

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 5 November 2015

Title: Alcohol Related Violent Crime Study Update

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Service: Governance Services

Directorate: Law and Governance

Wards affected: All

1. Purpose of Report

To update the Adult Social Care, Health and Wellbeing Sub-committee on the implementation of the recommendations made in the Alcohol Related Violent Crime Study.

2. Recommendations

- 1 Members are asked to consider the information provided; and
- 2 Note the progress that has been made

3. Details

- 3.1 As part of the Adult Social Care, Health and Wellbeing Sub-committee work programme 2013/14, Members agreed to establish a sub-group to carry out a review in relation to the commissioning of public health services.
- 3.2 At the initial scoping meeting Members were informed that alcohol misuse and its associated issues was a key priority for the Council. In order to keep the review focussed and manageable it was agreed to investigate alcohol related violent crime, with an emphasis on domestic abuse. Marietta Evans, Director of Public Health at the time supported the sub-group with this work.
- 3.3 The main objective was to examine the effectiveness of strategies, interventions and support in place by the Council and its partners to tackle the issue of alcohol related violent crime and domestic abuse, and to identify gaps in service and areas for improvement.
- 3.4 During the review the sub-group identified several areas that they wanted to investigate in more detail. These included; intervention and support services, prevention and educational awareness, licensing and workplace policies. Members also met with victims of domestic abuse to hear first hand their experiences with the interventions and support services provided by the Council and its partners.
- 3.5 Members held a series of evidence gathering meetings with expert witnesses between February and September 2014, and they also met with victims of domestic abuse to hear first hand their experiences with the interventions and support services provided by the Council and its partners.

- 3.6 Although it became apparent during the review that there wasn't a clear link between alcohol misuse and domestic abuse, what was evident was that when alcohol is present it exacerbates an already volatile situation resulting in increased rates of violence and more serious injury to the victim. Therefore tackling alcohol misuse would inevitably have a positive impact on the number and severity of domestic abuse incidents.
- 3.7 As a result of the study the sub-group identified 12 recommendations, 11 were directed and accepted by Cabinet at its meeting on the 12 January 2015 and one was directed to Northumbria Health Care Foundation Trust, this was also accepted.
- 3.8 Outlined below are the 12 recommendations and associated actions, including a progress update as at October 2015.

Recommendation 1: That Cabinet ask the Domestic Abuse Strategic Commissioning Group to investigate ways of increasing the Independent Domestic Violence Advisor (IDVA) capacity in North Tyneside so that it is more in line with the recommended level.

Action to be taken and timescale: Funding for additional capacity for IDVAs continues to be explored. Once the current contract ends at the end of March 2015 for the current service Public Health Grant is being used on a temporary basis to end the service up to the end of July 2015. There will be also opportunities to increase capacity as part of the commission of an integrated domestic violence service.

Progress: The public health ring fenced grant contributed to fund the existing service until the 30 September 2015. A new service has been procured and the contract was awarded to Harbour from the 1 October 2015, there is additional IDVA capacity in the new service (increase from 1.6 to 3.5 FTEs).

Recommendation 2: That Cabinet request that the Chief Executive of Northumbria Healthcare Foundation Trust explores the funding options to reinstate the IDVA post located in North Tyneside General Hospital's A&E Department.

Action to be taken and timescale: The Trust will discuss this with the CCG.

Progress: The IDVA post was originally trialled at North Tyneside General Hospital over a three month period which ended in March 2013. Since that time a number of legislative changes (implementation of a new law categorising domestic violence as a form of abuse) and service changes had unfolded enabling the IDVA role to be provided as part of a Multi-Agency Risk Assessment Conference process, which the Trust is heavily involved with.

Two Alcohol Band 6 specialist nurses and 2 Alcohol Brief Intervention Officers operate across the Trust, working very closely with the safeguarding team in the identification and reporting of any actual or perceived domestic violence incidences that may be attributable to alcohol.

The Trust Safeguarding team uses the MARAC "Risk Identification Checklist (RIC)", which is used by IDVAs and other non-police agencies for case identification when domestic abuse is disclosed. The checklist provides a scoring mechanism by which individuals are categorised by their level of risk to domestic abuse.

The Trust Safeguarding team (adults/children) attend fortnightly Multi Agency Risk Assessment Conferences (MARAC) where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, IDVAs and other specialists from the statutory and voluntary sectors.

The MARAC can see anywhere between 30-50 high risk domestic abuse cases at any one meeting and the IDVAs (court appointed advisors) are appointed to each case in order to covertly (to ensure the safety of the individual) to best advise on maintaining the health, wellbeing and safety of the identified individual.

IDVAs now form part of the MARAC process where consent from the survivor has been given and who are then responsible for bringing the survivor's views and concerns to the MARAC.

Recommendation 3: That Cabinet ask the Interim Housing Services Manager to explore the possibility of allocating up to two homes being built as part of the Quality Homes for Older People project, to be used for temporary emergency accommodation for older people fleeing domestic abuse.

Action to be taken and timescale: The possibility will be explored but Cabinet will wish to note the priority given to anyone fleeing domestic violence and the capacity in the existing housing stock.

Progress: Housing actively monitors customers fleeing domestic abuse and requiring emergency/priority re-housing.

As agreed, this has been monitored over the year and the statistics evidences there is low demand; with only two older people fleeing domestic violence and being housed as a priority due to this.

Therefore, it would not be deemed an effective use of the Quality Housing for Older People stock being allocated specifically for this use.

In the event of an emergency Housing would look at the immediate availability of the Quality Housing for Older People stock.

Recommendation 4: That Cabinet ask the Director of Public Health to continue exploring a potential model and commission a Perpetrator Programme in North Tyneside.

Action to be taken and timescale: Discussions to take place with Northumbria Police, Community Rehabilitation Service and key providers with regard to the best service model. A literature review has already been completed regarding evidence base and best practice elsewhere. Funding identified from Public Health Grant for 2015-16.

Progress: Due to the proposed in year cuts to local authority public health ring fenced grants the perpetrators programme has not been procured. Northumbria Police have procured a force wide service from Barnardos and Impact and there will be limited access for North Tyneside residents to this service.

Recommendation 5: That Cabinet ask the Head of Environment and Leisure to explore the possibility of providing leisure centre passes to victims of domestic abuse and their children whilst they are staying at the Harbour refuge, and extending this to victims of domestic abuse and their children accessing an outreach service.

Action to be taken and timescale: The Sport and Leisure service will explore the options available and the practicalities of providing Leisure Centre passes as suggested through the Active North Tyneside initiative. This will be complete by April 2015. If this results in a budget pressure this will be reported back to Cabinet.

Progress: This is in place through the Easy Movers programme which gives access to gym and swim activities to all families who are subject to transient arrangements (for whatever reason) including those families at The Harbour refuge and others subject to domestic abuse. There is a small charge of 70p per visit. A similar scheme has also been introduced to include those families identified and who would benefit through the Family Partner programme. Activities are free through this scheme. There are no budget pressures as a result of this initiative as funding has been provided via the Active North Tyneside programme.

Recommendation 6: That Cabinet ask the Family Partner Team to ensure that when they identify families with alcohol problems and/or domestic abuse they are referred to the appropriate service.

Action to be taken and timescale: This is done – also with other issues such as mental health. Management ensure Family Partner's are doing this through regular 1:1 sessions with staff and team meetings.

Progress: The Troubled Families Outcome Plan (TFOP) was developed in conjunction with partners to establish clear data pathways for identification of families under the 6 new criteria. As this was developed with partners it enables us to reflect the local need in the criteria, rather than the national picture.

From the 1 April families have been identified using the TFOP, which has included data sources from Police/Safer Estates/Health/Education/DWP. This data sharing ensures that we can identify the most vulnerable families at source and engage them as early as possible. Joint partnership working has also meant attendance at the DV Medium Risk Group, where due to the range of professionals in attendance wider information can be gathered to again identify families at an early stage. This data sharing has also highlighted the number of DV incidents that are alcohol fuelled so appropriate support can be accessed.

Since April we have allocated 162 families and of those 48 families have issues relating to Mental Health/Alcohol and 39 relating to DV. In some families this can include more than one family member and multiple issues. The whole family working approach means any plan established guarantees that all factors are considered and appropriate support is put in place.

Outcomes that have been achieved include:

- Work with crisis MH teams to source support as a parent deteriorated rather wait for the past crisis to happen. This included being able to put a clear plan in place for her child with wider family to minimise impact on him.
- Work with adult treatment programmes to enable access to a residential detox programme
- Support for young people to access Acorns service for more a more intensive intervention around DV and its impact on them. This has then improved behaviours and the emotional wellbeing of the young people.

Developments have also begun with partner agencies for them to work in the 'Whole Family Way' which has included Adult Mental Health workers/DV services and workers within the Young Peoples Drug and Alcohol Service. These developments will provide a more consistent approach for families and prevent the need for extra professionals to get involved.

There are issues around getting some of the health data in relation to adults with drug and alcohol problems, and this data tends to be sources from an alternative record such as via the Police data where ASB / DV or crime is also a factor.

Recommendation 7: That Cabinet ask the Director of Public Health to investigate the feasibility of establishing a pilot project to work with young people involved in alcohol related violence.

Action to be taken and timescale: Intervention/service model to be explored with Northumbria Police, Community Rehabilitation Service, Youth Offending Team and key CVS providers. This links to Recommendation 4 as the service commissioned will be offered to people aged 16 and above.

Progress: Due to the proposed in year cuts to local authority public health ring fenced grants the perpetrators programme has not been procured. Northumbria Police have procured a force wide service from Barnardos and Impact and there will be limited access for North Tyneside residents to this service.

Phoenix Detached Youth work were awarded a 3 year contract on the 1 April 2015 to continue their work with young people in the most deprived wards of the borough. They continue to provide work around the prevention of domestic violence through the "Respect Programme".

Recommendation 8: That Cabinet ask relevant officers to raise awareness of the support and help available to children and young people who are living in families where alcohol and domestic abuse is hidden, through providing information in young people's newsletters and PHSE programmes.

Action to be taken and timescale: Information is provided on these issues appropriately for children and young people through their PSHE programme and pastoral support in schools. Specific support would be available to meet their identified needs in an age-appropriate way. On alcohol (in risk-taking behaviour work) on domestic abuse (through the Expect Respect programme promoted in schools) and on the Violence Against Women and Girls work supported by Northumbria Police support, advice and guidance would be shared with pupils. In terms of newsletters for children and young people, the Kids Mags are co-ordinated and produced by them based on their agenda and information would be offered if requested.

Progress: The Health and Wellbeing Team within School Improvement Service continues to provide advice to schools on the provision of PHSE. Alcohol risk taking behaviour is a key priority. The N2L service works closely with the team to undertake targeted work with young people.

Further information received from the Health and Wellbeing School Improvement Adviser:

Information on these issues continues to be provided in an age appropriate way through the PSHE programme and pastoral support in schools. The Expect Respect resource was referred to in all relevant training sessions and PSHE networks during last academic year and was circulated to all schools again on Monday 5 October 2015. PSHE networks, for all phases, are planned for November 2015 focusing on healthy relationships and supporting those in unhealthy relationships. Visiting speakers have been invited to attend these networks in order to raise awareness of PSHE leads about how abuse in relationships can be addressed and the support available. PSHE leads will then disseminate this information in their schools. Alcohol continues to be part of the drug, alcohol and tobacco education scheme of work. The Healthy Schools moderation process during 2014/15 provided an

opportunity to ask children and young people about alcohol education and to address any gaps. 30 schools achieved or renewed Healthy School status during this period. As a result of capacity issues this moderation process is no longer possible and a 20% sample of schools will be moderated during 2015/16.

In terms of newsletters for children and young people, the Kids Mags is no longer in circulation. However, the Children and Youth Councils offer a variety of forums through which information can be communicated to children and young people. The Health and Wellbeing adviser has close links with the participation team and provides appropriate information on requested.

The Health and Wellbeing team has undergone some changes in recent months and does not currently have contact with Northumbria Police in relation to their Violence Against Women and Girls work.

Recommendation 9: That Cabinet ask the Director of Public Health to focus on alcohol related violence, in particular domestic abuse and the impact this has on family relationships and children during alcohol awareness week.

Action to be taken and timescale: Alcohol Awareness Week took place between the 17 and 21 November. Articles were placed in the press highlighting the impact on families and children and also the specific risks associated with young people consuming excessive amounts of alcohol with support offered to parents.

Progress: The 2014 winter edition of 'Our North Tyneside' included articles on:-

- 1) The impact alcohol has on the family and community; and
- 2) Advice for parents on young people and alcohol and how excessive drinking can affect a young person's personal safety and make them more likely to be a victim of violence

Recommendation 10: That Cabinet ask the Director of Public Health to produce a public health statement relating to alcohol misuse for inclusion in the Licensing Policy and where relevant any other Council policies.

Action to be taken and timescale: This will be taken forward in line with the Licensing Policy review process. The next review date is 2019 however it is possible to bring this review forward where appropriate. The Director of Public Health has had input into the council's policy on dealing with substance misuse

Progress: There are no plans to review the Licensing Policy before the next review date. Balance NE Office for Alcohol has produced guidance for Directors of Public Health (DPH) to utilise in their role as responsible Authorities when considering licensing applications. The current Acting DPH attends Responsible Authority meetings and works closely with the Licensing colleagues and the Police.

Recommendation 11: That the Elected Mayor and Director of Public Health continue to lobby and support the introduction of national minimum pricing.

Action to be taken and timescale: Balance North East continues to lobby on behalf of all the North East councils. In addition the Cabinet Lead for Public Health will write to key ministers with regard to the introduction of minimum pricing and the impact on the local population. The Health and Wellbeing Board will also continue its lobbying and support for minimum pricing.

Progress: Cabinet signed the Local government Declaration on Alcohol at its meeting in April 2015. Local Government Declaration on Alcohol is in response to the ongoing damage that alcohol does to communities across the North East. The goal of the Declaration is both

to demonstrate local authority leadership on tackling alcohol harm and also to make a collective statement about the importance of this issue nationally and highlights the need to introduce of a minimum unit price of 50 pence per unit of alcohol.

Recommendation 12: That Cabinet ask the Public Protection Manager to include an annual article in the resident's newsletter 'Our North Tyneside' to raise public awareness of the alcohol exclusion zones in North Tyneside.

Action to be taken and timescale: The Head of Environment and Leisure, in consultation with the relevant Cabinet Member agree a package of measures to promote public awareness of alcohol exclusion zones and these to be agreed by the end of January 2015.

Progress: Prompted by the recommendation made, a review commenced to holistically examine the current approach to designate public places (often referred to as alcohol exclusion zones) with an officer working group being established within Environment, Housing and Leisure to do this.

A key consideration has been to understand the effect of the provisions of the new Anti-Social Behaviour, Crime and Policing Act 2014 which coincided with the Sub-Committee's study. The 2014 Act introduces the concept of Public Space Protection Orders (PSPOs) which replace designated public places. The Authority has until March 2017 to review its designated public places and consider the appropriateness of replacing them with PSPOs. Consultation is required with the community and the Police. Any PSPO introduced must be justifiable and be reviewed at least every three years.

PSPOs introduce Fixed Penalty Notices as a means of enforcement. They can be wide-ranging - in addition to alcohol, they can cover any nuisance or problem in a particular area that is detrimental to the local community's quality of life.

An opportunity exists to completely refresh the approach to the control of alcohol in public areas as well as other community issues. The working group has found that the previous approach to the introduction of designated public places was piecemeal with no overarching policy being in place.

A mapping exercise has been undertaken to assess the full extent of the designated public places currently in place in the Borough. This has been considered in conjunction with available information, intelligence and crime statistics. The next steps identified are to:

- consult with Northumbria Police in order to determine what PSPOs should be introduced;
- develop a Policy that will set out objectives and the approach which will include key aspects such as community engagement, enforcement and publicity; and
- agree the approach to consultation.

The Policy will require Cabinet approval and as part of its development it is envisaged that the Adult Social Care, Health and Wellbeing Sub-Committee will be consulted along with other key bodies such as the Safer North Tyneside Partnership.

In the meantime, known 'hot spot' areas continue to be targeted by Northumbria Police with support from the Authority to enable community engagement, disruption and enforcement.