

QUARTER 2 UPDATES 2013/14

1. ANTI SOCIAL BEHAVIOUR ACTION PLAN

THEMATIC LEAD: Ch Insp Downes

ACTION POINT LEADS: CD – Chris Downes CS – Community Safety Manager
YOS – Youth Offending Service (Julie Dinsdale) THL – Tristar Homes LTD

No	LEAD	ACTION	UPDATE
1	CD	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	All actions are on-going. This is a continuous work in progress the top 5 wards are regularly viewed and plans are made to deal with local issues together with partners.
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	On-going.
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.	A total of four focus groups were held in March and April 2013, a full report detailing all findings was completed.
4	CS	Monitor and improve satisfaction levels with how the Council and Police deal with ASB measured by: a) Viewpoint b) Council Survey c) Crime Commissioner Panel survey	a) Community Safety was included in the May edition of viewpoint (32). b) Crime & Disorder survey during August to October 2013 c) No survey to date.
5	CS	Work with alcohol support services to improve the early identification of those misusing alcohol and causing ASB.	MA-ASB team continue to make referrals to lifeline, and provides Lifeline contact number in every Sec 27 letter that is sent from the ASB Team.

2. ALCOHOL RELATED CRIME AND ANTI SOCIAL BEHAVIOUR ACTION PLAN

THEMATIC LEAD: DAAT Strategic Manager (Emma Champley)

ACTION POINT LEADS: EC – Emma Champley 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	A revised Alcohol Needs Assessment is in draft format. An alcohol delivery plan will be developed based upon the needs assessments and any requirements from the alcohol 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.	Completed
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.	On-going. The brief interventions process has been implemented for those aged under 14 years. Referrals from ASB Team to the Alcohol Community Safety Officer continue.
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.	ATRs are continuing to be provided in Stockton a copy of the performance report has been submitted to SSP. An in-depth analysis report will be carried out and presented to SSP in November outlining cost benefit of the order.
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.	On-going – as above.
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	The Police Officer within the MA-ASB Team now researches those on ATRs for any public order offences or section 27 notices.

No	LEAD	ACTION	UPDATE
7	EC	Review the Alcohol Arrest Referral Scheme, especially in relation to the 75% of people who are not seen	<p>Changes have been implemented to the arrest referral process that has freed up considerable time to allow the arrest referral workers to see more of those arrested for alcohol related offending. This has gradually increased the number of alcohol related arrests that receive an intervention from 20% in June 2012 to 46% in the final quarter of 2012/13. This has been maintained in Q1 2013/14 at 45% but fell slightly to 36% in Q2 2013/14.</p> <p>Additional changes to drug testing from the 1st of October has free up additional resources that are being focussed on the number of alcohol related domestic incidents that receive an intervention. Only 17% of these were seen in June 2012 but this has increased to 47% in the last quarter of 2012/13. Quarterly data for 2013/14 are not currently available.</p> <p>In addition to those arrested for alcohol fuelled domestic violence, a significant number (38 individuals (21%) in Q2 2013/14) of those receiving an alcohol intervention reveal a pattern of domestic violence. Often this is new intelligence and can be acted on before the victim makes any contact with the police</p>
8	EC	Assess the treatment journey of 18 / 19 year olds with alcohol issues to ensure there are no gaps in their treatment	<p>This work forms part of the work identified in point 5 under drug offending. Work is on-going between Lifeline and Arrest Referral to improve referrals from the custody suite of young people.</p> <p>We are investigating the juvenile treatment history of any referrals to adult services for this age group and will be following up any issues this raises during contract reviews.</p> <p>We are satisfied that exits from youth substance treatment were appropriate but clients continue to have other issues and long-term risks such as leaving care and mental health issues that need to be better managed to reduce the likelihood of presenting at adult substance treatment in their late teens.</p>

3. VIOLENCE ACTION PLAN

THEMATIC LEAD: Ch Insp Operations (Geoff Bush)
ACTION POINT LEADS: GB – Geoff Bush CS – Community Safety Manager

No	LEAD	ACTION	UPDATE
1	GB	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 A&E data b) Extend membership to include DV services	All actions on-going as per Q1
2	GB & CS	Maintain and develop where possible all existing initiatives to tackle violence in the night-time economy including: a) Operation Tranquillity – 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	a) Sgt and PC x 6 b) Community Safety Team are now signed up to the Online Pub watch scheme with attendance at the quarterly meetings. CRI to provide training in relation to drug use in pubs. ASBO application in process. c. Street pastors are operating in Yarm. d. Ongoing. e. Ston – 39 issued, giving a FYTD total of 78 .Yarm – 6 issued, giving a FYTD total 21.Total – 99 (227 previous year) f A&E data is now sent monthly to licensing Dept identifying any presentations where the location is at a public house. No reviews to date using this data.
3	CS	Continue the Domestic Violence family intervention pilot project	The pilot project has now been completed and evaluation is underway with a full evaluation report due to be taken to the DV Strategy Group.
4	CS	Provide support to repeat cases of domestic violence that are presented to the MARAC: a) Update on Safe at Home b) Feedback from DVSG c) Domestic Homicide Review update	a) 47 referrals FYTD, reduction last year (51 last year) b) On-going c) DHR procedure in place –shared arrangements agreed with Hartlepool.
5	CS	Raise awareness of DV issues within Health to empower health practitioners to deal with DV more effectively. a) Progress update in relation to DV training and outreach support offered in health settings (Harbour) b) Increase the number of DV assessments made by health c) Carry out a study to establish the cost of DV in relation to health services in Stockton.	All actions are on-going
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	The Domestic Violence Strategy Group has agreed a 12month service agreement which has been extended for six months. a) Proforma now completed each quarter.

4. DRUG RELATED OFFENDING ACTION PLAN

THEMATIC LEAD:

Ch Insp Downes

ACTION POINT LEADS:

CD – Chris Downes

EC – Emma Champley

JE – Jeff Evans

No	LEAD	ACTION	
1	CD	Re-establish and agree terms of reference for the Drugs 'Reducing Supply' Group	<p>The group has been re-established under the name of Drugs Reducing Harm Group and meets every 2 months. Terms of reference have been produced and agreed by the group.</p> <p>This group has now become part of the Reducing re offending and Harm Group which meets bi monthly.</p>
2	JE	Maintain our IOM approach for the most prolific of drug using repeat offenders. a) Reduce drug related repeat offending	On-going
3	EC	Increase housing opportunities for drug users by maintaining a range of support services.	<p>Specialist housing support Officer funded via the DAAT in the SBC housing team to support clients' needs. Contributory funding from DAAT to SBC successful bid for funds to provide enhanced support in CAB for debt related housing needs. The Housing Officer post within HMP Holme House is no longer available due to long term sickness. Reappointment is not viable due to low capacity within Housing Options. Continuing funding of supported housing schemes.</p> <p>The local housing support panel continues to manage a referral pathway for service users requiring the support and intervention of housing services. A coordinated approach has been taken for the management of occupancy and vacancies of available stock to ensure 'No Second Night Out'. Forward planning for the potential consequences of welfare reform, are also a current priority. The Prison Service has appointed a Gov as regional lead on the prison housing pathway whose role it is to ensure fluid transition of offenders into appropriate housing on release, and to define roles and develop coordination between all stakeholders within the local prison establishments. This work is in its infancy and will develop over the coming months</p>
4	EC	Increase employment opportunities for drug users.	<p>CRI have an identified "employment" lead within their staff that has responsibility for the coordination of ETE within the service. Employment is seen as a core component of a service users recovery journey and is embedded in service delivery and care planning with an assessment of "job readiness" conducted as part of initial assessment when entering treatment.</p> <p>The NTA/JCP Joint Working Protocol is fully embedded within treatment services whereby all those who are in receipt of JSA are offered the opportunity to have a joint working relationship with their JCP Advisor and Treatment Support Worker to ensure that each makes a positive and coordinated response to addressing ETE needs.</p> <p>DAAT have commissioned a research report on an assessment of the job readiness for substance misusers and the barriers into employment.</p> <p>The research report contains 8 recommendations. This report has been circulated to all partnership organisations and treatment providers and presentations of its findings given to the Employability Consortium, DAAT Employment Network and DAAT Commissioning Group. An action plan has been produced which outlines areas</p>

No	LEAD	ACTION	
			<p>eg professional responsibility for partnership implementation.</p> <p>An employment fund has been provided within the DAAT budget to support employment initiatives available within the Borough eg. Flexible Support Fund, Youth Employment Initiative.</p> <p>Through non recurrent DAAT funds there has been grant funding provided to improve the employability of those in drug and alcohol treatment by increasing access to volunteering and volunteering placements and reduce barriers into training & education and subsequently to also provide opportunities for work placements within the industrial sector.</p> <p>There has been an update to the JCP/NTA Joint Working Protocol which now incorporates the Work programme Providers into existing practice. The new protocol included areas considered best practice and Stockton was cited within this.</p>
5	EC	Improve the transition from the young people's service to adult services and thereby reduce drop out.	<p>There were only four young people that were transferred to adult treatment in 2011/12. The numbers of 18 and 19 year olds in treatment has fallen 33% in Q1 2012/13 compared to Q1 2011/12. There has been only one 18-19 year old (occasional) opium users in treatment in 2012/13. The majority are receiving help for cocaine, amphetamine and cannabis misuse. The DAAT now receive an exception report for all 18 or 19 year olds accessing adult treatment and new protocols are being developed to deal with young people who might need to move into adult treatment services. We aim to build a picture to inform future service provision.</p> <p>Q1 2013/14 data shows 11 18 year olds and 4 19 year olds in treatment non of which directly transferred from the young peoples service. None of these clients are in treatment for opiate use.</p>

No	LEAD	ACTION	
6	EC	Increase the number of female drug users accessing and maintaining attendance at support services.	<p>CRI complete a hostel outreach on a weekly basis rotating hostels in order to cover all accommodation providers. A women's specific leaflet was made in order to raise awareness of the service. This leaflet was placed in all hostels, pharmacies, police stations, job centres, colleges, leaflet drops in targeted areas such as Port Clarence, sure start centres, etc. The service has been marketed at Probation team meetings to ensure Officers were aware of what was on offer in Stockton for female clients and were aware of referral routes in. Numerous specific activities in partnership with A Way Out.</p> <p>The CRI Family Service also offers a route into treatment for treatment naïve mothers where referrals have been received direct from social services or via the CAF team as well as supporting families who are already in treatment. CRI conduct prison in-reach at HMP Low Newton and also offer all female clients a lift back into Stockton with a view to attending all of their initial appointments with them ensuring they engage in treatment once released into the community.</p> <p>It has been agreed to continue with and extend the sex worker project that has been on-going in Stockton since May 2011. The group are supporting research being carried out into sex work and will look at how they can embed any findings. The group are also looking to widen its membership to include young people.</p> <p>Despite these initiatives, the proportion of females in treatment remains static at 26% of the caseload. However this is in line with the national picture and there is little evidence of any significant numbers of treatment naïve females to target.</p>
7	EC	Use peer mentors to work in drug using communities as part of rehabilitation and support.	<p>Two Recovery Workers have been appointed by the new providers of the Birchtree Practice. In addition, Peer Mentors form part of each service provision and Recovery Groups run by Peer Mentors and Recovery Champions are taking place throughout the week.</p>
8	EC	Increase the number of planned exits from treatment services.	<p>An action plan is in place aimed at increasing planned exits but more importantly reducing the number of unplanned exits and ensuring that planned exits are associated with ongoing recovery support and relapse prevention. Performance to date showed an initial increase from the 2011/12 baseline (50%) to 59% of all exits. However, exits for opiate users have slowed and there was an unexpected increase in the number of unplanned exits in the last quarter of 2012/13. Further work on reducing unplanned exits, better joint working between service providers and increasing focus on recovery are aimed at increasing this figure significantly over the coming year.</p> <p>The new Public Health Outcome measure for drug treatment has been changed to:</p> <p>The proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months.</p> <p>64 out of 1136 opiate clients left treatment and did not return. This is 5.6% and compares favourably to the 2010 baseline of 3.9%. For non opiates, 40.5% of client successfully exited treatment against a baseline of 40.1%.</p>

No	LEAD	ACTION	
9	EC	Encourage the development of Narcotics Anonymous in the Borough	A Recovery meeting takes place in Stockton every day of the week, this is not only NA but SMART Recovery and groups ran by Peer Mentors.

5. CRIMINAL DAMAGE ACTION PLAN

THEMATIC LEAD: Ch Insp Neighbourhoods (Ch Insp Downes)
ACTION POINT LEADS: CD – Chris Downes CS – Community Safety Manager

No	LEAD	ACTION	UPDATE
1	CD	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. b) 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	All actions are on-going. a) Action plan was introduced early 2012 but the group felt the scanning document was best used rather than the action plan. b) Scanning document utilised in quarterly Criminal Damage&ASB meeting. The scanning document is key to ensuring all partners are updated and a collective approach is adapted to deal with and issues.
2	CD	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	a) On-going b) On-going
3	CD	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	On-going. There are a number of JAGs within the whole district and feedback from Inspectors and partners shows some good working practices in place.
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.	Still under review – In the interim, all lessons to be co-ordinated by the Community Safety Team with support by PCSO's.

6. EMERGING ISSUES ACTION PLAN

THEMATIC LEAD: Probation PPO Manager (Jeff Evans)

ACTION POINT LEADS: JE – Jeff Evans

CD – Chris Downes (Ch Insp)

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) 30 offenders identified as the 2011/12 b) Funding remains a difficulty- however current indications are that existing staff will be supported in this role by their respective organisations. c) all 30 offenders accessing treatment All actions are on-going
2	JE	Monitor the number of those on IOM requiring drug treatment.	All accessing drug treatment
3	JE	Assess the family history of all those on IOM by completing a genogram	Completed by probation staff
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	Completed by addaction at arrest stage.
5	JE	Monitor the number of ATR's / ASAR/ DRR that are: a) Granted b) Breached c) Completed	12 ATRs granted 9 Terminations 2 Breaches (updates for Q2 are available end Oct, to be tabled)
6	JE	All IOM clients to have a Planned Discharge from treatment a) Monitor the number of planned and unplanned discharges	Pending update for Q2 – to be tabled.
7	JE	Monitor the number of families of IOM clients requiring support, and the number taking up support.	On-going- Six persistent offenders currently being reviewed
8	JE	Identify the most persistent offenders within the HCC group and offer additional service to reduce their offending.	Pending update for Q2 – to be tabled.
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.	Letters were delivered in July to all to request volunteers to participate in research that was being conducted by Durham University (First time offenders of theft offences). Unfortunately the research was not conducted due to lack of volunteers however a leaflet relating to support services, that was prepared for the research have now been passed to NPT Officers to pass onto anyone arrested for an acquisitive crime offence.

No	LEAD	ACTION	UPDATE
10	CD	<p>Maintain the Other Theft group and action plan including</p> <ul style="list-style-type: none"> 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. 	<p>Acquisitive Crime group continues to meet</p> <p>All acquisitive crimes are robustly investigated with crime prevention advice given where necessary. The NPT's now focus on theft offences and in particular Shoplifting.</p> <p>Integrated Neighbourhood Police teams will deal with volume crime offences as per the new force operating model which will begin towards the end of the year. Several operations are currently on going in Stockton to reduce offences of theft (Op Carbon , Op Hawk, Op Delivery, Op Shadow)</p> <p>"Shop watch Strategic Partnership Group", which will encompass NPT Inspector Marc Anderson, Steven Hume Community Safety, x2 town Centre managers (Wellington Square and Castlegate)and a representative from the NERAC is now in place. The group will provide added focus and partnership working to reduce crime in Stockton town centre.</p> <p>There is daily / regular deployment of Crime prevention officers to support retail stores and victims (both commercial and private households) who are subject to metal theft.</p> <p>The Retailers Against Crime group (Shopwatch) continues.</p>
11	CD	<p>Focus on Burglary, particularly dwelling burglary and ensure rigorous investigation is carried out for each offence</p> <ul style="list-style-type: none"> 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 	<p>All actions on-going – burglary features within the Acquisitive Crime group.</p> <p>The District has developed an improved Burglary investigation: A policy which provides minimum standards of investigation to be carried out for each offence: Detective officers are now (when operational available) first responders to house burglary to provide a professional police response. Initiatives implemented at Stockton and across the force including Super Cocooning (where a large number of households in the vicinity of house burglaries are visited by Neighbourhood Police (PCSO) to obtain evidence and provide dynamic crime prevention / reassurance to householders. Burglary is a priority for the District / Force and IOM targets are prioritised accordingly. CID officers are deployed as first responders when available to Burglary and the district implemented successfully the Imp initiative to target offenders and make best use of an intelligence lead approach to burglary. This has now been rolled out as Good Practice across the force. Burglary Force Strategy now in place During Q2 also developed better working practices with Durham Fingerprint Bureau with aim of maximising FP identifications – Unique to Stockton Dist.</p>