



**Safer and Stronger Communities
Overview and Scrutiny Committee**

Date Tuesday 25 February 2014
Time 9.30 am
Venue Committee Room 1A, County Hall, Durham

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies for Absence
2. Substitute Members
3. Minutes of the Meeting held 3 December 2013 (Pages 1 - 12)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Media Relations
7. Public Mental Health Strategy and Suicide Prevention in County Durham: (Pages 13 - 38)
 - (i) Public Mental Health Strategy – Report of Catherine Richardson, Public Health Lead.
 - (ii) Suicide Audit and Prevention in County Durham – Report of Catherine Richardson, Public Health Lead.
8. Safe Durham Partnership Plan 2014-17: (Pages 39 - 46)
Report of the Director of Children and Adult Services – Community Safety Manager, Children and Adults Services.
9. Hate Crime Action Plan - Update: (Pages 47 - 68)
Report of the Director of Children and Adult Services – Community Safety Manager, Children and Adults Services.
10. Domestic Abuse Strategy and Action Plan 2012-15: (Pages 69 - 74)
Report of the Director of Children and Adults Services – Safer and Stronger Strategic Programme Manager, Children and Adults Services.

11. Overview and Scrutiny Review - Neighbourhood Wardens:
Verbal Update.
12. Police and Crime Panel: (Pages 75 - 78)
Report of the Assistant Chief Executive.
13. Safe Durham Partnership Update: (Pages 79 - 84)
Briefing by the Community Safety Manager, Children and Adults Services.
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
17 February 2014

To: **The Members of the Safer and Stronger Communities Overview and Scrutiny Committee**

Councillor D Boyes (Chairman)
Councillor T Nearney (Vice-Chairman)

Councillors J Armstrong, J Charlton, P Conway, J Cordon, S Forster, J Gray, D Hall, C Hampson, B Harrison, M Hodgson, G Holland, J Maitland, N Martin, J Measor, K Shaw, W Stelling, P Stradling, J Turnbull and C Wilson

Co-opted Members: Mr A J Cooke, Mr M Iveson, Mr B Knevitt, Ms E Roebuck and Mr T Thompson

Co-opted Employees/Officers: Chief Superintendent G Hall, Mr J Hewitt and Mrs H Raine

DURHAM COUNTY COUNCIL

SAFER AND STRONGER COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Safer and Stronger Communities Overview and Scrutiny Committee** held in **Committee Room 2, County Hall, Durham** on **Tuesday 3 December 2013** at **9.30 am**

Present:

Councillor D Boyes (Chairman)

Members of the Committee:

Councillors J Armstrong, P Conway, J Gray, C Hampson, B Harrison, M Hodgson, J Measor, K Shaw, P Stradling, J Turnbull and C Wilson

Co-opted Members:

Mr A J Cooke, Mr B Knevitt and Mr T Thompson

Co-opted Employees/Officers:

Mrs H Raine, Chief Superintendent G Hall and Mr J Hewitt

Also Present:

Councillor L Howvels

1 Apologies for Absence

Apologies for absence were received from Councillors J Cordon, S Forster, T Nearney and Mr M Iveson.

2 Substitute Members

No notification of Substitute Members had been received.

3 Minutes

The Minutes of the meeting held 18 October 2013 were agreed as a correct record and were signed by the Chairman.

4 Declarations of Interest

Councillors M Hodgson, K Shaw and J Turnbull declared an interest in Item 7 as a Member of the County Durham and Darlington Fire and Rescue Authority. Mr J Hewitt declared an interest in Item 7 as an Officer of the County Durham and Darlington Fire and Rescue Service.

5 Any items from Co-opted Members or Interested Parties

Mr J Hewitt, Co-opted Member and Deputy Chief Executive, County Durham and Darlington Fire and Rescue Authority had submitted a report, set out at Item 7, relating to the Fire Authority's Integrated Risk Management Plan 2014/15.

6 Media Relations

The Overview and Scrutiny Officer, Jonathan Slee referred Members to the recent prominent articles and news stories relating to the remit of the Safer and Stronger Communities Overview and Scrutiny Committee (for copy see file of minutes). The articles related a 2 day conference being hosted by BALANCE and the Association of North East Councils (ANEC) on the future of work to reduce the harm caused by alcohol; the annual Police campaign against drinking and driving; and praise for Firefighters from the County Durham and Darlington Fire and Rescue Service in tackling a blaze at Stanley, ensuring the safety of a nearby primary school.

Resolved:

That the presentation be noted.

7 Integrated Risk Management Plan (IRMP) 2014/15 Consultation

The Chairman introduced the Deputy Chief Executive, County Durham and Darlington Fire and Rescue Service (CDDFRS), John Hewitt who was in attendance to speak to Members in relation to the Fire Authority's Integrated Risk Management Plan (IRMP) 2014/15 (for copy see file of minutes).

The Deputy Chief Executive, CDDFRS thanked Members for the opportunity to give an update on the IRMP and noted that the Combined Fire Authority (CFA) would consider the IRMP on 11 December 2013, and that Overview and Scrutiny Members' comments would be sought formally after this date.

Members were reminded that the IRMP was a national process implemented locally, the plan being in place for 3 years and progress being monitored annually. Councillors noted that the IRMP looked at assessing risk to people and property, strategies to reduce fires and road traffic accidents, and the efficient use of resources. The Deputy Chief Executive, CDDFRS reminded the Committee that Fire and Rescue Services nationally, 46 currently, were facing reduced budgets as a result of government spending reductions within the public sector, similar to Councils and other public bodies. It was explained that while significant savings and efficiencies had been achieved, it was sustaining the level of services on the basis of further cuts in the medium and long term that will prove difficult given the relative efficiency of the Service. Councillors noted that locally, there was a Community Safety Strategy 2010/11 – 2014/15 aligned with Government's Comprehensive Spending Review (CSR) together with 1 year action plans.

The Committee noted several changes and achievements that had been made including: improvement in staff capacity; new demand led crewing systems being instigated in Newton Aycliffe and Seaham; reduced crewing on multi pump station; mixed crewing of whole-time and retained duty system staff; responding to small fires using smaller fire appliances; a 25% reduction in back office staff; and investment in new Community Fire Stations. The Deputy Chief Executive, CDDFRS noted that the 2014/15 IRMP was more of a “take stock” position, with 2015/16 onward being where the major challenges would be faced.

Members noted slides showing statistics relating to performance with accidental house fires and non-commercial property fires having continuing to reduce year-on-year. Performance as regards fire deaths was noted to fluctuate and the current year-to-date figure of zero did not include 4 fire deaths that had yet to be confirmed by the Coroner. Members learned that the number of home fire safety visits, year-to-date, was below the number carried out the previous year, however, utilising staff effectively should mean that by the year-end 2013/14, the number carried out would represent an increase upon those carried out in 2012/13.

The Deputy Chief Executive, CDDFRS reiterated that 2014/15 represented the final year of the current strategy and that focus had been made on changes to delivering services to maintain levels of service, including community safety activities. Councillors noted specific consultation as regards collaboration, 12 week consultation that would commence, subject to approval by the CFA on 11 December, and end 1 March 2014. It was noted this would include issues such as collaboration opportunities with Councils, Police and Ambulance, and that the Committee would be contacted in this regard, as well as the usual consultation with Area Action Partnerships (AAPs), Town and Parish Councils, the voluntary sector and other partners.

The Committee noted that by 2017/18, there could potentially be a requirement to make additional savings of £3m to £4million from a budget of £30 million, this being in the context of back office and non-operation savings already being achieved. The recommendations from the Knight Review mirroring the steps already undertaken by CDDFRS. The Deputy Chief Executive, CDDFRS added that if cuts were to continue to then the CDDFRS could change considerably from its current form and that issues in relation to governance, mergers and council tax options would need to be considered.

The Chairman thanked the Deputy Chief Executive, CDDFRS and asked Members for their questions.

Members asked questions in relation to: any increased risk as a result of amended shift patterns; challenges in maintaining levels of community safety work; consultation with partners and partnership working; the viability of PCCs being able to take on responsibility for FRSs and Ambulance Services on top of existing Police responsibilities; correlation between the number of home safety visits and fire deaths; and collaboration with the Ambulance Service and whether this could negatively impact upon the FRS fire response role.

The Deputy Chief Executive, CDDFRS explained that response standards had remained the same with the implementation of amended shift patterns and that feedback from the public as regards the quality of service was very good.

Chief Superintendent G Hall noted that as a member of the Urgent Care Board the forward looking approach of the CDDFRS was very positive and noted the support to the Ambulance Service from the Fire Service, with income generation being important. The Deputy Chief Executive, CDDFRS thanked Police colleagues in helping to push this agenda forward and noted that there would be discussions with colleagues from the Ambulance Service as regards what was known as “co-responding”. It was noted that this would be taken forward in future in line with Government timescales, noting a response to the Knight Review from the Government was due by the end of the month.

The Deputy Chief Executive, CDDFRS explained that depending upon information from Government, there may be several options available for Fire Authorities going forward in respect of partnership working, such as the Ambulance Service commissioning the CFA in respect of co-responding, as well as potential for closer working with Local Authorities in respect of shared estate and back office provision as well as grouping together in respect of funding bids to Government. It was added that there would be many challenges for all areas of the public sector and it would be a case of agencies working to manage risks.

Members were asked to note that national research had shown that there were types of individuals that were at greater risk of fire death and that it was part of the work undertaken with partners in targeting those individuals to help prevent fire deaths. The Deputy Chief Executive, CDDFRS noted that within all of the savings that were being undertaken, there was always the need to balance against any increase in risk, and it was noted that current performance as reported showed that the high response standards were being maintained at this time.

Resolved:

- (i) That the report and presentation on the IRMP 2014/15 consultation be noted.
- (ii) That feedback be provided to the County Durham and Darlington Fire and Rescue Service on the IRMP 2014/15 in due course.

8 Safe Durham Partnership - Integrated Restorative Practice Strategy

The Chairman introduced the Strategic Manager, County Durham Youth Offending Service, Gill Eshelby who was in attendance to speak to Members, in her role as the SDP's Strategic Lead for Restorative Practice, on the Safe Durham Partnership's (SDP) Integrated Restorative Practice Strategy (IRPS) (for copy see file of minutes).

The Strategic Manager, CDYOS reminded Members that she had last spoken to the Committee on the issue of Restorative Approaches in April 2013 and noted that some Members of the Scrutiny Panel and Police and Crime Panel (PCP) had recently received Level 1 training from Durham Constabulary. Members were informed of the work that had been ongoing in respect the IRPS, including the types of approaches undertaken.

Councillors noted the “journey so far” in respect of Restorative Approaches, with the SDP forming an IRP Strategy Group, with the Strategic Manager, CDYOS as the strategic lead. The Group developed the IRPS and Action Plan to integrate restorative practice across identified work streams of multi-agency work, while being cost neutral to services.

The Committee noted there had been significant work undertaken in respect of restorative approaches including:

- Restorative Neighbourhoods – community members
- Restorative Communities:
 - Children and Families
 - Looked after Children / Schools
 - Police
- Restorative Justice:
 - CDYOS
 - Restorative Approaches for Prolific and Priority Offenders (RAPPO)
 - HMP Durham / Integrated Offender Management (IOM)
 - Durham Tees Valley Probation Trust / National Offender Management Service (NOMS) projects

Councillors learned that in respect of improving outcomes, victim involvement and their journey/experience was important, as well as developing shared understanding and increasing public confidence. Members noted there was a need to improve feedback to victims as regards indirect reparation/community reparation and that value for money was important, especially in the current financial climate.

The Strategic Manager, CDYOS explained that a Training Champions group had been established; and that training and development had involved building capacity and capability within a zero budget environment, a credit to all involved. A group of staff are trained as RA trainers. It was added that multi-agency partnership work in respect of training had included staff from CDYOS and former Children's Care, now part of Children's Services, Children and Adults Services (CAS), working with Durham Constabulary to deliver some Restorative Approaches training. Members were advised that there would be a Good Practice event held on 14 January 2014 that would highlight the range of work in Co Durham; share good practice / learning; and encourage greater involvement. It was noted that the event was multi-agency funded and that the Police and Crime Commissioner (PCC), Chief Constable and Corporate Director of CAS would all be in attendance. It was added that there were 140 places at the event and that Members of Scrutiny were welcome to attend.

The Committee noted that in the current era of funding reductions, it was not likely that any bespoke performance management arrangements / system would be possible. It may be possible to use Red Sigma / Blue Delta system as used by Durham Constabulary. It was explained that the IRP Group were completing a draft self-assessment that measured partnership work against the Restorative Justice Council's (RJC) Restorative Services Standards – this is work in progress. It was noted that the County was listed as a "Restorative County", under the SDP banner, on the RJC website, identifying several services. It was explained that there was still an issue of building capacity and capability across services; and the need to maintain values and integrity, raise public awareness of restorative approaches, increase victim participation, and maintain good practice.

It was explained that future plans included: a bid for a Restorative Practice Coordinator, to further involve volunteer community members, ensure pathways/capacity across communities; and also to achieve RJC accreditation. Councillors noted that, as expected, there would be work to continue to reduce offending and re-offending, increase public confidence and to improve the victims' experience of the restorative approaches route.

The Strategic Manager, CDYOS noted that the vision for the future was for: County Durham to be a restorative county: restorative approaches being embedded into “the day job” as part of everyone’s business / everyone’s practice; this to lead to fewer crimes and fewer victims; and for an “Altogether Restorative” approach to be the norm.

The Chairman thanked the Strategic Manager, CDYOS and asked Members for their questions.

Members of the Committee asked questions in relation to: what lessons had been learned from the Neighbourhood Justice pilot schemes in County Durham; whether AAP representatives had been invited to the Good Practice event in January; and whether there were any risks involved with the delivery of restorative approaches.

The Strategic Manager, CDYOS explained that the two Neighbourhood Pilots in had shown the importance of management to maximise the use of community volunteers. Because of the size of Co. Durham, the IRP Steering Group suggested that extension of the current model countywide would not be cost effective as it could cost in the region of £300,000 - £500,000. The proposal for a countywide Restorative Practice Coordinator role would ensure that the approach would be sustainable as well as provide value for money. It was also explained that the CDYOS had Investors in Volunteers status and therefore they would be able to help get more volunteers involved from local communities.

The Strategic Manager, CDYOS noted she would ensure AAP Coordinators had been given notice of the event in January. Members learned that while there were some risks involved in developing restorative approaches, the Strategic Manager, CDYOS was confident that County Durham would be able to embed the approach going forward. The Reducing Reoffending Manager, H Raine noted that possibly some funding could be available in respect of Restorative Solutions, working alongside the IRP Steering Group, and suggested a further report would be brought back to Committee in this respect in March 2014.

Resolved:

That the report and presentation be noted.

9 Safe Durham Partnership Strategic Assessment 2013

The Chairman introduced the Community Safety Coordinator, Children and Adults Services, Graham McArdle who was in attendance to speak to Members as regards the Safe Durham Partnership (SDP) Strategic Assessment 2013.

The Community Safety Coordinator reminded Members that the SDP was required by statute to develop an annual Strategic Assessment and develop and implement a Partnership Plan.

It was noted that no new significant evidence had come forward that would have warranted a change in the SDP priorities, those being:

- I. Reduce anti-social behaviour
- II. Protect vulnerable people from harm
- III. Reduce reoffending
- IV. Alcohol and substance misuse harm reduction
- V. Embed the Think Family approach
- VI. Counter terrorism and prevention of violent extremism
- VII. Casualty reduction

It was noted that the public were consulted on their views through 126 Police and Communities Together (PACT) meetings and a PCC survey and these gave issues that the public wished to be tackled including: Anti-social Behaviour (ASB); Underage drinking; Drug dealer and drug users; Speeding vehicles; Dog fouling; Litter and rubbish. Members noted that a number of recommendations had identified smaller pieces of work as set out within the report in the agenda pack.

The Chairman thanked the Community Safety Coordinator and asked Members for their questions.

The Committee asked questions on issues including: whether there was a lag in the effect of increases in crimes; how the recommendations would be monitored and measured as regards their success; the priority of alcohol misuse and drug dealer and drug use, in the context of recent document from the Chief Constable, supported by the PCC; how the actions from the plan would be delivered; and issues of hate crime, not noted within the report.

The Community Safety Coordinator explained that there was a lag in data relating to some issues and therefore it was important to keep monitoring the situation in order to ensure that any apparent trends were in fact trends before prioritising as an issue. Members noted that each recommendation had actions for the SDP Board and they would monitor with and the Community Safety and Involvement Manager, Children and Adults Services, Jeanette Stephenson adding that some of the areas had checks in place in connection with payment by results and further information could be brought to Members in due course.

The Consultant in Public Health, Children and Adults Services, Claire Sullivan explained that for the first time a separate Drug Strategy was to be developed and that a stakeholder event in January 2014 would look at the related issues, Members noted this and were greatly encouraged.

Chief Superintendent G Hall noted that both in Durham and Darlington, with the support of the PCC, there was progress in increasing the knowledge as regards hate crime, how it is reported and engaging with communities to deliver outcomes. It was added that 25 partner organisations were involved and further information could be brought back from their Delivery Group to the Committee in due course.

Resolved:

That the report be noted.

10 Alcohol Harm Reduction Strategy - Update

The Chairman introduced the Consultant in Public Health, Children and Adults Services, Claire Sullivan; the Alcohol Harm Reduction Coordinator, Children and Adults Services, Kirsty Wilkinson; and the Research and Information Manager, BALANCE, Neil Martin who were in attendance to speak to Members as regards an update on the Alcohol Harm Reduction Strategy (AHRS).

The Consultant in Public Health reminded Members that in addition to giving an update to on progress with the AHRS, Councillors had noted concerns relating to the performance indicator regarding the dependent drinking population being removed and this would be explained further.

It was explained that since the last launch of the AHRS there had been significant changes both nationally and locally, most disappointingly the news that Government was not bringing forward any legislation in respect of Minimum Unit Pricing (MUP). Members noted that under the Police and Social Responsibility Act 2011, Early Morning Restrictions Orders (EMROs) and Late Night Levies (LNLs) were introduced to be able to restrict opening hours and to provide remuneration for the policing of the night-time economy. It was explained that the implications of EMROs and LNLs for County Durham were not yet fully understood and they had not been included within the current review of the Licensing Policy.

The Consultant in Public Health reminded Members of the changes in respect of Public Health and the Drug and Alcohol Commissioning Team now being embedded within Durham County Council (DCC) as a consequence of the Health and Social Care Act 2012. It was explained that the commissioning arrangements for Health and Justice, including alcohol, for prison settings had moved from a local level to a regional level through NHS England.

Members noted that the structure of the Alcohol Harm Reduction Group had now shifted to a “task and finish” approach. The Alcohol Harm Reduction Unit (AHRU) would go back and look at how data is recorded, and expected an increase in numbers of alcohol related incidents. It was noted that better data would be useful and issues such as “drunk and disorderly” not being recorded as an alcohol related incident were to be addressed. It was noted that there was a national review of alcohol related hospital admissions targets and the results of which would be released in the next few months.

The Alcohol Harm Reduction Coordinator explained that the Licensing Policy Task and Finish Group were looking at EMROs and LNLs and that a Community Alcohol Partnership (CAP) had been established in Peterlee, following the establishment of a CAP in Stanley. Members noted a number of multi-agency operations including test purchased and reviews of licences, with several being resolved by mediation. The Committee learned that there had been a number of diversionary actions being undertaken in the 3 Towns area, including work with the 4Real service, the local community and parents. It was reiterated that proxy provision of alcohol to children, including by their parents, was an area in which a lot of emphasis and work was being undertaken. The Alcohol Harm Reduction Coordinator added that an event was held in Durham Market Place, “Alcohol: What’s the Price” featuring a number of partners and that other activities included an alcohol free band night in Consett and several Stay Safe operations, as witnessed by several Members recently.

Members noted that those young people that had been subject to alcohol seizure were automatically referred to the 4Real service and the Alcohol Seizure Procedure had been a finalist in the Problem Orientated Partnerships Awards around child sexual exploitation. It was added that a “social norms” project had been implemented across the majority of secondary schools within the County and an Alcohol Custody Diversion scheme had begun in November, where those issued with Fixed Penalty Notices (FPNs) would be offered the opportunity to attend an appropriate training course to receive a reduction in their fine. The Alcohol Harm Reduction Coordinator explained that alcohol related hospital admission had reduced, the first time since 2003.

The Consultant in Public Health explained that the dependent drinking population figures were based upon a synthetic mid-2009 estimate which in turn was from information collected in the 2007 Adult Psychiatric Morbidity Survey findings. Councillors were reminded that these estimates and large confidence intervals. It was noted that while there were figures available from BALANCE as regards the percentage of dependent drinkers in alcohol treatment, this was not a suitable measure either and therefore a new indicator was required. It was noted that a request had been made for GPs to gather the information on alcohol consumption as part of the national GP Contract, though it was unlikely that this could occur until 2015, if at all. Councillors noted that screening for registered GP populations of those 40 years old or older was now routine through “Health Checks” and that if GPs were contracted separately as regards routinely screening the 16-39 year olds this data could provide a better picture of drinking behaviour in County Durham.

The Committee noted that there were performance measures which replaced the percentage of dependent drinkers in treatment include: the number of people in treatment; successful completions; new presentations and re-presentations; and the percentage of all exits from treatment with the Community Alcohol Services that are planned discharges. It was explained that the new indicator was based upon the number of individuals discharged categorised as “successful completions” as a percentage of the total number of individuals who had received a structured intervention at any point within the reporting period.

The Chairman thanked the Consultant in Public Health and Alcohol Harm Reduction Coordinator and asked Members for their questions.

Members asked questions in relation to: the amount of effort in looking at data versus the actions being taken to tackle issues; how figures for County Durham in terms of hospital admissions were defined; definitions of any new indicator, and local information; and where people could be signposted to as a contact to get treatment.

The Research and Information Manager, BALANCE explained that the previous data used was from 2007, and estimates were then made from that data as regards the percentage of the drinking age population that were alcohol dependent. It was added that this data had a large confidence interval and that a lot of other Public Health data was of a better quality. Members noted that it was not mandatory for crime statistics to have each recorded as having alcohol involved. The Research and Information Manager, BALANCE noted that based upon hospital admissions from 2003 to date, there were 47 conditions that had been identified as being “alcohol related” and therefore could be recorded as such. The Consultant in Public Health added that while there is information available in terms of hospital admissions that are alcohol related, this is not the same as having a defined indicator, with some issues being alcohol related, some being alcohol specific.

It was added that as data improves, a new indicator would be developed in respect of dependent drinking, recovery and exits from treatment, however, it would be important for any indicator to be comparable nationally. The Consultant in Public Health noted that there were 22 local indicators also which could be shared with the committee. A successful event recently held at Durham University had launched their first alcohol policy, and those could be shared with Members accordingly.

The Consultant in Public Health noted that the Community Alcohol Services would be an excellent first port of call for anyone seeking help and advice or wishing to enter into treatment, however, acknowledging that individuals cannot be forced into treatment. The Committee were reminded of Alcohol Concern's "Dry January" campaign, which DCC was supporting.

Resolved:

That the report be noted.

11 Quarter 2 2013/14 Performance Management Report

The Chairman introduced the Strategic Manager Performance and Information Manager, Children and Adults Services, Keith Forster who was in attendance to speak to Members in relation to the Quarter 2 2013/14 Performance Management Report for the Altogether Safer theme (for copy see file of minutes).

The Strategic Manager Performance and Information Manager referred Members to the report and noted key performance achievements, including reduction of repeat presentations at the Multi-Agency Risk Assessment Conferences (MARAC) well below national and regional levels, though this "over performance" may require further investigation. It was noted that the key performance issues included: a slight underperformance in respect of the number of people in drug treatment with the Community Drugs Services, though new properties that would be in use from November 2013 should provide more capacity and help bring the figures back in line with targets; and an increase in the child Road Traffic Accident (RTA) figures, though it was noted that investigations had shown no trends within the data and that there were Road Safety campaigns and schemes such as Junior Road Safety Officers within schools.

The Committee learned that tracker indicators linked to the Altogether Safer theme highlighted an overall increase in crime for Quarter 2 of 4%, with County Durham forecast for the year end being 7%. It was noted that a piece of work was being undertaken with information being brought forward to the Police in January and the SDP Board had asked for work in relation to: the drivers of crime; key areas of concern; rates of new offenders and reoffenders; and the impact of the increase in crime. The Strategic Manager Performance and Information Manager explained that figures for ASB had reduced, though for environmental ASB there had been an increase. The Committee noted the increase in the alcohol related violent crime, though it was added improved recording and the good summer weather had impacted upon those figures. Members learned that there had been a slight improvement in the figure as reported for offenders in Durham that reoffended, 29.2%, therefore in line with the previous year and that issues that would impact such as Welfare Reform may have lag, and the impact may be experienced within the next 18 months.

The Chairman thanked the Strategic Manager Performance and Information Manager and asked Members for their questions.

Members noted caution as regards seasonality impacting upon crime figures and a need to understand trends in terms other than numbers and asked questions relating to child RTAs; impact of public sector cuts on performance; and figures relating to suicide rates.

Chief Superintendent G Hall noted that Durham Constabulary were doing all within their power to tackle the issues as set out within the report, and noted that all 27 force areas across the country were experiencing increases in crime, though there was a notable North / South divide nationally. Members learned that there would be a Police Strategic Assessment in January 2014 and issues included the impact of Welfare Reform, the Economy and Public Finances, Criminal Justice systems amongst other issues. Councillors noted that impact of austerity appeared to be reflected in increases in thefts of food, toiletries and alcohol.

The Strategic Manager Performance and Information Manager noted further information as regards areas of RTAs could be given to Members. Chief Superintendent G Hall added that anecdotally there had been an increase in numbers of vulnerable people and the Community Safety and Involvement Manager noted that suicide prevention was within the Adults, Wellbeing and Health work programme.

Resolved:

That the report be noted.

12 Police and Crime Panel

The Overview and Scrutiny Officer referred Members to the update report as contained within the agenda pack and the Chairman asked if there were any questions. There were no questions raised.

Resolved:

That the report be noted.

13 Overview and Scrutiny Review - Neighbourhood Wardens

The Overview and Scrutiny Officer reminded Members that the final meeting of the Working Group had taken place with Officers from Durham Constabulary as well as Officers from DCC. The meeting had given to give Members an understanding of the working relationship between Neighbourhood Wardens, Police Community Support Officers (PCSOs) and Police Officers.

The Committee noted that Officers would bring a draft report together and it would be brought forward to Members in January 2014 for their consideration. Members were reminded that there were still opportunities for field study activities in December and any feedback from those would also be considered.

Resolved:

- (i) That the further field study opportunities be noted.
- (ii) That Members receive a draft report in January 2014 for their consideration.

Safer and Stronger Communities Overview and Scrutiny Committee

25 February 2014



Public Mental Health Strategy

Report of Catherine Richardson, Public Health Lead

Purpose of the report

1. This report aims to present the Public Mental Health Strategy to the Safer and Stronger Communities Overview and Scrutiny Committee. The primary purpose of the strategy is to reduce the number of people developing mental health problems through promotion of good mental health, prevention of mental ill- health and improving the quality of life for those with poor mental health through early identification and recovery. This forms a key strand of the County Durham Mental Health Framework which is currently in development.

Background

2. The Public Mental Health Strategy for County Durham was developed by the Public Mental Health Strategy Development Group over the last year consisting of key partners, service users and carers. It is based on comprehensive identification of needs and evidence based practice to promote good mental health.
3. Public mental health encompasses both mental health improvement and suicide prevention, recognising that mental health improvement is a vital tool in the prevention of suicide. This strategy outlines the implications for public mental health in light of the recent mental health strategy, *No Health Without Mental Health* and *Preventing Suicide in England, A Cross Government Strategy to Save Lives*. Taking a life course approach, it recognises that the foundations for lifelong wellbeing are being laid down before birth. It aims to prevent mental ill health, intervene early when it occurs and improve the quality of life for people with mental health problems and their families. It is for people of all ages – children and young people, working age adults as well as older people.

Mental Health Profile

4. Mental illness has a range of significant impacts with 20% of the total burden of disease in the UK attributable to mental illness (including suicide), compared with 17% for cardiovascular diseases and 16% for cancer. This burden is due to the fact that mental illness is not uncommon. Levels of mental illness are projected to increase. By 2026, the number of people in England who experience a mental illness is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million. However, this does not take account of the current economic climate which may increase prevalence.

Public Mental Health Strategy: Vision and Objectives

5. The vision: Individuals, families and communities within County Durham to be supported to achieve their optimum mental wellbeing.

Key Objectives

Promoting Good Mental Health

- Objective 1: Improve mental health and wellbeing of individuals through engagement, information, activities, access to services and education

Prevention of Mental Ill-Health

- Objective 2: Prevention of mental illness and dementia through targeted interventions for groups at high risk
- Objective 3: Reduce the suicide and self-harm rate for County Durham
- Objective 4: Improve physical health of people with poor mental health through integration of mental health into existing programmes and targeted approach to those experiencing mental ill-health
- Objective 5: Reduce stigma and discrimination towards people who experience mental health problems by raising awareness amongst the general public, workplaces and other settings
- Objective 6: Prevent violence and abuse through interventions which promote mental health and target interventions for those in high risk groups.

Early Identification of those at risk of Mental Ill-Health

- Objective 7: Improve early detection and intervention for mental ill-health across lifespan
- Objective 8: Promote mental health and prevent mental ill-health through targeted intervention for individuals with mild symptoms
- Objective 9: Increase early recognition of mental ill-health through improved detection by screening and training the workforce

Recovery from Mental Ill-Health

- Objective 10: Improve recovery through early provision of a range of interventions including supported employment, housing support and debt advice.

Key Points

6. A key action of the Public Mental Health strategy is reducing social isolation and loneliness. There are a number of population groups vulnerable to social isolation and loneliness, (e.g., young care-leavers, refugees and those with mental health problems). Older people (as individuals as well as carers) have specific vulnerabilities owing to loss of friends and family, loss of mobility or loss of income. Perhaps not surprisingly, social isolation and loneliness impact on quality of life and wellbeing, with demonstrable negative health effects including lonely individuals having higher blood pressure than their less lonely peers.
7. Durham County Council has a key role in implementing No Health Without Mental Health and improving the mental health and wellbeing within local communities. Part of this commitment includes the recent identification of an elected member, Councillor Hovvels, as mental health champion whose role will include promoting wellbeing and initiating and supporting action on public mental health.

Strategic Framework

8. The County Durham Mental Health Partnership Board has agreed to lead the development of a strategic framework for County Durham to ensure the local implementation of *No Health Without Mental Health*. The Mental Health framework will include all key strands including the need to intervene early, involve people with mental health problems and their carers in service design and delivery, ensuring access to evidence based treatments which are high quality. The mental health framework will provide a structure for related strategies and plans including the Dementia strategy and the Children's and Young People's Resilience strategy.
9. The Public Mental Health Strategy group is accountable to the County Durham Mental Health Partnership Board. Progress on delivery of the strategic objectives and action plan will be reported on a six monthly basis.
10. The Public Mental Health Strategy Group considers a quarterly performance report which contains a range of indicators which can be found in Appendix 1 of the strategy document. The Public Mental Health Strategy Group maintains an action plan appropriate to the issues raised from the performance report. Any key issues are escalated to the County Durham Mental Health Partnership Board.

Recommendations

11. The Safer and Stronger Communities Overview and Scrutiny Committee is asked to:

- note the current and projected mental health needs within County Durham.
- note that the County Durham Joint Health and Wellbeing Strategy specifies a strategic action to develop and implement a multi-agency Public Mental Health Strategy including Suicide Prevention for County Durham.
- note that the Public Mental Health Strategy will form a key strand on the Mental Health Framework for the County.
- note that the Public Mental Health Strategy has been developed by a multi-agency group that involved stakeholders service users and carers.
- endorse the County Durham Public Mental Health Strategy.
- note that there is a detailed action plan in development, with timescales and named leads to ensure implementation of the strategy.

Background papers:

Public Mental Health Executive Summary – Appendix 2

Contact: Catherine Richardson, Public Health Lead
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Appendix 1: Implications

Finance

Public Mental Health Strategy action plans will advise areas on areas for service development and local action.

Staffing

No impact.

Risk

Mental ill-health population rates are projected to increase until 2020.

Equality and Diversity / Public Sector Equality Duty

Public Mental Health Strategy identifies groups with protected characteristics as high priority and at risk of poor mental health.

Accommodation

No impact.

Crime and Disorder

No impact.

Human Rights

No impact.

Consultation

No impact.

Procurement

Public Mental Health Strategy used to inform commissioning intentions

Disability Issues

No impact.

Legal Implications

No impact.

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County Durham
Public Mental Health Strategy
Executive Summary

2013 - 2017

Contents

<i>Public Mental Health Strategy: Vision and Objectives</i>	3
<i>Mental Health Profile</i>	4
<i>Priority Groups</i>	6
<i>Summary of Action Plan 2012-2017</i>	7
<i>Governance</i>	10
<i>Appendix 1 Bibliography</i>	11

Public Mental Health Strategy: Vision and Objectives

The vision: *Individuals, families and communities within County Durham to be supported to achieve their optimum mental wellbeing.*

Key Objectives

Promoting Mental Health

- Objective 1: Improve mental health and wellbeing of individuals through engagement, information, activities, access to services and education.

Prevention of Mental Ill-Health

- Objective 2: Prevention of mental illness and dementia through targeted interventions for groups at high risk
- Objective 3: Reduce the suicide and self-harm rate for County Durham
- Objective 4: Improve physical health of people with poor mental health through integration of mental health into existing programmes and targeted approach to those experiencing mental ill-health
- Objective 5: Reduce stigma and discrimination towards people who experience mental health problems by raising awareness amongst the general public, workplaces and other settings.
- Objective 6: Prevent violence and abuse through interventions which promote mental health and target interventions for those in high risk groups.

Early Identification of those at risk of Mental Ill-Health

- Objective 7: Improve early detection and intervention for mental ill-health across lifespan
- Objective 8: Promote mental health and prevent mental ill-health through targeted intervention for individuals with mild symptoms.
- Objective 9: Increase early recognition of mental ill-health through improved detection by screening and training the workforce.

Recovery from Mental Ill-Health

- Objective 10: Improve recovery through early provision of a range of interventions including supported employment, housing support and debt advice.

Mental Health Profile

Mental illness has a range of significant impacts with 20% of the total burden of disease in the UK attributable to mental illness (including suicide), compared with 17% for cardiovascular diseases and 16% for cancer. This burden is due to the fact that mental illness is not uncommon

- At least one in four people will experience a mental health problem at some point in their life.
- One in ten children aged between 5-16 years has a mental health problem, and many continue to have mental health problems into adulthood.
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s.
- Almost half of all adults will experience at least one episode of depression during their lifetime.
- One in ten new mothers experiences postnatal depression. Over a third (34%) of people with mental health problems rate their quality of life as poor, compared with 3% of those without mental illness.
- 25% of older adults have depression requiring intervention
- Dementia affects 20% of people aged over 80

Levels of mental illness are projected to increase. By 2026, the number of people in England who experience a mental illness is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million¹. However, this does not take account of the current economic climate which may increase prevalence

Those at higher risk of suffering from poor mental health include:

- More deprived populations
- Those with poor educational attainment
- The unemployed
- Older people
- Those with long term conditions e.g. coronary heart disease
- People with learning disabilities
- Children and Young People

Nearly 30 % of the residents of County Durham live in the most deprived areas of England, while 10 % of residents live in some of the least deprived areas in England.

People with mental health problems are twice as likely as the general population to experience a long term illness or disability. The percentage of the population aged over 65 with a limiting long term illness within County Durham (2001) was 23.5% compared to a national average of 16.9% of population.

Young people aged 16-18 years old who are not in education, training or employment (NEETS) are more likely to have poor health and die an early death. They are also more likely to have a poor diet, smoke, drink alcohol and suffer from

mental health problems. County Durham is significantly worse than the England average with a rate of 7.5 per 1000 population compared to 6.2 nationally.

Long term worklessness is associated with poorer physical and mental health. County Durham rate per 1,000 population working age adults who are unemployed, (2010/11) is higher than England with a rate of 62.2 compared to England rate of 59.4.

POPPI² (2011) predicts that in County Durham the number of people predicted to have:

- depression will rise from 7,986 to 11,869 (48.6%).
- limiting long term illness will rise from 52,734 to 79,188 (50.2%).
- severe depression will rise from 2,512 to 3,870 (54.1%).
- dementia will rise from 6,153 to 10,951 (78%)

Labour Market Profile for County Durham³ estimate 6,060 carers in receipt of carers allowance within County Durham. However based on 2001 census data there are 57,225 carers living in the County Durham, of those 14,000 are providing 50 hours or more of care a week.

Priority Groups

- Children and Young People
- People with Learning Disabilities and Behavioral Conditions
- Those at high risk of Suicide and Self Harm
- People who are unemployed
- People who are Homeless
- People with co-morbidity of drug and alcohol misuse
- Carers
- Veterans
- People over 65 years

Summary of Action Plan 2013-2017

Promoting Mental Health

Ensure commissioners and partners utilise the Mental Wellbeing Impact Assessment Tool which will enable organisations and communities to engage with and improve mental health and well-being and to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental well-being.

Develop interventions which aim to improve mental health and wellbeing of children and young people through:

- foster supportive relationships within families and other social networks
- promote 'peer counselling' interventions which build on the coping strategies identified by young people (e.g. physical activities, creative activities, engaging in pleasant activities)
- promote the importance of effective parenting
- promote the role of schools and colleges in delivering a 'whole school' approach to supporting all pupils' wellbeing and resilience
- address bullying both within school and community environment
- ensure children's workforce are aware of how mental health relates to their work

Through the delivery of local workplace health programme, employers will promote healthy workplaces for all, and tackle the causes of mental ill health at work.

Examine how interventions for older people can be extended to address social isolation, increase social interaction and promote greater, safer independent lives.

Ensure services promote equality and are accessible and acceptable to all. Public bodies meet their obligations under Equality Act⁴ in relation to mental health and ensure quality of access and outcomes for groups with particular mental health needs, which may include the most vulnerable in society.

Local public health campaigns target people with mental health problems to tackle smoking, obesity and co-morbidities.

More individuals and organisations join the Time to Change and Mindful Employer campaigns⁵

Organisations challenge poor reporting and ensure consistent reporting of mental health issues in the media.

Develop capability and capacity within the wider workforce to deliver services which support and promote public mental health.

Prevention of Mental Ill-Health

Multi-year (interventions with young people that extend over many years of their lives), strategies to address high-risk behaviour in school including prevention, intervention and post-vention (bereavement support after suicide) need to be developed and evaluated systematically.

Encourage collaboration in the delivery of effective public mental health approaches which recognise that illness, health and wellbeing are influenced by a broad range of social, cultural, economic, psychological, and environmental factors at every stage of the life course.

Expand local provision of social prescribing options to include arts on prescription, leisure on prescription, learning on prescription, computerised CBT, books on prescription, and exercise on prescription.

Support carers in their caring role enabling them to have a life of their own and to stay mentally and physically well

Promote the delivery of the outcomes in the National Dementia Strategy⁶. Improve opportunities for people experiencing mental health issues or who may need extra support to access and retain employment, a place in education or training and other meaningful activity in the community.

Employment support organisations to use effective approaches to help people with mental health problems to find and keep work.

Increase provision of general bereavement support services and bespoke individual and group post-vention support

Provide access to local relationship support services

Ensure health and social care services consider the impact of domestic violence on mental health and wellbeing and provide support appropriately

Provide an integrated welfare rights and money/debt advice service targeted at people within County Durham experiencing mental health issues.

Improve access to lifestyle advice including stop smoking and weight management services within community venues for people with poor mental health.

Co-ordinate services to increase the physical health of people with poor mental health through the promotion of healthy lifestyles and reducing health risk behaviours.

Promote the delivery of physical health checks to improve the physical health of people with poor mental health.

Early Identification of those at risk of Mental Ill-Health

Through additional education and training, public services will recognise people, of all ages at risk of mental health problems and take appropriate timely action; recognise the wider determinants of mental health and wellbeing including how these differ for specific groups and address them accordingly.

Frontline workers, across the full range of services, are trained to understand mental health, principles of recovery and suicide prevention.

Develop a dual diagnosis strategy for people with dual mental health/learning disability and substance misuse issues.

Ensure early recognition of mental illness through improved detection by screening and health professional education programmes as well as improved mental health literacy among the population to facilitate prompt help seeking.

Recovery from Mental Ill-Health

Services work together to support people with mental health problems to maintain, or return to, employment.

Provide specialist employment support service for individuals' with mental illness, accessing primary care services, who are receiving sickness benefits or who are at risk of losing their employment as a result of mental health difficulties.

Provide specialist employment support for those with severe mental illness, utilising the evidence based model of Individual Placement and Support

Improve access for individuals into support and recovery through early provision of activities such as supported employment, housing support, and debt advice.

Governance

The performance management framework aligns to the priorities identified within No Health without Mental Health. The Public Mental Health Strategy group is accountable to the County Durham Mental Health Partnership Board. Progress on delivery of the strategic objectives and action plan will be reported on a six monthly basis to the Children and Families Trust and to the Health and Wellbeing Board.

The Public Mental Health Strategy Group considers a quarterly performance report which contains a range of indicators. The Public Mental Health Strategy Group maintains an action plan appropriate to the issues raised from the performance report. Any key issues are escalated to the County Durham Mental Health Partnership Board.

Appendix 1 Bibliography

¹ McCrone P, Dhanasiri S, Patel A, et al (2008)

² Projecting Older People Population Information Systems (POPPI), 2010

³ Office of National Statistics, 2012

⁴ Equality Act 2010

⁵ Time to Change 2008. Stigma shout: service user and carer experiences of stigma and discrimination. London: Time to Change

⁶ National Dementia Strategy

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Safer and Stronger Communities Overview and Scrutiny Committee

25 February 2014



Suicide Audit and Suicide Prevention in County Durham

Report of Catherine Richardson, Public Health Lead

Purpose of the Report

1. This report provides an update on the County Durham suicide rate and provides an outline of responsibilities for Clinical Commissioning Groups (CCGs) and Public Health in relation to suicide.

Background

2. The transfer of commissioning responsibilities to new receiver organisations as a result of the Health and Social Care Act (2012) has implications for the responsibility, management and accountability of suicide audit and prevention.
3. Commissioning of primary and secondary care mental health services is now the responsibility of CCGs. This includes services for individuals with suicidal ideation and the treatment of self-harm.
4. The role of public health is to focus on the whole population with an emphasis on protecting and promoting the public's health, especially around primary prevention. Public health uses aggregated data to understand trends and patterns rather than identify individual patient information. Directors of public health are responsible for monitoring suicide surveillance data from a population perspective and escalating any areas of concern to commissioners and partners. Public health in the local authority is also responsible for commissioning services to prevent suicide. Following the suicide audit undertaken during 2012/13 Durham County Council has commissioned contracts with current providers for suicide prevention programmes including bereavement support, mental health first aid training, relationship support and debt advice for 2013/14.
5. Public Health England (PHE) is the new national agency for public health and will support local authorities, the NHS and their partners across England to achieve improved outcomes for the public's health and wellbeing. Public Health England will provide expertise and support to local areas to help improve outcomes in public health and reduce health inequalities, including mental health and suicide prevention.
6. Health and Wellbeing Boards (HWBs) will be able to support suicide prevention as they bring together key partners including local councillors, CCGs, the Director of Public Health, the Director of Children and Adult services, local Healthwatch and within County Durham key service providers such as the Hospital Foundation Trusts. One of the roles of the HWB is to assess the local health and wellbeing needs and to develop a local strategy to improve health and wellbeing.

7. Within the County Durham Health and Wellbeing Strategy, Objective 4 is to improve mental health and wellbeing of the population. A key action is to develop and implement a public mental health strategy including suicide prevention.

Current position

8. The number of deaths from suicide within County Durham is relatively low compared to other causes of death. Annual rates per 100,000 based upon these relatively small numbers will tend to show significant variation year on year and will produce wide confidence intervals. Pooling data over a longer period (3 years generally) reduces this year to year variability and gives a smoother trend line over time.
9. The mortality rate from suicide in County Durham is highlighted in Appendix 2. A summary of key facts are highlighted below:
 - Mortality rates from suicide and undetermined injury is significantly higher in County Durham for men than women (chart 1). This is also true for the north east and England.
 - County Durham experienced a significantly higher suicide mortality rate than England for the period 2010-2012 (chart 2). The difference between County Durham and the north east was not significant. Of all north east local authorities in this period only Gateshead experienced suicide rates significantly better than England.
 - Mortality rates from suicide and injury undetermined have shown little variation over time in County Durham, the North East or England (chart 3). Due to the relatively small rates over this period the difference is not statistically significant.
 - Over this period female rates have been statistically significantly lower than males in County Durham, the North East and England. Neither male or female rates show significant variation over this period (chart 4)
10. As a result of the time lag for national suicide data an annual audit of suicides is undertaken and shared with a range of health and social care partners to inform medium term planning for suicide prevention. This is currently provided by Tees Esk and Wear Valleys NHS Foundation Trust as part of the mental health contract across County Durham and Darlington. The commissioning of this contract has transferred to CCGs.
11. The audit is based on cases which coroners have confirmed as suicide cases and therefore there can still be a 12-18 month time lag between death and reporting within the audit. In light of this delay an additional system has been established in County Durham and Darlington to enable a real time picture of suicide trends to be monitored.

Managing increasing trends

12. In order to ensure that commissioners and providers are able to plan an appropriate and timely response to any increasing trend in suicide and to manage potential emerging suicide clusters, a “real time” alert system has been established whereby coroners and other partners signed up to a protocol and notify the patient safety team in the North of England Commissioning Support Service (NECS), usually within 24 hours of any death where the circumstances suggest it may be suicide.

13. The management of the alert system enables synergy between provider reports of unexpected deaths in services and coroner/partner suicide reports. It has been agreed through the CCG's Quality Forum operating across County Durham and Darlington that North Durham CCG will be the lead CCG on behalf of all three CCGs. NECS will retain responsibility for the management of this system and it is included in the CCG's contract with NECS. The role includes:

- Management of the multi-agency suicide reporting protocol including convening a community response committee.
- Send real time alerts to the CCG identified executive, clinical lead and DPH within 1 working day of receipt.
- Manage a database of potential suicide cases reported through the protocol.
- Participate in cluster/escalation meetings and provide data as required for this process from the database of reported cases.

14. In addition to the above, GP practices as providers have a responsibility to undertake significant event audits (SEAs) where a registered patient completes suicide. It is not proposed that this responsibility changes but the CCG executive and clinical leads are discussing mechanisms to establish local assurance (directly or through NECs) that practices are undertaking SEAs for all potential suicides reported through the alert system.

Recommendations

15. It is recommended that Safer and Stronger Communities Overview and Scrutiny Committee note:

- the current position on suicides within County Durham
- that the responsibility for audit and management of the alert system is now held by the CCG (supported by NECS).
- that suicide community prevention is commissioned by the local authority in line with national guidance and is informed by local suicide information.
- that as a result of the new health & wellbeing structures the accountability of suicide prevention and suicide response will be reported to the mental health partnership Board.

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Appendix 1: Implications

Finance

Suicide prevention services are commissioned from the ring-fenced public health grant.

Staffing

No impact.

Risk

Increasing trend of death by suicide is likely to continue and remain high profile.

Equality and Diversity / Public Sector Equality Duty

No impact.

Accommodation

No impact.

Crime and Disorder

No impact.

Human Rights

No impact.

Consultation

No impact.

Procurement

Commissioned services are already in place.

Disability Issues

No impact.

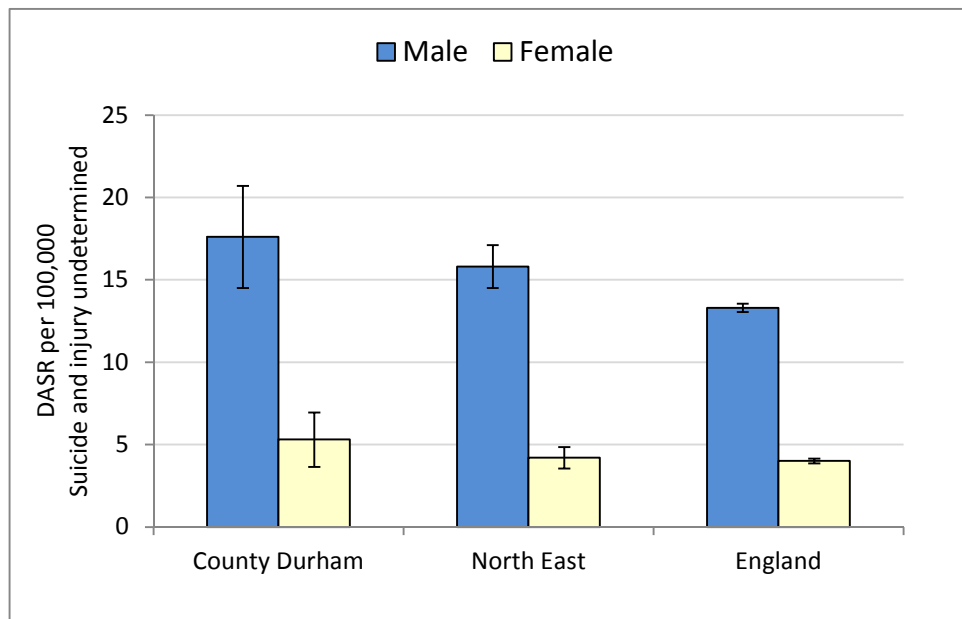
Legal Implications

No impact.

Appendix 2

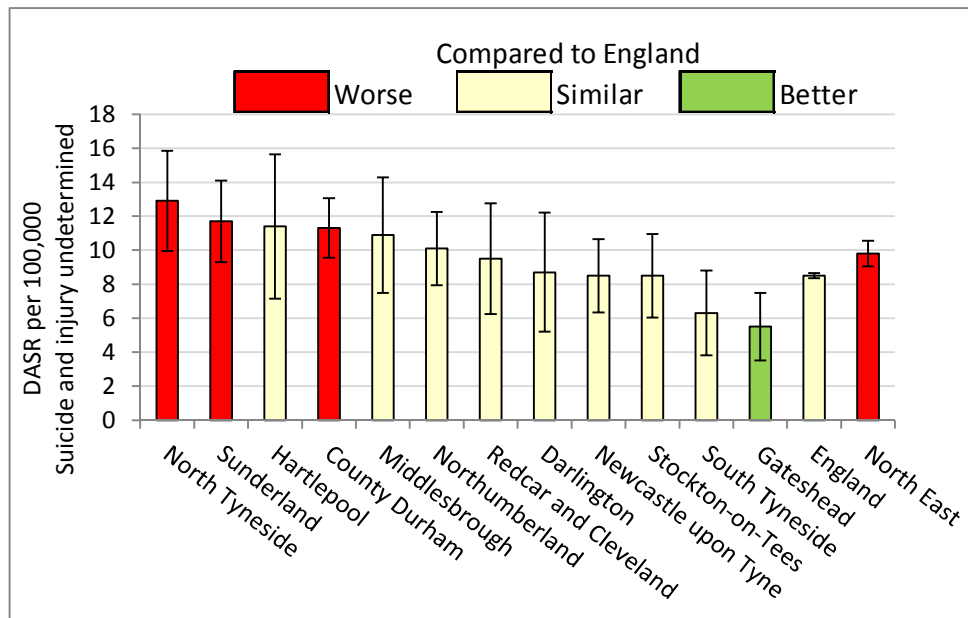
Chart 1: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, with 95% confidence intervals, males and females, County Durham, North East and England, 2010-2012 pooled.

Source: Public Health Outcomes Framework



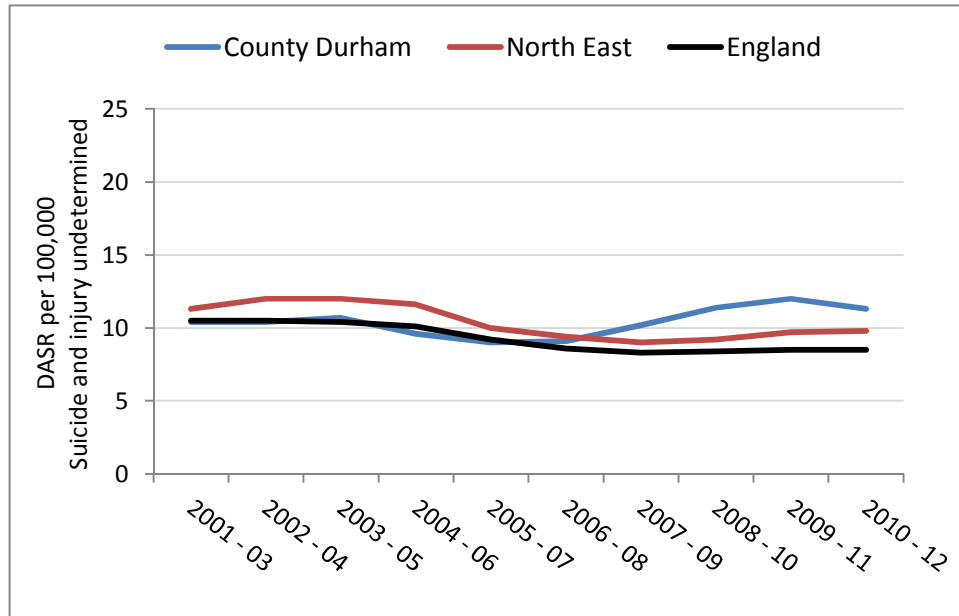
County Durham experienced a significantly higher suicide mortality rate than England for the period 2010-2012 (chart 2). The difference between County Durham and the north east was not significant.

Chart 2: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, North East Local Authorities, 2010-2012 pooled. Source: Public Health Outcomes Framework



Of all north east local authorities in this period only Gateshead experienced suicide rates significantly better than England.

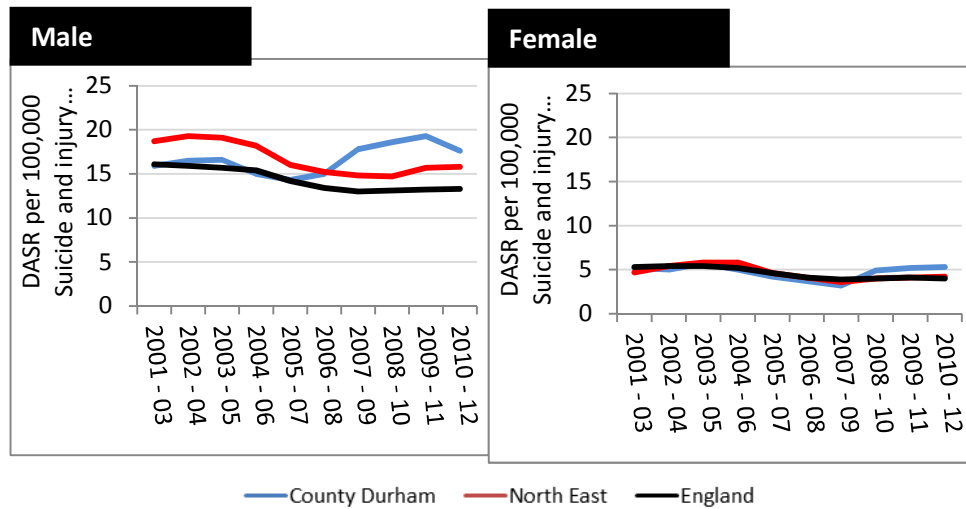
Chart 3: Directly age standardised mortality rate from suicide and injury of undetermined intent, persons (with 95% confidence intervals), County Durham and England, all ages 2001-03 to 2010-12 pooled.
Source: Public Health Outcomes Framework



Mortality rates from suicide and injury undetermined have shown little variation over time in County Durham, the North East or England (chart 3). Due to the relatively small rates over this period the difference is not statistically significant.

Chart 4: Directly age standardised mortality rate from suicide and injury of undetermined intent, persons male female (with 95% confidence intervals), County Durham and England, all ages 2001-03 to 2010-12 pooled.

Source: Public Health Outcomes Framework



Over this period female rates have been statistically significantly lower than males in County Durham, the North East and England. Neither male or female rates show significant variation over this period.

**Safer and Stronger Communities
Scrutiny Committee**

25 February 2014



Safe Durham Partnership Plan 2014-17

Report of Rachael Shimmin, Corporate Director for Children and Adults Services

Purpose of the Report

1. The purpose of this report is to present the Safer and Stronger Communities Scrutiny Committee with an update on the development of the Safe Durham Partnership (SDP) Plan 2014-17 and seek feedback on the objectives and outcomes.

Background

2. The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 require that Durham County Council, along with the other responsible authorities (Durham Constabulary, NHS Commissioning Groups, County Durham and Darlington Fire and Rescue Service and Durham Tees Valley Probation Trust), develop and implement a Partnership Plan.
3. The regulations also require that an annual Strategic Assessment is completed which informs the development of the new Plan every three years and also an annual refresh of actions and achievements contained within the Plan.

Current Position

4. A paper was presented to the Committee at the December meeting which provided an overview of key messages identified in the Strategic Assessment and the consultation processes that fed into the assessment.
5. Comments were received from the Committee in relation to prioritising alcohol misuse and drug dealer and drug use; and also hate crime. The Partnership Plan will include outcomes and actions in relation to these key issues.
6. Additional comments focussed on delivery and monitoring of the recommendations contained within the Strategic Assessment. Subsequently the Safe Durham Partnership Board has implemented an action plan to ensure the recommendations are monitored. The majority of the recommendations are operational and will be picked up through the thematic groups as part of their action plans. However, a number of the recommendations are strategic (shaded in the action plan) and the Safe Durham Partnership Board has agreed their inclusion in the Safe Durham Partnership Plan 2014-17. This action plan is attached at Appendix 2 for information.

7. The Strategic Assessment recommended that there was no change to the existing strategic objectives, which remain aligned to the objectives within the Sustainable Community Strategy and Council Plan.
8. The strategic objectives were agreed by the Safe Durham Partnership Board along with the associated outcomes which are contained within the draft Partnership Plan 2014-17. A number of the outcomes have been amended following consultation with the Chairs/Lead for each objective. The objectives and outcomes are shown below, along with the rationale for the amendments to the outcomes:

(i) Reduce Anti-Social Behaviour

- i. Increase public confidence in the ability of partners to deal with crime and anti-social behaviour issues that matter to communities
- ii. Reduce anti-social behaviour, low level crime - including secondary deliberate fires
- iii. Create a high quality, clean, green, attractive, accessible environment

*First outcome extended to reflect that the partnership will target those issues raised during public consultation. The second has been extended to include secondary deliberate fires which saw an increase of 80% during the first two quarters of 2013/14.

(ii) Protecting Vulnerable People from Harm

- i. Provide protection and support to improve outcomes for victims of domestic abuse and their children - whilst working towards preventing its occurrence within County Durham
- ii. Tackle sexual violence and the negative impact it has on individuals and families
- iii. Reduce the impact of hate crime

*All three outcomes have been extended in order that they are more specific.

(iii) Reducing Re-Offending

- i. Prevent inter-generational offending
- ii. Prevent repeat offending

*Both outcomes have been changed. 'Prevent inter-generational offending' incorporates the previous outcome (reduce first time entrants to the youth justice system), along with a range of other high level actions. Similarly the outcome 'Prevent repeat offending' has a wider scope, including restorative approaches, women offenders and recommendations in the Strategic Assessment action plan.

(iv) Alcohol and substance misuse harm reduction

- i. Reduce the harm caused by alcohol to individuals, families and communities
- ii. Reduce the harm caused by drugs / substances - through prevention, restricting supply and building recovery

*Both outcomes have been extended to ensure they are more specific. The second outcome also reflects the new Drug Strategy.

(v) Embed the Think Family approach

- i. Embed 'Think Family' and 'Stronger Families' into offender and victim services as part of the prevention and early help approach

*This outcome has been changed to incorporate the three specific elements; Think Family, Stronger Families and Early Help.

(vi) Counter Terrorism and Prevention of Violent Extremism

- i. Implement 'CONTEST' (national strategy)
- ii. Challenge extremism and intolerance

(vii) Road Casualty Reduction

- i. Improve education and raise awareness
- ii. Improve health and wellbeing of communities through road casualty reduction
- iii. Develop a safer road environment

*The outcomes reduced from five to three in August 2012 following a review of the objective and to ensure a more targeted approach.

- 9. The draft Partnership Plan will be presented to the Safe Durham Partnership Board in March 2014 for comment, with the final version being signed off in May 2014.

Next Steps

- 10. Members of the Safer and Stronger Communities Scrutiny Committee are requested to provide feedback and comments on the Objectives and Outcomes highlighted in paragraph 8.
- 11. Safer and Stronger Communities Scrutiny Committee will receive a draft version of the Plan at the April meeting in order to provide feedback on the Plan prior to sign off by both the Safe Durham Partnership Board and the County Council's corporate governance structures.

Recommendations and reasons

- 12. Safer and Stronger Communities Overview and Scrutiny Committee are recommended to:
 - (i) Note the content of the report and comment by the 31 March 2014
 - (ii) Receive a draft version of the Safe Durham Partnership Plan for comment in April 2014.

Background papers

None

Contact: Peter Appleton, Head of Planning and Service Strategy
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Appendix 1: Implications

Finance

Action Plans will be developed to support the delivery of the Partnership Plan. The Police and Crime Commissioner has allocated funding to support the delivery of those action plans.

Staffing

The Plan will be implemented using existing resources. Durham County Council will contribute to the delivery of the plan in partnership with other responsible authorities.

Risk

No adverse implications.

Equality and Diversity/ Public Sector Equality Duty

An impact assessment in relation to Equality and Diversity implications will be undertaken when the Plan has been agreed.

Accommodation

No adverse implications.

Crime and disorder

The Partnership Plan outlines the Safe Durham Partnership priorities for tackling crime and disorder in County Durham.

Human rights

No adverse implications.

Consultation

Statutory consultation with the community and stakeholders has been undertaken as part of the Strategic Assessment process.

Procurement

No adverse implications.

Disability Issues

No direct adverse implications. An impact assessment will be undertaken when the Plan has been agreed.

Legal Implications

No adverse implications. The County Council, as a responsible authority under the Crime and Disorder Act 1998, has a statutory duty to produce a Partnership Plan.

Appendix 2: Strategic Assessment Recommendations and Actions

No.	Theme	Objective	Recommendations/Actions	Lead
1	Anti-Social Behaviour	Increase Public Confidence in the ability of partners to deal with crime and anti-social behaviour issues that matter to communities	<p>Recommendation: Encouraging people to ‘get involved’ and volunteer.</p> <p>Action: Deliver a get involved marketing campaign</p> <p>Action: Continue the growth of Neighbourhood Watch working with AAP’s</p>	Strategic Manager, Community Safety and Involvement
		Increase Public Confidence in the ability of partners to deal with crime and anti-social behaviour issues that matter to communities	<p>Recommendation: Initiatives aimed at improving public confidence should focus on those issues that the public tell us are most important.</p> <p>Action: Working with AAP’s the ASB Group should review action plans in line with public concern.</p> <p>Action: Review and combine existing Police and Partnership public confidence action Plans and begin to implement immediately.</p>	Chief Superintendent, Neighbourhoods Partnerships Command
		Reduce ASB, low level crime and secondary deliberate fires	<p>Recommendation (Strategic): Examine ASB and crime and disorder issues compounded with deprivation, worklessness and other problems that are taking place across parts of the County.</p> <p>Action: Bring a report to the Safer Durham Partnership identifying the crime and disorder issues; providing outcomes that take advantage of wider services such as promoting the services of the Credit Union.</p>	Chief Superintendent, Neighbourhoods Partnerships Command
2.	Reduce Reoffending	Prevent Repeat Offending	<p>Recommendation (Strategic): Undertake addition work through the Reducing Reoffending Group to develop greater understanding of the relationship between offending and Mental Health.</p> <p>Action: Conduct further research during 2014/15, in order to provide information to frontline practitioners and consider prioritising the 10 recommendations from the Victim Support report ‘At Risk, Yet Dismissed’.</p> <p>Action: Review current cross strategy relationships in order to ensure the Safe Durham Partnership understands the range of work going on across services and agencies, thus</p>	Director of Offender Management

No.	Theme	Objective	Recommendations/Actions	Lead
			preventing the use of isolated strategies to impact on outcomes alone and to identify trigger points under each strategy which will result in multi-agency resources being deployed. Ensure appropriate membership in task and finish group.	
			<p>Recommendation: A continued focus on women offenders</p> <p>Action: Reduce the number of women offenders by targeting the risks associated to women offenders in County Durham.</p> <p>Action: Evaluate the current Women Offenders Diversion project which began in April 2013</p>	Director of Offender Management / Detective Chief Superintendent, Head of CID
			<p>Recommendation (from Health & Wellbeing Board): Adults with Autism are dealt with appropriately/effectively in the Local Criminal Justice Services.</p> <p>Action: Work between partner agencies, including Prison, Probation, Police and Youth Offending to identify issues in County Durham.</p>	Strategic Commissioning Manager OP/PD/SI / Strategic Manager, Youth Offending Service / Director of Offender Management / Temporary Detective Superintendent
			<p>Recommendation: Target health outcomes of young offenders and improve their transition from statutory supervision to mainstream services.</p> <p>Action: Reduce alcohol related offending particularly in the 14-16 age groups.</p> <p>Action: Address the health needs of young people who offend, particularly in respect of help with Speech, Language and Communication needs.</p> <p>Action: Improve exit strategies after statutory supervision and pathways into mainstream services, particularly for young people aged 16 years to 18 years.</p>	Strategic Manager, Youth Offending Service / Consultant in Public Health
			<p>Recommendation (Strategic): The impact of Welfare Reform should be fully analysed and assessed against regional neighbours and most similar Forces.</p>	Temporary Assistant Chief

No.	Theme	Objective	Recommendations/Actions	Lead
			Action: Monitor the situation through Force Threat and Risk Action: Link with DCC Welfare Reform work Action: Undertake a North East comparison with other Community Safety partnerships	Constable/ DCC Welfare Reform Board
3	Protect Vulnerable People From Harm	Reduce the impact of Hate Crime	Recommendation: Contribute to and implement actions in the police-led Hate Crime action plan. Action: Set targets for hate crime reporting to tackle the issue of significant under-reporting.	Temporary Assistant Chief Constable
4	Alcohol & Substance Misuse Harm Reduction	Reduce the harm caused by alcohol to individuals, families and communities	Recommendation: As Durham is well below national rates in terms of alcohol related crime, more needs to be done to understand the impact of alcohol on crime in County Durham. Action: Improve alcohol related crime recording. Recommendation: A Health Needs Assessment to be carried out as part of any future diversion projects (e.g. 'The Alcohol Diversion Scheme') in order to provide opportunities for improving chances for abstinence and contribute to health and mental health outcomes. Action: Future initiatives to adopt a Health Needs Assessment.	Consultant in Public Health
5	Substance Misuse Harm Reduction	Reduce the harm caused by drugs/substances through preventing harm, restricting supply and building recovery	Recommendation: To develop a strategy to reduce dependency on drugs for those in County Durham Action: Develop and implement the County Durham Drug Strategy 2014-17.	Consultant in Public Health
6	Embed the Think Family Approach	Embed Think Family into offender and victim services as part of the prevention and early help approach	Recommendation: Increase nominations to the Stronger Families Program across all services. Action: Increase referrals from all services and partners. Action: Significantly increase referrals and the lead professional role from ASB Teams.	ALL Head of Direct Services
7	Counter Terrorism and Prevention of violent extremism	Implement 'CONTEST' (national strategy)	Recommendation: Review the progress of the Safe Durham Partnership with a view to increasing County Durham's resilience to terrorism. Action: Develop and implement the new CONTEST Action Plan 2014-17 following the results of the review and set an improved self-assessment performance target.	Deputy Chief Constable
8	Road Casualty Reduction	Improve health and wellbeing of	Recommendation: Reduce the number of Child Casualties. Action: Target a reduction in Child Road Casualties both on the journey to school and with	Director of Public Health / Strategic

No.	Theme	Objective	Recommendations/Actions	Lead
		communities through road casualty reduction	local communities. Action: Include the target within the Safe Durham Partnership performance report.	Traffic Manager
		Develop a safer road environment (Increase Public Confidence – ASB objective)	Recommendation: increase safety and contribute to increasing public confidence. Action: The Road Casualty Reduction Forum to address the issue of inappropriate speed which is a key concern of the public. Action: Road Casualty Reduction Forum to target the problem of inappropriate speed as part of public confidence plans led by the ASB group. Action: Ensure the Durham County Speed Management strategy and its objectives go to the Safe Durham Partnership Board so that opportunities for increasing public confidence can be explored.	Strategic Traffic Manager

**Safer and Stronger Communities
Overview and Scrutiny Committee**

25 February 2014

Hate Crime Action Plan – update



Report of Rachael Shimmin, Corporate Director for Children and Adults Services

Purpose of the Report

- 1 To provide Members of the Safer and Stronger Communities Overview and Scrutiny Committee with an update on the Hate Crime Action Plan.

Background

- 2 In 2011 the Vulnerability Delivery Group commissioned a hate crime problem profile which went on to inform the development of a Safe Durham Partnership Hate Crime Action Plan for County Durham. In line with the recommendations outlined within the problem profile, actions focused on the following objectives:
 - **Prevention:** to prevent hate crime from occurring which includes raising awareness of hate crime and encouraging community cohesion; to ensure campaigns are effective and target the right audience.
 - **Provision:** improve the availability and take up of services for victims which includes improving support available to victims; improve communication/information.
 - **Protection:** increase the safety of victims which includes improving confidence and increasing the reporting of hate crimes; ensuring vulnerable adult victims of hate crime are safeguarded in line with County Durham inter-agency Safeguarding Adults procedures; increasing the number of offences that result in a prosecution; and develop recording mechanisms.
- 3 In November 2012 the first Police and Crime Commissioner was elected for County Durham and Darlington and took up office in the same month. He identified Hate Crime as one of his personal priorities.
- 4 In April 2013 the Police and Crime Commissioner convened a Hate Crime Seminar covering both County Durham and Darlington with the aim of bringing together a range of work covering both areas, identifying services delivery gaps and to improve outcomes for the public.

Current Position

- 5 Following the Police and Crime Commissioner Hate Crime Seminar a Joint County Durham and Darlington Hate Crime Action Group was established.

- 6 The two strategic vulnerability groups operating in County Durham and Darlington agreed for the Police and Crime Commissioner to take the lead for Hate Crime; to merge action plans and resources; and for new action plans to be developed and coordinated through the Police and Crime Commissioners Office.
- 7 Work on the Safe Durham Partnership Hate Crime actions has continued throughout 2011, 2012 and 2013. The majority of actions are complete and a copy of the Safe Durham Partnership Hate Crime Action Plan is attached in Appendix 2. Ongoing actions have been incorporated into the work streams of the County Durham and Darlington Hate Crime Action Group.
- 8 A new Police and Crime Commissioners Hate Crime Action Plan is in development that covers the following work streams;
 - Accuracy of police recording for hate incidents
 - Satisfaction survey
 - Networks 'Safe places'
 - Support services network
 - Communication strategy
 - Community education – Increased awareness hate incidents
 - Community Hands Project (volunteer support for hate crime victims)
- 9 The County Durham and Darlington Hate Crime Action Group is chaired by Chief Superintendent Graham Hall, Durham Constabulary.
- 10 The project manager for the Hate Crime Action Plan work streams is Chief Inspector Colin McGillivray, Durham Constabulary.
- 11 The lead officer from the Police and Crime Commissioners Office is Staff Officer Sukhsham Sahani.
- 12 Partners from the Safe Durham Partnership are contributing to the various work streams as appropriate.
- 13 The Police and Crime Commissioner is hoping to run another Hate Crime Seminar to update stakeholders on progress in May 2014.

Recommendations

- 14 Overview and Scrutiny is recommended to:

Note the progress of the original Safe Durham Partnership Hate Crime Action Plan.

Contact: Peter Appleton, Head of Planning and Service Strategy
Tel: 03000 267 388

Appendix 1: Implications

Finance

No implications.

Staffing

No implications

Risk

No risk implications

Equality and Diversity

No implications

Accommodation

No implications

Crime and Disorder

This is the main focus of the report.

Human Rights

No implications

Consultation

No implications

Procurement

No implications

Disability Discrimination Act

No implications

Legal Implications

No implications

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The Safe Durham Partnership

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Hate Crime Action Plan

Introduction

Hate crime is the targeting of people, individuals or groups for who they are. For the statutory agencies it is a human rights issue and a threat to community cohesion. For victims it is often an everyday experience that significantly impacts on their quality of life affecting the way they go about their day-to-day business. Hate crime takes many forms from verbal insults through to violent extremism.

The hate crime strands are:

- Disability
- Race
- Religion and belief
- Sexual orientation
- Transgender/ gender identity

Hate crime is defined as:

‘A hate crime is a criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person’s disability or perceived disability; race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; who is transgender or perceived to be transgender.’

Hate incidents are defined as:

‘Any non-crime incident which is perceived by the victim, or any other person to be motivated by a hostility or prejudice based on a person’s disability or perceived disability; race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; who is transgender or perceived to be transgender.’

Hate motivation is defined as:

‘Hate crimes and incidents are taken to mean any crime or incident where the perpetrator’s hostility or prejudice against an identifiable group of people is a factor in determining who is victimised.’

A problem profile produced by the intelligence unit at Durham Constabulary in August 2010 has identified that hate crime is an issue in County Durham. All strands occur, and it is an issue that many people experience on a day to day basis ranging from incidents of verbal abuse to serious violence. It is difficult to get an accurate picture of what is happening across the county as

many victims do not report these incidents to the police or other agencies, and for many agencies there are issues in relation to accurately recording incidents as hate crimes.

The Safe Durham Partnership is committed to tackling the issue of hate crime and will strive to encourage reporting; improve responses to reported incidents; improve support to victims; with the long term aim of preventing incidents occurring in the first place. This action plan represents the first step in the Partnership's efforts to achieve these goals.

Performance Measures:

Measures for success for the Hate Crime Action Plan will be:

- ▶ Number of awareness campaigns delivered
- ▶ Number of cases supported by SNU Hate Crime Officers
- ▶ % of cases which are repeat incidents
- ▶ Number of people using the intermediary scheme
- ▶ Number of tension monitoring forms presented to LMAP meetings
- ▶ LI 49 detection rate for racially and religiously motivated crime
- ▶ Number of racially motivated incidents reported to the police
- ▶ Number of religiously motivated incidents reported to the police
- ▶ Number of disability motivated incidents reported to the police
- ▶ Number of hate incidents motivated by sexual orientation reported to the police
- ▶ Total number of homophobic / transphobic cases prosecuted
- ▶ % homophobic / transphobic cases successfully prosecuted
- ▶ Total number of disability cases prosecuted
- ▶ % disability cases successfully prosecuted
- ▶ % disability cases in which sentencing uplift is applied
- ▶ Total number of racist / religious cases prosecuted
- ▶ % of racist / religious cases successfully prosecuted

Objective 1 Prevention: to prevent hate crimes from occurring

1.1 To raise awareness of hate crime and encourage community cohesion								
Task No.	Action	Resources	Lead Officer	Timescale	R	A	G	Progress
1.1.1	Contribute to the Respect for Shop Workers week 8 – 12 November	Advertising materials/st aff	Conrad Simpson/Claire Addison	By end October 2011				No activity is taking place with County Durham that Lead Officers can link to. Requested that this action is closed.
1.1.2	Develop a programme of awareness raising campaigns to cover the five hate crime strands, linked to existing annual events, including raising awareness of Crown Prosecution Service policies eg Respect for Shop workers; Anti-bullying Week, Black history month; International Day Against Homophobia and Transphobia; Learning Disability week Neighbourhood Watch events.	Materials/st aff time	Tammy Ross	By end September 2012	Green			A number of awareness raising actions have taken place within Durham Constabulary including a mental health and learning disabilities awareness course to be included in the performance development review objectives of officers. A place of refuge scheme for vulnerable persons is being developed within Durham City. Durham Constabulary will be participating in lesbian, gay, bisexual, and transgender (LGBT) Steering Group conference. A programme of activity has been obtained from DCC Equalities Team. A Hate Crime campaign is currently being planned over the summer to link in with activity that is already taking place.
1.1.3	Research to find out if diversity issues are covered in schools anti-bullying policy and	Staff Time	Tammy Ross	September 2011	Green			The anti-bullying team have confirmed that all schools are required to hold a Anti Bullying Policy

	procedures.						and within that it is an expectation to make reference to dealing with or addressing issues relating to specific types of bullying including Homophobia, Race, Special Educational Needs (SEN) Disability etc.
1.1.4	Develop a plan to contribute to Shopwatch initiatives and 'Freedom from Fear' campaign.	Staff Time	Conrad Simpson	January 2011			to be merged with task 1.1.1 above
1.1.5	Scope the feasibility of jointly delivering an event to members of the Vulnerability Group and Contest Silver Group to raise the awareness of hate crime within the integration agenda.	Staff time CT funding	Tammy Ross Graham Mcardle	March 2013			Action Closed. Discussions took place between the leads. Engaged with Anne Frank exhibition they were unable to fit us into their schedule.
1.1.6	Develop countywide Hate Crime subgroup of the Vulnerability Delivery group made up of key organizations and stakeholders	Staff time	Tammy Ross / Caroline Airs / Claire Addison	March 2013			This action has been closed due to the development of a Police and crime Commissioner joint hate crime group for Durham and Darlington
1.1.7	Ensure organisations that contributed to the development of the Hate Crime Problem Profile are provided with information leaflets and posters for display and circulation	Staff Time Marketing Budget	Tammy Ross	August 2012		Green	Information distributed to relevant local voluntary and statutory agencies within County Durham this includes voluntary support groups, citizens advise bureaus, registered social landlords, educational institutions, etc.

1.2 To ensure campaigns are effective and target the right audience						
Task No.	Action	Resources	Lead Officer	Timescale	Progress	
					R	A G
1.2.1	Use 'mosaic' profiling to identify most appropriate methods of delivering messages to different groups	Staff Time	DCC Media and Marketing Team	Ongoing	Green Durham Constabulary Media and Marketing Team have been identified to provide this information as and when required.	
1.2.2	Develop Safe Durham Partnership Hate Crime Key Messages document and circulate to all interested parties to ensure consistent messages are delivered	Staff Time	Tammy Ross	Ongoing during 2010/11	Green A Safe Durham Partnership Hate Crime Information Leaflet has been developed and is available for distribution which includes the key messages for the Partnership.	
1.2.3	Carry out analysis of disability related harassment to identify the scale of the problem in County Durham	Staff time	Partnership Analyst, Durham Constabulary	April 2013	Inclusion North would like to do a joint project with Durham and Darlington. They are currently in discussion with Darlington to progress this further. Darlington have recently commissioned a hate crime problem profile and action plan. There may be scope for a joint action through the development of this plan. Action closed this will be taken forward in the police and crime Commissioner joint hate crime group for Durham and Darlington.	
1.2.4	Work with GADD to develop specific actions for inclusion within the plan which include raising awareness of hate crime and encouraging reporting within LGBT communities.	Staff time	Tammy Ross	March 2013	This action has been closed due to the development of a Police and crime Commissioner joint hate crime group for Durham and Darlington which includes a communication strand looking at raising awareness of hate crime and reporting.	

1.2.5	Work with the Traveller Liaison Team to raise awareness of Hate Crime and the importance of reporting to Gypsy and Traveller Groups. Specific attention to be paid to ensure information provided is audience appropriate.	Staff time	Louise Stokoe	March 2013	Green	Discussions have taken place between Traveller Liaison team and Safer Community Team. Further research is currently being carried out which will include the identification of appropriate communication methods.
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Objective 2 Provision: Improve the availability and take up of services for victims

2.1 Improve support available to victims								
Task No.	Action	Resources	Lead Officer	Timescale	R	A	G	Progress
2.1.1	Consider the possibility of developing mechanisms for the police to identify those with specific needs to improve the service they receive when they contact the police.	Staff Time	Conrad Simpson	Sep 2011	Green			A facility already exists within Durham Constabulary that can be utilised to add comments or specific response plans to addresses and/or telephone numbers, this is done on a case by case basis. After consideration it was felt that any system would be too resource intensive. Details would need amending when people change contact details or addresses. It would be extremely difficult to monitor these details if this were done on a prescriptive basis.
2.1.2	Develop a county wide operational approach by the Safer Neighbourhood Units to support victims of	Staff time	Caroline Gardner	By March 2012	Green			Victims of Hate Crime are supported by Community Cohesion Officers in each Safer Neighbourhood Unit. They are identified when a complaint is received, when a Hate Crime reporting form is

	hate crime.					<p>completed on the web site and via the LMAPS 1 and 2 process etc. An ASB Risk Assessment matrix is being implemented which will help to identify hate crime victims to avoid incorrect categorisation as an ASB victim. SNUJs will also have access to the 'top ten' list of victims/offenders and locations which may reveal hate crime victims.</p> <p>Durham Constabulary and DCC are now in the process of embedding the Anti Social Behaviour Risk Assessment Matrix which will identify victims of hate crime at an early stage. These victims will be referred to the Community Cohesion Officer and other relevant support services. Victims and perpetrators of hate crime can be referred to LMAPS and an action plan can be developed and implemented to address the problem and improve victim safety.</p>
2.1.3	Develop funding bids to work with specific crime type groups	Staff time	Claire Boshier – Victim Support	Ongoing during 2011/12	Green	<p>Funding bids are developed and submitted on an ongoing basis.</p> <p>Two bids have recently been submitted, unfortunately they were both unsuccessful.</p>
2.1.4	Recruit volunteers to work with victims of hate crime	Staff time	Claire Boshier – Victim Support	Ongoing during 2011/12	Green	<p>Volunteers have been recruited throughout the year across Co Durham and Darlington and once inducted into the organisation there will be some who can undertake some specialist training around Hate Crime later in the year.</p>

2.1.5	Provide Workshop To Raise Awareness of Prevent (WRAP) training to victim support volunteers who are specialising in Hate Crime and to senior tutors within Durham University	Staff time	Graham Mcardle / Claire Boshier / Sam Dale	April 2013			Action Closed. WRAP training was delivered to key individuals in the University. It is not a product the University wished to use. A bespoke produce is being developed by the University and Durham Constabulary.
2.2 Improve communication/information							
Task No.	Action	Resources	Lead Officer	Timescale	R	A	G
2.2.1	Carry out scoping exercise to determine what information is available on partner's websites	Staff Time	Police – Conrad Simpson DCC – Tammy Ross Health - Claire Sullivan TEWV – Margaret Brett Probation - Carina Carey Colin Bage - Fire & Rescue CPS- Caroline Airs	By January 2011	Green		
2.2.2	Develop the information that is available on partner's websites	Staff Time	Police – Conrad Simpson DCC – Tammy Ross Health - Claire Sullivan TEWV – Margaret Brett Probation – Carina Carey	By September 2011	Green		Durham Constabulary, Crown Prosecution Service, PCT, DDF&R, Probation and DCC have scoped out the information currently available on the respective agencies websites. DCC website has recently re-developed their pages on Hate Crime. DDF&R have launched a new website and information on hate crime is now included in the community safety section. PCT have developed a Hate Crime policy based on DCC version.

			Colin Bage - Fire & Rescue CPS- Caroline Airs			There is information on Probation Service website in Staff Reference Manual on Hate Crime and covers Hate Crime Service Delivery. A new Communications Manager is now in post within Crown Prosecution Service PS and have re-developed their pages on Hate Crime. Durham Constabularies has recently re-developed their pages on Hate Crime.
2.2.3	Promote hate crime campaigns/activities/ successes in voluntary and community group newsletters for specific user groups	Staff Time	Tammy Ross/Caroline Airs/Conrad Simpson	Ongoing during 2010/11	Green	Links are in place with DCC Marketing & Comms team which allow publication of hate crime information in voluntary and community group newsletters. The hate crime awareness raising campaign which is taking place over the summer will be promoted in these publications. Articles have been included in Durham County News, Our Life Magazine and Carers Echo. Need to develop a regular system of providing info on hate crime successes from the Police/ Crown Prosecution Service so that this information can also be included. A SDP Hate Crime leaflet including an easy read version has now been developed and has been provided to Safer Neighbourhood Units for wider distribution. Further copies are available from Tammy Ross when required.
2.2.4	Explore the possibility and cost implication of developing SDP hate crime leaflets etc to encourage reporting and detail contact numbers for support.	Staff Time	Tammy Ross/Conrad Simpson	By March 2011	Green	A SDP Hate Crime leaflet including an easy read version has now been developed and has been provided to Safer Neighbourhood Units for wider distribution. Further copies are available from Tammy Ross when required.
2.2.5	Develop marketing	Staff Time	Tammy Ross	April 2012	Green	Two barracuda banners have been

	material to raise awareness of the Hate Crime work of the SDP	Safer Communities Budget			produced along with prints of Hate Crime Information leaflets and posters for the Safer Communities Budget. These will be used at awareness raising events to publicise the work of the Partnership.
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Objective 3 Protection: Increase the safety of victims

3.1 To improve confidence and increase the reporting of hate crimes						
Task No.	Action	Resources	Lead Officer	Timescale	R A G	Progress
3.1.1	Obtain list of community meetings from Disability Parliament	Staff Time	Conrad Simpson	By Nov 2011	Green	A LD Parliament diary is available on www.serviceuser.co.uk which lists the dates, times and locations of the central LD meeting and the locality meetings in Durham, Sedgefield, the Dales, Durham, Easington and Derwentside.
3.1.2	Use Sleuth to task attendance of uniformed personnel at disability community meeting	Staff Time	Conrad Simpson	Ongoing from Dec 2010	Green	The Learning Disability Partnership and other disability organisation meetings have been entered in the calendars of Community Cohesion Officers who attend on a regular basis.
3.1.3	Evaluate impact of attendance of uniformed personnel at disability community meeting and consider roll out across other strands of hate crime	Staff Time	Conrad Simpson	By end of June 2011	Green	During Nov/Dec the Community Cohesion officers and the Diversity Unit Sgt attended all of the Disability Parliament meetings in the area. Positive feedback was provided and it is intended that these meetings are attended on a regular basis.
3.1.4	Evaluate the effectiveness of third party reporting centres and make	Staff Time	Conrad Simpson	Ongoing	Green	Third party reporting centres have been reviewed; the previous centres produced no reports. Twelve new locations have been trained and to date five reports

	recommendations to SDP through the Vulnerability thematic group and to the LCJB through the Equality and Diversity group.				<p>have been received. Representatives recently attended Police HQ for a get together/cohesion session followed by a tour of the Command and Control Centre. In addition, as mentioned above, Durham Constabulary are signed up to True Vision a third party online reporting portal. Several new centres have been developed/trained. New posters are currently being printed for the new centres to display.</p> <p>The evaluation showed that locations were poorly situated such as in Magistrates Courts, etc and there was a lack of understanding by staff. Locations are now more user friendly and staff have been trained by CCOs.</p> <p>These sites will be evaluated on an ongoing basis and adjustments will be made where necessary.</p>
3.1.5	Develop 'What Can I Expect' campaign to explain what happens once a complaint is made and choices available to the victim	Staff Time	Conrad Simpson / Caroline Airs	June 2011	<p>CA/CS have met. Information has been provided from True Vision, including a Disability Hate Crime Reporting Book which explains the roles of the police and the Crown Prosecution Service. This only applies to Disability Hate Crime, but at this time it is not feasible to prepare anything more general, or anything that goes into the process in more detail.</p> <p>CA/CS to develop a new action around this. See 3.1.5a</p>
3.1.5a	Promote the use of the Disability Hate Crime		Conrad Simpson / Caroline Airs	Ongoing	<p>Promotion of the use of True Vision material takes place on a regular</p>

	Reporting Book and other information from True Vision to explain the roles of the police and the Crown Prosecution Service in Disability Hate Crime.					basis, including their logo and links on any presentations made by the Police/DCC. To date nobody has ever used any of the Disability Hate Crime Reporting Pack.
3.1.6	Explore the possibility of using the 'harassment reporting forms' to encourage people with learning disabilities to report hate crimes	Staff Time	Learning Disability Parliament/ Glenn Robinson	By July 2011	Green	True Vision provide a disability hate crime reporting book for people with learning disabilities. Use of this form to report hate crimes of this type will be promoted through awareness raising that is taking place.
3.1.7	Publicise successful prosecutions as appropriate	Staff time	Conrad Simpson/ Caroline Airs/ Tammy Ross	Ongoing during 2010/11	Green	CA to discuss with Crown Prosecution Service Communications Manager methods of publicising successful hate crime prosecutions. Press release now under taken by CSP
3.1.8	Distribute SDP Hate Crime leaflet around key locations in High Impact Localities	Staff time	Tammy Ross	March 2012	Green	Hate Crime leaflets have been distributed to all Safer Neighbourhood Units and Community Cohesion Officers. These will be distributed with particular emphasis on High Impact Locations. Easy Read versions of the Hate Crime leaflets have now been also been circulated.
3.1.10	Develop an A4 Information Sheet on Hate Crime for academic professionals who come into contact with students and share	Staff Time Materials	Tammy Ross	March 2013		Discussions have taken place with Durham Uni and this action will be taken forward in the police and crime Commissioner joint hate crime group for Durham and Darlington which includes a communication strand looking at raising awareness of hate

	with relevant educational institutions					crime and reporting.		
3.1.9	Provide Senior Tutors at Durham University with training to allow them to become Third Party Reporting Centres	Staff time	Clare Addison / Sam Dale	March 2013		Discussions have taken place with Durham Uni and it has been agreed that it would be preferable for Senior Tutors to become third party reporting centres. this action will be taken forward in the police and crime Commissioner joint hate crime group for Durham and Darlington which includes a communication strand looking at raising awareness of hate crime and reporting.		
3.2 To ensure vulnerable adult victims of hate crime are safeguarded in line with County Durham’s inter-agency Safeguarding Adults procedures								
Task No.	Action	Resources	Lead Officer	Timescale	R	A	G	Progress
3.2.1	Ensure appropriate frontline staff in both statutory and voluntary sectors have received Safeguarding Adults training.	Availability of training course/ staff time	Lee Alexander – DCC Debbie Edwards – PCT Paul Goundry – Police Colin Bage – DDF&R Carina Carey – Probation Maureen Grieveson – FT	Ongoing during 2010/11	Green			DCC – 2011/12 - 5200 professionals from voluntary and statutory agencies participated in safeguarding adults training. Adult Safeguarding training brochure circulated to members of the group identifying that free training is available to all agencies that cover County Durham. Fire & Rescue Community Safety officers have now completed Safeguarding Adults training. Adult Safeguarding is included in this years training plan for the probation

						service. Brochure is available on the Safeguarding adults website http://www.safeguardingdurhamadults.info/Pages/HomePage.aspx .
3.3 To increase the number of offences that result in a prosecution						
Task No.	Action	Resources	Lead Officer	Timescale	R A G	Progress
3.3.1	Ensure frontline staff receive appropriate training to enable the identification and reporting of hate crime	Delivery of Diversity training/ staff time	Lee Alexander – DCC Debbie Edwards – PCT Paul Goundry – Police Colin Bage – DDF&R Carina Carey – Probation Maureen Grieveson - FT	Ongoing during 2010/11	Green	DCC - Issues related to hate crime and vulnerable adults are covered in the safeguarding training delivered by the Safeguarding Adults Board. Adult Safeguarding training brochure circulated to members of the group identifying that free training is available to all agencies that cover County Durham. Fire & Rescue Community Safety officers have now completed Safeguarding Adults training. Specific training is being developed to be delivered in HE colleges as well as to front line staff. Probation have a diversity screening for all offenders as well as a Vulnerability Toolkit on our staff reference manual. We will be disseminating learning from the 2012 Thematic Disability Hate Crime Inspection in Cleveland as well as rolling out Safeguarding Adults Training.

3.3.2	Promote the use of the Intermediary scheme for vulnerable victims of hate crime	Staff Time	Conrad Simpson / Caroline Airs	Ongoing during 2010/11		Action Closed CA/CS have met to discuss. A training need exists for front line police officers and prosecutors in relation to the role of intermediaries. At the current time, arranging training is difficult, and neither are in a position to commit the organisations to training. This will be a matter for ongoing consideration.
3.3.3	Ensure the Crown Prosecution Service Hate Crime Scrutiny panels meet on a quarterly basis	Staff and volunteers time	Caroline Airs	Ongoing during 2010/11	Green	<p>Following the Restructure of the Crown Prosecution Service, and a review of all Panels, we have restructured our Panel in the North East as follows:</p> <ul style="list-style-type: none"> - the North East Homophobic and Transphobic Hate Crime Scrutiny Panel (Hate Crime Scrutiny Panel) will continue but will meet twice a year - the Northumbria and Durham Racist and Religious Hate Crime Scrutiny Panel has merged with the Cleveland Race and Faith Hate Crime Scrutiny Panel to form a new North East Racist and Religious Hate Crime Scrutiny Panel, which will meet twice a year - the Domestic Violence Scrutiny Panels have been disbanded and a new North East Violence Against Women Scrutiny Panel is to be formed. This Panel will meet three times a year - Disability Hate Crime will be looked at by the joint North East Community Involvement Panels

3.4 Develop recording mechanisms

Task No.	Action	Resources	Lead Officer	Timescale	Progress			
					R	A	G	
3.4.1	Ensure hate crimes are appropriately recorded on the police Sleuth	Staff Time	Crime Management Unit	Ongoing during 2010/11	Green			This process is being undertaken. Incidents are tagged when received and brought to the attention of the Sgt/supervisor prior to the incident being closed. Crimes are then investigated with emphasis on victim focused problem solving outcomes. Community Cohesion officers use Sleuth to search for such incidents/crimes and provide follow up support/reassurance.
3.4.2	Agencies including the Responsible Authorities of SDP to ensure their agency has a policy and procedures in place for the reporting, recording and responding to hate crime	Staff time	Lee Alexander – DCC Debbie Edwards – PCT Paul Goundry – Police Colin Bage – DDF&R Carina Carey – Probation Maureen Grievson - FT	By Mar 2011	Green			DCC has in place a Policy for Hate Crime, Bullying and Harassment; a Race Equality Policy and a Disability Equality Policy. Durham Constabulary have a policy in place. Safeguarding Adults Inter Agency procedures have been revised to specifically reference Hate Crime and referral route. The link for reporting incidents and crimes is via DCC web page. F&R have a policy in place. PCT have developed a hate crime policy based on DCCs. Probation Service have codes on our Offender Assessment System to identify

3.4.3	Raise awareness of tension monitoring forms and encourage partner agencies to use them	Staff Time	Caroline Gardner	Ongoing during 2010/11	Green	the crimes and there are also specific questions relating to discrimination issues (victim and perpetrator). There is no dedicated Hate Crime policy and procedure but a generic Equality and Diversity Plan.
						Tension monitoring is a standard agenda item of LMAPS and forms are submitted and monitored on a regular basis.

**Safer and Stronger Communities
Scrutiny Committee**

25 February 2014



**Domestic Abuse Strategy and Action
Plan 2012-15**

**Report of Rachael Shimmin, Corporate Director for Children and
Adults Services**

Purpose of the Report

- 1 The purpose of this report is to present the Safer and Stronger Communities Scrutiny Committee with a progress report on the implementation of the Safe Durham Partnership Domestic Abuse Strategy and Action Plan 2012-15.

Background

- 2 The Domestic Abuse Forum Executive Group (DAFEG) is a thematic group that is governed by the Safe Durham Partnership Board. The strategy was developed through this multi-agency thematic group and actions in support of the strategic outcomes are monitored through this group.
- 3 This is the fourth Domestic Abuse Strategy that has been implemented at a countywide level. It builds on the progress in addressing the issue by partners in the voluntary and statutory sectors across the County.
- 4 The Safe Durham Partnership Board approved the Domestic Abuse Strategy 2012-15 in September 2012. A copy of the strategy is available online at: <http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=7355>

Overview of the Domestic Abuse Strategy

- 5 The purpose of the strategy is to provide a framework to ensure the active contribution of partner agencies to the enhancement, strengthening and development of services to reduce the prevalence of domestic abuse within County Durham and support the large number of adults and children whose safety and well being are affected in our communities
- 6 The strategy has been developed around the national framework for domestic abuse with the three guiding principles of :
 - a. **Prevention:** Prevent abuse from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it

- b. **Protection:** Take action to reduce the risk to people who are victims of these crimes and ensure that perpetrators are brought to justice
- c. **Provision:** Provide adequate support where abuse does occur and work in partnership to obtain the best outcome for victims and their families

7 For each of the priority areas we have set the following objectives:

Prevention

- 8 Work within educational institutions to promote healthy relationships and respect and to ensure that a clear message is provided and reinforced which sets out which attitudes and behaviours are acceptable and which are not.
- 9 Challenge the attitudes of adults where domestic abuse is deemed acceptable, i.e. through the delivery of a perpetrator programme.
- 10 Increase awareness of domestic abuse across services, organisations and the general public.
- 11 Work with the Sexual Violence Implementation Group and the Alcohol Harm Reduction Group of the Safe Durham Partnership to raise awareness and tackle the cross cutting issue of Domestic Abuse.
- 12 Work with service users to obtain feedback that can be used to direct service development.
- 13 Provide training to all relevant staff across the responsible authorities of the partnership in order to recognise and identify signs and indicators of abuse; know how to deal with disclosure and understand what constitutes significant concern.

Protection

- 14 Continue to promote awareness of management arrangements that are in place and encourage appropriate referrals from all agencies including Multi-Agency Public Protection Arrangements (MAPPA), Multi-Agency Risk Assessment Conferences (MARAC), Potentially Dangerous Person Protocol (PDP) and the Seriously Vulnerable Individual Protocol (SVI).
- 15 Look at establishing confidential third party reporting with links to MARAC.
- 16 In order to prevent domestic abuse from continuing, stop abuse going unnoticed, proactively engage with victims and children at every opportunity, put in place safety measures and interventions to reduce and manage risk.
- 17 Proactively flag and highlight domestic abuse perpetrators, this is relevant when the perpetrator of one abusive relationship leaves that relationship and enters into another.
- 18 Look at data development with regard to repeat victims and perpetrators and adopt common measures.

Provision

- 19 Commission a countywide specialist Domestic Abuse Outreach Service.
- 20 Achieve greater involvement of the Early Intervention and Prevention Team in providing services to victims.
- 21 Ensure comprehensive literature relating to pathways for Domestic Abuse referrals and services are available.
- 22 Provide a scheme which allows victims of domestic abuse to avoid homelessness by target hardening their property.
- 23 Work within the Think Family Programme which incorporates Stronger Families.
- 24 Provide the opportunity, where appropriate, for victims and perpetrators to access restorative approaches as a means of resolving conflict and repairing harm.
- 25 Provide management of repeat perpetrators of domestic abuse based on an integrated offender management model.

Key Actions and Progress

Prevention

- 26 The Domestic Abuse Strategy is available within Schools across County Durham to allow education professionals to be sighted on the work of the Partnership and areas where they can contribute.
- 27 Violence in relationships has been included in the Sex and Relationships Educational (SRE) Framework.
- 28 A voluntary perpetrator programme is currently in place, delivered by Wear Valley Women's Aid.
- 29 15 individuals have completed the mandatory Perpetrator Programme in North Durham and 21 in South Durham and Darlington; with a completion rate of 83%.
- 30 Marketing campaigns to raise awareness of domestic abuse to the general public have been conducted on an annual basis. The latest targeted campaign "Does this sound familiar?" is aimed at women aged over 40 and highlights how domestic abuse isn't just about specific individual incidents but also about the repeat nature of incidents and how they can escalate (<http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=9215>). A new campaign "Love is Many things Campaign" was launched on 13th February 2014, focussing on domestic abuse in LGBT relationships.

- 31 The Police and Crime Commissioner is working with the DAFEG to align actions contained within the regional Violence against Women and Girls Strategy.
- 32 Direct Services staff delivering the target hardening service for victims of domestic abuse (Remain Safe) within Neighbourhood Service have undertaken Adult Safeguarding training which includes Domestic Abuse.
- 33 A County Durham and Darlington Joint Sexual and Domestic Abuse Training Strategy is currently in development and will be completed in September 2014.

Protection

- 34 The performance of Multi-Agency Risk Assessment Conferences (MARAC) are currently being reviewed. This will identify gaps in the service and highlight referral pathways that are both effective and ineffective.
- 35 Durham Constabulary are taking forward the development of Third Party Reporting in County Durham with links to MARAC.

Provision

- 36 A countywide specialist Domestic Abuse Outreach Service has now been commissioned and the new service has been in place since September 2013, delivered by Harbour.
- 37 Pathways to domestic abuse and related services have been implemented within the Vulnerable Women's Accommodation project.
- 38 A Service Directory is in development for services available in relation to domestic abuse and sexual violence in order to raise awareness and increase accessibility of services to all agencies.
- 39 As part of the commissioning of service, £30,000 has been committed by Durham County Council to the Remain Safe Service which provides target hardening for victims of domestic abuse.
- 40 A local procedure and toolkit for conducting Domestic Homicide Reviews has been agreed by the Safe Durham Partnership. A number of Domestic Homicide Reviews have been undertaken and the DAFEG is leading on implementing actions to continually develop service delivery across agencies in line with lessons learned from Domestic Homicide Reviews.

Recommendations and reasons

- 41 Safer and Stronger Communities Overview and Scrutiny Committee are recommended to:
Note the progress made in relation to the Domestic Abuse Strategy 2012-15.

Background papers

None

Contact: Jeanette Stephenson, Safer and Stronger Strategic Programme Manager **Tel: 03000 267 390**

Appendix 1: Implications

Finance

Funding has been provided by Durham County Council to support the objectives within the Domestic Violence Strategy.

Staffing

No adverse implications.

Risk

No adverse implications.

Equality and Diversity/ Public Sector Equality Duty

An impact assessment has been completed. The strategy has a positive impact on all victims and children who experience and witness domestic abuse and contributes to increasing their safety. The Strategy also ensures that a service is available to all men across the county.

Accommodation

No adverse implications.

Crime and disorder

Implementing the strategy contributes to the Crime and Disorder agenda, by improving the safety of victims of domestic abuse.

Human rights

Implementing the strategy contributes to promoting the Human Rights of victims and children affected by domestic abuse.

Consultation

Consultation was carried out with partners, key stakeholders, service users and members of the general public in development of the Strategy.

Procurement

No adverse implications.

Disability Issues

No direct adverse implications.

Legal Implications

No adverse implications.

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**Safer and Stronger Communities
Overview and Scrutiny Committee**

25 February 2014

Police and Crime Panel



Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1. To provide Members of the Safer and Stronger Communities Overview and Scrutiny Committee with progress of the Police and Crime Panel (PCP) for the Durham Constabulary Force area.

Background

2. This report builds upon information previously presented to the Committee and the aim of this report is to provide an update to Members in relation to the Panel's meetings on 5 December 2013 and 3 February 2014.

Detail

3. **PCP Meeting 5 December 2013**
The purpose of this meeting was in accordance with the Police, Reform and Social Responsibility Act 2011 to hold a confirmation hearing for the Commissioner's proposed candidate, Mr Gary Ridley for the role of his Chief Finance Officer. In advance of the meeting the Panel received concerns by the Joint Audit Committee regarding maintaining independence as the proposed candidate is also the Section 151 Officer to the Chief Constable.
4. During the hearing, the Panel questioned both the Commissioner and Mr Ridley and was reassured by the following points:
 - The additional information provided by the PCC through an addendum report within the Panel's papers that identifies a Dispute Resolution Process;
 - That the Joint Audit Committee will oversee governance of the two roles;
 - That this arrangement will be reviewed after a 6 months, and
 - Mr Ridley's clear and confident assurance to the Panel of his understanding of his powers and duties as a Section 151 Officer.
5. On the basis of this assurance, the Panel recommend the appointment of Mr Gary Ridley as the Chief Finance Officer for the Police and Crime Commissioner for Durham in accordance with Police Reform and Social Responsibility Act 2011.

6. **PCP Meeting 3 February 2014**
The focus of the Panel's meeting was to consider the Commissioner's report on precept determination for 2014/15. It is to note that at the time of the report being presented it was not known to what level the Government's Council Tax capping criteria would be for 2014/15.
7. Following consideration and questioning from Members, the Panel agreed the Commissioner's proposal to set the Council Tax requirement at a level that results in a 2% increase in Band D Council Tax for the year ending 31 March 2015, subject to this complying with the Government's Council Tax capping criteria and that in the event of a cap lower than 2% being imposed it is set at a level that results in the maximum permissible increase.
8. The Panel then received a report from the Commissioner to update the Panel with information in relation to the current performance, research and activity to improve public confidence. The report highlighted partnership working with Durham University Business School to more fully understand what drives public confidence and that following upward trend in crime locality confidence plans had been revisited to provide a clearer focus for operational staff on what needs to be delivered. Members were informed that clear actions have been set for the current aims to reduce crime, improve community engagement, police effectiveness and serve behaviour.
9. At this meeting, the Panel also agreed reports to continue existing joint working arrangements with Overview and Scrutiny functions at both constituent authorities and the Memorandum of Understanding between the Police and Crime Commissioner and the PCP and these be reviewed on annual basis.

Recommendation

9. Members of the Committee are asked to note information contained within the report and comment accordingly.

Background Papers

None.

Contact: Jonathan Slee, Overview and Scrutiny Officer
Tel: 03000 268 142 E-mail: jonathan.slee@durham.gov.uk

Appendix 1: Implications

Finance – the report contains information following the Panel’s consideration of the PCC precept for 2014/15.

Staffing – None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder – information contained within this report is linked to Altogether Safer element of the Council Plan and establishment of a Police and Crime Panel to scrutinise the elected Police and Crime Commissioner.

Human Rights – None

Consultation – None

Procurement – None

Disability Issues – None

Legal Implications –the Panel’s responsibilities within the Police, Reform and Social Responsibility Act is referenced within the report

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**Safer and Stronger Communities
Scrutiny Committee**

Safe Durham Partnership Update

25 February 2014



Safe Durham Partnership

Report of Peter Appleton, Head of Planning and Service Strategy

Purpose of the Report

- 1 To provide Members of the Safer and Stronger Communities Scrutiny Committee with a summary update on the key issues discussed at the November 2013 and January 2014 Safe Durham Partnership (SDP) Board.

Altogether Safer – Corporate Basket of Indicators 2014/15

- 2 The Corporate Basket of indicators is a high level set of measures used to inform a range of audiences (including Overview & Scrutiny Committees and the County Durham Partnership Board) of progress being made in achieving the priorities identified within the Sustainable Communities Strategy. The Corporate Basket is subject to an annual refresh in order to ensure that the indicators included are the most appropriate to monitor the priorities of the Safe Durham Partnership. There will be minimal changes to the Altogether Safer basket of indicators in 2014/15.
- 3 Although crime levels are not an identified priority on its own, a small selection of crime measures will be retained within the Basket of indicators, so that the relevant bodies are sighted on crime trends and patterns in the County and benchmarked with other areas.
- 4 A full list of the indicators for Altogether Safer for inclusion in the corporate basket for 2014/15 is attached at Appendix 2. Indicators marked with an * will also be used to monitor the impact of Welfare Reform on crime as agreed by the SDP Board on 26th November.

Joint Anti-social behaviour and Mental Health Protocol

- 5 The Safe Durham Partnership anti-social behaviour team has been working at an operational level with the Community Adult Mental Health Teams in County Durham to ensure that when reports of anti-social behaviour are investigated, and mental health concerns are expressed in relation to the perpetrator or complainant, these have been referred for assessment at an early stage.

- 6 Between 02/04/13 and 31/12/13 the ASB teams made 57 checks and referred 3 cases to the Community Mental Health teams. These small numbers were anticipated as it was never expected that the demand on the function within the Community Mental Health teams' workload would be too onerous. However, where it has been considered relevant to contact Mental Health, it has been beneficial to be able to discuss an individual's case with the single point of access worker on duty and, subject to information sharing conditions being satisfied, obtain disclosure to assist with the management of the case.
- 7 This joint working has allowed both teams to consider all avenues of support or appropriate enforcement measures and has led to improved outcomes for victims and perpetrators of anti-social behaviour.
- 8 The Safe Durham Partnership Board agreed to formally adopt the pilot subject to final sign off from TEWV NHS Foundation Trust Information Governance.

Police and Crime Commissioners budget for community safety projects

- 9 The Police and Crime Commissioner has received the budget settlement from the Home Office and a 25% reduction to the overall grant will be applied for 2014/15. The Safe Durham Partnership Board has agreed the 25% cuts while avoiding the premature withdrawal of any of its projects.
- 10 The Home Office have indicated that rolling 3.5% reductions to the police budget will be implemented from 2014/15 onwards, therefore, an additional £17,890 may need to be identified as part of this process. However, discussions are ongoing with the Police and Crime Commissioner to apply this 3.5% budget cut in 2015/16 resulting in a 7% budget reduction for that financial year.

Transforming Rehabilitation

- 11 The Ministry of Justice 'Transforming Rehabilitation' programme of Probation reforms sets out proposals for reforming the delivery of offender services. The Government's intention is to split probation services in to two new organisations:
 - A new public sector National Probation Service (NPS) dealing with all those who pose the highest risk of serious harm to the public.
 - Twenty one regional private sector Community Rehabilitation Companies (CRCs) managing all other offenders.
- 12 The nature of the working relationship between new National Probation Service and the Community Rehabilitation Companies is yet to be established. The handover arrangements and transitional work are, at this point, still unclear in relation to strategic planning, engagement and case work.

- 13 The Safe Durham Partnership Board has received regular updates on 'Transforming Rehabilitation', as have the Reducing Reoffending Group, the Safer and Stronger Communities Scrutiny Committee and the Police and Crime Commissioner.
- 14 The Ministry of Justice has recently provided 'Statutory Partnerships and Responsibilities' guidance, identifying both the National Probation Service and the Community Rehabilitation Companies as 'Responsible Authorities' of Community Safety Partnerships.
- 15 The programme of reform continues at speed with tight and challenging deadlines in place. At the 26 November 2013 meeting the Safe Durham Partnership Board requested a task and finish group to come together to manage the transition from a County Durham perspective. Membership of the Task and Finish Group has been agreed, including the Competition Lead Manager for our area - Mr Chris Dixon.

Multi-Agency Problem Solving Groups/Safer Neighbourhood Area Review

- 16 A new model for Multi-Agency Interventions is in development. Its scope will extend beyond the traditional issues surrounding anti-social behaviour. The reasoning for this is that problems encountered with cases of anti-social behaviour often involve other, more complex, issues. The new approach will involve the referral of problem adults into a multi-agency interventions team who will adopt a model that will utilise a 'team around' approach already used in the Council's Children and Adults Service.
- 17 Multi-agency problem solving meetings will focus on adults and the range of problems they present. This will mean that case meetings will be 'Team around the Adult' meetings.
- 18 Structures and support processes are being put in place to enable officers from police, council and other agencies to work together in one place using a single and effective approach.
- 19 Consultation will take place to ensure all partners are aware of the new process and their responsibilities; for example in terms of providing information that will contribute to the risk assessment carried out on each adult referred for a multi-agency intervention.

Recommendations and Reasons

- 20 Safer and Stronger Scrutiny Committee is recommended to note the contents of the report.

Background Papers

None

Contact: Graham McArdle, Community Safety Coordinator
Tel: 03000 265 436

Appendix 1: Implications

Finance – None

Staffing – None

Risk - None

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder – Information within this report relates to reducing crime and disorder and contributes to the Altogether Safer element of the Council Plan.

Human Rights – None

Consultation – None

Procurement – None

Disability Issues – None

Legal Implications – None

Appendix 2: Altogether Safer – Basket of Indicators 2014/15

Priority	Indicator	Type	Performance in 2012/13	Qtr 2 2013/14 (or Latest Data)	National Comparison
Protecting Vulnerable People from Harm (including Domestic Abuse)	Repeat incidents of domestic violence (referrals to MARAC)	Target	12.6%	7.8% (Apr-Sep 2013)	24.3% (Jul12-Jun13)
	Proportion of people who use services who say that those services have made them feel safe and secure	Target	81.7% (National Survey)	90.6% (Local Survey Apr-Sep 2013)	78.1% (2012/13)
	The number of adult safeguarding referrals fully or partially substantiated	Tracker	Not available	99 (Apr-Sep 2013)	Not available
	Number of hate incidents	Tracker	222	144 (Apr-Sep 2013)	Not available
Reducing Re-offending	Proportion of offenders who re-offend in a 12-month period	Tracker	29.4% (2010/11)	29.7% (Oct10-Sep11)	26.9% (Oct10-Sep11)
	Percentage change in detected crimes for offenders in the Integrated Offender Management (IOM) cohort	Target	58% reduction	43% reduction	Not available
	First time entrants to the Youth Justice System aged 10-17 (per 100,000 population of 10-17 year olds)	Target	538 (251 FTE's)	253 (115 FTE's) (Apr-Sep 2013)	514 (2012/13 [PNC Data])
Alcohol and Substance Misuse Harm Reduction	Percentage of successful completions of those in alcohol treatment	Target	42% (Oct11-Sep12)	38% (Jan-Dec 2012)	36%
	Percentage of alcohol related ASB incidents	Tracker	14%	16% (Apr-Sep 2013)	Not available
	Percentage of alcohol related violent crime	Tracker	32%	34% (Apr-Sep 2013)	Not available
	Percentage of successful completions of those in drug treatment – opiates	Target	8% (Oct11-Sep12)	7% (Jan-Dec 2012)	8%
	Percentage of successful completions of those in drug treatment - non-opiates	Target	33% (Oct11-Sep12)	36% (Jan-Dec 2012)	40%
Counter Terrorism and the Prevention of	Building resilience to terrorism	Target	Level 3	Reported Qtr 4	Not available

Priority	Indicator	Type	Performance in 2012/13	Qtr 2 2013/14 (or Latest Data)	National Comparison
Violent Extremism					
Reducing Anti-Social Behaviour	Dealing with concerns of ASB and crime issues by the local council and police	Target	59.5%	56.7%	56.7% (Most Similar Group)
	Number of police reported incidents of anti-social behaviour (ASB)	Tracker	25,474	13,517 (Apr-Sep 2013)	Not available
	Perceptions of ASB	Tracker	N/A	43.7% (Apr-Jun 2013)	Not available
Road Casualty Reduction	Number of people killed or seriously injured in road traffic accidents	Target	198 (Jan-Dec 2012)	140 (Jan-Sep 2013)	Not available
	Number of children killed or seriously injured in road traffic accidents	Target	19 (Jan-Dec 2012)	19 (Jan-Sep 2013)	Not available
Embed the Think Family Approach	Percentage of families where a successful intervention for crime/anti-social behaviour is achieved	Tracker	Not reported	22.8% (Apr12-Jun13)	Not available
Additional Tracker Indicators	Overall crime rate (per 1,000 population)	Tracker	44.9	23.8 (Apr-Sep 2013)	31.3 (Apr-Sep 2013)
	Number of serious or major crimes	Tracker	458	369 (Apr-Sep 2013)	Not available
	Rate of theft offences (per 1,000 population)	Tracker	21.7 per 1,000 pop	11.3 per 1,000 (Apr-Sep 2013)	16.2 per 1,000 (MS Group, Apr-Sep 2013)
	Rate of Robberies (per 1,000 population)	Tracker	0.16 per 1000 pop	0.06 per 1000 (Apr-Sep 13)	0.18 per 1000 (MS Group, Apr-Sep 13)
	Recorded level of victim based crimes	Tracker	20,270	10,814 (21.1 per 1,000) (Apr-Sep 2013)	27.8 (Apr-Sep 2013)
	Suicide rate (deaths from suicide and injury of undetermined intent) per 100,000 population	Tracker	11.5 (2009-11)	Reported Qtr 4	7.9 (2009-11)