

MINUTES OF THE SCRUTINY REVIEW - SAFER AND STRONGER COMMUNITIES TARGETS

TUESDAY, 23 OCTOBER 2007

Councillors *Egan (Chair), Bloch and C. Harris

* Member present

LC8. APOLOGIES FOR ABSENCE (IF ANY)

Apologies for absence were received from Councillors Bloch and Catherine Harris. In addition, apologies were also received from Councillor Canver, the Cabinet Member for Enforcement and Safer Communities, who had been scheduled to attend the meeting and provide evidence. Jean Croot, the Head of the Safer Communities Service, would provide answers to the Panel's previously circulated questions on her behalf.

LC9. URGENT BUSINESS

None.

LC10. DECLARATIONS OF INTEREST

None.

LC11. MINUTES

As the meeting was inquorate, consideration of the minutes of 25 September was deferred.

LC12. RESOURCING OF SAFER AND STRONGER COMMUNITIES TARGETS UNDER THE HARINGEY LOCAL AREA AGREEMENT (LAA)

As Councillor Canver, the Cabinet Member for Enforcement and Safer Communities, was unable to attend the meeting, Jean Croot, the Head of Safer Communities, gave evidence to the meeting on her behalf.

Councillor Canver felt that greater sustainability in the resourcing of actions to achieve Safer and Stronger Communities targets could be achieved through a package of measures:

- Improvements could be made in policy coordination so that opportunities for collaborative work were identified at an earlier stage and appropriate resources and commitment agreed. The LAA grant would come to the Borough in a lump sum from 2008 and it was vital that the Haringey Strategic Partnership ensured that the key priorities in the Community Strategy as well as residents' top concerns – which also included crime - were fairly and adequately prioritised.
- Serious consideration needed to be given to core funding for areas of priority which were statutory and ongoing. Examples of this were youth offending work, dealing with anti-social behaviour, reducing volume crime, reducing the harm caused by drug and alcohol misuse and addressing the fear of crime through consistent and professional communications work.

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- There were already some good examples of aligned funding and joint delivery of priorities. The Supporting People Programme, for example, helped to deliver outcomes relating to drug and alcohol harm reduction, domestic violence and housing for vulnerable people. This year, the Summer University was delivered as a joint programme by Neighbourhoods, Safer Communities and the Youth Service. There were also good examples of services and partners working together to deliver key priorities, such as partnership efforts to address worklessness and well being and the co-ordination of structured crime prevention work in schools. Further opportunities should also be explored for joint delivery on LAA work. These could include victim programmes, designing out crime and providing more effective services for ex-offenders.

The wording of section 17 of the Crime and Disorder Act 1998 had been strengthened recently and it was now a 'duty' both to prevent and reduce crime, disorder, anti social behaviour and substance misuse across all parts of the partnership. There were some good examples of how crime prevention programmes and activity were being delivered by partners as additional to their 'normal work'. Examples of this included the Fire Service led Prison Me No Way programme and the use of forensic nursing assessments in custody suites. Other work and programmes had become mainstream crime prevention work, such as Operation Tailgate – a regular joint Police and Council enforcement operation involving a range of external partners – and the embedding of programmes to address youth employment opportunities for those at most risk.

However, the mainstreaming of crime and disorder prevention work was not yet happening systematically in Haringey. This requirement should ideally be part of standard business planning and policy making in a way that equalities considerations were. Some boroughs, such as Lambeth, had undertaken a fuller discussion amongst partners on how to meet their statutory responsibilities.

Councillor Canver felt that partners on the Safer Communities Partnership could make a greater contribution to addressing community safety issues through a number of ways:

- Dissemination of partnership working principles and practices throughout their own organisations
- Reviewing of areas of joint concern and how delivery might be reinforced through better co-ordination across the partnership. An example of good practice was the work that was done on the health/community safety overlap a few years ago but which was never taken forward
- Encouraging more investment in – and better outcomes from - higher level strategic analysis, training staff to examine correlations between areas of work and for this to be reflected in policy making across the partnership. An example might be the correlation between stolen cars/joy riders and abandoned vehicles. Another might be the link between sustainable housing and re-offending etc.

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- Through regeneration and planning project officers to be made aware of crime prevention and reduction principles and techniques, such as designing out crime/anti-social behaviour.
- Agreeing a robust project management and evaluation model which asks the question of who else might contribute to delivery from around the partnership at the outset of any new project/programme or policy. Part of this would be a commitment by Line Managers to monitor how effectively key staff are applying problem-solving and cost saving value-for-money partnership approaches
- Actively participating in the delivery of the partnership communications strategy

Some partners were better engaged than others. The Police Service and Probation were particularly well engaged as community safety was part of their “core business”. In addition, the Primary Care Trust and schools were also well engaged.

Some concern expressed as to the engagement and involvement of the Mental Health Trust (MHT) in the Safer Communities Executive Board. Helen Brown stated that there was a need to engage the MHT but, by the same token, the MHT had also expressed its concern that those who it appeared should be charged with offences were sometimes not charged by the Police. Improved communication and collaborative working was required between the MHT and Police.

There were no private companies involved directly in the partnership. This was mainly due to the lack of large companies within the Borough. However, some companies, such as Barclays Bank and Sainsbury’s, were about to provide work experience opportunities for young people as part of their involvement with the Peace Alliance. Victim Support recently required further development and partners were currently working to improve its performance.

There would still be government funding from April 2008 to deliver LAA targets but there was likely to be, in real terms, a reduced overall grant, although it was not yet known by how much. It would be up to the Haringey Strategic Partnership (HSP) to decide how the money was allocated. A strategic approach that was based on clear long term priorities would be welcome.

Both the Neighbourhood Renewal Fund and the Basic Command Unit Fund terminated this year. In addition, the National Treatment Agency grant for drug treatment had been reducing year on year and further cuts had been announced. The track record on when grant funding was announced was a concern as it had sometimes not been announced until June. She felt, therefore, that in addition to progressing the mainstreaming agenda, significantly more core funding should be allocated to delivering this work and that all previously ‘ring-fenced’ grants for related work, such as the Children’s Fund, be safeguarded.

As previously mentioned, some grants that have provided youth crime prevention work and drug treatment work ended in March 2008. If there was no change in core funding, no safeguarding of funds that were currently ring-fenced and no commitment to mainstreaming community safety duties, the Borough would not be able to deliver on the Government’s national community safety strategies, such as cutting crime, drugs and alcohol, reducing youth crime etc. The Borough would also

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struggle to implement the requirements in the Crime and Disorder Reduction Partnership reform for more strategic analysis, more community engagement and the implementation of national standards in community safety.

A few years ago, when the Youth Offending Service (YOS) had still been in Social Services, their core budget was reduced and this had resulted in 5 social worker posts and an admin post being lost. The YOS went from being one of the top performing to falling into the bottom quartile for performance in the space of one year. Although funding was re-allocated to the YOS the year after this drop in performance, it took two years before performance picked up again. This period also saw an increase in re-offending – an indication that young offenders were not adequately supported and helped during the period of reduced funding.

Councillor Canver felt that the drop that might be seen in funding for safer communities work next year might well have a similar impact. Vital services would be severely affected. The youth prevention work of the YOS, which was currently funded from the Children's Fund, was particularly at risk this time, along with work in schools, prevention and critical casework work of the Anti Social Behaviour Action Team (ASBAT). In addition, skilled staff would leave, cases would be left unattended, complaints would rise and it will become harder to recruit good staff to low performing teams. The Borough risked some of the policing successes of the past few years not being maintained, such as Q cars, Operation Butler, the Safer Schools Project and the highest sanctioned detection rates for domestic violence in the Metropolitan Police area. Some of these were unavoidably resource intensive and could not be met through core funding.

The Panel also received evidence from Helen Brown and Christina Gradowski from Haringey Teaching Primary Care Trust (TPCT). They had a key commissioning role in delivering the Well Being agenda and the Health Improvement Plan for the Borough. Improving health was not incompatible with reducing crime. Substance misuse and mental health was particularly relevant to safer and stronger communities. It was nevertheless acknowledged that, on a strategic level, the TPCT could do more.

In terms of alcohol abuse, cheapness was a big issue. There was now lots of research that showed that raising the price of alcohol was effective and a range of medical, voluntary and charitable organisations were campaigning for an increase in duty. As part of their public health duty, the TPCT did a lot of work with the Council on licensing issues but this was on a strategic and policy basis rather than in relation to individual applications. However, the TPCT would be interested in working more proactively with partners on drugs and alcohol issues. It was noted that the TPCT had employed a nurse who was based at the North Middlesex Hospital to assess issues relating to alcohol in patients who presented at Accident and Emergency. There was a need for more interventions that were carried out on a multi agency basis and were effective. Partnership activity should also be more focussed on joint action rather than being meeting based. The TPCT was keen to work with the Head of Safer Communities Unit on some targeted work around alcohol abuse and to look at the commissioning of alcohol services. A meeting would be set up to progress targeted work and would involve public health.

There was clear evidence that public health campaigns that concentrated on telling people what they should and should not do were not effective. Work that was more

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action orientated was more likely to be successful. In respect of drugs, there was a clear connection with crime. There was an emerging problem with khat. It had used to be something associated with older people within particular communities but younger people were now beginning to use it and it was beginning to have a serious impact on family lives. Health education was only one part of the equation – people knew that drugs were not good for them. The question was what drove people to take drugs in the first place. Harm minimisation was the most realistic strategic approach to take. However, drugs were not often high on the list of residents concerns – anti social behaviour was normally a higher priority.

There were several other areas where the responsibilities of agencies overlapped, such as child protection, and domestic violence. In general, the partnership worked well and was moving toward an approach that was more based on prevention.

The Panel thanked Ms. Croot, Ms. Brown and Ms. Gradowski for their assistance.

LC13. NEW ITEMS OF URGENT BUSINESS

None.

LC14. DATE OF NEXT MEETING.

27 November at 6:30 p.m.

Cllr Pat Egan

Chair

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