

MEETING

SAFER COMMUNITIES PARTNERSHIP BOARD

DATE AND TIME

FRIDAY 26TH OCTOBER, 2018

AT 10.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

TO: MEMBERS OF SAFER COMMUNITIES PARTNERSHIP BOARD (Quorum 3)

Chairman: Cllr David Longstaff

Detective Chief Superintendent Simon Rose, Metropolitan Police, Barnet

Ms Clare Ansdell, National Probation Service

Mr Steve Leader, London Fire Brigade

Ms Dina Sahmanovic, Victim Support

Ms Laura Featley, Department for Work and Pensions

Ms Tina McElligott, LB Barnet

Mr Matt Leng, LB Barnet

Ms Emma Phasey LB Barnet

Ms Kiran Vagarwal LB Barnet

Mr Amlan Kumar Ghoshal, Safer Neighbourhoods Board

Ms Sepia Golding LB Barnet

Mr Peter Clifton, LB Barnet

Dr Tamara Djuretic, LB Barnet Director of Public Health

Mr Jamie Keddy, MOPAC

Ms Tracy Scollin, LB Barnet

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Services contact: Tracy Scollin 020 8359 2315 tracy.scollin@barnet.gov.uk

Media Relations Contact: Gareth Greene 020 8359 7039

ASSURANCE GROUP

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ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Welcome and Introductions Councillor David Longstaff, Chairman	
2.	Minutes of Previous Meeting	5 - 12
3.	Apologies for Absence	
4.	Matters Arising	
5.	Knife Crime and Serious Violence Reduction Plan Peter Clifton Community Safety Manager <ul style="list-style-type: none"> • London Knife Crime Strategy • MOPAC Knife Crime and Serious Violence Reduction Action Plan 	13 - 26
6.	Barnet Youth Zone Tony Lewis Chief Executive, Unitas, Barnet Youth Zone <ul style="list-style-type: none"> • The Youth Zone concept • Plans for Barnet Youth Zone • Partnership Working 	27 - 32
7.	Family Services Tina McElligott Assistant Director of Family Services <ul style="list-style-type: none"> • Troubled Families • Cohorts where there are links to the Safer Communities Partnership Strategy – including Domestic Violence and VAWG, Crime and ASB and demand pressures. 	
8.	Barnet Public Health Update Tamara Djuretic Director of Public Health Kiran Vagarwal Strategic Lead Safer Communities Barnet Council	33 - 48

	<ul style="list-style-type: none"> • Substance misuse trends, treatment services and preventative interventions • Public Health interface with the Barnet Community Safety Strategy priorities • Tackling issues of domestic violence and abuse, mental health and substance misuse 	
9.	<p>Delivering Safeguarding within the Community Safety Agenda Peter Clifton Community Safety Manager</p> <ul style="list-style-type: none"> • Strategic approach • Safeguarding Children • Safeguarding Adults • Section 11 Audits 	49 - 58
10.	<p>MOPAC update Jamie Keddy Programme Manager, MOPAC</p> <ul style="list-style-type: none"> • The London Crime Prevention Fund • MOPAC priorities and new strategies • The 2019/20 funding landscape 	59 - 60
11.	<p>Performance update Sepia Golding Senior Partnership Performance Barnet Council</p> <p>Standing agenda item – Performance dashboard update on performance and crime trends.</p>	61 - 66
12.	<p>Proposed items for next SCPB - 25 January 2019 Kiran Vagarwal Strategic Lead Safer Communities Barnet Council</p> <ul style="list-style-type: none"> • Update on the Barnet Zero Tolerance to Hate Crime Project (<i>Relevant to Priority 2 and 7 of the Community Safety Strategy</i>) • Update on the findings of the 2018/19 Community Safety Strategic Assessment (<i>Relevant to all priority areas of the Community Safety Strategy</i>) • Update on the Partnership approach to delivering an evidence base for the Community Safety Strategy 	

	<p><i>(Relevant to all priority areas of the Community Safety Strategy)</i></p> <ul style="list-style-type: none"> • Youth Justice Board update <i>(Relevant to priority 4 of the Community Safety Strategy)</i> • Performance Update <i>(Relevant to all priority areas of the Community Safety Strategy)</i> • Update from the Barnet Reducing Burglary Delivery Group <i>(Relevant to priority 6 Community Safety Strategy)</i> 	
13.	<p>Any Other Business Councillor David Longstaff, Chairman</p>	
14.	<p>Date of Next Meeting Friday 25 January, 10-12:00 hrs</p>	

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Safer Communities Partnership Board

Minutes of meeting held on 27 July 2018
Hendon Town Hall, The Burroughs, London NW4 4BQ

AGENDA ITEM 2

Minutes

Members Present: -

Councillor David Longstaff (Chairman)

Also in attendance:

Clare Ansdell – National Probation Service
Fiona Bateman – Independent Chair, Barnet Safeguarding
Adults Board
Peter Clifton – LB Barnet
Stuart Coleman – Barnet Homes
Tamara Djuretic – Director of Public Health, LB Barnet
Steve Leader – London Fire Brigade
Sam Rosengard – LB Barnet
Richard Norfolk – LB Barnet
David O'Neill – LB Barnet
Superintendent Louis Smith
Tracy Scollin – LB Barnet
Kenny Tang – Victim Support

Apologies for Absence

Jamie Blake
Kiran Vagarwal
Simon Rose
Dina Sahmanovic
Laura Featley

1. WELCOME AND INTRODUCTIONS

The Chairman welcomed all to the meeting.

2. MINUTES OF PREVIOUS MEETING

The minutes were approved.

3. APOLOGIES FOR ABSENCE

Apologies were received from Jamie Blake, Kiran Vagarwal, Simon Rose, Dina Sahmanovic and Laura Featley.

Superintendent Louis Smith attended the meeting on behalf of Detective Chief Superintendent Simon Rose.

Kenny Tang attended the meeting on behalf of Dina Sahmanovic.

4. MATTERS ARISING

The Chairman reported that a new MOPAC representative would attend the October meeting and would be the new point of contact – Jamie Keddy would be moving on.

5. COMMUNITY SAFETY STRATEGY 2018/19 UPDATE

A report from the Barnet Community Safety Team was received.

Mr Clifton reported that the Strategy was reviewed annually, and priorities refreshed where needed, to reflect changes in crime and ASB trends as well as changes in the LB Barnet organisation. He asked for the Board's comments and endorsement of the Strategy.

Proposed local changes to the Strategy as well as national changes were outlined in the report including:

- Safeguarding of children and young people involved with or impacted by crime and ASB - additional objective focusing on violence, vulnerability and criminal exploitation following the Barnet OFSTED inspection
- Continued focus on the safeguarding of vulnerable adults and children, supported by the collection of specific data
- Increased partnership focus on preventing environmental crime – working with partners to deliver interventions that balance prevention and enforcement
- Continued focus responding to violence against women and girls (VAWG)
- Closer working with Re and Barnet Homes – the Director of Regulatory Services, Re and the Head of Housing Management, Barnet Homes were now statutory SCPB members
- Increased focus on the role of public health within the SCP. Mental health and substance misuse continued to be a cross-cutting issue affecting victims and offenders. Public Health being part of the council presented an opportunity to strengthen joint working and to respond to areas such as substance misuse and mental health issues.
- Police Borough Command Unit (BCU) merger with Barnet, Harrow and Brent; brought challenges as well as opportunities.
- Reducing offending – changes in the National Probation Service (NPS) and the introduction of the Community Rehabilitation Company (CRC) had impacted on performance, including in Barnet. HMIC inspection in 2017 in London showed that improvements had been made since 2016 but more needed to be done, especially around protecting the public and reducing reoffending. The Barnet Community Safety Team was working closely with the MPS, NPS and CRC to ensure effective partnership working to manage offenders, especially those who reoffend.

Ms Fiona Bateman welcomed the greater emphasis on safeguarding adults and added that a subgroup had been set up to focus on supporting victims; she suggested discussing outside the meeting how she could work with the Community Safety Team to

achieve the priorities of both. She added that hate crime had been a high priority for the subgroup. Mr Clifton agreed that he would meet with Ms Bateman.

Action: Mr Clifton/Ms Bateman

Dr Djuretic noted that the focus on prevention was welcomed though it would be helpful to add to this by articulating the toxic impact of substance misuse on domestic violence and mental health problems. Mr Clifton noted that the full Strategy did include such detail.

Superintendent Louis Smith welcomed the amendment to the high-volume crime priority which makes it more explicitly focused on tackling Burglary as this is a key issue in Barnet.

Mr Leader noted that a lot of vulnerable people were impacted by crime in a less direct way, eg by fire. He wondered whether priority outcome 4 in the document could be explored in more detail. Mr Clifton responded that the central focus was on SCP's responsibility to deliver the Community Safety Strategy in relation to crime, ASB and substance misuse as detailed in the Crime and Disorder Act. It had been recognised that these had strong links to safeguarding issues so this was the reason for that focus. However he recognised that safeguarding was a broader issue. He enquired whether the Fire Service routinely received intelligence to alert them to vulnerable people so that they could carry out visits. Mr Leader responded that the Fire Service was not made aware and was often unable to reduce the risk. Ms Bateman noted that the subgroup was trying to tackle this and that fire deaths were also a priority.

Ms Ansdell suggested that in light of news that morning, of major organisational changes to the NPS, the section on reducing reoffending in the Strategy may need to be revisited. The change would involve more joint working and the introduction of one senior leader for the HMPPS having overall responsibility for the NPS and CRC. She explained that this would mean 'business as usual' although there would be an emphasis on collaboration and reducing reoffending. Mr Clifton agreed that the implications would need to be discussed.

Ms McElligot noted that the LB Barnet had recently produced a Vulnerable Adolescent Strategy and she would welcome this being linked in to the Community Safety Strategy. There was greater emphasis on activity to 'destruct the perpetrator'. This was in synergy with the violence strategy produced by Family Services; action plans underneath the priorities were an important aspect in order to break vicious cycles.

The report was noted.

6. REDUCING OFFENDING PARTNERSHIP GROUP

Mr Richard Norfolk, Reducing Reoffending Partnership Manager, reported.

The Reducing Reoffending Partnership Group's Agreement (RRPG) had been refreshed and signed off. It had been agreed that meetings would be held weekly on a Thursday morning at Denmark House, beginning on 9th August.

A project was underway to roll out an Institute of Offender Management (IOM) process at the LB Barnet; it had been found that a small number of individuals were involved in a disproportionately large amount of crime in the borough. The project would focus on

helping offenders to break the cycle of crime and also identifying offenders and bringing them to justice more quickly.

Data was awaited to try to ensure that there was no duplication of effort when selecting the cohort to focus on. The 'correct' crime types to focus on (historically these had been the MOPAC crime types from City Hall) would be identified and then the Terms of Reference would be refreshed with new KPIs agreed. The crime types would need to be in line with local priorities and cross-matched with the police; there needed to be buy-in from all the partners. Mr Norfolk stated that hopefully this data would be available by the time of the next meeting.

Mr Clifton added that the kind of offenders to focus on would need to be aligned with the Strategy and not just in relation to the volume of crime (but indeed taking into account the level of risk and harm caused). The Reducing Reoffending Delivery Group would meet every 8 weeks and would update the SCPB every quarter.

Ms Ansdell noted as mentioned above that an announcement had been made in the national news that morning that the retendering of the CRC contracts would be brought forward to 2020. CRC and NPS would be working more closely together in the future. There would also be 10 regions instead of 7; some of the current regions were too big. The aim was to develop closer and more local partnerships. The Senior Her Majesty's Prisons and Probations Service (HMPPS) Leader would be responsible for both the CRC and the NPS. A period of consultation would follow the above proposals and Ms Ansdell would keep the SCPB updated.

7. PREVENT STRATEGY UPDATE

Mr Sam Rosengard, PREVENT Coordinator, spoke to his slides (Barnet Prevent Multi-agency Action Plan) which had been circulated with the agenda. There were 6 key actions in the plan.

1. The Barnet Prevent Delivery Group meets quarterly and was well represented including input from Children's and Adults' Services, Probation Services, education providers including Middlesex University and other external partners.

The Barnet Channel Panel is chaired by the Community Safety Manager and meets monthly. Channel is a programme providing support at an early stage to people identified as at risk of being drawn into terrorism.

2. The Counter Terrorism Local Profile is produced annually and is communicated to key stakeholders and used to inform local action plans to reduce the risk of radicalisation and extremism. Barnet is part of a cluster including 4 neighbouring boroughs; there is an Action Plan in relation to 6 priority areas which is reviewed every quarter.
3. The Action Plan is monitored by the SCPB and the Barnet Strategic Commissioning Board.
4. Training is being delivered to local authority staff and staff operating across the Barnet partnership; many of Barnet's staff worked with vulnerable people and so it was important that they are able to recognise signs of radicalisation.

Mr Rosengard was also working in the community with training plans being implemented. The Barnet Prevent Education Officer had offered training to all Barnet schools. Training would be carried out for Barnet Homes and Re. A trainer had been identified in Re but Barnet Homes did not so far have a trainer. Mr Coleman stated that he would speak with the training hub as this was due to capacity issues within Barnet Homes. The Chairman noted that it was pivotal that Barnet Homes took this forward.

Action: Mr Coleman

Mr Rosengard reported that he had trained Barnet officers and managers including the Corporate Anti-Fraud Team (CAFT), CRC and NPS staff, staff at Barnet Mencap and had offered to train staff at Barnet MIND and the Westminster Drugs Project.

5. Local procedures were being audited to ensure that systems were in place to risk assess Council venues to ensure that they are not being used to promote extremism. Schools would be asked to look at their IT systems to check for any extremist material. Home Office funding had been provided to look at supplementary non-regulated education providers in Barnet. Schools safeguarding audits were carried out annually. It was a priority to get in contact with all schools to offer them safeguarding advice and when a school contact the team with a safeguarding concern they used this as an opportunity. Mr Rosengard had regular contact with Middlesex University and Barnet Southgate College.
6. Adopting pan-London procedures for safeguarding children and adults - ensuring that the Prevent duty is integrated into existing safeguarding strategies, policies and procedures. Barnet Family Services had produced a document with signposting to national procedures where any concerns were raised.

Mr Rosengard noted that NHS England had provided guidance and offered timely mental health assessments.

Superintendent Smith advised that Senior Alex Brooke was the Prevent point of contact for Barnet, Harrow and Brent.

8. UPDATE FROM YOUTH MATTERS

Ms Tina McElligot, Operational Director, Family Services spoke to her slides which had been circulated.

Troubled Families

Barnet had attached more than its agreed number of families to the programme (as of June 2018, 3251 families had been attached, and 2220 was the target by 2020). It was not guaranteed that all would achieve 'turnaround' however. Barnet's 'turnaround' figure was high, the third largest in London and the 5th highest in the country. This had prompted a request for Barnet to share its model with other areas. A number of boroughs were struggling to make attachments so Barnet was considering undertaking work for other boroughs for which it would generate some income. The programme had a further 2 years to run and 'turnaround' stood at 45% of the target.

Youth Offending

Currently 73 young people were on statutory orders (92 at the time of the last SCPB meeting), 64% of these from BAME backgrounds and 95% being male. Males were overrepresented nationally.

The trend in youth offending in children had reduced – a number were being more successfully managed with fewer entering the criminal justice system. More data would be available at the next meeting.

68% of those on statutory orders were aged 15-17 and 45% required intensive supervision, with many home visits being undertaken and some of this cohort on tags.

There had been a reduction in the number of young people involved in gangs in Barnet.

The number of young people of Statutory School Age who were engaged in education, training or employment in Barnet was 76.9% - above the national average.

The number of first time entrants to crime had reduced in Barnet by 19% in 2017 – 218 per 100,000 population. Reoffending numbers continued to reduce and Barnet was still outperforming all London boroughs.

The highest crime levels in young people were violence, drugs and motoring offences, including moped theft and driving without insurance.

Vulnerable Adolescents

This cohort comprised those known to the Youth Offending Team, and those known to go missing and at risk of criminal/sexual exploitation.

A younger age group were beginning to be targeted by professionals. 30% of the victims were white British and most were female. Xanax use increased their vulnerability.

Barnet had launched its Vulnerable Adolescents Strategy in April 2018 which continued the focus on disruption activities around sexual and criminal exploitation. Recently the team had focused on hotels as young people had been able to make bookings for 'partying' and had also entered with adults who were exploiting them. The team was carrying out a piece of work in this area including some education and mystery shopping to try to ensure that hotels understood their responsibilities.

The team was also working with a popular fast-food restaurant chain, asking for the opportunity to engage with young people in a safe space rather than moving the issues elsewhere.

Every missing young person was tracked and a record kept of the frequency and duration of episodes by the multi-agency partnership. Those who went missing for longer periods were known to be more likely to be involved in county lines. Those missing day by day were vulnerable to drug use and sexual exploitation. Some perpetrators had been successfully disrupted and adults held to account by the police.

There had been a 32% reduction in knife-related offences in Barnet; reversing the trend of other boroughs. School and community-based prevention programmes were being delivered by Growing Against Violence and Art Against Knives and the Barnet team was

then building on this work together with key partners. A true multi-agency approach was being used to tackle these complex problems.

Mr Coleman enquired about geographical trends for crime. Ms McElligot responded that there were certain hotspots, with poorer areas showing more crime. There were three functional gangs in the borough. The drug economy was complex as individuals were working across borders with neighbouring boroughs. Their means of access to vulnerable young people and a drugs supply was highly organised.

9. PERFORMANCE UPDATE

Mr Clifton presented his slides on crime and ASB figures (circulated with the agenda).

Burglaries had increased in Barnet in the past 12 months, though the trend in London overall was upwards. In Barnet the number of burglaries was the 4th highest in London per population. This was mainly residential burglary but non- residential burglary was on an upward trend.

Robbery was also on an upward trend in London; for Barnet this was 1/3 higher than a year ago. However Barnet had had the 7th lowest number of robberies out of all London boroughs.

Barnet stood 2nd lowest in London in its rate of violence. There had been a 32% reduction in knife injury from a year ago and also a reduction in the number of gun discharges.

Mr Coleman added that the level of ASB was 2.4 per 1000 households and this was fewer than the previous financial year. This was the 2nd lowest number of ASB cases in London per 1000 households.

10. PROPOSED ITEMS FOR NEXT SCPB - 26 OCTOBER 2018

The Board approved the items for the next meeting:

- Progress report on the Partnership response to persistent Anti-Social Behaviour hotspot locations
- Community Safety and Public Health joint working
- Youth matters update on Troubled Families, and cohorts where there are links to the Safer Communities Partnership Strategy – including Domestic Violence, Crime and ASB and demand pressures.
- MOPAC update for Barnet SCPB Partnership
- Update on the Partnership approach to delivering an evidence base for the Community Safety Strategy
- Youth Justice Board update
- Performance Update
- Update from the Barnet Reducing Burglary Delivery Group

11. ANY OTHER BUSINESS

None.

12. DATE OF NEXT MEETING

Friday 26 October, 10:00 hrs.

The meeting finished at 11.20 am

Community Safety Partnership Knife Crime and Serious Violence Plan 2018/19

26 Oct 2018

Safer Communities Partnership Board

Barnet Community Safety Team

AGENDA ITEM 5

Context

- The London Knife Crime Strategy, published by MOPAC in 2017, recognised that knife crime in London had been on the increase
- In London, in the twelve months to March 2017 there were over 4,400 victims injured as a result of knife crime
- In connection with the work linked to the London Knife Crime Strategy, MOPAC asked all boroughs Community Safety Partnerships to develop a knife crime reduction plan
- With a copy of the plan to be returned to MOPAC by 28th September 2018

Populating the Barnet Knife Crime Reduction Plan

- The Knife Crime reduction plan was discussed at the 27th July 2018 Safer Communities Statutory Working group meeting
- All partners agreed to provide input to populate the plan to be a comprehensive and accurate reflection of the range of existing activities, and interventions across the partnership focused on reducing *knife crime* and *serious violence*.
- During August and September the Community Safety Team collated and merged the input from the different agencies into a single plan
- A copy of the plan was shared with MOPAC in advance of the 28th September deadline

Key themes within the plan

- **Targeting Lawbreakers** - enforcement and criminal justice response to knife crime
- **Keeping deadly weapons off our streets** - addressing the accessibility and availability of knives
- **Protecting and educating young people** - recognising the importance of prevention and working alongside schools
- ...continued overleaf

Key themes within the plan

- **Standing with communities** - neighbourhoods and families against knife crime
- **Supporting Victims of Crime** - ensuring that improving support to victims is at the heart of a holistic response
- **Offering ways out of crime** - offering interventions to young people which help them move away from criminality

Key *themes* within the plan

- The full plan contains over 40 actions across these six key themes
- The following slides highlight some examples of the key activities within each of the theme areas

Examples of some of the actions within the different key themes

Targeting Lawbreakers:

- Intelligence led stop and search including S60 in accordance with NPCC guidance
- Use of powers such as Criminal Behaviour Orders to prevent recidivism

Examples of some of the actions within the different key themes

Keeping deadly weapons off our streets:

- Monthly *Op Sceptre* activity in Barnet including Test purchase operations and community weapons sweeps and knife bins at transport hubs
- Increasing focus on business crime reduction and work with retail industry (i.e. staff training re knife sales and secure storage)
- All schools with an allocated Safer Schools Officers have been offered knife arch days of action

Examples of some of the actions within the different key themes

Protecting and educating young people

- *Growing Against Violence* are delivering a public health and public safety programme, delivering evidence based preventative education sessions in Barnet Schools
- Mentoring and support and access to positive activities for young people, through programmes such as *Art Against Lives*
- Promotion of membership of youth organisations e.g. *Police cadet scheme, LFB Cadet scheme* (Barnet Police have a thriving cadet scheme with over 80 active members)
- Barnet YOT is developing a weapons awareness group work programme aimed at those at risk of or already convicted of possession of weapons.

Examples of some of the actions within the different key themes

Standing with communities

- Developing and updating the partnership approach to working with communities to tackle knife crime
- Facilitating community involvement in Stop & Search - Monthly meeting with community members in the Stop and Search monitoring group to review footage of search encounters to increase confidence and transparency

Examples of some of the actions within the different key themes

Supporting Victims of Crime

- *Art Against Knives* provides community based creative safe spaces for children and young people.
- *No Knives, Better Lives Programme* successfully embedded alongside work of the REACH and YOT who are working with young people at a risk of criminal or sexual exploitation.
- Clinical Practitioners are now embedded in the YOT facilitating rapid Mental Health screening and access to therapeutic services.

Examples of some of the actions within the different key themes

Offering ways out of crime

- NHS England are funding a liaison and diversion role which works within the Police station to assess young people and divert to support and relevant interventions.
- The assessments, which reflect a trauma based approach, include emotional/mental health, substance misuse and other factors related to social/family circumstances.

Next steps

- Keeping the action plan updated
- Reviewing progress
- Developing the plan



Questions?

Email: BarnetCST@barnet.gov.uk

AGENDA ITEM 6

ITEM [6]	
Report Name:	Introducing Unitas Youth Zone
Meeting:	Barnet Safer Communities Partnership Board (SCPB)
Meeting Date:	26.10.18
Enclosures:	
Report Author:	Tony Lewis, Unitas Youth Zone Chief Executive.
Outcome Required:	Information Only <input type="checkbox"/>
Restricted	No

Introducing Unitas Youth Zone:

This report intends to introduce Unitas Youth Zone to members of BSCP Board and to outline its vision, mission and youth offer. In addition, it seeks to outline its partnership approach and how as an organisation it can support the underlying strategic objectives of BSCP as detailed within the paper *Community Safety Strategy Update 2019/20* presented to the BSCP Board on 26.07.18.

Unitas Youth Zone:

Unitas Youth Zone, a registered charity, opens Spring 2019 and is dedicated to providing hundreds of young people aged 8 – 19 (or 25 with an additional need) “*somewhere to go, something to do and someone to talk to*”. Open 7 days a week, yearly membership is just £5 and entrance to each session is just 50p. We are funded and supported through a unique 4-way partnership between private business, local authority, local community and young people themselves. Our parent charity, OnSide, have developed a successful model of youth provision across the North West opening a number of Youth Zones in just under a decade. Unitas Youth Zone will open soon after Barking & Dagenham, with Croydon to follow and Hammersmith & Fulham in 2020.

At our Montrose Park locality, in Burnt Oak, facilities include a dedicated arts space, climbing wall, gym and fitness suite, recreation space, boxing ring, sensory room, wellbeing room, rooftop outdoor 4G pitch, 4 badminton court sized sports hall, a performing arts studio, a café and catering kitchen and music and multi-media spaces. Free wifi will be available across the site and young members will be able to purchase hot meals for affordable prices. We will be staffed by up to 50 FTE employees and sessional staff all earning London Living Wage. We will have a volunteer base all utilising their wealth of community knowledge, experience and eagerness to support young people.

We will deliver a range of exciting activity programmes that will challenge, stimulate and provide new opportunities, in line with six key themes: Get Active (Sports); Get Creative (Arts); Get Sorted (personal development and health and wellbeing); Get Outdoors (outward bound and environmental activities); Get Connected

(leadership, volunteering and citizenship) and Get Ahead (employment and enterprise).

Our vision at Unitas is to transform the lives of Barnet's children and young people.

Our mission, or in other words, our purpose, is to 'level the playing field' for young people. We will promote social mobility ensuring that no matter the circumstances into which young people were born, at Unitas, they are all able to receive the same equality of opportunity when they access our youth provision.

Partnership approach:

Unitas Youth Zone wishes to be an integral member of the borough's multi-agency partnership approach working alongside statutory, police, education, health and fellow voluntary and community sector (VCS) organisations. We seek to support the Family Friendly Barnet vision, working with children and, by extension, their families in order to achieve positive outcomes for them and so that they can lead safe, happy and resilient lives.

Our partnership approach will see us work collaboratively with the VCS so as to ensure that our facility provides a platform for our young members to access services and provision beyond that of ourselves. We are clear that we will never replace any organisation supporting children in our borough, but that we are simply in addition to a current range of outstanding services available to young people. Barnet's young people will have a youth offer to be proud of.

BSCP support:

Throughout the OnSide Network Youth Zones work most effectively when working closely with key stakeholders. Community safety partnership boards are a key stakeholder. Our evidenced impact in the North West, and our desired impact in London can be seen thus:

ON-SIDE YOUTH ZONES IS A CHARITY WITH ONE SIMPLE AIM...

to build a network of 21st Century Youth Clubs, giving young people, safe and inspiring places to go in their leisure time. Here's how OnSide Youth Zones are making every penny count and every one of their members matter.



It is significant that anti-social behaviour within a local area reduces following the opening of a Youth Zone. This impact is not achieved alone though – it is a partnership effort. It is about police partners engaging with young people within a Youth Zone through the lens of positive relationship building with them; supporting our approach to the safety and security of the Youth Zone and working towards community led policing and restorative justice approaches. It is about local children's centres and early years services sign posting to the Youth Zone and supporting families to access our holiday club provision. It is local educational partners across school, FE and HE establishments working collaboratively

with us through promoting volunteering opportunities and facilitating information days and student placements in Youth Zones. It is about Housing Association supporting their tenants' children to access the Youth Zone – giving them a way to leave behind boredom and temptation within their local community. It is about all of these things together, and much more, that leads us to wish to support the overarching objectives of the BSCP and to seek reciprocal support, championing and collaboration from members - so that all young people will be the benefactors.

Unitas Youth Zone believes that it can support the overarching objectives of the BSCP through:

- reducing antisocial behaviour
- support young people who are at risk of offending and support the reduction of youth recidivism
- to support the perception of Barnet as a safe place to live, work and visit and;
- work across BSCP and Barnet Safeguarding Children's Partnership to safeguard children and vulnerable adults.

Unitas Youth Zone provides a unique opportunity to inspire a whole generation of children within the borough to achieve. We look forward to working closely with partners in order to ensure that we deliver upon this ambition.

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AGENDA ITEM 8
ITEM [8]

Report Name:	Public Health Update to Barnet Safer Communities Partnership Board (SCPB)	
Meeting:	Barnet Safer Communities Partnership Board (SCPB)	
Meeting Date:	26 th October 2018	
Report Author:	Louisa Songer Public Health Strategist	
Outcome Required:	Information Only: Decision Required: Feedback/comments required: X	<input type="checkbox"/>
Restricted	No	

Report for Safer Communities Partnership Board:

Substance misuse prevalence, trends, preventative interventions and local opportunities

Louisa Songer - Public Health Strategist
October 2018

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1. Executive Summary

Local Prevalence Data

The rate of opiate users in Barnet is lower than London and England, but the age profile follows a similar pattern to elsewhere in the country. The prevalence of opiate use in Barnet is highest in people aged 35-64 which is reflective of an aging heroin using population and fewer younger people commencing heroin use. Younger substance users are showing a preference to other substances such as cocaine, ecstasy and cannabis. In London and England, the largest cohort of opiate users is those aged 25-35. As the Barnet opiate using cohort ages, we can expect the group to become more complex and develop a need for wider health and social care services.

Similarly, it is estimated that there are fewer opiate and crack users in Barnet than elsewhere in the country. However, Barnet follows a different age pattern. The most noticeable difference is in the younger age group 15-24 year olds. Barnet's prevalence of OCU's in this group is higher than London and England, indicating there is possibly an group of young crack users not accessing services.

There is a large gap between the number of people accessing substance misuse treatment (for opiates, other drugs and alcohol) and prevalence estimates, indicating that there is substantial unmet need in the community. It is estimated that 61% of opiate users in Barnet are not accessing local treatment services and 88% of dependent drinkers are not accessing treatment services.

Substance Misuse Trends – Adults

A snapshot taken in the last quarter showed that of the 652 people in treatment, primary opiate users account for 58% of people in treatment. This is followed by alcohol users, forming 24% of the treatment population, crack and cocaine 13% and the remaining 5% other drugs. This is a similar picture nationally.

People accessing substance misuse treatment services in Barnet reported higher levels of mental health conditions than other areas, lower misuse of “over the counter”/prescription medication, and are more likely to be economically inactive.

A greater focus is needed on older adults and other drug users to understand the needs of this group.

Understanding the relationship between substance misuse, mental health and domestic abuse is a corporate priority. A deep dive has been completed locally to explore the relationship between the areas. Recommendations have been made to a) Addressing ineffective referral pathways, learning lessons from audit and case review b) improving the identification and management of domestic abuse in Mental Health and Substance Misuse settings by embedding best practice through evidence based commissioning and c) improve holistic, multi-agency working in Family Services to ensure parents have access to the right support at the right time

Substance Misuse Trends – Young People

The picture is very different to that of the adults service. Primary cannabis users account for 78.5% of people in treatment. This is followed by alcohol users, forming 9.2% of the treatment population. This reflects a total 65 young people in treatment. Unlike the adult population, young people in treatment are more likely to report benzodiazepine, hallucinogen and ecstasy use. Whilst opiate and cocaine use is less common than in adults, there are some young people using these substances. This is a similar picture nationally.

Risk Groups

Recent evidence has been published demonstrating the effectiveness of interventions that aim to delay the onset of, and reduce the harms of drug and alcohol misuse. There are specific groups who are more at risk of developing substance misuse issues. These include people with a family history of substance misuse, people with lower socio-economic status, people with mental health conditions, people who have been sexually assaulted or exploited, people who are not in employment, education or training, people in contact with the criminal justice system and homeless people.

The costs of substance misuse

A Cabinet Office estimate placed the economic costs of alcohol in England at around £21 billion in 2012, equivalent to 1.3% GDP. This estimate included costs relating to alcohol-related health disorders and disease, crime and anti-social behaviour, loss of productivity in the workplace and problems for those who misuse alcohol and their families, including domestic violence. Similarly, drug misuse also impacts all those around the user and the wider society. The Home Office estimated in 2010 to 2011 that the cost of illicit drug use in the UK was £10.7 billion per year.

28% of costs relate to deaths linked to illicit substances. Deaths involving opioids (such as heroin) account for the majority of drug poisoning deaths. Heroin related deaths in England and Wales have more than doubled since 2012 to the highest number since records began 20 years ago. In Barnet the rate of drug related deaths has remained steady.

Prevention Opportunities

Some of the key ways we can impact alcohol related harm (including crime and disorder) centre on affecting national policy and regulation, for example considering options around taxation and price regulation and regulating marketing. Having said that, there is much that can be done at a local level, particularly when considering options for regulating the availability of alcohol. There are also interventions that can be conducted in the immediate drinking environment that have a great impact.

It is also essential, particularly when looking at preventing substance misuse more widely, to consider specific interventions that should be delivered with those particular risk groups and in particular settings. For example, offering information, advice and awareness raising in settings such as primary care, mental health services, sexual health services, health visiting, midwifery, criminal justice services, A&E, hostels, nightclubs, festivals and gyms (to target people using image and performance enhancing drugs) .

Screening, identification and brief advice should be delivered at opportunistic and routine appointments with statutory and other services such as those listed above, and skills training for vulnerable children and young people should be upscaled to help vulnerable young people develop appropriate skills such as conflict resolution and managing stress

Key recommendations for the board to consider – Putting the evidence into practice

Partners must work collaboratively on local opportunities for improving outcomes. There are local structures and processes currently in place support a reduction in drug and alcohol-related harm however there is much work to be done to ensure these structures and processes are effective.

1. **Leadership, vision & governance:** The Health and Wellbeing Board and Community Safety Partnership Board should articulate a clear and shared ambition for reducing alcohol harm, demonstrated by strong oversight of the local substance misuse strategy and implementation plan. They should also ensure strategic join up, and ensure common purpose reflected in strategy and commissioning.
2. **Planning and commissioning services:** The partnership must be up to date with the needs of the local substance misusing population and in a position to address the needs of all at risk groups, including offenders, homeless people and those with complex needs. More must be understood about the new and emerging groups such as club-drug users and older adults. There must also be an updated plan for preventing and reducing alcohol related harm.
3. **Data and Intelligence:** Routine, co-ordinated data sharing across local alcohol partners should be used to inform strategic planning and operational service delivery and relevant indicators of alcohol related harm should also be reflected in KPI dashboards across partnership boards.
4. **Alcohol Licensing:** Influencing local licencing policy is one of the most effective ways to prevent alcohol related harm. It is recommended that there should be improved recognition of alcohol-related harm in the local licensing policy with a commitment to use local crime, health and social care data to inform policy and planning.

2. Substance misuse prevalence

Public Health commission the local substance misuse treatment services. The services offer a range of interventions for residents with problematic drug and alcohol use. Although the most common substance reported in the treatment service is heroin, the service also supports residents using substances such as cocaine and crack cocaine, cannabis, amphetamines and novel-psychoactive substances.

The graph below shows the prevalence estimates¹ of opiate use in Barnet. These follow a similar pattern to London and England, although the Barnet rate is smaller than the London and England rates. The prevalence of opiate use in Barnet is highest in people aged 35-64 which is reflective of an aging heroin using population and fewer younger people commencing heroin use. Younger substance users are showing a preference to other substances such as cocaine, ecstasy and cannabis. In London and England, the largest cohort of opiate users is those aged 25-35. As the Barnet opiate using cohort ages, we can expect the group to become more complex and develop a need for wider health and social care services.

The second graph shows the estimated number of opiate users in Barnet in comparison with the actual number of opiate users in treatment. There is a large gap between the two bars indicating that there is substantial unmet need in the community. This is a priority area of action for the public health team who are working alongside the treatment provider to address this issue.

Figure 1: Prevalence rate per 1,000 population of opiate users

Figure 2: Estimated number of opiate users in Barnet and the actual number in treatment

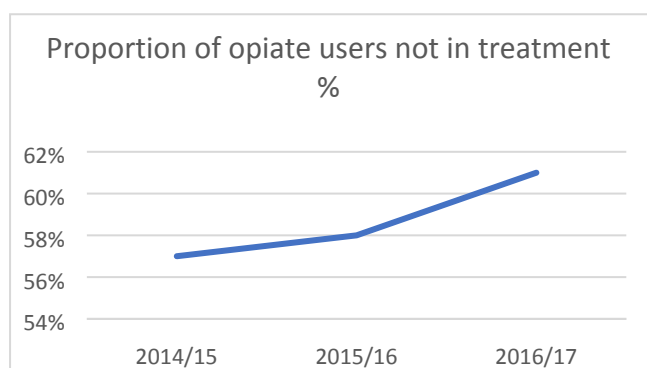
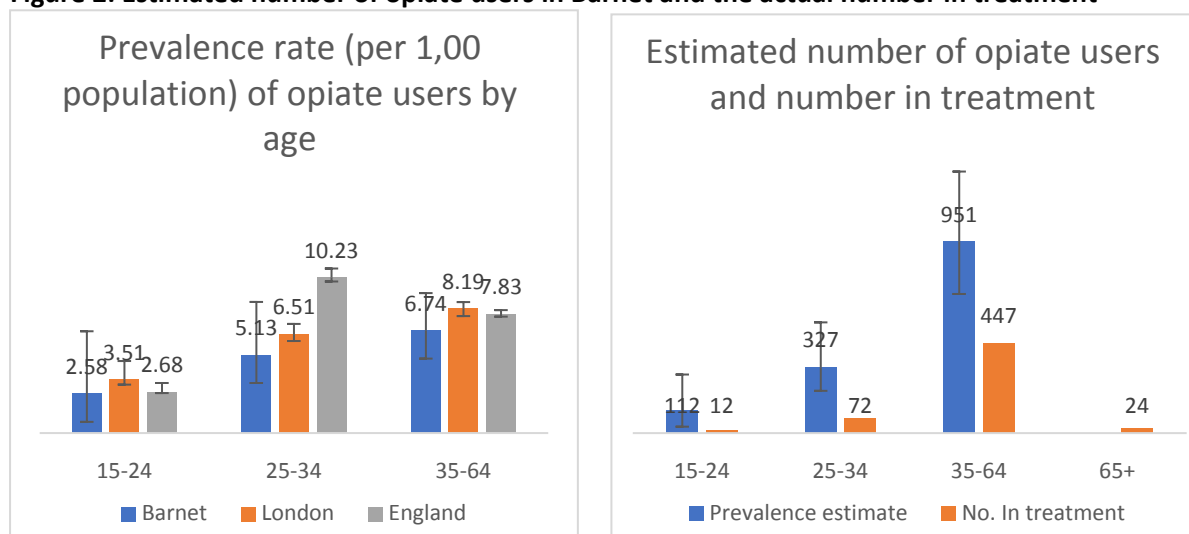


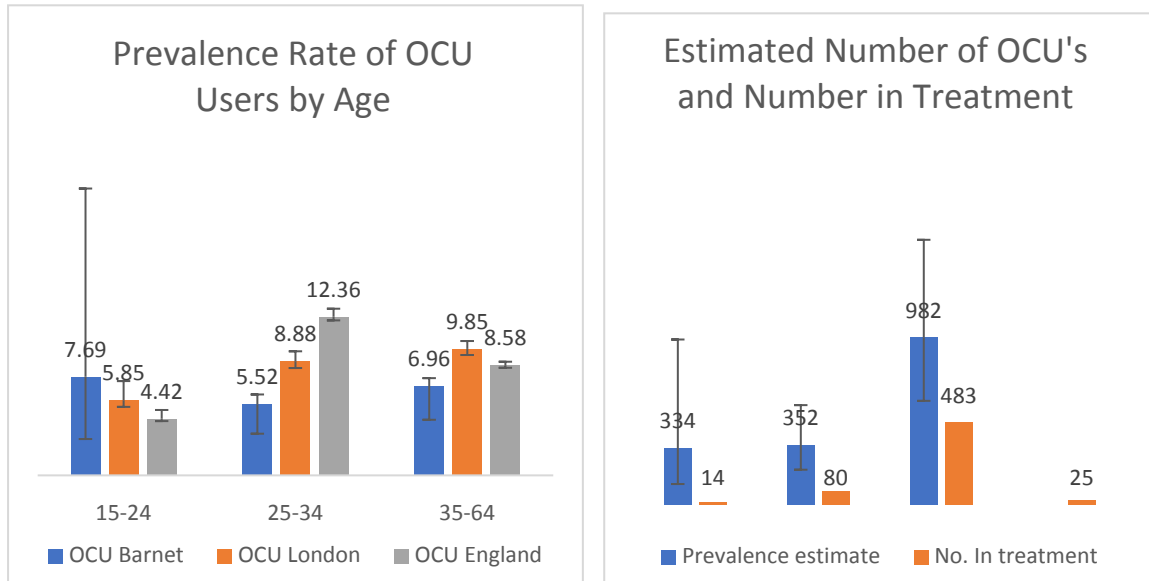
Figure 3 shows the proportion of opiate users not in treatment in Barnet. This has been increasing annually and it is now estimated that 61% of opiate users are not accessing local treatment services.

Figure 3: Proportion of opiate users not in treatment %

Similar to the above graphs, the following two graphs present the prevalence estimates and numbers in treatment for OCU's in Barnet. The most noticeable difference is in the younger age group 15-24 year olds. Barnet's prevalence of OCU's in this group is higher than London and England, indicating there is possibly a large group of young crack users.

Figure 4: Prevalence rate per 1,000 population of opiate and crack users

Figure 5: Estimated number of opiate and crack users in Barnet and the actual number in treatment



The following graph shows the estimated number of alcohol users in Barnet and the number in treatment.ⁱⁱ There are no data available to show London and England rates for comparison, however Figure 6 shows the proportion of dependent drinkers not in treatment is increasing annually and is currently 88%.

Figure 6: Proportion of dependent drinkers not in treatment %

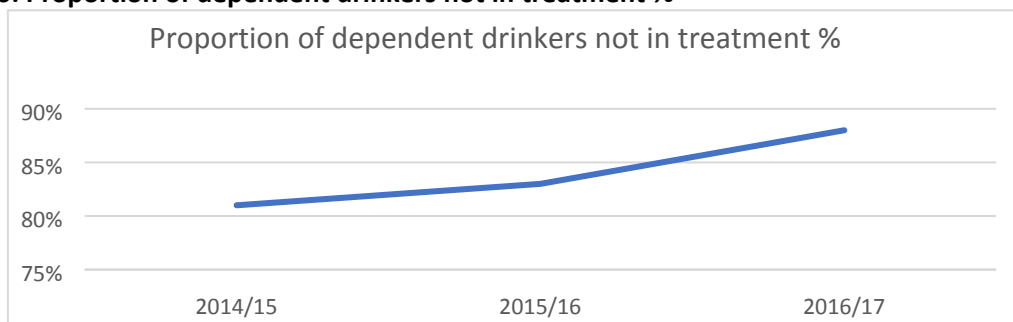
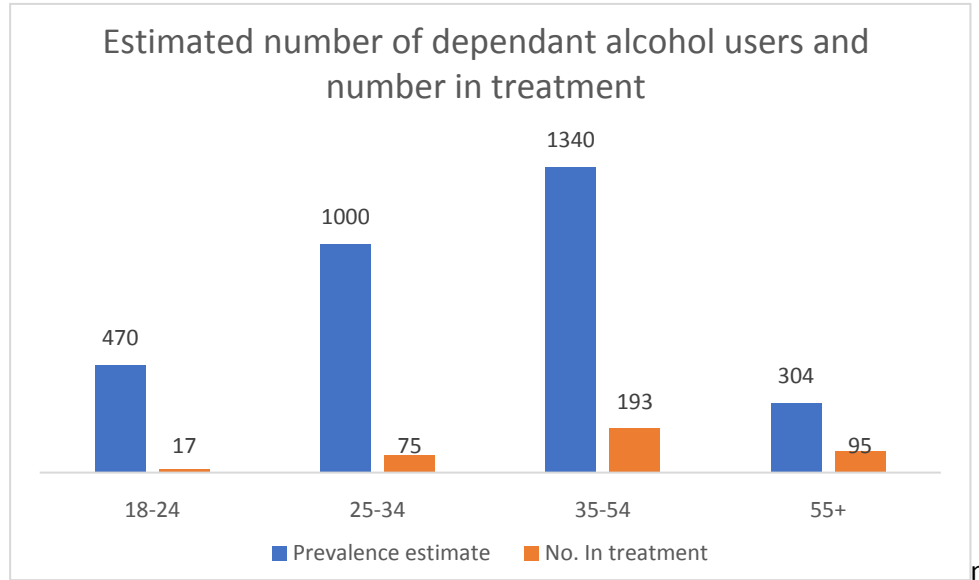


Figure 7: Estimated number of alcohol users in Barnet and the actual number in treatment

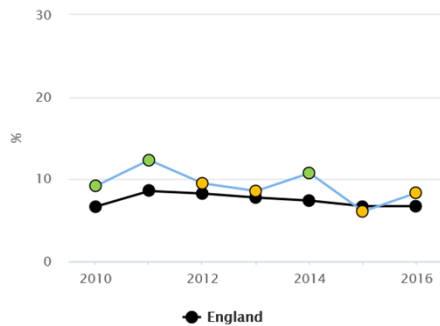


Whilst numbers accessing treatment have declined, the rate of successful completions of drug treatment has remained consistent and similar to England. This indicates that treatment services are effective. Similarly, the rate of successful completions for alcohol use has been improving annually.

2.15i - Successful completion of drug treatment - opiate users Barnet

Proportion - %

Export chart as image Show confidence intervals



Recent trend: ↗

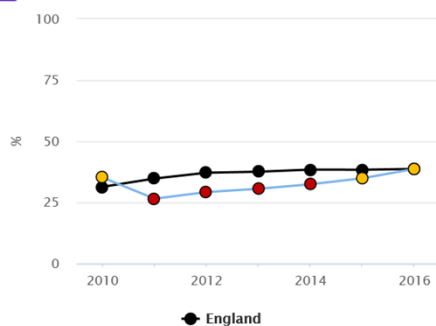
Period	Count	Value	Lower CI	Upper CI	London	England
2010	56	9.2	7.1	11.7	8.3	6.7
2011	74	12.3	9.9	15.2	9.9	8.6
2012	57	9.5	7.4	12.1	9.7	8.3
2013	53	8.6	6.6	11.0	9.0	7.8
2014	65	10.7	8.5	13.5	8.0	7.4
2015	37	6.1	4.4	8.3	7.6	6.7
2016	48	8.3	6.4	10.9	7.2	6.7

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

2.15iii - Successful completion of alcohol treatment Barnet

Proportion - %

Export chart as image Show confidence intervals



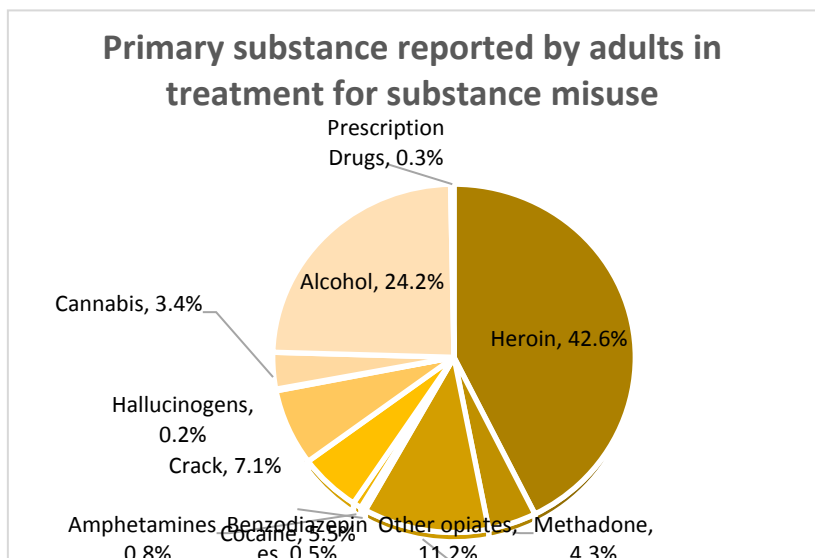
Recent trend: ↗

Period	Count	Value	Lower CI	Upper CI	London	England
2010	96	35.2	29.7	41.0	32.0	31.4
2011	62	26.5	21.3	32.5	35.3	34.8
2012	97	29.2	24.6	34.3	35.5	37.1
2013	129	30.6	26.4	35.1	35.5	37.5
2014	130	32.4	28.0	37.1	38.1	38.4
2015	121	34.9	30.0	40.0	41.3	38.4
2016	106	38.7	33.1	44.6	40.6	38.7

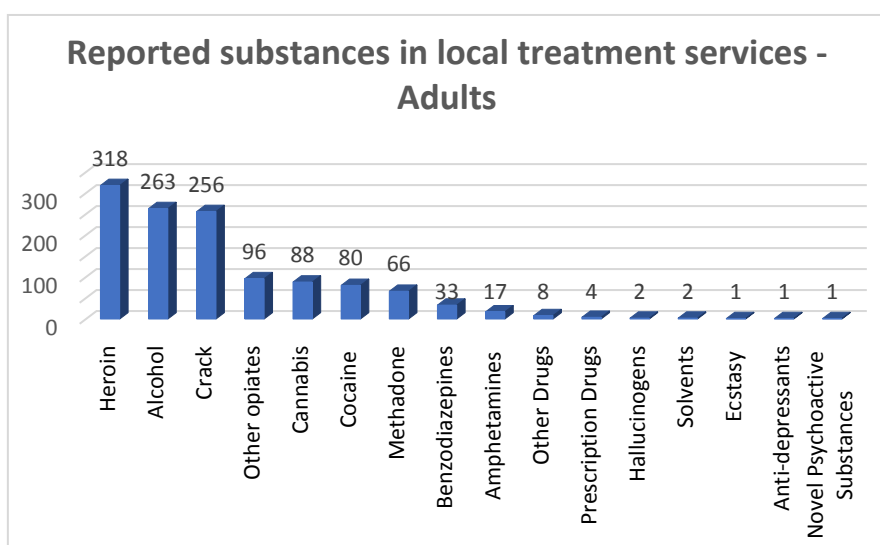
Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

3. Substance misuse trends – Adults

The following graph shows a snapshot of what substances are reported by adults accessing local substance misuse treatment services. Primary opiate users account for 58% of people in treatment. This is followed by alcohol users, forming 24% of the treatment population. There were a total 652 people in treatment. This is not unusual and is a similar picture when looking at national dataⁱⁱⁱ. National data show that just over half of the clients in contact with treatment during the year (52%) had presented with problematic use of opiates, a further 19% had presented with problems with other drugs and just under a third (29%) had presented with alcohol as the only problematic substance.



Of the 652 individuals in treatment at this point in time, 62% report using at least one other substance and 28% report using at least a further 2 substances. Opiates, alcohol, crack and cocaine, and cannabis are the most common substances used. Similar to the national picture, crack, cocaine and cannabis are the most commonly cited other drugs used.



Recent data shared with the local public health team from Public Health England also showed the following:

- There are higher than average mental health conditions reported in the Barnet substance misuse service
- The “over the counter” medicine treatment cohort is lower than the national average proportion of the treatment population
- There is a higher rate of club drug users in treatment (although this is a small percentage)
- There are higher numbers with urgent housing need (12% compared to 10% nationally)
- There are higher numbers who are economically inactive (51% compared to 40%)

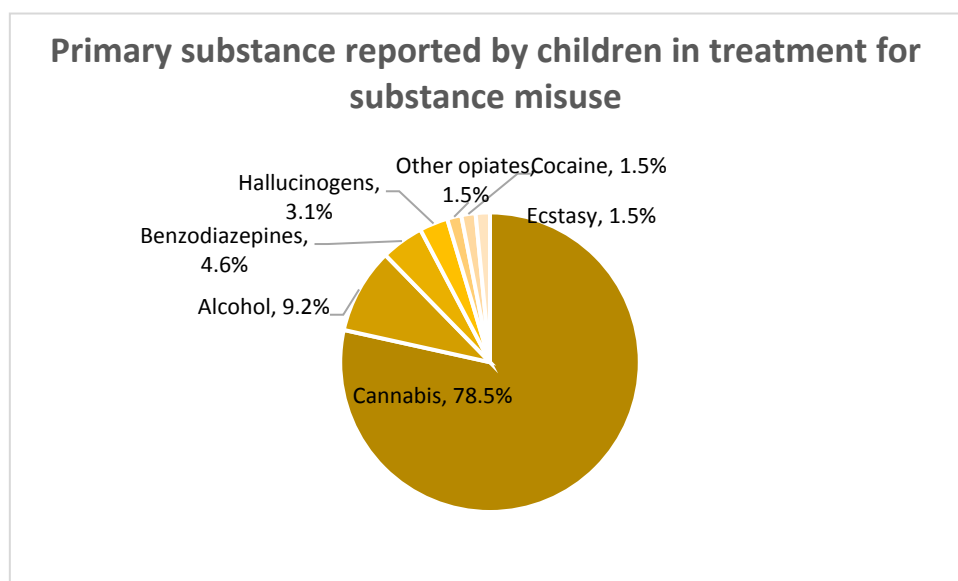
Additionally, there is a growing body of evidence^{iv} exploring the way in which older people use alcohol, and detailing the nature, range and benefits of age-sensitive treatment approaches. These all present areas for further exploration locally to ensure our strategy and services are responding appropriately to local need.

Lastly, a local deep-dive exploring the relationship between substance misuse, mental health and domestic abuse was completed. The review made numerous recommendations that have been drawn together in an action plan. These include:

- Addressing ineffective referral pathways, learning lessons from audit and case review
- Improving the identification and management of domestic abuse in Mental Health and Substance Misuse settings by embedding best practice through evidence based commissioning
- Improving holistic, multi-agency working in Family Services to ensure parents have access to the right support at the right time

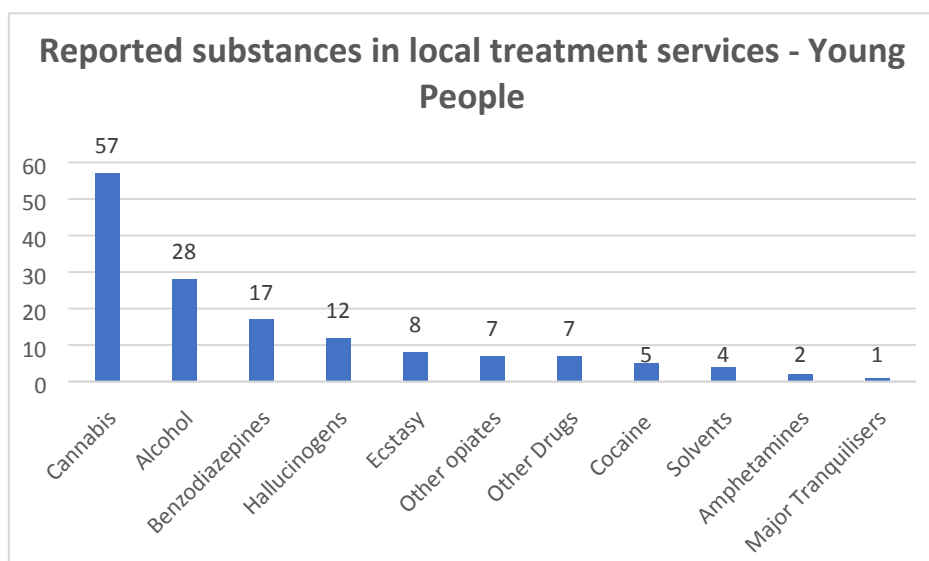
4. Substance misuse trends – Young People

The following graph shows a snapshot of what substances are reported by young people accessing local substance misuse treatment services. The picture is very different to that of the adults service. Primary cannabis users account for 78.5% of people in treatment. This is followed by alcohol users, forming 9.2% of the treatment population. There were a total 65 young people in treatment.



Of the 65 individuals in treatment at this point in time, 65% report using at least one other substance and 42% report using at least a further 2 substances. Unlike the adult population, young

people in treatment are more likely to report benzodiazepine, hallucinogen and ecstasy use. Whilst opiate and cocaine use is less common than in adults, there are some young people using these substances.



Looking at national data^v the picture is similar. Since 2005, young people are more likely to seek help for problem cannabis use and this remains the most common problem drug. Alcohol is the second most common substance reported by young people in treatment, although this has declined over the years.

5. Preventative interventions

a) Risk groups

Earlier this year, PHE published “The public health burden of alcohol: evidence review”^{vi}. The review looks at the impact of alcohol on the public health and the effectiveness of alcohol control policies.

In England, alcohol misuse is the biggest risk factor attributable to early mortality, ill-health and disability for those aged 15 to 49 years, and the fifth biggest risk factors for people of for all ages. Alcohol consumption has been identified as a factor in more than 200 health conditions, and is associated with social consequences such as loss of earnings or unemployment, family or relationship problems, and problems with the law. Many of these harms go beyond affecting the individual consuming the alcohol and extend to their wider social and familial network including their partner, child, friends, co-workers and even strangers.

Alcohol related risk can be determined by three main factors:

- The volume of alcohol consumed
- The frequency of drinking occasions
- The quality of alcohol consumed

There are also a number of individual risk factors that moderate alcohol-related harm:

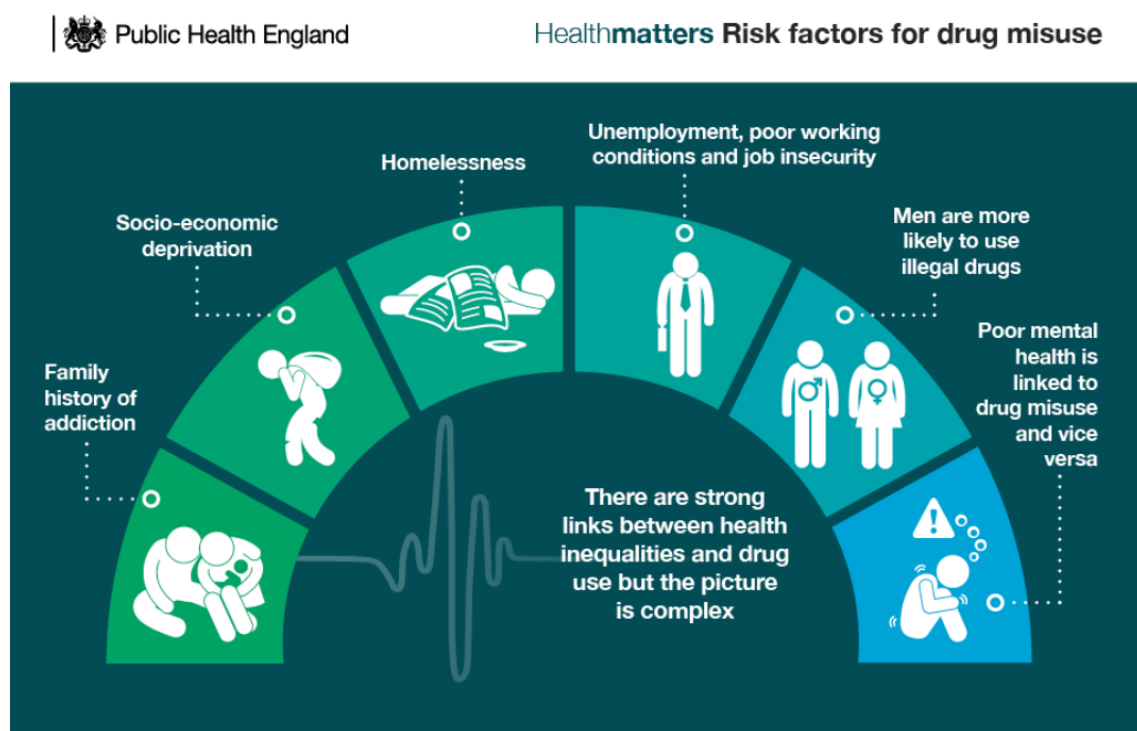
- Age: children and young people are more vulnerable to alcohol-related harm
- Gender: women are more vulnerable to alcohol-related harm from higher levels of alcohol use or particular patterns of drinking

- Familial risk factors: exposure to abuse and neglect as a child and a family history of alcohol use disorders (AUD) is a major vulnerability
- Socioeconomic status: people with lower socioeconomic status experience considerably higher levels of alcohol-related harm
- Culture and context: the risk of harm varies with the culture and context within which the drinking takes place, for example drinking while driving can result in serious penalties and harm
- Alcohol control and regulation: a critical factor in determining levels of alcohol-related harm in a country is the level and effectiveness of alcohol control and regulations

In 2017, NICE published its first guidance^{vii} on targeted interventions for drug misuse prevention. The guidance defines groups at risk of drug misuse in the following categories:

- People who have mental health problems
- People who are being sexually exploited or sexually assaulted
- People involved in commercial sex work
- People who are lesbian, gay, bisexual or transgender
- People who are not in employment, education or training (this includes children and young people who are excluded from school or who truant regularly)

Established risk factors for drug misuse



b) The human-socioeconomic costs of substance misuse

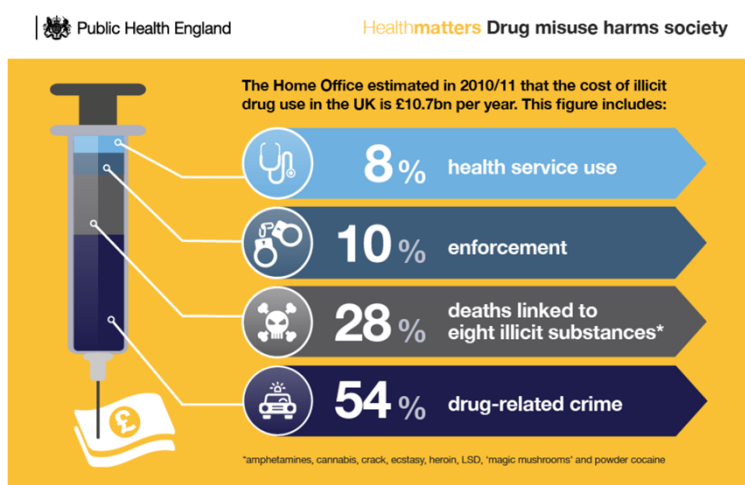
Alcohol-related harms can be tangible and can be given an economic cost, such as injuries, or can be intangible and almost impossible to cost such as emotional distress caused by living with a heavy drinker. The harms can be relatively mild, such as drinkers loitering near residential streets, or can be severe including death or a lifelong disability.

The direct costs of alcohol misuse are typically borne by government, whereas indirect costs tend to be borne by society at large, by the drinkers themselves, their families and their associates.

There have been numerous attempts to quantify the economic burden of alcohol, however it is likely that such evaluations capture only a fraction of the true 'cost' of alcohol-related harm.

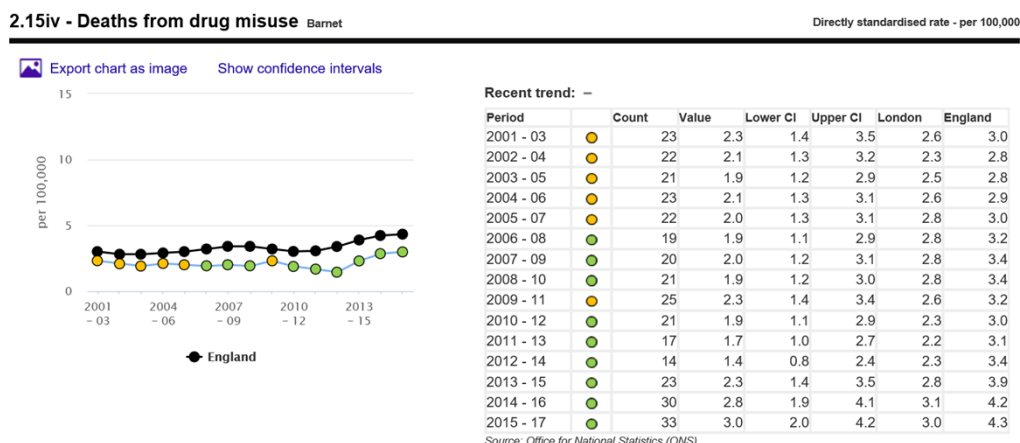
A Cabinet Office estimate placed the economic costs of alcohol in England at around £21 billion in 2012, equivalent to 1.3% GDP. This estimate included costs relating to alcohol-related health disorders and disease, crime and anti-social behaviour, loss of productivity in the workplace and problems for those who misuse alcohol and their families, including domestic violence. These estimates are now outdated, more recent studies indicate a cost closer to 2% GDP.

Similarly, drug misuse also impacts all those around the user and the wider society. The Home Office estimated in 2010 to 2011 that the cost of illicit drug use in the UK was £10.7 billion per year^{viii}. This is broken down as demonstrated in the following diagram.

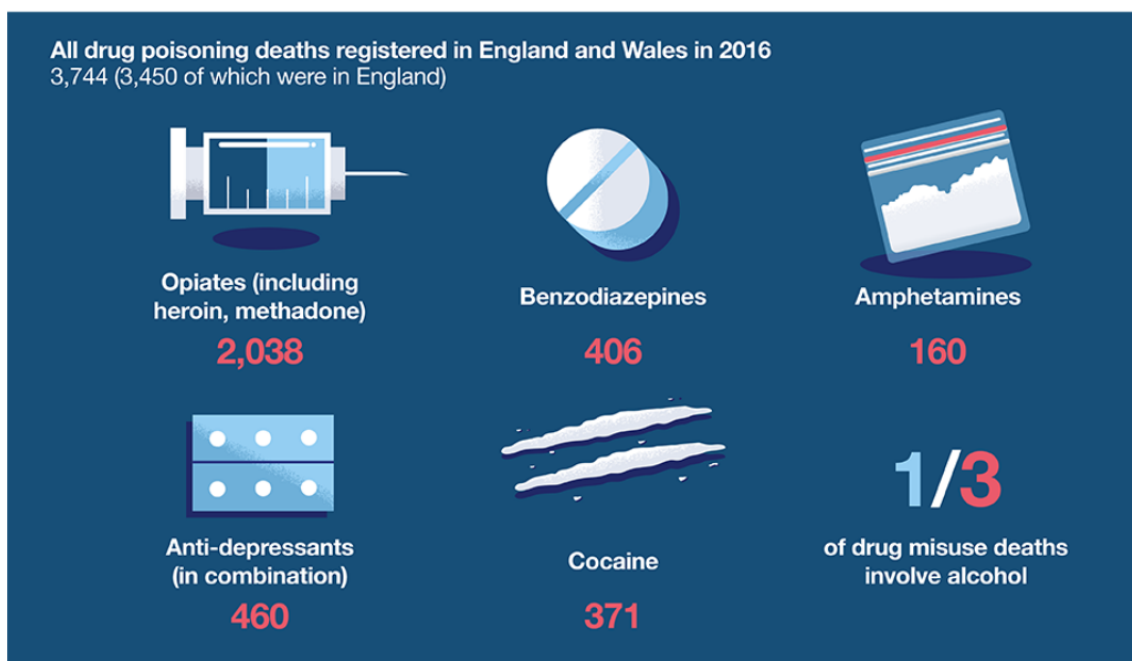


28% of costs relate to deaths linked to illicit substances. Deaths involving opioids (such as heroin) account for the majority of drug poisoning deaths. Heroin related deaths in England and Wales have more than doubled since 2012 to the highest number since records began 20 years ago. There are also a small but rising number of deaths involving new psychoactive substances and prescription/over-the-counter medicines, including pregabalin and tramadol.

In Barnet the rate of drug related deaths has remained steady. Although the graph below shows a gradual increase, this is not statistically significant. The Barnet rate is similar to London and below that of England.



Research has shown that every £1 invested in drug treatment results in a £2.50 benefit to society.



c) Barnet Prevention opportunities

Preventing alcohol related harm – what the evidence says:

As mentioned earlier in this report, the PHE report “The public health burden of alcohol: evidence review” looks at the impact of alcohol on the public health and the effectiveness of alcohol control policies. It indicates that the key influencers of alcohol consumption are:

- Price (affordability)
- Ease of purchase (availability)
- Social norms (acceptability)

The key ways in which these influencers can be impacted are as follows:

- **Taxation & price regulation**
Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement.
- **Regulating marketing**
Exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities.
- **Regulating availability**
Policies that sufficiently reduce the hours during which alcohol is available for sale – particularly late night on-trade sale – can substantially reduce alcohol-related harm in the night-time economy.
- **Providing information & education**
Whilst there is little evidence to suggest that providing information, education and labelling on alcoholic beverages is sufficient to lead to substantial and lasting reductions in alcohol-related harm, this remains an important component in any overall policy approach.

- **Managing the drinking environment**
Interventions delivered in and around the drinking environment lead to small reductions in acute alcohol-related harm. However, their implementation is resource intensive.
- **Reducing drink-driving**
Enforced legislative measures to prevent drink-driving are effective and cost-effective. Policies which specify lower legal alcohol limits for young drivers are effective at reducing casualties.
- **Brief interventions & treatment**
Health interventions aimed at drinkers who are already at risk (eg IBA - Identification and Brief Advice) and specialist treatment for people with harmful drinking patterns and dependence are effective approaches to reducing consumption and harm in these groups. Their success depends on large-scale implementation and dedicated treatment staffing and funding streams, without which they are less effective.
- **The policy mix**
Stronger overall policy environments are associated with lower levels of binge drinking and alcohol-related death. The Organisation for Economic Co-operation and Development (OECD) suggests that combining alcohol policies may result in changing social norms around drinking to increase the impact on alcohol-related harm.

Preventing drug misuse – what the evidence says:

The NICE guidance “Drug misuse prevention: targeted interventions”^{ix}, published in 2017, outlines ways that we can attempt to prevent or delay harmful use of drugs in children, young people and adults. Many of these recommendations are also applicable to alcohol misuse.

The key ways identified include:

- **Deliver substance misuse prevention activities to high risk groups and in settings where people may use drugs**
Offering information, advice and awareness raising in settings such as primary care, mental health services, sexual health services, health visiting, midwifery, criminal justice services, A&E, hostels, nightclubs, festivals and gyms (to target people using image and performance enhancing drugs)
- **Screening, identification and brief advice**
Assessing whether someone is vulnerable to substance misuse at opportunistic and routine appointments with statutory and other services such as those listed above. Where vulnerability is identified, brief intervention should be offered.
- **Skills training for vulnerable children and young people**
Skills training aims to increase resilience and reduce risk by helping vulnerable young people develop appropriate skills such as conflict resolution and managing stress.

Local prevention opportunities – putting the evidence into practice

Although many of these options are reliant on national policy, there is opportunity to impact in some of these areas through a co-ordinated partnership approach across the council. The Barnet public health team recently completed the mini-CLeaR self-assessment tool^x. CLeaR is an evidence-based improvement model which stimulates discussion among partners about local opportunities for improving outcomes through effective collaborative working. It helps partnerships determine how the local structures and processes currently in place support a reduction in alcohol-related harm.

Many of the recommendations are also applicable to reducing drug related harm.

Although the full assessment tool is still to be completed, the initial findings suggest the following areas for improvement:

Leadership, vision & governance:

It is recommended that the Health and Wellbeing Board and Community Safety Partnership Board articulate a clear ambition for reducing alcohol harm which demonstrates a widely understood and shared vision for reducing alcohol (and drug) related harm. This should be demonstrated by strong oversight of the local substance misuse strategy and implementation plan.

Planning and commissioning services

It is recommended that an updated needs assessment is completed, addressing the needs of all at-risk groups, including offenders, the homeless, young people, women with complex need and alcohol misusers with co-existing mental health needs.

Further attention should be given to older adults, club-drug/NPS users and people using OTC/prescription medications.

It is recommended that the current plan for preventing and reducing alcohol harm is updated, and reflects current evidence base, current service configuration and how this meets need at population, group and individual level. The plan will also need to reflect capacity and resources available to achieve recommendations.

Improved joint commissioning between public health and other key stakeholders (such as community safety and health) when there is shared responsibility for planning and commissioning of services can reduce drug and alcohol related harm.

Routine, co-ordinated data sharing across local alcohol partners should be used to inform strategic planning and operational service delivery. For example, responding to alcohol related crime and disorder, informing licensing decisions and targeting services. Relevant indicators of alcohol related harm should also be reflected in KPI dashboards across partnership boards.

There are strong operational relationships between substance misuse, mental health, employment and housing providers however these could be strengthened strategically with common purpose reflected in strategy and commissioning.

Communications & Social Marketing

Whilst the public health team and provider deliver alcohol campaigns throughout the year, a partnership approach to campaigns could be beneficial. These should be targeted at specific audiences based on population segmentation with clear pathways into suitable advice, information and support. A Barnet One You website is being developed that will provide an excellent campaign platform. Further thought could be given to how population level messages are targeted at young people.

Alcohol Licencing

The evidence indicates that influencing local licencing policy is one of the most effective ways to prevent alcohol related harm. It is recommended that there should be improved recognition of alcohol-related harm in the local licensing policy with a commitment to use local crime, health and social care data to inform policy and planning.

Targeting risk groups

A more systematic approach to offering information, identifying need and offering support/brief intervention in “at-risk” groups could reduce alcohol related harm through earlier identification. This would include improved screening and brief advice across a range of primary, secondary and social care services including other settings such as criminal justice settings.

Improving the resilience of at-risk children and young people.

There are a range of programmes available to children and young people in Barnet that aim to improve resilience. Substance misuse information, advice and screening form a part of many of these, however further work can be completed to further develop this aspect.

6. References

ⁱ <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

ⁱⁱ <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>

ⁱⁱⁱ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658056/Adult-statistics-from-the-national-drug-treatment-monitoring-system-2016-2017.pdf

^{iv} <https://www.rcpsych.ac.uk/files/pdfversion/CR211.pdf>

^v https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664945/Young-people-statistics-report-from-the-national-drug-treatment-monitoring-system-2016-2017.pdf

^{vi} <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

^{vii} <https://www.nice.org.uk/guidance/ng64>

^{viii} <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>

^{ix} <https://www.nice.org.uk/guidance/ng64>

^x https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/690161/Local_alcohol_services_and_systems_improvement_handbook.pdf

Delivering safeguarding within the community safety agenda

26 Oct 2018

Safer Communities Partnership Board

Barnet Community Safety Team

AGENDA ITEM 9

Background context

- The latest annual refresh of the Barnet Safer Communities Partnership Community Safety Strategy contains an **increased focus on *safeguarding*** and on protecting people from violence, vulnerability and exploitation.
- A new overarching aim has been added to the strategy for 2018/19: *“The Safer Community partnership ensures the **safeguarding** of children and vulnerable adults affected by crime, anti-social behaviour and substance misuse.”*
- One of the 2018/19 priority outcomes in the Community Safety Strategy is, that: *“The Safer Communities Partnership provides a co-ordinated multiagency response to violence, vulnerability and the criminal exploitation of children and vulnerable adults.”*

Background context

- In addition to these explicit priorities, safeguarding is a cross cutting theme with implications for practice and delivery across each of the *seven priority objectives* in the Community Safety Strategy
- The following slides explore the links to Safeguarding in the following contexts:
 - Identifying and reducing risk to victims of anti-social behaviour
 - Violence Against Women and Girls
 - Prevent
 - Hate Crime awareness and access to justice for vulnerable adults

Identifying and reducing risk to victims of anti-social behaviour

Linked to Community Safety Strategy **Priority 1** (*Residents and businesses feel confident that the police and council respond to crime and ASB in their area*)

- The Barnet CS MARAC (Community Safety multi-agency risk assessment case conference) is focused on resolving complex, high risk anti-social behaviour cases.
- An important role of the CS MARAC is to identify underlying causes (of ASB issues) and any risk or **safeguarding** issues relating to the victim and/or offender
- The CS MARAC identifies and agrees a set of actions for each antisocial behaviour case in order to increase safety and **reduce risk**

Violence Against Women and Girls

Linked to Community Safety Strategy Priority 3 (The Safer Communities Partnership prevents violence against women and girls, improves outcomes for victims and their children and holds perpetrators to account)

- Safeguarding is a core component in the Barnet Violence Against Women and Girls (VAWG) Strategy 2017-2020
- Elements of safeguarding related delivery and training linked to the VAWG strategy include:
 - DV MARAC – focused on identification and reduction of risk to victims
 - The Barnet Domestic Violence and Abuse One Stop Shop
 - IDVA service provides Domestic Violence and Abuse assessments for referrals to MASH
 - Referral of children in the women refuges for CAF assessments
 - VAWG training - includes focus on identification of risk

Delivery of the Prevent Strategy

Linked to Community Safety Strategy Priority 7 (The Safer Communities partnership supports the boroughs diverse communities by ensuring there are effective and wide-ranging partnerships in place between the local authority, statutory and non-statutory partners, community groups and faith institutions that help mitigate risks from terrorism, extremism and hate crime)

- The Prevent Action Plan includes a specific section with actions relating to child safeguarding to ensure that children are protected from risks of radicalisation
- Adoption of the the relevant Pan-London Safeguarding Procedures
- Prevent Training is being delivered to local authority staff and staff operating across the partnership

Hate Crime awareness

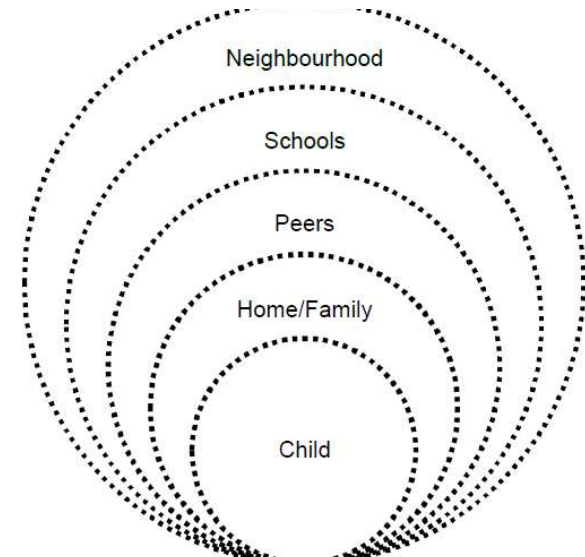
Linked to Community Safety Strategy Priority 7 (The Safer Communities partnership supports the boroughs diverse communities by ensuring there are effective and wide-ranging partnerships in place between the local authority, statutory and non-statutory partners, community groups and faith institutions that help mitigate risks from terrorism, extremism and hate crime)

Delivery:

- Barnet Zero Tolerance to Hate Crime project created as a result of the review of Hate Crime reporting in Barnet
- The project focuses on working to support victims of hate crime to report incidents and ensure an effective response (including regarding safeguarding concerns for victims)
- Over the last two years a programme of training on Hate Crime Awareness and Reporting has been delivered by the police , Community Safety Team and Barnet MENCAP to a range of voluntary and community sector organisations

Contextual Safeguarding

- *Contextual Safeguarding* is an approach to understanding, and responding to, people's experiences of significant harm beyond the family and home setting^{*1}
- Illustrative examples of harm encountered outside the home and family setting:
 - robbery on public transport,
 - sexual violence in parks and violence on streets,
 - online bullying and harassment from school-based peers
 - Underage sales of alcohol
- Many of these activities take place in the neighbourhood setting (e.g. the street, the park, commercial venue etc.)
- This creates a natural overlap with the places and locations focused on by the Community Safety Team through multi-agency ASB problem solving work
- Therefore an important element of the Community Safety response to Safeguarding will be working to promote the identification and support the effective response to place based contextual safeguarding concerns which are putting children and vulnerable adults at risk of harm



^{*1} See: <https://contextualsafeguarding.org.uk/assets/documents/Contextual-Safeguarding-Briefing.pdf>



Questions?

Email: BarnetCST@barnet.gov.uk

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Briefing Note

Safer Communities Partnership Board Meeting

Friday 26th October 2018

To: Partnership Board

From: Jamie Keddy, MOPAC

1. Purpose

The purpose of this briefing is to provide Barnet Partnership Board (SSPB) with a highlight of key activities of the Mayor's Office for Policing and Crime (MOPAC) since the last meeting.

2. Launch of the Mayor's Violence Against Women and Girls Strategy

On 9th March 2018 the Mayor published his refreshed VAWG strategy backed by a record £44 million investment up to 2020. The aim of the strategy is to make London the safest city in the world for women and girls, and that means every Londoner and every organisation playing their part to promote equality and to challenge sexist and misogynistic attitudes wherever they are encountered. The refreshed strategy follows the biggest in-depth consultation with survivors as well as Londoners, police and partners. It includes measures to tackle rape, sexual assault, Female Genital Mutilation (FGM), trafficking, controlling behaviour, forced marriages, stalking, harassment, and misogyny. The strategy is focussed around three main areas; prevention, tackling perpetrators and protection and support to victims. MOPAC provides significant indirect and direct funding to Violence Against Women and Girls services in the Capital. This includes:

- £7,965,355 funding to London boroughs via the London Crime Prevention Fund. This is 25% of the London Crime Prevention Fund 2017-2019 funding pot;
- £451,469 from the 2017 -2018 Small Grants Fund to a variety of Violence Against Women and Girls VCS services. Some of these projects are two to three-year programmes of work;
- In addition to this MOPAC has committed £5,551,000 in directly commissioned Domestic Abuse, Sexual Violence and Harmful Practice services in 2017/2018.

Work is being undertaken to deliver on the commitments included within the strategy, linking into key boards and programmes to drive this work forward including setting up task and finish groups where required to convene relevant stakeholders and partners

to develop collaborative approaches to some of the more challenging areas of the strategy which require a partnership response. In particular those which look at identifying risk regarding perpetrators and victims and those which will necessitate systems change in order to get the response right.

3. London Crime Prevention Fund

A decision on the allocations for the next two financial years is expected in w/c 15th October, and letters will be sent out to borough leaders and Heads of Community Safety in the same week. This decision has unfortunately been delayed due to conversations about softening of reductions and the provision of additional information to boroughs.

Following the announcement of allocations, there will be a four-week period for boroughs to develop and send in their project proposals. These will then be internally agreed, and notification of approval sent out. Grant agreements can then be drawn up. The aim is to have all projects agreed by the end of the calendar year. Further information on the process will be included in the allocation letters, and there will also be a guidance session for LHOCS.

Indicative figures show that Barnet will see an uplift in funding of about £20k compared with both 2018/19 allocation and 2018/19 spend.

4. Community Seed Funding & Young Londoners Fund

In the Mayors Knife Crime Strategy he committed to a new fund of £250k for Community Seed Funding. This has since changed with the Mayor announcing an additional £1.15m of new money for projects through his Young Londoners Fund. This takes the total to £1.4m.

A total of £1.4m has now been allocated to 43 anti-knife crime projects across the capital. Schemes across 19 boroughs will benefit from the new funding, including the ten boroughs most affected by knife crime. The money has been allocated to 43 anti-knife crime projects across London which will take effect in 19 boroughs including Barnet.

The 4Front Project Ltd (*Barnet*) - £46,042 to deliver a youth led intervention project for 75 young people involved in and affected by serious youth violence in Barnet over one year.

Further information

Should the partnership require further information on the above or any other aspects of MOPAC's work, please contact Jamie Keddy by email Jamie.Keddy@mopac.london.gov.uk

Safer Communities Partnership Board

26th October 2018
















Performance Dashboard

Barnet Community Safety Team


Crime figures in this report are provisional - to indicate trends and performance

Overview dashboard	page 3
Violent crime and ASB dashboard	page 4
Glossary	page 5

Overview dashboard - Summary dashboard A


		Recent Quarter		Recent 12 months performance (to Aug18)		Peer comparison		Monthly exceptions (unusually high or low volume)			
RAG	Positive / Negative factors	Volume (Jun18-Aug18)	Change vs. previous yr.	Volume	Change vs. previous yr.	Similar group rank	London rank	Aug-18	Jul-18	Jun-18	
	<ul style="list-style-type: none"> Increase in rolling 12 months Increase in last quarter vs. one year ago 	828	3%	3687	12%	15/15	21/33				
Residential Burglary	<p>Note: Note: MPS definitions of residential and non-residential burglary have changed with the new definition coming into effect Apr 2017. Under the new rules burglaries of sheds in gardens of dwellings are counted as 'residential'.</p>	Jun18: 207		Jul18: 204		Aug18: 206	15/15	28/32			
Burglary - business and community		Jun18: 62		Jul18: 75		Aug18: 74	14/15	22/32			
Robbery	<ul style="list-style-type: none"> Increase last quarter Rolling 12 month increase 9th lowest level of all 32 boroughs 	185	34%	754	38%	11/15	9/32				
Violent crime (VWI)	<ul style="list-style-type: none"> 2nd lowest of all 32 London Boroughs and 1st lowest of all 15 peer comparison boroughs Decrease in rolling 12 months vs. one year ago 	605	2%	2191	-3%	1/15	2/32				

Knife and gun crime


RAG	Positive / Negative factors	Current rolling 12 months (to 01/10/2018)	One year ago	Change vs. previous year	Date period covered
	•decrease vs. previous year	44	55	-20%	12 months to 01/10/2018
	•Increase vs. previous year	3	1	200%	12 months to 01/10/2018

Domestic Violence - Violence with injury

Recent 12 months performance

RAG	Positive / Negative factors	Barnet SD Rate (12 months to 01Oct2018)	Barnet SD Rate (one year ago)	Volume (12 months to 01Oct2018)	Change vs. previous year
	Decrease in reported DV DWI	21%	28%	753	3% decrease

Anti-social behaviour

RAG	Positive / Negative factors	RPS: Confidence Police and Council dealing with ASB	Change vs. previous period	Number of Repeat ASB calls (to 01Oct18)	Change vs. previous year	(Total ASB calls in period)	Date period covered
	<ul style="list-style-type: none"> •Reduction in repeat ASB calls •Decrease in total ASB calls •Decrease in confidence in Autumn17 Residents Perception Survey 	Barnet: 60% (Autumn 2017)	7% down	166	26% decrease	7926 (down 11% from 8861)	12 months to 01 Oct 2018

Term	Explanation
RAG	A red, amber, green flag based on the below criteria: Green – All performance indicators positive Amber – Mixed positive and negative performance indicators Red – All or nearly all performance indicators negative In the report the performance indicators upon which the RAG rating is based on are displayed next to the rating.
Latest Quarter	The most recent three months – Oct to Dec (unless stated otherwise – i.e. if data limitations necessitated a different time period)
Rolling 12 Months Performance	The rolling 12 months is the most recent 12 months (usually up to December 2013 unless stated otherwise). Rolling 12 months performance is the percentage change in the most recent 12 months compared to preceding 12 months (e.g. Jan 2013-Dec 2013 vs. Jan 2012-Dec 2012)
Peer comparison	Ranks Barnet in comparison with other boroughs based on rate of crimes per 1000 population (or in case of residential burglary per 1000 households). For the purposes of this comparison a rank of 1 is the best (i.e. the area with the lowest crime rate).
Similar Group Rank	A peer comparison (see above) comparing Barnet to similar boroughs / areas that have been selected due to demographic similarities (1 is best 15 th worst). * ¹ See at bottom of page for list of the peer areas.
London Rank	A peer comparison (as above) comparing Barnet's rate of crime to the other boroughs in London (1 is best, 32 worst).
ASB	Antisocial behaviour
PAS	Public Attitude Survey – a London wide survey of Londoners opinions carried out on behalf of the Met police, which breaks down results to borough level. Looks at numerous issues including crime, ASB and public confidence
FTE	First Time Entrant rate – rate of first time entrants into the criminal justice system per 1000 young people for a give area

*1, Barnet's 'Most Similar Group' of boroughs (used for peer comparison stats): Metropolitan Police – **Barnet**; Metropolitan Police – **Wandsworth**; Metropolitan Police – **Bromley**; Metropolitan Police – **Harrow** ; Metropolitan Police – **Croydon**; Dorset – **Bournemouth**; Metropolitan Police – **Ealing**; Sussex - **Brighton & Hove**; Metropolitan Police – **Sutton**; Metropolitan Police – **Brent**; Essex - **Southend-on-Sea**; Gloucestershire – **Cheltenham**; Sussex – **Eastbourne**; Metropolitan Police – **Enfield**; Metropolitan Police - **Waltham Forest**

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