth violence.

1. Mentoring Programme £70,000:

At present individual gang members are referred to a number of disparate projects and programmes. To capitalise on the success of these programmes and to bring them together into one coherent strategy, it is proposed that an accredited mentoring programme be commissioned. This programme would offer practical support rather than peer mentoring.

The scheme providers will be expected to identify and train professionals to support mentees to access services and manage changes in their lives that will enable them to move away from gang activity. The providers will also be expected to develop a sustainability plan exploring alternative funding sources to ensure that the programme can be delivered beyond 2013.

The programme will be designed to support up to 40 mentees at one time, each for a minimum of 6 months.

The Voluntary and Community Sector will be invited to tender for this programme.

2. Targeted support for victims of serious youth violence and gang crime £25,000:

46% of Haringey victims of gang related crime are aged 10-19 years. In 9% of the total gang flagged incidents victims refused or even obstructed police investigations. Targeted support to address the needs of young victims (particularly those involved in gangs) is required. This allocation will be used by Victim Support to recruit a part time Young Persons Project Worker. Their role will be to promote support services available to young people, provide practical and less 'risky' ways to stay safe, to discourage the belief that retaliatory violence is acceptable and to identify innovative approaches to encouraging young victims to support police investigations.

3. Matched funding for the Safe and Secure Programme £10,000:

The Safe and Secure Programme is an MPS led programme that aims to rehabilitate gang members by re-housing them away from their usual locality. Individuals referred to this programme are provided with a 12-week intensive support package and follow up support for up to one year after the move. The scheme is managed by the Safer London Foundation. The provision of this matched funding will ensure that Haringey is able to refer at least two individuals to the programme.

4. The Ben Kinsella Anti-Knife Crime Exhibition £6,000:

This is an interactive exhibition that is designed to educate 10-18 year olds about the consequences of knife crime. The Trust also provide complementary resources such as teaching packs, workshop ideas and visits from members of the Trust to embed the important messages and guidance it promotes.

5. Analytical and Administrative Support for the Gang Action Group £25,000:

The Gang Action Group is co-ordinated by the Community Safety and Engagement Team. The GAG meets on a six weekly basis and works with 34 current referrals. There is a significant amount of administrative work associated with the preparation for each meeting and the exchange of information between partners. This part time role will be responsible for maintaining gang member profiles, keeping an audit trail of information exchange and for examining the journey taken by gang members referred to the group.

This allocation will be match funded using PREVENT funding to create a full time post that will support the work of the GAG and the PREVENT Co-ordinator.

6. Investment into the enhanced local Gangs Unit £6,000:

Haringey is one of the 19 priority boroughs under the MPS Gang Command. As part of this the local gangs unit has been enhanced to include 2 Sergeants and 14 Police Constables. This specialist unit will include dedicated engagement officers who will work with the Gang Action Group. The purchase of a stand-alone computer will allow them to access open source intelligence, to monitor nominals' online activity and tensions between gangs. The purchase of new location software will enable the Gangs Unit to increase their surveillance capability.

Further details of the proposed investment into the local gangs unit will be available at the Community Safety Partnership meeting on 1st March.

7. Matched funding for the environmental improvements identified by the Operation Connect Crime Prevention Design Adviser £10,000:

The Operation Connect Partnerships Team includes a dedicated Crime Prevention Design Adviser with specialist experience of designing out gang related crime. During 2011/12 she has carried out several surveys directed by the local Police Problem Solving team. This allocation of funding will be used to match fund / pump prime the improvements made by Homes for Haringey, Registered Social Landlords and Highways services in response to the recommendations of the environmental surveys.

8. Violence reduction programme for YOS Clients £15,000:

In 2011/12 Khulisa UK were commissioned to deliver their 'Face-it' programme for GAG and Op Connect nominals known to the YOS. This 5-day group work programme uses cognitive behavioural therapy to deliver significant behaviour change, self-awareness and motivation on the part of participants. Two group work sessions are being held in Haringey during February and March 2012. Assessment of the effectiveness of this intervention will be completed to allow for a decision as to

whether to fund the programme in 2012/13 or to explore other avenues for delivering similar outcomes.

9. Prison In-reach £18,000:

One of the key gaps in intelligence identified as part of the self-assessment for the Ending Gang and Youth Violence problem profile is intelligence from prisons regarding gang tensions and affiliations. This information is provided on an ad hoc basis to London Probation in relation to offenders sentenced to over 12 months in prison but it not readily available for 'non-statutory' offenders.

A system for sharing and responding to this intelligence is necessary. This allocation will be used to develop a mechanism for better identification and intervention with gang members in prison and on release.

10. Further Commissioning of the Voluntary and Community Sector £14,000:

This allocation will be used to commission local voluntary and community sector organisations to deliver projects with a proven track record for addressing the needs of young people involved in serious violence and gangs.

RECOMMENDATION:

That the Community Safety Partnership approve these plans and accept quarterly updates about the progress of the Ending Gang and Youth Violence work throughout 2012/13.

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ENDING GANG & YOUTH VIOLENCE SELF ASSESSMENT & PROPOSALS FOR 2012/13

KEY FINDINGS	RECOMMENDATIONS	RESOURCES	LEAD AGENCY	INTELLIGENCE GAPS
<p><u>Victim</u></p> <p>46% of victims of gang related crime are aged 10-19 years</p> <p>In 9% of the total gang flagged incidents victims refused or even obstructed police investigations.</p>	<p>Establish a system for collecting key data from North Middlesex, the Royal London, the Homerton and the Whittington A&E departments</p> <p>Targeted support for victims of gang related crime</p> <p>Delivery of the Jigsaw victim awareness sessions by trained YOS staff</p> <p>Safe Choices training for local practitioners</p> <p>Referrals to the Safe and Secure programme (where appropriate)</p> <p>Ben Kinsella anti-knife</p>	<p>Officer time</p> <p>£25k EGV funding</p> <p>Officer time</p> <p>Officer time</p> <p>£10k EGV funding</p>	<p>Haringey Council Policy Intelligence & Partnerships</p> <p>Victim Support</p> <p>Haringey Council YOS</p> <p>The Nia Project</p> <p>The Safer London Foundation & SCD3</p>	<p>Data from A&E departments providing an location and weapons used in assaults</p> <p>Intelligence relating to young women affected by gangs and violence</p> <p>Alternative re-housing programmes providing transitional support</p>

	<p>crime exhibition (targeting primary schools)</p> <p>Delivery of the YOS / Red Cross Weapons Awareness programme in primary schools</p>	<p>£6k EGV funding</p> <p>YOS funded</p>	<p>Ben Kinsella Trust</p> <p>British Red Cross & Haringey YOS</p>	
<p><u>Offender</u></p> <p>22 year olds are the most vulnerable offender age; offenders for this age are grossly over-represented, over 20 times greater than the proportion of 22 year olds residing in the borough. Further analysis found serious wounding to be exclusively committed by this age category</p> <p>Accused aged 14-18 years are predominant, representing the majority (58%) despite</p>	<p>Enforcement activity by MPS in line with Op Connect (covert drug operations, targeted days of action executing warrants at key nominals addresses, operation Achilles heel)</p> <p>Delivery of a multi-agency response to gang members through the Gang Action Group</p> <p>Commissioning a mentoring programme to deliver a coherent exit strategy for gang members who demonstrate a willingness</p>	<p>Op Connect Enforcement Team allocation</p> <p>£25k EGV funding for part time analytical and administrative support</p> <p>£70k EGV funding</p>	<p>MPS</p> <p>Haringey Council Community Safety & Engagement Team</p> <p>Haringey Council Community Safety & Engagement Team – to invite tenders from Voluntary & Community Sector</p>	

<p>only accounting for only 5% of Haringey residents.</p>	<p>to change</p> <p>Referrals to the Job Centre Plus Gang Advisers (to be recruited in February 2012)</p> <p>Referrals to the Safe and Secure programme (where appropriate)</p> <p>In-reach into prisons and sharing of intelligence</p> <p>Referrals to the Troubled Families programme</p> <p>Investment in key resources for the Police Gangs Unit: stand alone PC for open source research and GB accelerator</p>	<p>Job Centre Plus funded</p> <p>See above (£10k EGV)</p> <p>£18k EGV</p> <p>£100k per year for 3 years from DCLG</p> <p>£6k</p>	<p>Job Centre Plus</p> <p>Safer London Foundation & SCD3</p> <p>Haringey Council Community Safety and Engagement Team</p> <p>Haringey Council Children & Young People's Service</p> <p>Haringey MPS</p>	<p>Intelligence from prisons about gang tensions, affiliations etc (for offenders sentence to less than 12 months)</p>
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<u>Location</u>	Environmental surveys by OP Connect CPDA – allocation of funding for carrying out recommendations	£10k EGV funding to match fund local resources	Operation Connect	Data from A&E departments providing an location and weapons used in assaults
<p>Gang offending primarily occurs on a Saturday night / Sunday morning</p> <p>The busiest period is from 10pm-4am with a peak between 3am and 4am</p> <p>Smaller peak is seen after school during weekdays</p> <p>Noel Park (Wood Green / Turnpike Lane corridor) has been a consistent hotspot for a number of years for gang crime and most serious violence.</p> <p>Additional problem areas are Tottenham Green and Northumberland Park</p>	<p>Environmental surveys by OP Connect CPDA – allocation of funding for carrying out recommendations</p> <p>Increased Police presence after school</p> <p>TTCG tasking of Safer Transport Team</p> <p>TTCG tasking of PCTs and Q Cars to hotspot areas</p> <p>Weapons sweeps</p> <p>Examine the drivers for the 3am-4am peak for gang related offences</p>	<p>MPS tasking</p> <p>MPS tasking</p> <p>MPS tasking</p> <p>MPS tasking</p> <p>MPS tasking</p> <p>Core Haringey funding</p>	<p>Haringey MPS</p> <p>Haringey MPS</p> <p>Haringey MPS</p> <p>Haringey MPS</p> <p>Haringey MPS</p> <p>Haringey Council Policy Performance and Partnerships Team</p>	<p>Data from A&E departments providing an location and weapons used in assaults</p> <p>Understanding the drivers for the 3am-4am peak for gang related offences.</p>