

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) Maintain a uniform presence on the streets particularly in hot spot areas and at key times c) Escalate ongoing issues that cannot be problem solved at the JAG to the PSG group	
2	CS & MW	Ensure the current system to identify, monitor and support repeat callers of ASB and those classed as at risk is robust and fit for purpose	
3	CS	Continue to 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.	
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	
5	CS	Work with alcohol support services to improve the early identification of those misusing alcohol and causing ASB.	

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	Review the current Alcohol Strategy & Action Plan in line with the new National Alcohol Strategy. a) Continue to fully explore issues via the Alcohol Needs Assessment to inform the Strategy	
2	CS	Look at the Terms of Reference of the Multi-Agency Strategic Group to be more focused on Alcohol Related Offending. a) Review the structure of the group as well as other MA groups focused on alcohol in light of the National Alcohol Strategy.	
3	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.	
4	EC	Continue to use an Integrated Offender Management (IOM) style process for those on an ATR. 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.	
5	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.	
6	CS	Ensure there is a clear flow of information in relation to those on ATRs who are issued section 27 notices or arrested for public order offences	
7	CS	Review the role of the Think B4U Drink campaign to ensure it is still fit for purpose in light of the National Alcohol Strategy and associated publications / campaign materials.	
8	EC	Review the Alcohol Arrest Referral Scheme, especially in relation to the 75% of people who are not seen	
9	EC	Assess the treatment journey of 18 / 19 year olds with alcohol issues to ensure there are no gaps in their treatment	

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. <ul style="list-style-type: none"> a) Scanning document presented at meetings to include A&E data b) Extend membership to include DV services 	
2	TA & CS	Maintain and develop where possible all existing initiatives to tackle violence in the night-time economy including: <ul style="list-style-type: none"> 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 f) A&E data – monitor number of licensing reviews where data has contributed 	
3	CS	Continue the Domestic Violence family intervention pilot project	
4	CS	Provide intensive support for repeat cases of domestic violence that are presented to the MARAC (Multi Agency Risk Assessment Conference). <ul style="list-style-type: none"> 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. 	
5	CS	Raise awareness of DV issues within Health to empower health providers to deal with DV more effectively. <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 	

No	LEAD	ACTION	UPDATE
6	CS	Establish an 18 month Service Level Agreement with Harbour for domestic violence service provision in the Borough a) Set up a monthly proforma return for performance monitoring	

4. DRUG RELATED OFFENDING ACTION PLAN

THEMATIC LEAD:

Detective Ch Insp (Rob Donoghly)

ACTION POINT LEADS:

RD – Rob Donoghly

EC – Emma Champley

JE – Jeff Evans

No	LEAD	ACTION	UPDATE
1	RD	Re-establish and agree terms of reference for the Drugs 'Reducing Supply' Group	
2	JE	Maintain our IOM approach for the most prolific of drug using repeat offenders. a) Reduce drug related repeat offending	
3	EC	Increase housing opportunities for drug users by maintaining a range of support services.	
4	EC	Increase employment opportunities for drug users.	
5	EC	Improve the transition from the young people's service to adult services and thereby reduce drop out.	
6	EC	Increase the number of female drug users accessing and maintaining attendance at support services.	
7	EC	Use peer mentors to work in drug using communities as part of rehabilitation and support.	
8	EC	Increase the number of planned exits from treatment services.	
9	EC	Encourage the development of Narcotics Anonymous in the Borough	

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	Review the terms of reference of the Multi-Agency Strategic Criminal Damage and ASB group to ensure it is meeting current objectives. a) Strategic Group (SG) to monitor specific action plan, which will also be reviewed weekly by the Police. a) SG to be intelligence led using analysis to highlight trends and emerging issues based around the victim, offender, and location framework - scanning document presented at quarterly meetings	
2	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	
3	MW	The most prolific 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	
4	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.	

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	
2	JE	Monitor the number of those on IOM requiring drug treatment.	
3	JE	Assess the family history of all those on IOM by completing a geneogram	
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	
5	JE	Monitor the number of ATR's / ASAR/ DRR that are: a) Granted b) Breached c) Completed	
6	JE	All IOM clients to have a Planned Discharge from treatment a) Monitor the number of planned and unplanned discharges	
7	JE	Monitor the number of families of IOM clients requiring support, and the number taking up support.	
8	JE	Identify the most persistent offenders within the HCC group and offer additional service to reduce their offending.	
9	CS	Monitor the number of first time offenders for shoplifting (based on PNC ID year) to see if this is increasing in the current economic climate.	
10	RD	Maintain the Other Theft group and action plan including a) Volume 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.	

No	LEAD	ACTION	UPDATE
11	RD	Focus on Burglary, particularly dwelling burglary and ensure rigorous investigation is carried out for each offence a) All repeat victims to be visited by crime reduction and offered target hardening advice b) Burglary offences to be prioritised when selecting IOM clients	