



Item

Decision No.....

By: Compiled by Colin Thompson following submission from the four district councils
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To: West Kent Health and Wellbeing Board, January 21st, 2014

Subject: Barriers from the perspective of community safety partnerships

Classification: Unrestricted

1. Purpose

1.1 To inform the Health and Wellbeing Board regarding community safety partnerships of the four districts in the West Kent CCG area and their activity relating to substance misuse.

2. Background

2.1 Each local authority (unitary and districts) have community safety partnerships (CSPs). They are made up of representatives from the 'responsible authorities', which are the: police, local authorities, fire and rescue authorities, probation service and health (clinical commissioning groups).

2.2 The responsible authorities work together to protect their local communities from crime and to help people feel safer. They work out how to deal with local issues like antisocial behaviour, drug or alcohol misuse and reoffending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.

2.3 Substance and alcohol misuse is associated with a wide range of criminal and anti-social behaviour, particularly public drunkenness and street drinking, violence, domestic violence, injury and deaths and casualties due to road traffic accidents.

3. Maidstone

3.1 Alcohol is a significant factor for much of the crime and disorder in Maidstone town centre, particularly in the night time economy. Alcohol and Substance Misuse are highlighted as a key priority through Maidstone's Strategic Assessment.

3.2 A Substance Misuse Group helps support or deliver a number of successful initiatives in the borough including;

- Maidstone Families Matter (Troubled Families): whole-family approach and support, Directed operations and supervision (to be undertaken by police and MBC Licensing Officers) to ensure that premises are well run;
- Worked with licence holders through the Night-time Economy Forum and other direct liaison;
- Promoted Maidstone as a safe place to visit for leisure and entertainment;
- Worked with local schools and hospitals to develop initiatives – such as Theatre ADAD's 'Wasted' - aimed at raising young people's awareness of the dangers of drugs and alcohol through the SMP Substance Misuse Sub-Group;
- Overseen the delivery of the Don't Abuse The Booze project, a two year project with a 'whole borough' integrated approach to firmly tackle problem drinking head-on by:
- Developing a comprehensive programme of alcohol education in our schools, Pupil Referral Units (PRUs) and colleges;
- Proactively reducing 'pre-fuelling' and binge-drinking;
- Challenging alcohol fuelled anti-social behaviour in identified 'hot-spots' in town centre and rural locations;
- Urban Blue Community Bus
- Reduce excess emergency ambulance call-outs and A&E admissions. A dedicated Street Population Officer on secondment from Porchlight, who works with CRI and the Maidstone Community Safety Unit
- SNAP (Say No and Phone Disco) under 18's disco

3.3 The Safer Maidstone Partnership has been successful in funding these initiatives through external funding streams including; £90,000 (Baroness Newlove's community safety fund) £45,000 (Police and Crime Commissioner and £157,000 (Kent Public Health).

3.4 The integrated approach will have a direct impact on reducing the four key harms arising from alcohol abuse: harms to health, harms to public order, harms to productivity and harms to families and society.

3.5 Initiatives that the SMP would like to present to and work with the Kent Health and Wellbeing Board to deliver are;

- Licensing: the issue of young people having access to alcohol - more work needed around education and prevention.

- Strengthening partnership working and appropriate information sharing to establish the scale of the problem of parental substance misuse and develop approaches to identify and work with families to improve outcomes (e.g. working with Maidstone Families Matter – the borough’s Troubled Families programme).
- Support for older people who are at risk of alcohol misuse.
- Considering ways of providing access to alcohol screening and brief interventions in A&E and other acute settings.
- Pilot a GP Trainee street outreach programme with a drug treatment aspect, training and education services and skills development. By working with Maidstone Borough Council’s Street Population Outreach Worker, CRI and Urban Blue Bus, the GP Trainee outreach programme would provide street based support for people who are or have been rough sleeping to provide support around mental health and drug use, homelessness and link to accommodation and other service providers.
- Establishing a single point of access for management of referrals and assessment of clients for substance misuse treatment services.
- Ensuring recovery support services (education, housing, benefits, employment) are available and fully integrated within the system for treatment of substance misuse.
- Understanding links between substance misuse and mental health and developing support systems
- Addressing legal highs, particularly young people thinking that these are 'safe'
- Trial Drug Tests on Arrest scheme to reduce the impact of alcohol and illegal drugs on levels of offending.
- Increase number of drug user offenders in treatment.

3.6 Such actions should be designed in partnership to achieve the following outcomes:

- More people who are at risk of or are engaging in substance misuse access and benefit from prevention and early intervention services.
- More people successfully recover from drug and alcohol problems, are engaged in education and employment and are not offending.
- Fewer people admitted to hospital with alcohol and drug related conditions.
- More children and young people are protected from the harm related to parental substance misuse.
- Fewer children and young people are drinking alcohol in a harmful way including binge drinking.
- Fewer young people report using illicit drugs.
- Fewer people engage in alcohol and drug related antisocial behaviour and Crime.

4. Sevenoaks

4.1 Between April 2012 – March 2013, there were 143 recorded drug offences in Sevenoaks District. This represents an increase from the previous year of 10%. This increase is compared with a county-wide increase of 1.3%. Despite this, Sevenoaks District remains the lowest in Kent for recorded drug offences. It ranks 1st lowest in its MSG.

4.2 Kent has seen a steady increase of alcohol related hospital admissions over the past ten years and alcohol remains the most common substance for those seeking treatment. According to the Kent Drug and Alcohol Action Team (KDAAT) there are an estimated 30,432 dependent drinkers and 17,410 binge drinkers in the County.

4.3 The trend for alcohol admissions in Sevenoaks has risen at a similar rate to those in Kent but overall levels have remained lower than the average admission rate and this year has the lowest overall number of admissions in Kent.

4.4 Sevenoaks Community Safety Partnership receives some funding from the Police & Crime Commissioner and part of this is used to fund a Substance Misuse Detached Youth Worker. The detached youth worker works with young people aged under 18 years old and visits schools and youth clubs. They are tasked to areas via the Community Safety Unit. Other drug and alcohol services are provided via CRI and KDASH.

4.5 The Community Safety Partnership work closely with the licensing team who are part of the Community Safety Unit (CSU). The Police Licensing Officer also sits within the CSU and there are good relationships and pro-active working together.

4.6 Barriers include not having representation from CRG's & Health Services on the Partnership, dealing with Substance Misuse and Mental Health Issues and a lack of local resources.

4.7 It would also be beneficial to have more information from the County Commissioned Services and Public Health team.

4.8 More communication would be a recommendation, working more closely with CSP's with someone sitting on the Partnership to make more links with Substance Misuse and Domestic Abuse and Crime.

4.9 Below are the actions that the CSP are taking forward for substance misuse in the 2013-14 action plan:

| Priority Action | Lead Agency | Other Partners | By When | Funding |
|--|----------------------------|--|----------------|------------------|
| Structured early intervention projects identified for local needs to improve | CRI Substance Misuse TG | Kenward Trust KDAAT KCC Youth Services Domestic Abuse Group | On going | Existing Budgets |

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| uptake of Recovery Board interventions | | | | |
| Preventative and early intervention youth work to address identified local needs and improve well-being of young people | KCA Substance Misuse TG Kenward Trust | KDAAT KCC Youth Services Early Intervention Team | On going | Choosing Health CSP Alternative funding |
| Use a partnership approach to address underage drinking where it is reported by communities as a problem | Trading Standards | Landlords/Off License Substance Misuse Task Group KDAAT | June 2013 | Existing budgets |
| Access to an identified substance misuse worker for the CSU to facilitate individual needs and training | CRI KCA CSU | Kenward Trust KDAAT Early Intervention Team Domestic Abuse TG | June 2013 | Existing budgets |

5. Tonbridge and Malling

5.1 Although some measures relating to alcohol and drug misuse give a positive picture of Tonbridge & Malling, important concerns remain. The related health, social and economic costs to individuals, families and communities are substantial. These include;

- Between October 2012 and September 2013 there were 273 recorded drug offences in Tonbridge and Malling, an increase of 19%.
- During June 2012 and May 2013 Tonbridge and Malling had 97 hospital admissions due to toxic effects of alcohol, or where there was evidence of alcohol involvement. This is a substantial increase from 53 the year before.
- Levels of dependent use of alcohol and drugs in Tonbridge & Malling are lower than the national average. However numbers of dependent users remain substantial and many of these individuals are very vulnerable.

- Children and young people affected by parental substance misuse are more likely to experience behavioural problems, poor educational attainment and to engage in substance misuse themselves.
- A substantial proportion of crime and antisocial behaviour is attributable to alcohol and drug misuse.

5.2 Tonbridge & Malling Borough Council supports a partnership approach towards setting out objectives and actions for alcohol and substance misuse that include:

- Ensuring effective provision of alcohol screening and brief interventions in general practice, and other primary care and criminal justice settings.
- Working with providers to introduce payment by results for adult substance misuse services that focus on recovery outcomes.
- Working with the Tonbridge & Malling Community Safety Partnership and Police interventions to reduce alcohol related violence against the person and antisocial behaviour.
- Commissioning the Kenward Trust through the Community Safety Partnership to engage with young people in the community to reduce their alcohol and drug consumption
- Supporting enforcement of licensing powers, including working with Trading Standards and Kent Community Action Partnership (KCAP) to tackling sales to underage drinkers.

5.3 Such actions should be designed in partnership to achieve the following outcomes:

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- Fewer people admitted to hospital with alcohol and drug related conditions.
- More children and young people are protected from the harm related to parental substance misuse.
- Fewer children and young people are drinking alcohol in a harmful way including binge drinking.
- Fewer young people report using illicit drugs.
- Fewer people engage in alcohol and drug related antisocial behaviour and Crime.

5.4 The harm caused by misuse of alcohol and drugs to individuals, families and communities is substantial and is a concern in Tonbridge & Malling. Therefore, it is essential for any future commissioning of drug and alcohol support and services to support local programmes and interventions, which support;

- Prevention and early intervention of alcohol and drug related problems.
- Recovery orientated drug and alcohol specialist treatment.
- Families, children and young people.
- Tackling crime and anti-social behaviour relating to substance misuse.
- Focusing on outcomes and accountability.

5.5 Barriers to achieving the outcomes above could include:

- Lack of co-ordination between agencies working together to reduce alcohol and substance misuse. We need to ensure that we are working together so that we are not all trying to achieve the same outcomes but that different services are tackling different issues.
- Lack of funding to ensure the continuation of the services and to ensure that there are enough staff to support those who do require help.
- Concern about information sharing could mean that details about vulnerable people are not shared. This could then lead to people missing out on the treatment or support that they need.

6. Tunbridge Wells

6.1 Tunbridge Wells Borough Council commission partners such as Kenward Trust and the Space Cruiser to engage with and educate young people in various areas.

6.2 For 2013, the council are addressing problems at Paddock Wood, Rusthall and Sherwood on a regular basis. Careful commissioning is necessary due to a considerable reduction in budgets and staffing.

6.3 The council aim to inform young people of the dangers of drug use by engaging with them through various activities and in public areas. Once a relationship has been established, and drug use confirmed, we hope to refer them to KCA and other specialists for 1:1 remedial action.

6.4 Drugs and alcohol can have a huge impact on antisocial behaviour and crime. However, it is very difficult to measure the impact we are having by addressing the root causes. The council aim to engage with young people at risk before they get involved in ASB or criminal activity. This is essential because an ASB incident costs £44 whereas a young person receiving a custodial sentence for the first time costs £52,825. If we can intervene early enough we can have a healthy impact on the individual and the taxpayer.

6.5 The Council hope to introduce a project into every one of their 34 junior schools in 2014, called Passport To Safety. Although. This is initially aimed at road safety we hope to cover issues such as eSafety, Stranger Danger, Bullying, Substance Misuse, First Aid, Healthy Eating, etc. within the PSHE's (Personal, Safety, Health, Community) curriculum.

6.6 The Council are working with KIASS (Kent Integrated Adolescent Service) to put a multi-agency programme in place to engage this age group through: school, home and on an individual basis. Current thinking is through sports/art/drama/music combining with education on drugs and responsible living.

6.7 The council plan to work with the police and Pubwatch in 2014 to encourage safer socialising within the borough, relating to the Night Time Economy. Much of this will focus on early detection of substance misuse and providing immediate assistance and brief interventions where possible. The Council have carried out

several operations where we have commissioned the police drugs dogs around the town centre.

6.8 The council have an extremely good relationship with all our licensing authorities working closely to ensure objectives are achieved. Recently Operation Cleansweep enlisted all major partners, sweeping through Southborough, ensuring compliance with regulations.

6.9 The council recognise that it can sometimes be difficult to have new ways of working supported by other local authority officers/departments. The CSU & Police dynamic is changing and to remain effective the CSU needs to change and adopt new routes to market. Some local authorities have actually commissioned out their entire Community Safety Unit in order to implement cost effective strategies.

6.10 Whilst new ideas seem to be fully supported by borough and parish councillors, there seems to be a reluctance to change from some officers/departments. Without these changes CSU's are unlikely to survive in their current form amid continuing austerity cuts. There is a danger of complacency if the 'improvement' ethic isn't adopted by LA's. Also some of the partners in the CSP need to be reminded of their function and accountability and possibly a recommitment needs to take place.

6.11 The council have a number of recommendations for the future. These include;

- More flexibility and a more robust model/template which could be standardised across the county.
- Closer communication between agencies. Less individuality and more cohesive working practices.
- We also need to promote the services and function of the CSU to residents. This is very difficult to do within current limitations.

7. Recommendations:

7.1 Members of the Health and Wellbeing Board are asked to note the briefing.

8. Contact details

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