

1. ANTI SOCIAL BEHAVIOUR ACTION PLAN**THEMATIC LEAD: Ch Insp Neighbourhoods (Mick Williams)****ACTION POINT LEADS: MW - Mick Williams CS – Community Safety Manager****YOS – Youth Offending Service (Julie Dinsdale) THL – Tristar Homes LTD**

No	LEAD	ACTION	UPDATE
1	MW	Ensure an intelligence led approach is maintained to tackle ASB: a) Use data analysis to direct operational activity, especially within the top five wards. b) Register each of the top five wards as a POP to be managed via the JAGs c) Maintain a uniform presence on the streets particularly in hot spot areas and at key times d) Escalate ongoing issues that cannot be problem solved at the JAG to the PSG group	a) Scanning document for each top five ward complete b) Registered as POPs and feature at relevant JAGs c) Ongoing d) Ongoing
2	CS	Ensure a robust system is in place to identify, monitor and support repeat callers of ASB and those classed as at risk a) Develop a multi-agency Risk Assessment Register	Police repeat callers continue to be forwarded to ASB team and cross referenced with ASB hotline repeat callers. These are monitored at the JAGs.
3	CS	Utilise focus groups to gain a better understanding of residents' perceptions of ASB including reporting levels to different agencies, and identify any barriers to reporting.	Three focus groups completed to date; two for adults and one young persons
4	CS	Monitor and improve satisfaction levels with how the Council and Police deal with ASB measured by: a) Viewpoint b) Council Survey c) Police Authority Survey	Ongoing. No consultation has been completed YTD. New Regional Residents Survey to be carried out by MORI is scheduled to go ahead Summer 2012
5	CS	Maximise the use of mediation to resolve disputes a) Ensure the MAASBT have officers trained in mediation skills and techniques	Basic mediation training completed by six members of the CS team. Accredited mediation training booked to take place in Q3.
6	CS	Work with alcohol support services to improve the early identification of those misusing alcohol and causing ASB.	ASB support referring into Lifeline
7	YOS	Work with the Youth Offending Service to reduce the number of young people who enter the Criminal Justice System. a) Year on year reduction in the number of FTEs	Ongoing – measured annually
8	THL	ASB standard to be launched by THL a) All housing providers and the MAASBT to sign up to standard b) Yearly performance report to SSP	Exploring respect ASB charter for housing

2. ALCOHOL RELATED CRIME AND ANTI SOCIAL BEHAVIOUR ACTION PLAN

THEMATIC LEAD: DAAT Strategic Manager (Emma Champley)

ACTION POINT LEADS: EC – Emma Champley TA – Ted Allen CS – Community Safety Manager

No	LEAD	ACTION	UPDATE
1	EC	Complete a further Alcohol Needs Assessment in 2011, to gain a full understanding of the issues surrounding alcohol use in Stockton. a) Finding of the assessment will be used to update the Alcohol Strategy.	The Alcohol Needs Assessment is now complete. The Action Plan for 2012-13 is in final draft format and will be agreed prior to March 2012.
2	EC	Monitor targets in the Alcohol Strategy action plan and prepare a yearly summary of progress for the SSP.	Monitoring is ongoing. Preparation is already underway to set next year's action plan contents and a strategy steering group has been established. Steering group will meet to agree final plan in February 2012. Meetings will be set quarterly throughout the year.
3	CS	Establish a Multi-Agency Strategic Group to focus on Alcohol Related Crime & ASB that will meet six weekly. a) Quarterly performance meetings to be held at North Tees Hospital that are intelligence led and driven by analysis of Police, Council and A&E data. b) Monitor the number of section 27 notices issued, especially in the top five wards c) Use A & E data to inform operations and any licensing reviews.	a) Ongoing b) Ongoing – included in quarterly scanning document c) Ongoing – data sent to police licensing each month for consideration
4	CS	Continue to use a brief intervention for all of those who come to the attention of the MAASBT for incidents involving misuse of alcohol. a) Ensure that referrals are made to support services.	Ongoing. Brief interventions are carried out where appropriate and referrals made to STASH / Lifeline
5	EC	Use a Multi-Agency process similar to that used for Prolific and Priority Offenders. a) Identify a cohort of those who misuse alcohol b) Measure their offending behaviour one year prior, during and one year after they have been given an Alcohol Treatment Requirement. c) Include a gravity score for the seriousness of the offending.	The Interim Report on the Effectiveness and Outcomes of the ATR/ASAR Pilot was presented to the SSP in November 2011. The 4 recommendations from the report will be taken forward in 2012.
6	EC	Monitor the success of Alcohol Specified Activity Requirement (ASAR) to assess their effectiveness by looking at criminal activity one year prior, during and one year after for those receiving an order.	The Interim Report on the Effectiveness and Outcomes of the ATR/ASAR Pilot was presented to the SSP in November 2011. The 4 recommendations from the report will be taken forward in 2012.
7	CS	Maintain and develop the Think B4U Drink campaign to promote responsible drinking. a) Continue to promote campaign in schools / colleges / Uni b) Consider a project about keeping safe	Ongoing – DV, social norms and getting home safely are the campaigns for the summer. TB4UD is included in risk taking programme in all schools.

No	LEAD	ACTION	UPDATE
8	TA	Consider whether or not to include the levy on licensed premises provided for by the Police and Social Responsibility Act 2011, in the context of the existing voluntary 'Operation Tranquility' scheme.	Not yet granted Government approval so on hold at this time.

3. VIOLENCE ACTION PLAN

THEMATIC LEAD: Ch Insp Operations (Ted Allen)

ACTION POINT LEADS: TA – Ted Allen CS – Community Safety Manager

No	LEAD	ACTION	UPDATE
1	TA	Maintain the tactical Violence Crime meetings and continue to be intelligence led using analysis document to highlight trends and emerging issues based around the victim, offender, and location framework. a) Scanning document presented at meetings to include top 5 wards & A&E data b) Extend membership to include DV services	Ongoing – top 5 ward and A&E data is used in scanning document DV services are now invited to attend meetings
2	TA & CS	Maintain and develop where possible all existing initiatives to tackle violence in the night-time economy including: a) Operation Tranquility – increase the number of Specials b) Pubwatch – maintain number of members and monitor number of barrings issued c) Street Pastors – consider extending to Yarm d) CCTV – Monitor number of assisted arrests e) Section 27's – increase number issued especially in top 5 wards f) A&E data – monitor number of licensing reviews where data has contributed g) Think B4U Drink	All actions are ongoing
3	CS	Extend the Integrated Offender Management process to prolific perpetrators of Domestic Violence. a) Develop an Action Plan for the top ten DV perpetrators to ensure an integrated partnership response is in place. b) Increase the number of completions on the male perpetrator programme.	Multi-agency Task & Finish group set up to look at the pilot project. The criteria have been agreed and those for the cohort for the project have been chosen. Group continuing to meet to drive project forward.
4	CS	Provide intensive support for repeat cases of domestic violence that are presented to the MARAC (Multi Agency Risk Assessment Conference). a) Sustain the Safe at Home scheme to enable DV victims to remain in their home if it is safe for them to do so. b) Ensure that involvement with H&SC is maintained until support is accepted from harbour. c) Maintain supported move on housing. d) Adopt Government guidance for DV Homicide Reviews.	Ongoing as above. Steven Hume leading on DV Homicide Reviews.

No	LEAD	ACTION	UPDATE
5	CS	<p>Raise awareness of DV issues within Health to empower health providers to deal with DV more effectively.</p> <ul style="list-style-type: none"> a) Improve data sharing for domestic violence to include Health and other partners b) Put in place a monitoring system within Health starting with A & E and GP services to facilitate the development of a business case for preventative work for DV. c) Increase the number of DV assessments made by Health d) Begin a dialogue with Health about the funding arrangements and provision of the rape and sexual violence counselling service provided by Harbour 	<p>Lead for project has been identified by Health.</p> <p>Work has commenced with GP and A&E.</p>

4. DRUG RELATED OFFENDING ACTION PLAN

THEMATIC LEAD: Detective Ch Insp (Rob Donoghly)
ACTION POINT LEADS: RD – Rob Donoghby EC – Emma Champley JE – Jeff Evans

No	LEAD	ACTION	UPDATE
1	RD	<p>Carry out at least six drugs dog operations in 2011/12</p> <ul style="list-style-type: none"> a) Reducing Supply Group to direct the locations and dates of operations 	Three ops have ran so far – on track to achieve
2	JE	<p>Maintain our IOM approach for the most prolific of drug using repeat offenders.</p> <ul style="list-style-type: none"> a) Reduce drug related repeat offending 	Ongoing for PPOs and HCCs
3	EC	Increase housing opportunities for drug users by maintaining a range of support services.	Dedicated Enhanced Housing Option worker in place. Funding into Community Campus for the Get Moving Scheme. Continued link with supported housing (Carr-Gomm).
4	EC	Increase employment opportunities for drug users by providing peer support to complement Job Centre support.	Job Centre Plus has recently undergone a restructure. STAR Project are sub-contractors for the Communities Fund and are working closely with Five Lamps to create training and employment opportunities for this client group. The Employment Grant Fund also exists aimed at reducing the barriers to employment. 3 individuals are now in employment as a result of this, and one is currently being assisted. Links have been made with SBC direct services to increase volunteer opportunities within their workforce.
5	EC	Improve the transition from the young people's service to adult services and thereby reduce drop out.	Lynne Massam (Modernisation Manager for Young People's services) has now joined the DAAT. Both adult and young people's Treatment Plans set out activities to target this process. A protocol has been identified to smooth this transition into adult services and this remains a priority.
6	EC	Increase the number of female drug users accessing and maintaining attendance at support services.	Abs and the Birchtree Practice are now running women-only sessions. Peer mentors have also been recruited to target female access to treatment. Work is ongoing with children centres aimed at facilitating childcare arrangement to allow clients to access treatment. Two women's advocacy posts, funded through the Employment Grant Fund, are based within CRI to support closer working with female service users across the partnership.

No	LEAD	ACTION	UPDATE
7	EC	Use peer mentors to work in drug using communities as part of rehabilitation and support.	Eight peer mentors graduated from HMP Kirklevington in July 2011. Two are entering into a social enterprise venture in Stockton. Two peer mentors have been recruited to target female access to treatment.
8	EC	Increase the number of planned exits from treatment services.	There is an improving planned exits action plan in place aimed at increasing planned exits. This forms a central part of service performance management.
9	EC	Encourage the development of Narcotics Anonymous in the Borough	Feedback from clients is that Stockton has a very good NA group. Numbers are expanding and clients are accessing from across the North East region. Work is currently underway looking into starting another NA group in the Borough, as well as HMP Holme House and HMP Kirklevington. A recovery group is also being setup based on NA, Alcoholics Anonymous and AL-ANON (family-based support).

5. CRIMINAL DAMAGE ACTION PLAN

THEMATIC LEAD: Ch Insp Neighbourhoods (Mick Williams)
ACTION POINT LEADS: MW - Mick Williams CS – Community Safety Manager

No	LEAD	ACTION	UPDATE
1	MW	Establish a Multi-Agency Strategic Group to focus on Criminal Damage as well as ASB that will meet quarterly.	Group continues to meet quarterly
2	MW	Strategic Group (SG) to monitor a specific action plan, which will also be reviewed weekly by the Police.	Ongoing
3	MW	SG to be intelligence led using analysis to highlight trends and emerging issues based around the victim, offender, and location framework. a) Scanning document presented at quarterly meetings	Analysis document presented at each meeting
4	MW	Identify repeat victims / properties and ensure that they are visited to identify and correct any risk factors a) Repeat victims to be referred to support and a problem plan created if necessary following risk assessment b) The number of repeat properties that are THL owned identified	Repeats highlighted in quarterly scanning document as well as each morning at intelligence meetings.
5	MW	The most prolific street locations to be registered as a POP to be owned and managed by NPT Insps via the JAGs a) SG to monitor activities and resources tasked at the JAGs which should be clearly reflected within the JAG meeting minutes	POPs registered and scanning documents completed on each street – ongoing
6	CS	Maintain our prevention programme in schools to raise awareness of the harm caused by criminal damage and deliberate fire setting. Schools in hotspot areas as identified by the SG to be targeted a) Number of schools visited	Ongoing – schools selected from hotspots as outlined in scanning document at SG meeting.

6. EMERGING ISSUES ACTION PLAN

THEMATIC LEAD: Probation PPO Manager (Jeff Evans)

ACTION POINT LEADS: JE – Jeff Evans RD – Rob Donaghy

No	LEAD	ACTION	UPDATE
1	JE	Maintain the use of the IOM model to provide intensive support and enforcement work with a cohort of high crime causers (HCCs) managed by the IOM Strategy Group. a) Cohort of HCCs identified yearly b) Secure funding beyond 2012 & maintain staff numbers in team c) Maintain counselling model & monitor number accessing counselling	a) 2011/12 cohort identified b) Outreach worker funding pending c) Ongoing
2	JE	Identify a Baseline in 2011/12 of the number of HCC's requiring treatment.	27 out of 29 in treatment; 1 non drug user, 1 refuses treatment
3	JE	Assess the family history of all HCCs by completing a geneogram for those within the cohort	Current Probation practice for this cohort
4	JE	Ensure that a brief intervention is carried out for all of those who are arrested for shoplifting involving alcohol and/or they are given details of support services. a) Monitor the take up of support	Ongoing
5	JE	Monitor the number of ATR's / ASAR/ DRR that are: a) Granted b) Breached c) Completed	a) 64 ATRs ordered,41 ASARs ordered,55 commenced DRRs b) 13ATRs breached 3 ASAR breached no DRRs breached c) 28 ATRS completed 7 ASAR completed 20 DRRs completed
6	JE	All HCCs to have a Planned Discharge from treatment a) Monitor the number of planned and unplanned discharges for all HCCs	No unplanned discharges
7	JE	Monitor the number of families of HCCs requiring support, and the number taking up support.	Ongoing
8	RD	Maintain the Other Theft group and action plan including a) Police Priority Crime Team to investigate all Other Theft offences especially theft of metals and shoplifting. b) Police crime prevention officers to continue to provide advice and support to retail stores and repeat locations for metal theft identified c) Maintain support for the Retailers Against Crime group.	All ongoing with specific police operations planned