AGENDA

KENT COMMUNITY SAFETY PARTNERSHIP

Thursday, 17th October, 2013, at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Denise Fitch**
Telephone **01622 6942369**
denise.fitch@kent.gov.uk

Tea/Coffee will be available 15 minutes before the meeting.

UNRESTRICTED ITEMS
(During these items the meeting is likely to be open to the public)

A. Committee Business

A1 Apologies

A2 Declarations of Interest

A3 Notes of meeting held on 17 July 2013 (Pages 3 - 8)

B. Matters for Discussion

B1 Management of offender with short term prison sentences of less than 12 months - Presentation

B2 Alcohol Strategy (Pages 9 - 38)

B3 Troubled Families (Pages 39 - 44)

B4 Funding of the Independent Domestic Violence Advisor (IDVA) Service Provision for Kent & Medway - 2014/15 (to be tabled at the meeting)

B5 Joint Media and Communications Campaign (Pages 45 - 48)

B6 Kent Community Safety Agreement - Performance Update and Development of a New Agreement (Pages 49 - 62)

C. Matters for Information

C1 Information governance and its implications on Community Safety (Pages 63 - 66)

C2 Approval of KCSP Funding Bids - September 2013 (Pages 67 - 70)

C3 Dates of meetings in 2014

Would you please note that the meetings for the Partnership will be held on the following dates in 2014.

Tuesday 18 March 2014
Tuesday 8 July 2014
Thursday 16 October 2014

All meetings will start at 10.00am and be held in the Darent Room, Sessions House, County Hall, Maidstone.

RESTRICTED ITEMS

(During consideration of these items the press and public will be excluded from the meeting)

D1 DHR Update (to be tabled at meeting)

D2 Prevent - Presentation

Wednesday, 9 October 2013

KENT COUNTY COUNCIL

KENT COMMUNITY SAFETY PARTNERSHIP

NOTES of a meeting of the Kent Community Safety Partnership held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 17 July 2013.

PRESENT: Mr P M Hill, OBE (Chairman), Mr David Coleman (Vice-Chairman), Dr S Beaumont, Ms S Billiald, Mr S Bone-Knell, Ms H Carpenter, Mr J Carmichael, Cllr P Hicks, Ms A Gilmour, Mr J Littlemore (Substitute for Ms Z Cooke), Ms M Peachey, Acting Chief Superintendent A. Rabey, Cllr M Rhodes, Mr M Roberts (Substitute for Mr J A Kite, MBE), Chief Inspector L Russell and Mr C Turner

ALSO PRESENT: Mrs A Barnes, Ms D Cartwright, Mrs K Chapman and DCI A Pritchard

IN ATTENDANCE: Mr J Parris (Community Safety Manager)

UNRESTRICTED ITEMS

23. Minutes of the meeting held on 19 March 2013
(Item A3)

(1) It was noted that the report from Sarah Billiald on changes to the management of offenders who received sentences of less than 12 months would be submitted to the October meeting of the Committee.

(2) The notes of the meeting held on 19 March 2013 were agreed as a true record and signed by the Chairman. Actions from the last meeting were noted.

Action: Sarah Billiald

24. Update on New Independent Domestic Violence Advisor (IDVA) Service Provision for Kent & Medway.
(Item B1)

(1) Chris Turner (Kent Criminal Justice Board) presented a report on the new Independent Domestic Advisor Service for Kent and Medway which had commenced on 8 April 2013 and tabled their first quarters performance report. He explained that although in the first quarter they had 412 clients across Kent and Medway it would only be possible to report on outcomes when the cases were closed, so this information would not be available until the second quarter.

(2) Deborah Cartwright (Kent Drug and Alcohol Action Team) reported on funding that had been secured to provide a more intensive service for young people, children and more complex clients. Work was being undertaken to ensure that IDVA were placed in one stop shops in every District. She also referred to the training that was being provided to other professionals including police in order to build knowledge and capacity in other organisations.

(3) The Partnership asked questions and made comments which included the following:

- The importance of ensuring that every District received a consultant service from the IDVA was emphasised.
- Regarding the safeguarding and support for children in Domestic Abuse situations, Mrs Barnes stated that she would welcome views on the possible commissioning of services for these children. Alison Glimour welcomed this opportunity.
- The importance of ensuring that funding arrangements were for a minimum of 3 years was emphasised.
- It was important to ensure that the work of the IDVA service was joined up with the Troubled Families scheme.

It was noted that there would be an item on the future funding of this service at the next meeting of the Committee

Action: Chris Turner

25. Kent Police and Crime Commissioner and Kent Police and Crime Panel - First 6 months
(Item B2)

The Charman reported that this item has been withdrawn and that there would be a joint report from the Police & Crime Commissioner and the Head of Community Safety & Emergency Planning submitted to the next meeting of the Committee.

ACTION: Stuart Beaumont and Mrs Barnes

26. Engaging Clinical Commissioning Groups - verbal update
(Item B3)

(1) Hazel Carpenter (NHS – Community Commissioning Groups (CCGs)) gave a short presentation which included a map showing the eight CCG's in Kent and Medway and a summary of the CCG's commissioning responsibilities.

(2) Hazel explained that in relation to funding the CCG's wanted to understand the impact that they could have with partners. She acknowledged that the CCG's were not coterminous with District Council's, but they were learning how to have the most impact in local areas. They were trying to make sense of the West Kent/East Kent situation whilst remaining rooted in the localities.

(3) In response to a question, Hazel explained that formal complaints relating to GP's would go to NHS England for consideration and there was a specific NHS England team for Kent.

(4) The Chairman thanked Hazel for her presentation and update.

27. Living in Fear - better outcomes for people with autism and learning disabilities -Presentation
(Item B4)

(1) Colin Guest (MCCH) and DCI Andy Pritchard (Kent Police) gave the Committee an update on the Living in Fear project for people with autism and learning difficulties. Colin explained that this project had been established with lottery funding in 2010. It was a joint project between MCCH and Kent Police. He would be seeking the partnerships comments and input into the recommendations which were the result of three years of in depth research with a view to publishing the findings in October 2013. He stated that at a recent steering group meeting it was clear that those with autism and learning difficulties were victimised more than others and that most of this victimisation was personal.

(2) Andy stated that there were a lot of recommendations for the police in the report which included support for these type of victims of crime and how to facilitate them speaking to the Police. This was a vulnerable group who found it hard to access support services but were more likely to be the victims of crime. This was a pioneering piece of work and it was important that this was taken forward by a multi agency partnership.

(3) Mrs Barnes offered to facilitate a seminar to look at the outcome of this research.

Action: Mrs Barnes

(4) The meeting noted the report and that the draft recommendations would be shared with partners for comments.

Action: Honey-Leigh Topley (KCC)

28. 'Focus on your Safety' - Kent Fires draft strategy for Community Safety
(Item B5)

(1) Sean Bone-Knell (Kent Fire and Rescue Service) introduced the “Focus on your Safety” strategy and invited comments on this draft five year community safety strategy.

(2) Meradin Peachey (Director of Public Health) welcomed the strategy’s focus on prevention and in particular the visits to vulnerable people by a specialist team. She stated that she would talk to colleagues in Health regarding accessing this type of support for vulnerable people returning home from hospital but there may be an issue around sharing confidential data.

(3) Sean explained that the draft report would be going back to the Kent and Medway Fire and Rescue Authority Board for approval in October 2013 and would then be available to partners.

(4) The Chairman encouraged colleagues in the Kent and Medway Fire and Rescue Service to get involved with the Troubled Families initiative.

(5) The Partnership noted the draft strategy.

29. Kent and Medway Strategic Plan for Reducing Reoffending 2012-2-15 - Annual progress report and Plan refresh (to follow)
(Item B6)

(1) Sarah Billiald introduced a report on the end of year progress review and proposed plan refresh of the Kent and Medway Strategic Plan of Reducing Reoffending 2012-15. She gave an overview, setting out the headline figures and stated that the reoffending figures in Medway had come down more than those in Kent and it was important that the best practise that had achieved this was shared. The gaps that had been identified in the partnership which supported this strategy were in relation to finance and debt. She stated that welfare reform posed a challenge and that they would be working with Job Centre+. Sarah also referred to the previous Integrated Offender Management Strategic Board and the importance of understanding its successes and the reasons behind them. She emphasised the importance of identifying best practise and sharing it across the County.

(2) Reference was made to the risks set out on page 9 of the report, especially as there would be a diverse range of service providers. Sarah confirmed that there would be a detailed presentation to the Community Safety Partnership in the autumn. She stated that a range of providers would have greater flexibility than one provider, and that the greatest risk would be in the transition.

Action: Sarah Billiald

(3) The Partnership noted the annual report.

30. Briefing Paper on the Current and Future Sexual Assault Referral Centre (SARC) provision in Kent
(Item B7)

(1) Meradin Peachey and Tim Smith (Kent Police) introduced a report which provided an update on the Sexual Assault Referral Centre (SARC) provision in Kent in Kent. Meradin stated that although the number of people needed to access this provision was smaller that the number of people needing to access domestic abuse services, it was still a significant matter for those people involved. Tim stated that the level of investment in the SARC remained static, there were positive moves towards integrated care and suites across the county were providing excellent care. For a county the size of Kent it was the collective view that there needed to be a SARC in the county. However, there was a difficult debate to be had around sustainable investment.

(2) Mrs Barnes stated that one of her top priorities was to get a functioning SARC for Kent. She had used all her influence to get a good stakeholder group which had looked at three and possible sites. She stated that the SARC would be centrally sited in Maidstone.

(3) The Partnership noted the progress made to establish a SARC in Kent.

31. Kent Community Safety Agreement - Performance Update and Development of a New Agreement
(Item B8)

(1) Jim Parris introduced a report which outlined the development of the next Kent Community Safety Agreement (KCSA) for 2014-17, the progress in relation to the current agreement for 2013-14 and its associated action plans. He explained that it was proposed to hold workshops in the autumn to assist with the development of the new KCSA. It was intended that the new KCSA would be in place in time for the new Police Plan.

(2) Colleagues from Kent Police updated the partners on the reduction in burglary which was due to the successful targeting of the spike in activity by putting in dedicated resources. Violence was still an issue and an operation was being run in Kent Police to focus work on reducing violent crime.

(3) Sarah Billiald referred to the strong case for the use of restorative justice which had been very successful in reducing re-offending.

(4) The Partnership noted the report and the steps to be taken to develop the next KCSA.

Post meeting note: As requested at the meeting the following information has been provided by Angela Slaven in relation to CSA performance monitoring for substance misuse – "The reason the number of successful completions has dropped so markedly is due to a number of issues. One is the way the figure is calculated, last year if 10 people left treatment with five doing so successfully this was counted as 50% success rate. However, now the five are compared to the whole treatment system including those who left treatment within the last year and have not re-presented to the treatment providers. As you can see this impacts hugely on percentages.

We have had new providers in place and when there is a change in provider all existing clients are closed on the old provider and re-opened on the new provider; all these are counted as unsuccessful completions."
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32. Date of next meeting - 17 October 2013 at 10.00am
(Item B9)

It was noted that the next meeting of the Partnership would be held on 17 October 2013 at 10.00am.

Committee in closed session

The press and public were excluded for consideration of the following business.

33. Youth Related Issues
(Item B10)

(1) Lee Russell updated the Partnership on a number of Youth related issues in Kent and the action being taken to address them. The importance of information sharing between the partners was emphasised.

(2) The Partnership noted the update.

34. Domestic Homicide Reviews (DHRs)
(Item B11)

(1) Alison Gilmour introduced a report which provided an update for Members of the Partnership regarding the delivery of Domestic Homicide Reviews across Kent and Medway to fulfil the statutory requirements as set out in Schedule 9 of the Domestic Violence, Crime and Victims Act 2004.

(2) The Partnership noted the report.

35. Community Safety Conference on Vulnerable Adults

Jim Parris offered to organise a Community Safety Conference on Vulnerable Adults in 2014. Partners were requested to email Jim if there would be interested in this Conference being arranged.

By: Colin Thompson, Public Health Specialist, Kent County Council

To: Kent Community Safety Partnership (KCSP), 17th October 2013

Subject: Kent Alcohol Strategy 2013-2016

Classification: Unrestricted

1. Purpose

1.1 To inform and seek comments from the KCSP regarding the Kent alcohol Strategy 2013-2016.

2. Background

2.1 The strategy builds from the previous Kent Alcohol Strategy 2010-2013. This draft strategy will go for public consultation via the Kent County Council website. It will take account of appropriate amendments from the consultation and a final version will be taken to the Kent Health and Wellbeing Board for final approval.

2.2 It has been developed via input from a range of partners including Public Health, Commissioned Services, Kent Police, Trading Standards and Community Safety.

3. Kent Alcohol Strategy 2013-2016

3.1 The strategy sets the context in which agencies across Kent will work to address the problems associated with alcohol use across the county. It encourages partnership and joint working to create a healthier and safer population by reducing the level of individual and community harm related to alcohol misuse.

3.2 There are six key areas underpin the strategic framework:

- Prevention and identification
- Enforcement and responsibility
- Treatment
- Local Action
- Vulnerable groups and inequalities

- Children and young people

3.3 A section has been developed for each key area that explores current action, the planned activity for the future and how we will know it has been successful.

4. Implementation

4.1 A strategy implementation group will monitor progress on the strategy. This group will meet on a quarterly basis to monitor progress and will review the strategy on an annual basis.

4.2 The group will develop an action plan with a timeline and agreed responsibilities to ensure that actions developed will be focussed on achieving the outcomes within the strategy. They will have the role of ensuring delivery plans and individual actions are robust and enacted (refreshing them on a periodic basis), and that partners undertake their assigned responsibilities.

5. Recommendations:

5.1 KCSP members are asked to note the Kent Alcohol Strategy.

5.2 To recognise how this assists the wider objectives of the KCSP and how all partner agencies can continue to work together in the future.

5.3 To provide feedback on the Strategy during the consultation ahead of its final approval.

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Kent Alcohol Strategy 2013-2016

Contents

FOREWORD Since the development of the last Kent alcohol strategy (2010-2013), the County has made good progress on addressing the impact of alcohol on individuals, families and communities. It is particularly pleasing to see that there is a reduction in the number of young people admitted to hospital due to alcohol misuse.

The vast majority of people in Kent enjoy using alcohol sensibly and drink within recommended guidelines. Kent is generally a safe place to go out socialising and many towns have a vibrant night time economy. However, some indicators relating to alcohol harm have increased such as higher numbers of liver deaths and hospital admissions related to alcohol and it is paramount that we take action to reverse the trend in such instances because alcohol-related harm is largely preventable. The social, economic and health impacts of alcohol are often identified with disadvantaged communities, but this can overlook the fact that alcohol harm affects all aspects of our population regardless of age, income, gender or ethnicity.

This is an exciting and changing time to make progress on alcohol related harm because there have been recent structural changes that offer new commissioning opportunities. These changes include a large shift of public health professionals transferring over from the NHS to local authorities and The National Treatment Agency (NTA) becoming a part of Public Health England, a new organisation responsible for the provision of public health services including drug and alcohol prevention and treatment. Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards have recently been established and it is essential that there are close partnerships to ensure there is effective identification of people at risk and closer integration of the treatment process. The Public Health Outcomes Framework has been in operation since April 2013 and focuses on the performance of high-level outcomes to be achieved by local authorities across the public health system. The framework includes a number of outcomes that relate to alcohol misuse, either directly or indirectly: these include reducing the under-75 mortality rate from preventable liver disease, reducing the under 18 conception rate, increasing the successful completion rate of drug treatment and reducing the violent crime rate.

This strategy has been produced in partnership with the many stakeholders from across Kent and organisations directly involved with addressing the effects of alcohol across the County, including Public Health Kent, Kent Police, Trading Standards and the Kent Drug and Alcohol Action Team (KDAAT). We hope that you find this strategy informative and focused on the right priorities to deliver results and we look forward to working with you to reduce the impact caused by alcohol harm in Kent.

Meradin Peachey, Director of Public Health, Kent County Council

Acknowledgements

This Strategy has been prepared by Colin Thompson, Public Health Specialist at Kent County Council. Colin.thompson@kent.gov.uk

The following people are acknowledged for their valuable input;

Katie Latchford, Community Development Team Leader
Jessica Mookherjee, Consultant in Public Health, Kent County Council
Liz Osbourne, Commissioning Officer, Kent Drug and Alcohol Action Team, Kent County Council
Jim Parris, Community Safety Manager, Kent County Council
Gaby Price, Commissioning Officer, Kent Drug and Alcohol Action Team, Kent County Council
Jason Reilly, Principal Trading Standards Officer, Kent County Council
Inspector Ian Sandwell, Strategic lead for drugs and alcohol, Kent Police
Richard Strawson, Trading Standards Manager, Kent County Council
Di Wright, Head of Commissioned Services, Kent County Council

We would also like to acknowledge people attending the alcohol strategy consultation event earlier this year for their input.

This document is a draft and will be distributed for wider consultation. A working strategy group has been established to oversee the development and will be responsible for monitoring progress with the implementation of the strategy.

Introduction

The majority of people in Kent and the UK consume alcohol responsibly. In moderation, alcohol consumption can have a positive impact on adults' wellbeing especially where this encourages sociability. Well-run community pubs and other businesses form a key part of the fabric of neighbourhoods, providing employment and social venues in local communities. The alcohol industry also contributes to the economy (Home Office, 2012).

However, excessive consumption of alcohol is a growing problem in Kent and across the Country. Liver disease is the 5th largest cause of death in England. The average age of death from liver disease is 59 years, compared to 82-84 years for heart & lung disease or stroke, with a 5-fold increase in the development of cirrhosis in 35-55 year olds over the last 10 years (Moriarty, 2010).

The Government's Alcohol Strategy written in March 2012, identifies 1 million alcohol related crimes and 1.2 million alcohol related hospital admissions nationally (Home Office, 2012). National and local alcohol strategies seek to reduce this figure. The Government Alcohol Strategy also highlights some stark national figures relating to alcohol harm and the costs associated with that harm: The cost of alcohol misuse to the NHS in England is £3.5 billion per annum (2009 to 2010). The cost of alcohol related crime in England is £11 billion per annum (2010 to 2011). The cost of lost productivity in the UK is £7.3 billion per annum (2009 to 2010). The strategy primarily focuses on the importance on preventing and reducing the impact of alcohol on crime and disorder across the UK. The government acknowledges that cheap alcohol is too readily available and that this has contributed to the increase in alcohol related harm. The Government strategy states that; "Over the past 40 years, alcohol consumption in the UK has doubled, with a significant increase in drinking at home. Sales from supermarkets and off licences now account for nearly half the amount of alcohol sold in the UK." It makes reference to the fact that the government has consulted on introducing a minimum price per unit, with the aim of legislating so that alcohol will not be allowed to be sold below a defined price of 45p per unit of alcohol. However, it is unlikely at the moment that this will be implemented.

Kent like many regions in the UK experiences the widespread impact of alcohol misuse. Excessive drinking is a major cause of disease, accounting for 9.2% of disability-adjusted life years (DALYs) worldwide with only tobacco smoking and high blood pressure as higher risk factors.

The Kent Joint Strategic Needs Assessment chapter on alcohol (2012) identified alcohol misuse as a significant area of need, requiring urgent attention. Synthetic estimates are calculated by the North West Public Health Observatory which suggest that 209,260 adults in Kent are drinking at 'increasing risk' levels (22-50 units a week for men and 15-35 units for women). 49,843 drink at 'high risk' levels, showing evidence of harm to their own physical and mental health, and 30,423 people have a level of alcohol addiction (dependency).

In 2009-10, approximately 24,682 people in Kent admitted for alcohol related harm (Equivalent to 1,416 per 100,000 population) These figures reflect not only

admission for alcohol specific conditions (e.g. alcoholic mental or behavioural problems and alcoholic liver disease) but also the significant contribution of alcohol misuse to increased cardiovascular, gastroenterological and cancer admissions: also admissions due to accidents on the road, in the workplace and in the home (including falls).

Estimates from the North West Public Health Observatory show in the 2012 Health profile for Kent that there are 23.1% of the population over 16 years old that are estimated to be either increasing or higher risk of drinking across Kent, this is higher than the England average of 22.3% and equates to 272,258 people, given the population above 16 years old is 1.18 million.

Alcohol-related hospital admissions have risen sharply over the last few years. To help reduce the rate of this, the Department of Health (2009) released seven 'High Impact Changes' designed to highlight practical measures that can be implemented at a local level.

High Impact Changes for Alcohol

- Work in partnership
- Develop activities to control the impact of alcohol misuse in the community
- Influence change through advocacy
- Improve the effectiveness and capacity of specialist treatment
- Appoint an alcohol health worker
- Provide more help to encourage people to drink less through identification and
- brief advice
- Amplify national social marketing priorities

This document sets the context in which agencies across Kent will work to address the problems associated with alcohol use across the county. The strategy encourages partnership and joint working to create a healthier and safer population by reducing the level of individual and community harm related to alcohol misuse. There are six key areas underpin the strategic framework:

- Prevention and identification
- Enforcement and responsibility
- Treatment
- Local Action
- Vulnerable groups and inequalities
- Children and young people

Prevention and indentification

This section details current and planned work on prevention for adults. Prevention for young people is covered in the section on children and young people.

What we know

Opportunistic screening and brief interventions for adults is likely to contribute to the primary outcome of reducing alcohol-related harm and alcohol-related hospital admissions by targeting the delivery of screening and brief interventions to selected populations at an appropriate time and in an appropriate setting reducing alcohol consumption in those drinking at hazardous and harmful levels. This method will also improve rates of identification and referral to specialist treatment for those suffering from significant alcohol dependence and harmful drinkers who have not responded to Brief Interventions.

Identification and Brief Advice (IBA) is a simple method of finding people with an increasing or higher risk of alcohol use (Identification) followed by simple alcohol advice (Brief Advice). The evidence shows that it can be an effective method when delivered to those who drink at "increasing" and "higher" risk levels (Moyer et al. 2002). The objective of IBAs is to motivate and encourage behaviour change related to alcohol use. The 2007 National Alcohol Strategy stated that early intervention, if consistently implemented across the UK, would result in 250,000 men and 67,500 women reducing their drinking from increasing or higher risk to low risk each year. The research evidence shows that the number needed to treat (NNT) in offering screening and brief interventions is eight. This means that for every eight people treated one will change their behaviour (Moyers et al. 2002). This is considerably lower than for smoking cessation, which has a NNT of around 35 or higher (Stead et al. 2008), thus highlighting the potential impact that screening and brief interventions can have. To meet the England average figures for increasing or higher risk drinkers, Kent would need to achieve an alcohol misuse reduction of 9,118. Using the NNT ratio, this would require 72,944 IBAs to be conducted.

Alcohol IBA and referral to treatment services is not routinely undertaken by all health care professionals as part of the diagnosis and referral process. This is especially relevant for cancer, gastro and CVD services (notably hypertension and stroke), where alcohol misuse can predispose to and exacerbate the condition.

NICE guidance (NICE 2010) states that it is important to work with clinical experts and partner agencies to identify potential settings where opportunistic screening, brief advice and extended brief intervention services could be implemented. Targeted settings will typically be frequented by groups who may be at an increased risk of alcohol-related harm. These may be outside of health or social care settings such as criminal justice, housing and education.

What are we doing

- IBAs are currently offered at some GP practices across the county as part of a Directed Enhanced Service (DES). This is only offered to newly registered patients. IBAs are also included as a component of the health check that is given to people at specific ages.

- Kent currently provides approximately 3% of the recommended IBA treatment capacity for increasing risk and higher risk drinkers and demand is likely to increase.

What we aim to do and how

- We will identify a greater number of people across the County ensure they are offered appropriate support. This will be done by developing a Local Enhanced Service (LES) for IBAs in the primary care setting and by improving access to them from outside healthcare settings. This could include Hospital Departments, Families and Social Care staff, housing professionals, Health Trainers and Pharmacies.

- We will ensure that training is offered to staff across a number of agencies to carry out IBA. The training will help professionals in identifying individuals whose drinking might be impacting on their health by delivering simple, structured advice.

- We will produce a marketing action plan that will ensure that campaigns will be consistent with pan-Kent branding and use and clear, accurate and focussed messages. Campaigns will be evidence-led social marketing campaigns to foster a responsible drinking culture. This could utilise information from the segmentation tool developed by the Department of Health to direct the social marketing work.

- We will maximise on marketing activity that is already trusted by utilising existing branding to include responsible alcohol promotion (Change 4 life campaign and Healthy Passport Scheme).

How will we know we have achieved our aims?

- There will be an increase in the number of people screened for alcohol misuse in targeted settings

- There will be an increase in the number of brief advice and brief intervention sessions delivered both in primary care, hospital and non-health settings

- There will be an increase in the number of referrals for specialist assessment in community-based alcohol treatment services

- There will be an increase in the uptake of treatment in community-based alcohol treatment services following referral

- There will be a reduction in alcohol-related hospital admissions and mortality. This will include a contribution to a reduction in chronic liver mortality.

- There will be a range of effective campaigns will be conducted that will be targeted and specific in raising awareness in specific population groups.

Enforcement and responsibility

What we know

Kent has a vibrant night-time economy that contributes to the County's prosperity as well as its cultural and social life. There are established partnerships that work closely together in ensuring there is responsible practice towards a sensible drinking culture. This is in line with NICE guidance that recommends that it is important to work in partnership with the appropriate authorities to identify and take action against premises that regularly sell alcohol to people who are under-age, intoxicated or making illegal purchases for others (proxy sales).

Kent Police developed a Night Time Economy (NTE) strategy in the spring of 2013. It has a number of key aims that include;

- Creating town, city and rural environments where residents, workers and visitors are safe and feel safe.
- Actively seek to reduce alcohol related violence in our town and city centres, and rural areas.
- Promoting a responsible attitude towards alcohol through the Kent mulit-agency Alcohol Strategies.

Kent County Council Trading Standards have an alcohol strategy with the principal aim of protecting young people from the adverse effects of alcohol. This is done via means of providing effective advice and proactive under age sales enforcement.

Kent Community Alcohol Partnership (KCAP), is a partnership between Kent County Council, Kent Police, the Retail of Alcohol Standards Group (RASG), district councils and health authorities. Trading Standards are the lead agency for this Partnership and a county-wide Operational Group meets regularly to ensure consistency across the various schemes in the county with tactical groups formed to bring together all the local leads for each of the partners. KCAP aims to change attitudes to drinking by:

- Informing and advising young people on sensible drinking
- Supporting retailers to reduce sales of alcohol to underage drinkers
- Promoting responsible socialising
- Empowering local communities to tackle alcohol related issues.

They are unique in partnering with communities and business as well as relevant agencies. Their aim is to maximise opportunities for dealing with local concerns on alcohol related issues that need to be addressed. Partnership pilots ran in three areas of Kent in 2009. The key findings showed a reduction in residents' worries about antisocial behaviour and concerns about personal safety. Furthermore criminal damage in the pilot areas fell during the pilots by 28% overall. The Kent Community Alcohol Partnerships are recognised nationally as being of particularly good practice. A KCAP Toolkit was launched in June 2012 to enable any community group or organisation to establish a KCAP scheme with the support and encouragement of agencies such as Trading Standards. As a result of the toolkit,

additional KCAP have been formed to address issues raised by the community in relation to alcohol. Early indications show that these issues are being addressed.

The government's Public Health Responsibility Deal was launched in March 2011. The aim of this voluntary partnership is for businesses and influential organisations to work collaboratively to improve public health by creating the right environment for people to make informed choices that lead to healthier lives. Alcohol is one of the components of the responsibility deal and consists of a range of collective pledges that we can work in partnership with industry in order to promote a culture of responsible drinking. The pledges include;

- Working with industry to ensure that the majority of products on the shelf will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant.
- Providing simple and consistent information to both the off-trade(supermarkets and off-licences) and on-trade (e.g. pubs and clubs), to raise awareness of the unit content of alcoholic drinks, calorie content of alcoholic drinks, NHS drinking guidelines, and the health harms associated with exceeding guidelines.
- Working with industry to ensure effective action is taken to reduce and prevent under-age sales of alcohol.
- Working with communities to develop and support appropriate local schemes designed to address public health issues using a multi-agency framework. The Community Alcohol Partnerships are a good example of relevant work already underway.

What we are doing

Kent Police are involved in a range of activity on the alcohol and community safety agenda in relation to enforcement. This involves work on preventing, reducing and detecting crime and disorder. This includes working with partners to conduct targeted and specified operations to address identified issues in licensed premises, supporting Trading Standards with test purchasing operations and supporting other licensing initiatives.

Kent County Council's Trading Standards Service carry out intelligence led test purchasing operations where there are continuing problems of young people having access to alcohol. These can be concluded by the use of a licence review, penalty notices for disorder (PNDs) or prosecution. The number of test purchases have reduced recently because of a reduction in intelligence received concerning underage sales. However, the Service continues to offer proactive help and advice to businesses to ensure that sales do not take place.

The Trading Standards Service also assist local businesses by running targeted "Challenge 25" operations (testing businesses application of the nationally agreed policy of challenging individuals for suitable identification if they appear under 25). These are supported by advice and training for any business that fails to take the correct action in asking for proof of age to ensure their systems of preventing sales to those under age are robust.

Kent Community Alcohol Partnerships (KCAPs) have been established across the County and a KCAP "Toolkit" has been launched. This is a web based product which provides local communities with the opportunity to establish CAPs in their own neighbourhoods. The Trading Standards Service will continue to support the developments of these partnerships and plans are currently being made for the launch of another KCAP in the Ashford area.

What we aim to do and how

- We will work with Kent Police who will continue to provide a robust Police presence in the NTE in response to demand.

- We will tackle underage alcohol sales by ensuring that a range of partners are contributing to intelligence that can be shared and acted on by trading standards.

- We will ensure that any amendments to the Licensing Act is understood and implemented following government consultation and ensure that the Licensing Act enables the delivery of an effective framework for the enjoyment of alcohol within Kent's communities. We will be actively engaged in any future consultations.

- We will investigate examples of good practice around the Country, considering the feasibility of introducing them in Kent with the aim of ensuring we are adopting best practice. Good examples already in place include Dover District Council's adoption of Suffolk's "Reducing Strength" initiative aimed at preventing the sale of super-strength alcohol from off-licenses. Ideally, Kent will be soon be in a position to share its own best practice with other areas, as was done with the Community Alcohol Partnerships.

- We will consider increasing the number of Community Alcohol Partnership areas to expand their positive impact.

- We will work with local alcohol industry around sign up to the Public Health Responsibility Deal

How will we know we have achieved our aims?

- We will monitor the level of under 18 hospital admissions wholly attributed to alcohol for each district.

- We will improve information sharing between partner agencies to help inform future data monitoring.

- We will monitor organisations across Kent that have signed up to the Public Health Responsibility Deal around alcohol.

- We will highlight and document any sharing of good practice with other areas. This will be included in the Annual Public Health Annual Report.

- We will monitor community Alcohol Partnership successes and new partnerships will be reported at KCAP quarterly steering group.

Treatment

What we know

Data from the National Alcohol Treatment Monitoring System (NATMS) in 2009/10 show that only 1 in 10 harmful or dependent drinkers aged 18 years and over is currently receiving specialist alcohol treatment. This may be due to the delay between developing alcohol dependence and seeking treatment, the limited availability of alcohol treatment services in some parts of England and under-identification by health and social care professionals (NICE 2011)

We know that close liaison with hospitals can be effective at identifying patients who need support and increasing better treatment access. A programme of intensive care management and discharge planning delivered by an Alcohol Liaison Nurse in the Royal Liverpool Hospital was shown to prevent 258 admissions or re-admissions resulting in about 15 admissions per month saved. Economic analysis of such an appointment in a general hospital suggested that it was highly cost effective with the potential of saving ten times more in reducing repeat admission than the cost of the programme(Department of Health 2009).

Brief interventions which can be conducted in general health care settings, can help patients reduce at risk. Brief interventions are generally restricted to four or fewer sessions, each session lasting from a few minutes to 1 hour, and are designed to be conducted by health professionals who do not specialize in addictions treatment. The evidence base suggests (National Treatment Agency 2006) that brief interventions are effective for increasing risk and higher risk drinkers. The NICE guidance states that Brief Interventions can help people to reduce the amount they drink to lower-risk levels and reduce risk-taking behaviour as a result of drinking alcohol or to consider abstinence (NICE 2010).

What are we doing

Specialised Treatment services are available across Kent in a wide range of settings. A variety of interventions can be accessed by those in need of help for either their own or someone else's alcohol use. The system across Kent is aimed at recovery and reintegration. There are two providers delivering the recovery services for adults, Crime Reduction Initiative (CRI) in west Kent and Turning Point in east Kent. KCA are the provider across Kent for young people. There is a range of currently provided interventions including; Advice & Information, Structured Psychosocial Interventions, Medication, Harm Reduction, Family Therapy, Group Therapy, Peer Led Activities, Ambulatory & Community Detoxification and assessment & referral to Inpatient Detoxification and Residential Rehabilitation Units. All treatment may be accessed via hub sites or outreach venues.

What we aim to do and how

- We will contribute to reducing the number of deaths related to liver disease.

- We will contribute to the reduction of the number of alcohol specific hospital admissions.

- We will increase access to treatment and a major contributor to this will be by significantly strengthening the relationship between hospitals and treatment services. This will have a positive impact on reducing alcohol related hospital admissions, increase treatment up take among hard to reach groups and increase new treatment journeys, this will involve;
  - ❖ The establishment of hospital Alcohol and Drug Liaison Community Teams across Kent to undertake in-reach to hospitals departments and wards and will include liaison with psychiatric services.
  - ❖ The establishment of Hospital Alcohol and Drug Liaison Nurse posts within hospitals that will have the remit of reducing the risk and harm of higher risk and possible dependent drinking and will work closely with hospital Alcohol and Drug Liaison Community Team.
  - ❖ Development of after care packages prior to hospital discharge
  - ❖ Provision of substance misuse training to Acute Hospital staff
  - ❖ Improved signposting from hospital staff to substance misuse recovery services.

- We will improve data collection from hospital Accident and Emergency (A&E) Departments in order to uplift data quality which allow for assessment and analyse the scale of the alcohol and drug problem in hospital settings and ultimately reduce the costs associated with A&E attendances.

- We will increase referrals from statutory and non-statutory agencies across Kent into the adult treatment and recovery services for those individuals who are in need of treatment. This will be achieved through the development of referral pathways and raising awareness of treatment/recovery services and what is offered to a variety of organisations including- housing related support, hospital trusts, Primary Care etc.

- We will increase the settings in which interventions can be effectively utilised, for example utilisation of outreach via Roving Recovery Vehicles in East Kent.

- We will utilise learning and good practice in relation to treatment. Such as, areas where pathways have worked effectively and where there has been strong links between treatment services and hospital trusts.

- We will develop strong links between Clinical Commissioning Group's (CCG's) and agencies providing treatment. This will allow for enhanced understanding of treatment needs, screening, referral and advice services and passing relevant information.

- We will reposition the Alcohol Diversion Scheme into the treatment and recovery services across Kent with a view to increasing the treatment uptake of alcohol offenders.

How will we know we have achieved our aims?

- There will be a reduction in liver disease deaths
- There will be a reduction in the rate of hospital admissions wholly attributed to alcohol
- There will be a strong working relationship between hospitals and treatment providers in Kent that will result in better identification of people needing support for their alcohol misuse from a range of hospital departments.
- There will be effective collection of A&E data that will inform the scale of the alcohol problem in hospital settings, reduce costs and potentially be utilised to inform licensing decisions for Public Health.
- There will be enhanced access to treatment services via referrals being made from a wider range of sources including use of outreach.
- There will be improved integration with Clinical Commissioning Group's across the county in relation to the whole system process including alcohol screening, brief advice and referral for treatment.
- There will be enhanced access to offenders to treatment services

Local Action

What we know

There are considerable different needs regarding targeted alcohol priorities across the county. For example, Thanet is considerably worse than the England average for many indicators and is the sixth worst local authority in England for chronic liver mortality and there is a relatively high level of female hospital admissions attributable to alcohol in Canterbury.

Community safety partnerships are defined as "An alliance of organisations which generate strategies and policies, implement actions and interventions concerning crime and disorder within their partnership area". There are 11 such partnerships across the county with Dartford and Gravesham having a shared partnership.

What are we doing

- Community Safety Partnerships currently represent good practice in multi-agency responses to the alcohol agenda, including joint work with District Councils, Kent Police, County Council, Probation and loca community organisations.

- The substance misuse needs assessment highlights a wide range of data for the 12 districts.

What we aim to do and how

- We will ensure that there is clarity as to what is being delivered regarding alcohol initiatives across the county, what the specific local needs are, and that there are effective mechanisms of communication.

- We will ensure there is no replication in any services commissioned by Kent County Council, District Councils, Clinical Commissioning Groups or any other commissioning body. We will map and review provision across the county.

- We will assess if there are any significant gaps in provision at a local level and work with partners to ensure that major gaps are addressed through commissioning.

- We will update the substance misuse needs assessment annually with detail around alcohol misuse at ward level for each district to give a clearer understanding of need.

- We will ensure there are effective links, integration and communication with wider county/district partnerships in relation to the work being undertaken around the alcohol agenda. Such partnerships will include Community Safety Partnerships, Health and Wellbeing Boards, Children's Services, Troubled Families, Kent Integrated Adolescent Support Service etc.

- We will support local schemes such as Street Pastors in order to make best use of the limited resources available, provide consistent good quality training, help different teams to learn best practice from each other, and continue to make visitors, residents and communities safer whilst reducing the load on emergency and enforcement services.

- We will utilise good practice from within and from outside of the county.

How will we know we have achieved our aims?

- We will ensure that partners across the county will have a clear understanding of all alcohol initiatives that are being delivered relevant for each district.

- We will be aware of any changing local priorities that emerge by having an understanding of local intelligence.

- We will ensure that there will not be any duplication of similar alcohol initiatives being commissioned by different agencies.

- We will ensure that Local Health and Wellbeing boards and Community Safety Partnerships have detailed local actions to tackle problems in their areas.

Vulnerable groups and inequalities

What we know

There are a variety of groups at risk in relation to harm caused by alcohol. This may include those with mental health issues, some BME groups, homeless people, offenders, victim and perpetrators of domestic abuse and many others. Alcohol misuse in these population groups will have a widening effect on health inequalities.

National Alcohol segmentation analysis of Hospital Episode Statistics data (Morleo *et al.* 2009) shows that those at highest risk of being admitted to hospital with a primary or secondary diagnosis that was linked to alcohol, are men aged over 35 who work in an unskilled or manual field or are unemployed.

People from most minority ethnic groups have higher rates of abstention and lower rates of consumption than the majority white ethnic group. However, drinking varies greatly both between and within minority ethnic groups and across gender and socio-economic group, resulting in a very complex national picture of alcohol consumption and alcohol-related harm across ethnicity (Thom et al.2010).

For women living in the most deprived areas, alcohol-related death rates are three times higher than for those living in the least deprived areas. For men living in the most deprived areas, this is even worse: alcohol-related death rates are over five times higher than for those living in the least deprived areas (Department of Health 2009).

Offenders in the criminal justice system are more likely than the general population to be drinking at increasing and higher risk levels. For example, around 63% of men in the prison population report drinking at hazardous levels, compared with 38% of men in the general population (Social Exclusion Unit 2002).

People with mental health problems are at increased risk of alcohol misuse. Depression, anxiety, schizophrenia and suicide are all associated with alcohol dependence. (Ellinas et al. 2008).

Dual diagnosis is involves supporting someone with a mental health illness and substance misuse problems. The combination can be a significant challenge for services with one of the main difficulties being large number of agencies involved in a person's care – mental health services and specialist rehabilitation services, organisations in the statutory and voluntary sector all contribute but not always with sufficient communication. As a result, care can be fragmented and people can be missed. It is vital to explore a way forward via outreach to identify potential service users at the earliest opportunity. Crawford et al(2003) found that increased rates of substance misuse are found in around a third to a half of people with severe mental health problems.. Where drug misuse occurs it often co-exists with alcohol misuse. Homelessness is frequently associated with substance misuse problems; Community Mental Health Teams typically report that 8-15% of their clients have dual diagnosis problems and Prisons have a high prevalence of drug dependency and dual diagnosis.

According to the Kent Drug and Alcohol Action Team (KDAAT), Alcohol is the most commonly used substance among dual diagnosis clients in Kent. Half of substance misuse service users are estimated to have mental health needs (National Mental Health Development Unit and The NHS Confederation, 2009); this would equate to 982 people in alcohol structured treatment (dependent drinkers alone). Increasing and higher risk drinkers are likely to be best served by Primary Care mental health services.

A UK study showed that 51% of respondents from domestic violence agencies claimed that either themselves or their partners had used drugs, alcohol and/or prescribed medication in problematic ways in the last five years (Humphreys et al. 2005). A number of studies have found that the perpetrators use of alcohol, particularly heavy drinking, was likely to result in more serious injury to their partners than if they had been sober (Brecklin 2002).

What we are doing

- Work is currently being undertaken to support the implementation of the dual diagnosis joint working protocol. Dual diagnosis workshops are currently being hosted aimed at improving joint working between substance misuse services and mental health services in Kent.

- A criminal justice forum for substance misuse has been set up bringing together a range agencies across the county.

What we aim to do and how

- We will establish mutual referral pathways with Kent Fire and Rescue Service to highlight and protect vulnerable people who may be at increased fire risk due to mental health and substance misuse issues.

- We will ensure there is access between alcohol and sexual health services with alcohol treatment staff being able to spot the signs of sexual violence by making available basic training on sexual exploitation. We will ensure there is a care pathway between alcohol services and Sexual Health services that will include sexual assault referrals and other sexual exploitation services.

- We will ensure there is access between alcohol and domestic abuse services with alcohol treatment staff being able to spot the signs of different levels of domestic abuse and referring to the appropriate service. We will ensure there is a care pathway in place between alcohol services and domestic abuse services.

- We will review action for addressing the housing needs of problematic alcohol users (to include: data requirements; awareness training for housing officers and private landlords; criteria for priority housing; assessing need for floating support and assertive outreach). We will also review housing policies to ensure there is equitable access for housing needs.

- We will support the implementation of the protocol to better meet the needs of dual diagnosis clients and up skill the substance misuse and mental health workforce in Kent. This will improve quality of care provided to dual diagnosis, increase successful treatment completions for dual diagnosis clients and increase the number of joint care plans between substance misuse and mental health provider.

- We will ensure that all treatment involves committed services that appropriately and sensitively meet the needs of vulnerable groups and Kent's diverse communities.

- We will create better linkages between Criminal Justice System alcohol interventions, the alcohol treatment system, and anti-social behaviour interventions, in order to reduce alcohol related harm and offences.

How will we know we have achieved our aims?

- There will be care pathways will be in operation between alcohol services and other services that deal with vulnerable groups such as people who are accessing sexual health and domestic abuse services

- There will be a mutual referral pathway will be in operation in partnership with Kent Fire and Rescue Service.

- There will be an enrichment of the housing needs for problematic alcohol users and we will also be clear as to the level of equitable access for different parts of the county.

- There will be an implementation of the dual diagnosis protocol to ensure needs of dual diagnosis clients will be better met than what they are currently.

- There will be more effective partnership working with the criminal justice forum with the overall aim resulting in a reduction in alcohol related crime.

Children and young people

What we know

Young people may learn from older generations that excessive alcohol consumption is culturally acceptable which can increase the risk of substance misuse problems becoming entrenched at a young age. Young people are negatively affected by alcohol misuse through their own misuse as well by the misuse by their parents and carers. Parental alcohol misuse strongly correlated with family conflict, domestic violence and abuse. The consequences for children relate to their immediate harm as well as longer term impact. These impacts vary according to young people's age and stage of development but include emotional health and wellbeing as well as social functioning and educational engagement.

Guidance from the Chief Medical Officer (Chief Medical Officer guidance 2009) advises parents and children that an alcohol-free childhood is the healthiest and best option. If children drink alcohol, it should not be until they are at least 15 years old.

Excess alcohol consumption can increase the risk of a person having unprotected sex (Rehm et al 2012).

What we are doing

Treatment services for children and young people aged between 10 to 17 years old are delivered by KCA. They offer a range of provision that includes supporting professionals and parents and engaging young people, early intervention (group work), specialist treatment (1-1 interventions) and criminal justice work.

RisKit is delivered by KCA. It is a specialist programme targets young people who are identified as vulnerable or are involved in risk taking behaviour, such as drug and alcohol use, or unprotected sex. It is delivered in schools and young people are screened with those who are identified as most likely to be involved in risk taking behaviour offered intense support around. RisKit aims to help young people to build their skills and resilience, explore the reasons why they might take risks in order to help them make safer choices for them. It has been evaluated it was shown that it is effective at reducing risk taking behaviour including alcohol misuse. Currently the programme does not have the capacity to cover all of the schools in the county.

DUST (Drug Use Screening Tool) training is delivered across Kent by KCA to staff working with vulnerable young people. It includes alcohol as well as drug awareness and involves identifying risks, engaging young people, screening and referral.

KCAPs are designed to tackle under-age drinking and associated problems in partnership with local stakeholders. Further details of KCAP are included in the enforcement and responsibility section.

What we aim to do and how

- We will lead the collaboration undertaking a campaign that will focus on increasing the number young people under the age of 15 that abstain from alcohol in line with the advice of the Chief Medical Officer by developing a

strategy for the delivery of alcohol education in Kent at primary and secondary education

- We will also progress and support social marketing campaigns that provide guidance to parents about their children's use of alcohol and ones aimed at reducing the negative impact of parental alcohol misuse on children and young people.

- We will review and implement the delivery of the Hidden Harm Strategy in particular ensuring that there are practical working relationships between adult treatment services and children's social services in Kent.

- We will reduce the negative impact of parental alcohol misuse on children and young people by training practitioners in social care about the impact of alcohol misuse on parenting and by identifying practical ways for children and families services and specialist alcohol treatment services to work together in the care of parents who misuse alcohol.

- We will increase the numbers of young people accessing specialist community treatment through improved pathways and early intervention referrals (A&E attendance from alcohol poisoning, for example).

- We will ensure that young people are systematically screened and offered brief interventions for alcohol misuse in various settings. For example, Accident and Emergency departments, sexual health clinics and via Kent Integrated Adolescent Support Services (KIASS) workers. Assessment should lead to brief intervention and specialist treatment as required.

- We will work to ensure that there integrated services for young people receiving support for alcohol misuse. For example, we will work to progress KIASS working at early intervention, specialist support, sexual health etc.

- We will increase the capacity of the RiskIt programme to extend it to a greater number of schools across Kent.

<u>How will we know we have achieved our aims?</u>

- There will be a reduction in the overall alcohol specific hospital admissions for under-18 year olds.

- There will be a reduction in the number of schools exclusions related to alcohol.

- There will be an increase in the estimated number of young people abstaining from consuming alcohol.

- There will be a reduction in the teenage pregnancy rate

- There will be campaigns undertaken will be successful in increasing awareness among young people regarding the risks that can due to alcohol misuse. Such campaigns will be evaluated as to their effectiveness.

Implementation of the strategy

A strategy implementation group will monitor progress on the strategy. This group will meet on a quarterly basis to monitor progress and will review the strategy on an annual basis. The strategy implementation group will include a range of partners from;

- Kent County Council Public Health Department
- Kent County Council – Kent Drug and Alcohol Action Team (KDAAT)
- Kent Police
- Kent County Council Trading Standards
- A representative from one of the district councils
- A representative from primary care

The strategy implementation group will develop an action plan with a timeline and agreed responsibilities to ensure that actions developed will be focussed on achieving the outcomes within the strategy. They will have the role of ensuring delivery plans and individual actions are robust and enacted (refreshing them on a periodic basis), and that partners undertake their assigned responsibilities. They will provide the reports to the KDAAT Board, and other relevant committees, and make the case for commissioning of services as appropriate.

The KDAAT Board will be the accountable body for the strategy and therefore take overall responsible for the targets and performance measures. They will scrutinise reports, periodically provide progress updates, highlight successes and good practice as well as request remedial action when necessary.

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Glossary

Brief Interventions	Short, evidence-based, structured conversation about alcohol consumption with a patient/client, that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their alcohol consumption and/or reduce their risk of harm.
Care pathway	A care pathway is "anticipated care placed in an appropriate time frame, written and agreed by a multidisciplinary team. It has locally agreed standards based on evidence where available to help a patient with a specific condition or diagnosis move progressively through the clinical experience.
Clinical Commissioning Groups	Local groups that include GPs and other health professionals and are responsible for purchasing appropriate health care that meet the needs of their population.
Community Alcohol Partnerships	Bring together local retailers, trading standards, police, health, education and other local stakeholders to tackle the problem of underage drinking and associated anti-social behaviour.
Daly	The disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.
Dependent drinking	Alcohol is both physically and psychologically addictive. It is possible to become dependent on it. Being dependent on alcohol means that a person feels that they are unable to function without alcohol, and the consumption of alcohol becomes an important, or sometimes the most important, factor in their life.
Direct Enhanced Service (DES)	Schemes that the NHS are required to establish or to offer contractors the opportunity to provide, linked to national

	priorities and agreements.
DUST	Drug and alcohol use screening tool
Harmful drinking	Harmful drinking is defined as when a person drinks over the recommended weekly amount of alcohol and experiences health problems that are directly related to alcohol.
Hazardous drinker	Hazardous drinking is defined as when a person drinks over the recommended weekly limit of alcohol (21 units for men and 14 units for women).
Health and wellbeing board	Health and wellbeing boards exist in top tier and unitary authority as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
Higher risk drinker	Men who regularly drink more than 8 units a day or more than 50 units of alcohol per week Women who regularly drink more than 6 units a day or more than 35 units of alcohol per week
IBA (Identification and Brief Advice)	Identification: using a validated screening tool to identify 'risky' drinking, such as the AUDIT The delivery of short, structured advice aimed at encouraging behaviour change in relation to reducing alcohol consumption.
Increasing risk drinker	Men who regularly drink more than 3 to 4 units a day (but drink less than the higher risk levels) Women who regularly drink more than 2 to 3 units a day (but drink less than the higher risk levels)
Joint Strategic Needs Assessment	Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA will underpin the health and well-being strategies, a proposed new statutory requirement and commissioning plans.

	The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007.
KDAAT	Kent Drug and Alcohol Action Team. The team within Kent County Council that commission drug and alcohol treatment services.
Local Enhanced Service (LES)	Schemes agreed by commissioners in response to local needs and priorities, sometimes adopting national service specifications.
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
NNT (Numbers Needed to Treat)	Number Needed to Treat refers to the ratio of patients treated to those who will avoid a negative outcome as a result. (E.g. A substance dependence with an NNT of 5 means 5 people were treated for every 1 that quit or did not suffer a bad outcome.)
Public Health Responsibility Deal	The Public Health Responsibility Deal aims to tap into the potential for businesses and other influential organisations to make a significant contribution to improving public health. Organisations signing up to the Responsibility Deal commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities.

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By: **Matthew Algar, Programme Manager, Kent Troubled Families**

To: **Kent Community Safety Partnership - 17 October 2013**

Classification: For Information

Subject: Kent Troubled Families Programme - Performance Update

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Summary: This report outlines the continued development of the Troubled Families Programme and reviews progress in relation to associated action plans.

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1. Background

1.1 The Troubled Families Programme is a national programme which aims to transform the lives of 120,000 families with complex needs. Families are nominated to the programme if they meet the following criteria:

- children not being in school
- family members being involved in crime and anti-social behaviour
- at least one adult in the family unemployed and claiming benefits

1.2 These families almost always have other long-standing problems which can lead to their children repeating the cycle of disadvantage. There are often child protection issues and many of those permanently excluded from schools come from these families. Other problems such as domestic violence, breakdowns in relationships, mental and physical health problems and isolation make it incredibly hard for these families to start unravelling their problems.

1.3 To ensure families face their problems and deal with them, they will need both support and challenge. This approach reinforces to families that their actions have significant consequences. Families who choose to engage positively can receive support and practical hands on help. Where families do not engage they may face appropriate sanctions from public services. This helps family members to take responsibility for dealing with their problems

1.4 The cost of these families to the public purse is very significant – nationally around £9 billion a year, the vast majority spent on reacting to their problems. Importantly the money is not providing lasting results and changing lives.

1.5 There has been Government funding allocated towards the delivery of the programme through a Payment by Results model. This has both upfront attachment fees and retrospective reward payments for success in turning around families.

1.6 The Kent Troubled Families Programme was successfully launched in March 2012. KCC is committed to achieving the outcomes needed to turn around the lives of troubled families. To achieve this KCC and other public service agencies need to transform the way we engage and work with families. This is a significant challenge that requires services to be able to respond quickly to emerging need, challenge and redesign existing provision and influence how families make the changes required of them.

1.7 The Kent Programme is the third biggest nationally and it will work with 2560 families over 3 years including 1,082 families in Year 1 of the programme and 1094 in Year 2.

1.8 The Programme is closely aligned to KCC's overall Transformation vision. It works alongside those reshaping and integrating services for children and young people to ensure the issues of members of troubled families are fully addressed.

2. Kent Offer

2.1 The Kent offer sets out four key elements that are critical to ensure troubled families are turned around. These are:

- A dedicated worker for every troubled family
- Offer of an apprenticeship or training opportunity for all 16 – 24 year olds
- Employment support for adults
- Innovative suite of activities for troubled families

A dedicated worker for every troubled family

2.2 The programme will enable the provision of a dedicated worker for each family to work with the whole family on all of its issues, including helping to ensure that the children attend school, that appointments are met and that appropriate support services for the family are accessed. The Dedicated Worker also ensures that all public services involved with members of the family are properly coordinated, reducing the demand on services.

2.3 The four delivery streams of Kent's Family Intervention Model are as follows:

- **Family Intervention Project Workers** providing a persistent, assertive and challenging approach
- **FIP Light Workers** will be full time dedicated posts focussing on family function providing practical support
- **Lead Workers** (allocated from existing key partners) act as an advocate for the family, with the ability and authority to influence other agencies
- **Family Support Workers** dedicated resource focussing on 'initiating' contact and continuing to engage with identified troubled families.

Offer of an apprenticeship or training opportunity for all 16 – 24 year olds

2.4 The programme core team recently held a focus group with challenging young people to look at the personal challenges and issues they have faced accessing employment or training. This will assist in the further development of a pathway to enable each young person from a troubled family to navigate their way through the various options available. To achieve this, there is a need for mentoring, pre-apprenticeship training and support and targeted engagement with local employers willing to take on young people from troubled families as apprentices.

Employment support for adults

2.5 The programme is enabling appropriate support to adults in finding employment and training which will help provide a positive role model for wider family members and ensure that they remain fully engaged. This will be a key role of the four JobCentre Plus Employment Advisers seconded to the Programme who are working with the ESF Progress Programme, with coordination being provided for each family through their dedicated worker.

Innovative suite of activities for troubled families

2.6 The Development of the 'Innovative Suite of Activities' is progressing well. This will support the programme and will be commissioned from countywide funding. The offer to date includes the following partners:

- Young Lives Foundation for a pilot project of Mentoring for Young People. Mentors help to ensure that there are positive role models for the young people and children and aim

to build self-esteem and work towards positive achievements and future aspirations for the young people.

- Royal British Legion for a pilot for Mentoring Family members. A mentoring programme will be offered that provides mentoring and support for the whole family, that will engage and work with the families towards goals such as; Employment, Education, Fitness, Family Activities and Engaging with the Community.

- Delivering 'Family Days' which are specific events at our outdoor education centres, which provide activities for the whole family based around working together, strengthening relationships and confidence building. There have been 3 events held so far and more dates planned for October and the New Year.

3. Partnership Delivery Model

3.1 KCC manages the programme at a strategic level and is the Accountable Body. Local partners are responsible for overseeing the local delivery.

Governance arrangements for the Programme have been established as follows:

Multi-agency Steering Group

3.2 The Multi-Agency Steering Group is chaired by Paul Carter, Leader of Kent County Council and has been established to ensure there is high level strategic representation from each of our partners and Corporate Directors. The Multi-Agency Steering Group provides strategic direction to ensure the successful delivery of the Programme. The group meets quarterly.

Countywide Programme Board

3.3 The Programme Board is chaired by Angela Slaven, Director of Service Improvement, Kent County Council and has been established to ensure there is management representation from key partners. The Programme Board ensures the delivery of the Multi-Agency Steering Group's vision.

Local Project Boards

3.4 Each District has a local Project Board, complementing existing or emerging governance arrangements in each area.

3.5 KCC has recruited 12 Local Project Delivery Managers (LPDMs) to drive the local delivery and engagement with families, ensuring the programme remains on target. Their role is also to challenge the practice across all agencies and where needed encourage new ways of working with families.

3.6 A proportion of the Troubled Families Programme funding has been set aside to support local delivery and to encourage innovative approaches from local Project Boards. This has enabled local projects in conjunction with partners to submit business cases to the core team for consideration. This local innovation has been encouraged in order to ensure the best fit for the local families and communities, for example Dartford are using a team of mentors and volunteers to engage with families and Shepway have a team of Family Champions.

3.7 At county level a Troubled Families Programme Analyst has been seconded from Kent Police, in recognition of our partnership approach, and is responsible for managing the data for the programme. This arrangement has enabled a number of protocols to be developed and seamless links between KCC and Policing data.

4. Service Redesign

4.1 A Kent Troubled Families Executive Group has also been established to ensure the Programme considers service redesign for troubled families across the whole council and remains closely aligned to KCC's wider transformation programme. The scale of savings in the forthcoming three to five years requires that the high cost of troubled families is reduced, that the outcomes for families are positive and that these improvements are sustainable over the long tern and part of normal business.

4.2 At local level the Troubled Families Programme Team is planning to promote and support the delivery of workshops in each district area, in order to consider local service redesign and improvement on a rolling programme from August 2013. This will be an opportunity for local partners to consider how services can be redesigned so they are better coordinated, duplication is removed and local gaps in services are identified. Feedback from these will come back to the Multi-Agency Steering Group.

5. Kent Troubled Families Conference

5.1 The programme held a very successful conference on the 9th July 2013. Louise Casey, National Lead for DCLG Troubled Families attended as a keynote speaker. This event focused on inspiring and engaging the frontline staff and managers with the aim of stimulating further the debate and necessary action to meet the challenge of 'Doing Things Differently' across Kent.

6. Training and Development

6.1 A bespoke training framework has been developed to support partner agencies involved with the Programme.

7. Early results

7.1 Through the dedicated worker approach the programme is working with 93% of families from the Year 1 cohort. Good progress is being made in identifying families for inclusion in the programme for Year 2. We have to date verified 273 families for support.

7.2 The first payment by results claim was made in July for 75 families where there has already been significant success and the claiming criteria were met.

7.3 Some emerging themes of the issues families are facing are below, however these issues are often interlinked and present simultaneously within the families:

- Housing – issues such as Anti-Social Behaviours and debt
- Domestic Violence – within a family this can come from any parent or young person against any other family member
- Substance misuse – problems of substance misuse are common and can be linked to other issues such as domestic violence and mental health
- Mental Health – there is often a delay in receiving specialist support
- Complex relationships and behaviours – the behaviour of young people can often be disruptive with the parents unable to manage it leading to anti-social behaviour, truancy and violence. Equally children and young people can face the impact of violence, drug and alcohol misuse etc from the parents
- Lack of life skills and aspirations – many families are unable to carry out everyday tasks such as; morning routine, cooking and managing their money well. These regularly lead to absence from school and low educational obtainment children

7.4 While the complexity of these problems is high the Programme's approach and the initiatives within the Kent Offer outlined above is already getting encouraging results. The Kent Troubled Families Programme is an exciting and unique opportunity to turn

many more troubled families around so they play a positive role in their local Kent communities.

8. Links to the Community Safety Partnership

8.1 At local level our Local Project Delivery Managers continue to develop strong links with Community Safety teams across the county, which is assisting and in some districts playing a key role in operational delivery.

8.2 The programme is successfully monitoring levels of Anti-Social Behaviour (ASB) of individuals involved in the programme via ASB watch lists. This approach enables the Local Project Delivery Managers to track levels of ASB with a view to claiming an 'outcome' under the Payment by Results scheme.

8.3 Kent Police are currently recruiting four Police workers including a manager and three coordinators, to directly support the programme. External adverts have been placed for the posts that are critical to ensuring that over time crime and ASB by the troubled families is reduced

9. Recommendations

9.1 The Kent Community Safety Partnership is asked to note progress.

For Further Information:

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From: **Stuart Beaumont, Head of Community Safety & Emergency Planning**

To: **Kent Community Safety Partnership – 17th October 2013**

Subject: **Joint Media and Communications Campaign – "Getting Ready for Winter"**

Classification: **For Information**

Past Pathway of Paper: Service Improvement DMT (September 2013)

Electoral Division: Countywide Service – all divisions affected

Summary: This report provides the Kent Community Safety Partnership with an outline concept for joining up media campaigns over key periods. The first being over this winter period 2013/14 and working up to a fully, joint campaign for the winter of 2014/15.

Recommendation(s):

The Kent Community Safety Partnership is asked to:

Endorse the media/communications approach outlined in this report for this winter 2013/14 and support the efforts of the officers in working towards a fully joint campaign for the winter of 2014/15.

1. Introduction

1.1 In light of the significant financial challenges facing the public sector, and the desire to transform service delivery to achieve better outcomes for the people of Kent, partners are increasingly exploring opportunities for closer joint working.

1.2 There is an appetite amongst strategic partners - principally Kent County Council, Kent Fire & Rescue Service and Kent Police - to cooperate across a number of areas in response to financial pressures and to realise business benefits from working in a different way.

1.3 Following an initial meeting between senior officers from the Community Safety field in Kent County Council, Kent Fire and Rescue Service and Kent Police, it was decided to that one of these areas would be the media/marketing side of the business.

2. Financial Implications

2.1 The cost of marketing and promotional work to the public for all of our organisations around key preventative messages is significant. Whilst it is recognised that there will inevitably be a need to have single service campaigns, there are a number of occasions where these messages can be delivered jointly. The benefit of this work is not likely to deliver significant savings this financial year, but it will lay the foundation for future savings to be realised.

3. Bold Steps for Kent and Policy Framework

3.1 By working more closely together and exploring new ways of joint working across the partnership, the concept supports the objective in 'Bold Steps' which "*will require public authorities across Kent to rethink how services are designed and delivered. We must remove duplication and inefficiency that exists not just within authorities, but also between different authorities*".

4. Outline Concept

4.1 A meeting between representatives in the community safety field from Kent County Council, Kent Police and the Kent Fire and Rescue Service and their respective media/communications counterparts took place in early September 2013.

4.2 At the meeting it was agreed that the way forward and the aspiration would be to work towards a fully, joint integrated media and communications campaign for the winter months entitled "Getting Ready for Winter".

4.3 Unfortunately following these discussions, it was understood that the timescales particularly the time needed for planning such a campaign would mean that it was simply not possible to organise such a campaign for this winter.

4.4 Nevertheless there remains still a strong desire to do something this year. Therefore the agencies involved will be exploring the theme – "Getting Ready for Winter" on smaller, more focussed events around the county this year. These events/messages would be targeted around a mixture of rural locations and some high footfall areas. The aim is to show the public a united front and to demonstrate what their community safety services are doing for them this winter. This would also form the basis of the planning for the winter campaign of 2014/15.

4.5 The media/communications leads from the three agencies will be coming together over the coming months to look at the timetable of campaigns and coordinating the process for next year.

5. Conclusions

5.1 There is a real, genuine desire from agencies to work in a different way and to explore new ways of delivering services and messages to the public. The partners have agreed that a move towards a more integrated approach is the best way forward and the work being explored around the delivery of a joint winter campaign is one such way that the residents of Kent will continue to receive key messages from our public services despite the increasing financial pressures we are under.

6. Recommendations

Recommendations:

The Kent Community Safety Partnership is asked to:

Support the efforts of the officers in working towards a fully joint campaign for the winter of 2014/15 and endorse the approach outlined in this report for this winter 2013/14.

7. Contact details

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By: **Stuart Beaumont, Head of Community Safety & Emergency Planning**

To: **Kent Community Safety Partnership – 17th October 2013**

Classification: **For Information**

Subject: **Kent Community Safety Agreement – Performance Update and Development of a New Agreement**

Summary: This report reviews progress in relation to the current Community Safety Agreement for 2011-14 and the development of the next Kent Community Safety Agreement for 2014-17.

1.0 Background

1.1 The Crime and Disorder Act 1998 gave statutory responsibility to local authorities (KCC/District/Boroughs), Kent Police and key partners to reduce crime and disorder in their communities. Under this legislation Crime and Disorder Reduction Partnerships (now CSP's) were required to carry out 3 yearly audits and to implement crime reduction strategies. A formal review of the 1998 Act took place in 2006, with the result that three year audits were replaced with annual partnership strategic assessments and rolling partnership plans, whilst in two tier authority areas a statutory County Community Safety Agreement was introduced.

2.0 Introduction

2.1 The Kent Community Safety Agreement (CSA) outlines the countywide community safety priorities for 2011-14, along with the cross-cutting themes that support the identified priorities. This agreement received approval from the Kent Community Safety Partnership (KCSP) in May 2011.

Priorities

- Anti-Social Behaviour
- Domestic Abuse
- Substance Misuse
- Acquisitive Crime
- Violent Crime
- Road Safety

Cross Cutting Themes

- Early intervention, prevention & education
- Priority Neighbourhoods/Geographic Focus
- Vulnerable Households & Individuals
- Safeguarding Children & Young People
- Reducing Re-Offending

2.2 The above priorities and cross-cutting themes resulted from the strategic assessments undertaken by each local community safety partnership (CSP) in 2010/11 with additional input from partners at a county-level. Although the CSA covers a three year period, these priorities are reviewed annually and refreshed as appropriate. The priorities have subsequently been reviewed following the latest round of strategic assessments and there were no significant shifts in priorities.

3.0 Progress towards the County Priorities

3.1 Partners are continuing to work towards the activities identified in the CSA action plan with most actions currently in progress (amber) and some actions which are now listed as complete (green) including the development of a countywide ASB strategy, the creation of a website portal for domestic abuse services and the establishment of an Alcohol and Cannabis Penalty Notice (PND) diversion scheme.

3.2 The attached report (Appendix A) provides more details of the actions undertaken so far, however the following are just a few examples of some of the work being done to tackle the priorities:

- Training on the new ASB case management system is being rolled out to police officers and usage of the system by Kent Police will be in place by the end of October 2013.
- Since September 2013 the Alcohol and Cannabis Penalty Notice for Disorder (PND) diversion scheme is being provided locally within Kent rather than outside the county, helping to make it more accessible to clients.
- A new Kent Community Alcohol Partnership (KCAP) area was launched in Gravesham in September.
- Kent Police are working in partnership with a charity called “Breaking the Cycle” to bring an impactive education programme to secondary school students about violence. The programme commenced in Thanet and will be rolled out across a number of other schools in Kent and Medway from November 2013.
- Presentations on the Road Safety Experience are being held at various meeting forums across the county including CSP’s and safeguarding children groups.

3.3 Whilst good and significant progress is being made against the action plan unfortunately many of the proxy measures chosen to represent the CSA priorities do not necessarily reflect this (see appendix). Nevertheless the proxy measures do highlight some areas that are in need and would benefit from a renewed focus from partners: domestic abuse, domestic burglary, violent crime and substance misuse.

4.0 Development of a new Community Safety Agreement

4.1 The current Community Safety Agreement (CSA) remains in effect until March 2014 and a new multi-agency document covering the next three years from April 2014 to March 2017 will need to be developed during this financial year.

4.2 As in previous years the KCC Community Safety Unit has worked with partner agencies to source datasets and collate information for both the strategic assessment process and the development of the Community Safety Agreement. The data is currently being analysed to help identify potential priorities for the new Community Safety Agreement.

4.3 As mentioned in the last update report, a partnership workshop to discuss the new Community Safety Agreement is planned for 23rd October 2013 with staff from all statutory partners being invited. The aim of the workshop is to review draft priorities for the new agreement and to help establish links between the plans of District/Borough CSPs and the wider county partner plans, including the Police and Crime Plan.

5.0 Next Steps

5.1 Following on from the workshop a new Community Safety Agreement for 2014-17 will be drafted in consultation with partners and will be presented at the next KCSP meeting in March 2014 for approval.

6.0 Recommendations

6.1 The KCSP is asked to note the progress with regard the current Community Safety Agreement.

Attachments:
Appendix A: CSA Performance Monitoring

For Further Information:

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Appendix A: CSA Performance Monitoring – 17th October 2013

Priority: Anti-Social Behaviour including Environmental
Lead: KCC and Kent Police

The proxy measure regarding ASB perceptions is no longer monitored and an alternative indicator relating to victim satisfaction with Kent Police has been proposed to be used for the remainder of the current CSA:

Proxy Measure / Indicator (Old)	Baseline '10/11	2011/12	2012/13	Change	Diff. to Baseline
Percentage of people who perceive a high level of ASB in their local area (KCVS) *(Kent excluding Medway)*	4.5%	2.4%	2.0%	▼ 0.4	▼ **2.5**
The percentage of people who perceive a high level of ASB in their local area has decreased across Kent since 2010/11 from 4.5% to 2% at the end of 2012/13. The greatest improvement in perception since 2010/11 has been in Gravesham, Thanet and Swale.					

Proxy Measure / Indicator (New)	Baseline '11/12	July – June			Diff. to Baseline
		2011/12	2012/13	Change	
Percentage of victims and witnesses who report ASB satisfied with the overall service provided *(Kent excluding Medway)*	78.7%	80.8%	81.1%	▲ 0.3	▲ **2.4**
The percentage of victims and witnesses who report ASB satisfied (completely, very or fairly) with the overall service provided by the Police in Kent continues to be very positive with a 2.4% uplift on the baseline. Levels of satisfaction are generally consistent across Kent, except for Canterbury and Shepway which show slightly lower than average levels of satisfaction (74.0% and 73.7% respectively). There are no specific themes evident, only those that apply to all districts: prompt attendance where appropriate, actions taken and doing all they can to help, updating informants and using appointments to discuss issues if appropriate.					

Aims / Actions	Progress
1 Countywide ASB Case Management system established to enable data sharing across all agencies of incidents and actions taken	
Develop a countywide case management system:- Piloted in a designated Area; and subsequently rolled-out countywide	The ASB case management system continues to be developed with partner agency project management and financial support. The new lead officer for ASB from Kent Police is Barry Spruce who will be responsible for the system once the roll out within the Police has concluded. KCC will take the lead on roll out with partners. Training on the new system is currently being rolled out to police officers by Insp Terry Newman who will then hand over to Barry Spruce. This roll out and "live" usage of the system by Kent Police will be in place by end of October 2013.
2 Countywide ASB strategy established to ensure consistency in reporting and dealing with ASB issues across all agencies	
Develop a countywide multi-agency strategy agreed by all partners	The Strategy is in place and there are work-streams in place to support the strategy. The Police have been focussing on one particular theme of noise, which impacts on ASB and satisfaction, and a number of meetings have been undertaken with District Environmental Health teams to discuss the issue.

Key to Progress against Actions:-

	Complete		In Progress		Incomplete

Appendix A: CSA Performance Monitoring – 17th October 2013

Priority: Domestic Abuse
Lead: Stuart Skilton (Chair of Kent & Medway Domestic Abuse Strategy Group)

Proxy Measure / Indicator	Baseline '10/11	Sep - Aug 2011/12	Sep - Aug 2012/13	Sep - Aug Change	Diff. to Baseline
Number of Domestic Abuse Incidents *(Kent excluding Medway)*	18,376	18,881	19,375	▲ 2.6%	▲ **5.4%**
% of repeat victims of Domestic Abuse *(Kent excluding Medway)*	24.0%	24.1%	24.3%	▲ 0.2	▲ **0.3**
% of repeat MARAC cases (Multi-Agency Risk Assessment Conference) *(Kent excluding Medway)*	14.9%	19.7%	21.7%	▲ 2.0	▲ **6.8**

Please note: due to changes to the definition of Domestic abuse, incidents now include 16-17year olds and the baseline has been adjusted accordingly.

During the last 12months (Sep '12 to Aug '13) the number of domestic abuse incidents reported to Kent Police increased in nine of the districts/boroughs across Kent compared to the same period in the previous year. The greatest percentage increase occurred in Gravesham (up 10.8%), whilst the highest number of incidents was reported in Thanet.

In Kent (excluding Medway) over the last 12 months (Sep '12 – Aug '13) there have been 1104 Multi Agency Risk Assessment Conferences (MARACs) with 240 repeat cases (21.7%). Compared to the same period in the previous year there has been a 22.5% increase in the number of cases heard at MARAC.

Please note, since the requirement to conduct Domestic Homicide Reviews (DHR) came into effect on 13th April 2011 nine DHRs have been considered across Kent and Medway. Five occurred in 2011/12 (3 in Kent and 2 in Medway) and at the time of writing this report a further four domestic homicides have taken place in Kent. Of the 9 cases considered, 8 DHRs have been commissioned.

Aims / Actions	Progress
3	**Provide support to victims of domestic abuse through one generic pathway for all involved in domestic abuse to provide and access advice and support**
Create a website portal for all domestic abuse services for Kent and Medway	The website is now in operation, business cards and posters have been distributed to partners to raise awareness and the official launch of the website took place on 28th November 2012. Promotion and publicity is ongoing. *The following is a link to the website: www.domesticabuseservices.org.uk.* Following a consultation exercise, work is progressing on further development of the young people's section of the website and is on schedule for completion this year.
4	**Protect victims of domestic abuse through support and development of specialist support services to help victims of domestic abuse through both criminal and civil justice routes.**
Ongoing training for staff; Increased provision of Specialist Domestic Violence Courts (SDVC); and Delivery of Parenting Information Programme (PIP)	Until recently there were three Specialist Domestic Violence Courts (SDVC) in operation across Kent, however the IDVA *(Independent Domestic Violence Advisors)* Needs Analysis identified the need for an additional SDVC to be based in Folkestone Magistrates Court providing a service for South Kent. From the first week of July all areas of Kent and Medway will now be covered by SDVC arrangements. The expansion of SDVC provision has been enabled via the new Kent and Medway IDVA contract. All magistrates and court staff covering SDVCs have received specialist DA training. Ongoing training and further development of SDVCs is being monitored/implemented by the County SDVC Project Board. KCC FSC have commissioned Domestic Abuse Children's Services which became operational in October 2012.

Appendix A: CSA Performance Monitoring – 17th October 2013

5	**Work with agencies to secure a sustainable level of financial and operational commitment to address domestic abuse issues.**
Establish a sustainable, domestic abuse budget with a centralised joint commissioning process	A report on IDVA commissioning *(Independent Domestic Violence Advisors)* was presented to the KCSP group in July 2012. A pooled budget to commission Kent and Medway wide IDVA services has been established and the tendering process was completed in March 2013. The contract was awarded to the new service provider in April 2013 and quarterly performance reports will be made available to all funding partners and other interested bodies.

Appendix A: CSA Performance Monitoring – 17th October 2013

Priority: Substance Misuse
Lead: Diane Wright (Head of Kent Drug and Alcohol Action Team)

Proxy Measure / Indicator	Baseline '11/12	Q4 2012/13	Q1 2013/14	Change	Diff. to Baseline
No. of drug users completing treatment successfully (Successful completions as a proportion of all in treatment)	887	618	577 (20%)	▼ 7%	▼ **35%**
No. of alcohol users completing treatment successfully (Successful completions as a proportion of all in treatment)	958	844	747 (40.3%)	▼ 11%	▼ **22%**
	Apr 2012	**Apr 2013**	**June 2013**		
Proportion of drug users completing treatment successfully who do not re-present to treatment within 6 months.	24.6%	22.3%	21.7%	▼ **0.6**	▼ **2.9**

It has been acknowledged that successful completions for both drug and alcohol clients are below past performance. Decreases of 7 and 11% have been seen from quarter 4 of the previous financial year to quarter 1 of the current financial year respectively.

Furthermore, the proportions of successful completions for both drug and alcohol clients in quarter 1 are far lower in East Kent than West Kent. As the successful completions data is defined on a rolling 12 month basis, East Kent's data will include clients who were closed to treatment in March 2013, to be reopened by the new treatment provider in April 2013. All these closures are measured as unsuccessful completions. Once the East Kent service has been fully embedded, a positive impact should be seen on a range of performance indicators. It is envisaged that the figures should increase in the second quarter. If this is not the case, an action plan will be developed with the service provider to address any barriers to success.

However, it should also be noted that Kent continues to perform above national levels, both in terms of clients' successfully completing treatment and those not re-presenting to services. With regards to the proportion of successful completions, Kent levels are 5.4% and 4.3% higher than national levels for drug and alcohol clients respectively. Additionally, Kent is performing 7.15% above national levels in terms of the proportion of drug users completing treatment successfully and not re-presenting to treatment within 6 months.

Aims / Actions	Progress
6	**Improve understanding of local prevalence of problematic drug use in Kent**
Central management and analysis of needle drops data, collected by each local authority and KCC waste management to assist with developing plans with local authorities and advising treatment providers on areas to target campaigns	Community Safety Partnerships (CSPs) continue to discuss actions and outcomes surrounding any drugs litter finds in their area, local commissioned treatment agencies ensure their involvement in resolving any problems. The approach taken by individual CSP's varies and it has not been possible to develop a single approach across the CSP's. This objective is heavily affected by the waste management contracts employed by Districts and Boroughs which require different elements of reporting by their contracted waste providers.

Appendix A: CSA Performance Monitoring – 17th October 2013

7	**Increase the uptake of substance misuse services available for people with drug and/or alcohol problems**
Work with local police custody suites to increase numbers of detainees, prioritising trigger offenders, referred into the Drug Intervention Programme (DIP) and Alcohol Arrest Referral Service. As well as working with Probation, IOMU and DIP to target prolific offenders and encourage them to access treatment and building targeted interventions for offenders in the community.	The Drug Testing on Arrest pilot implemented at Margate custody suite in 2012/13 has been extended for a second year of operation in this locality after agreement from the KDAAT Board. An evaluation of the pilot's outcomes is ongoing and may provide evidence for further implementation in Kent. Initial findings suggest that the Drug Testing on Arrest scheme has significantly improved the number of contacts that are being made between treatment providers and substance misusers in the criminal justice system via the Drug Intervention Programme (DIP). DIP workers continue to attend the relevant CSP meetings in their area.
8	**Increase the uptake of substance misuse services available for people with drug and/or alcohol problems**
Promote the Alcohol and Cannabis Penalty Notice for Disorder (PND) diversion scheme	The Alcohol and Cannabis Diversion Scheme commenced operations locally within Kent from 1st September 2013, previously this was delivered by treatment providers outside of the county. In time once performance data is available, outcomes will be evaluated by KDAAT, Kent Police and local treatment agencies. It is however anticipated that the local implementation will improve numbers accessing the scheme and being diverted from the criminal justice system.
9	**Increase the uptake of substance misuse services available for people with drug and/or alcohol problems**
Community safety partnerships to promote and raise awareness of local substance misuse services	Commissioned Treatment Agencies (CTA's) continue to attend the relevant CSP meetings, promoting available services and referral routes, which in turn are promoted by the partner agencies attending the meetings. Collaboration has been achieved in all CSP's areas in the promotion of services with CTA's and CSU's during alcohol, domestic abuse and drug awareness weeks as part of the National campaign. For example, treatment providers will be working in partnership with Police colleagues on initiatives during Alcohol Awareness Week, 18th – 24th November 2013.

Appendix A: CSA Performance Monitoring – 17th October 2013

Priority: Acquisitive Crime
Lead: C.Supt Jon Sutton (Head of Partnership and Communities Command, Kent Police)

Proxy Measure / Indicator	Baseline '10/11	July – June			Diff. to Baseline
		2011/12	2012/13	Change	
Level of Theft and Handling Stolen Goods (exc. Medway)	25,335	24,823	23,704	▼ 4.5%	▼ **6.4%**
Level of Domestic Burglary (exc. Medway)	4,354	4,417	5,548	▲ 25.6%	▲ **27.4%**

Please note: due to Home Office changes to some crime sub-categories, the baseline for 'theft and handling' has been amended to take account of these changes.

Kent (exc. Medway) experienced large reductions in Theft and handling during the last 12 months (1,119 less victims), with the largest percentage decreases in Tunbridge Wells and Maidstone. Shepway has experienced the highest percentage increase, 9.9%, part of which is down to increased shoplifting. Further analysis on this issue is ongoing.

The July 2012 to June 2013 figures show increases in domestic burglary for all of the districts, Dover and Ashford have experienced the largest increases. The Force has responded to the rise in burglaries with the implementation of a range of force wide operations that focuses on reducing burglary dwelling during March to Dec 2013. This involved targeting priority offenders by way of the National Intelligence Model (NIM) processes and management through Tasking and Coordination on Divisions and at Force level. Active criminal targeting is being carried out by each of the divisions, with the most prolific of these being supported at a Force level through additional support coordinated through the Force Tasking & Coordination Group (TCG). Burglary is a priority crime and will be a key element of our Autumn and Winter Seasonal Crime reductions campaigns.

Aim / Actions	Progress
10 Reduce Burglary incidents both residential and non-residential	
Share information and target individuals committing crime; Increase security at vulnerable premises.	Extra training for frontline officers continues within this action. In addition, Kent Police are prioritising Burglary in its county wide "STAY SAFE" campaigns. The next campaign commences on 21st October and is STAYSAFE in Autumn. A priority crime for this campaign is Burglary reduction.
11 Reduce levels of shoplifting and focus on prevention and deterrence.	
Provide advice on designing out crime; Pursue banning orders.	The majority of our Neighbourhood policing teams are now able to carry out crime prevention surveys in domestic household settings. This is ongoing from our last update
12 Reduce theft of metal	
Participate in the metal days of action as lead by British Transport Police; Raise awareness with the public and educate Scrap Metal Dealers regarding the law; Raise awareness amongst the community and reduce the number of incidents of metal theft from places of worship and schools.	Kent Police continue to work with British Transport Police (BTP) and the national programme to tackle metal theft which has resulted in continued reductions. The lead officer in Kent Police is Julie Argent who works within the Partnership and Crime Reduction Team 'Days of Action' continue on a monthly basis in Kent. Further days of action are planned – the dates are embargoed at this time for operational reasons.

Appendix A: CSA Performance Monitoring – 17th October 2013

Priority: Violent Crime
Lead: C.Supt Jon Sutton (Head of Partnership and Communities Command, Kent Police)

Proxy Measure / Indicator	Baseline '10/11	July – June			Diff. to Baseline
		2011/12	2012/13	Change	
Level of Violent Crime (exc. Medway)	16,715	16,427	18,262	▲ 11.2%	▲ **9.3%**
Level of Violence against the Person (VAP) (exc. Medway)	14,946	14,658	16,199	▲ 10.5%	▲ **8.4%**

Please note: due to Home Office changes to some crime sub-categories, the above baselines have been amended to take account of these changes.

The Force experienced a rise in Violent crime towards the end of last financial year, and has continued into the 2013/14 financial year. Increases have been found across the majority of the districts with the largest percentage increases in Dartford, Gravesham and Tunbridge Wells.

The rise in violence has been a mixture of both domestic abuse related crime and violence in public places in night time economy hotspot areas. Analytical profiles have been written by Kent Police and FT&CG tactical resources have been allocated in order to help reduce this crime type.

Aim / Actions	Progress
13 Reduce alcohol related violence.	
Ensure premises are being managed in accordance with legislation and make them safer by design to reduce the risk of confrontation; Encourage the licensed trade to use polycarbonate drinks vessels and bottles,	The strong intervention by partners through the Kent Community Alcohol Partnership and via Licensing Officers has continued to contribute to a robust control and monitoring ethos in Kent. This partnership has been in existence since 2009 and is the largest of its kind in the country. The most recent KCAP meeting of the partnership was on 20th September 2013. A new KCAP Area was launched on 19th Sept in Gravesham. In addition, Kent Police is actively supporting a two week national operation on alcohol related crime from 16th Sept which will also see significant engagement around Freshers week.
14 Engage with young people as victims, citizens and offenders and share information in order to better understand the picture of violent crime involving young people.	
Progress youth engagement in schools and identify further media options for better communication with young people (e.g. social networking sites); Establish those young people who are at risk of becoming victims of violent crime and sexual exploitation and work with partners to take positive steps to divert them away from committing or becoming victims of violent crime.	Over 100,000 students have been reached in the last four years with the Kent Police 'Is it worth it?' Anti-Social Behaviour School Tour. This message focuses on the impact of alcohol on ASB and on violent crime. This innovative school based programme continues in 2013. The second leg of the tour took place in July with the next two week tour taking place in October 2013. A number of members of The Home Office attended the July event and have identified this event as national best practice. We were grateful that the 2013 tour has been partially supported by the Community Safety Fund allocated by the KCSP. We would be very keen for Health related agencies to engage and support this tour. The new initiative, known as STATUS (stay Safe and Tell Us) mentioned in the last progress report is going from strength to strength. This includes a safe online website for young people and 24 engagement events across the county. Full details can be viewed on www.thisisstatus.com. Since last report events have taken place in Margate, Headcorn and Ashford. A further event is also planned for 4th October in Margate. Kent Police are also working in partnership with a charity called "Breaking the Cycle" which brings a very impactive education programmed to secondary school students. This programme commenced in Thanet schools and will now be rolled out across a

	number of Kent and Medway schools from November 2013. Any member of the CSA team is very welcome to attend and observe the programme. Details can be obtained via Chief Inspector Lee Russell.
15	**To prevent first time offending, prevent re-offending and reduce the risk of young people becoming victims of violent crime.**
Use education, diversionary and restorative approaches where appropriate as well as enforcement to protect young people from those who unlawfully sell or supply them with alcohol.	This continues to be daily business for Kent Police who actively target under age sales in conjunction with Trading Standards. It is a key element of the Kent Community Alcohol Partnership (KCAP). We also continue to work with retailers to progress the Challenge 25 initiative. There remains a significant issue with parents giving alcohol to their children and we are working to address this. In addition, the problem of "proxy sales" (adult buying for child) continues. The issue of proxy sales is subject of ongoing "embargoed" operations. Further details can be provided upon request

Appendix A: CSA Performance Monitoring – 17th October 2013

Priority: Road Safety
Lead: Steve Griffiths (Director Service Delivery, Kent Fire and Rescue Service)

Proxy Measure / Indicator	Baseline (Jan-Dec '10)	Apr – Mar 2011/12	Apr – Mar 2012/13	Apr – Mar Change	Diff. to Baseline
Number of all KSI casualties *(killed or seriously injured)* in Kent excluding Medway	545	517	531	▲ 2.7%	▼ **2.6%**

The overall KSI casualty figures for Kent (excluding Medway) have been on a downward trend between 1994 and 2011. There has however been a slight rise over the past 12 months when compared to the same period in the previous year; this increase is currently 14 KSI casualties equating to a 2.7% rise. More detailed analysis around trends and geographic hotspots is included in the RTC district profiles *(available to partners via the Kent Connects Safer Communities Portal).*

NB. All 2013 data is unvalidated and therefore subject to change - final figures will be released in April 2014

Aim / Actions	Progress
16 Increase road safety amongst vulnerable and high risk road user groups	
Expand the License 2 kill programme; Promote road safety for powered 2 wheeled vehicles through programmes such as new fire bike; and Explore the possibility of establishing a Kent Road Safety Centre	License to kill is continuing to expand the number of students it sees by looking at different methods of delivery including mini school based events, the target for 2013 is 12,000 students Kent Fire and Rescue Service are expanding the Biker Down initiative to include a training program for scooter riders. The new road safety centre is progressing well with plans now submitted. The Centre will be called the Road Safety Experience. Design work for the internal exhibits is complete and the project team will be looking at partners to be involved in the project over the coming months. The target for the opening remains January 2015 and the aim is to be fully functioning for schools visits by September 2015. Kent Fire and Rescue will also be launching a 'hot hatch' engagement car which will be used to create the opportunity to talk to young people about road safety, the car will be in use by Jan 2014
17 Increase the opportunities for training for Kent's road users	
Increase the range of driver awareness courses available as an alternative to enforcement and penalties and improve the driver/rider training sessions	The Care group continues to target vulnerable road users and plays a co-ordination role in bringing together road safety partners The Road Safety Experience will provide new opportunities for multi-agency delivery of road safety initiatives including driver training and alternatives to prosecution The Care partners continue to look at innovative ways of delivering messages including media campaigns, events and school visits.
18 Raise the profile of road safety amongst district and community safety groups	
Produce district profiles that detail high risk areas and individuals; Undertake a series of presentations to community safety groups to raise the importance of road safety and the impact it has on the Kent economy; and Expand Speed watch (parish led prevention activity)	District profiles have been updated and distributed to Community Safety Partnerships (CSPs) to help inform road safety actions within the CSPs. Speed watch conference was held in April 2013 to support the existing volunteers and attract new support. Presentations on the Road Safety Experience are being held at various meeting forums across the county including CSP's, Safeguarding children groups and relevant agencies team meetings.

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By: **Stuart Beaumont, Head of Community Safety and Emergency Planning**

To: **Kent Community Safety Partnership – 17 October 2013**

Classification: **For information**

Subject: **Information governance and its implications on Community Safety**

Summary: This report reviews the changes occurring within the information governance environment and its implications on Community Safety.

1.0 Background

1.1. The Data Protection Act 1998 (DPA) defines UK law on the processing of data on identifiable living people. It is the main piece of legislation that governs the protection of personal data in the UK. Although the Act itself does not mention privacy, it was enacted to bring UK law into line with the EU Data Protection Directive of 1995 which required Member States to protect people's fundamental rights and freedoms and in particular their right to privacy with respect to the processing of personal data. In practice it provides a way for individuals to control information about themselves.

1.2. Nationally, the Information Commissioner's Office (ICO) is the UK's independent public authority set up to uphold information rights. They do this by promoting good practice, ruling on complaints, providing information to individuals and organisations, and taking appropriate action when the law is broken.

2.0 Increasing importance of information governance

2.1. One of the risks with information sharing is that of the data being lost or finding its way into the public domain. The risk of a serious data breach is one which now incurs a harsh financial penalty. The ICO, which has the power to issue monetary penalties of up to £500,000 in response to serious breaches of the Data Protection Act, has since January 2012 issued penalties totaling over £2 million to organisations who form the membership of Community Safety Partnerships. The largest fine to be issued so far was to the Brighton and Sussex University Hospitals NHS Foundation Trust for £325,000 for the improper destruction of computer hardware and subsequent breach of sensitive data.

2.2. Within Kent, organisations are working to protect themselves against breaches by enacting policies and technology to tighten up their information sharing arrangements. The main partnership agreement to help facilitate this is the Kent and Medway Information Sharing Agreement, which was created to provide a multi agency data sharing protocol for public and private organisations and currently has approximately 70 signatories. The agreement is administered by the Information Governance Programme Board, which oversees and ensures effective implementation of information sharing arrangements.

2.3. Furthermore, the legislative situation will change as the European Commission is currently drafting a new Data Protection Directive which is expected to be introduced in 2013. The draft directive is expected to be introduced as a regulation, which will apply directly to all EU member states including the UK. The new directive will introduce several elements including: the 'right to be forgotten' (allowing the public to request an organisation to destroy all data pertaining to them); the principle of 'data portability' (allowing the transfer of personal data between service providers); and the toughening up on the need for 'direct' consent.

3.0 Government Protective Marking Scheme

3.1. Nationally, to assist with ensuring appropriate information security standards, HM Government has a protective marking scheme for sensitive documents which has been in active operation for nearly a century. The current operational scheme employs five markings, PROTECT, RESTRICTED, CONFIDENTIAL, SECRET, & TOP SECRET. The markings relate to the level of risk applicable if the information were made public.

3.2. This scheme is soon to be revised which will see the reclassification of the existing markings. In the new scheme PROTECT, RESTRICTED and CONFIDENTIAL will be merged into the one marking titled OFFICIAL. The new scheme has already been adopted by KCC, with a protective marking policy about to be rolled out which will see the use of OFFICIAL along with a descriptor which will identify the information's 'impact level' (level of risk). Central Government is expected to officially launch the new scheme during late 2013 and it is likely to take several years to become fully operational.

3.3. The new scheme may challenge existing data sharing arrangements involving partners who are strict operators of the existing model and may be reluctant to change to the new combined marking. As a result staff will need to be briefed on both schemes in order to work effectively until all agencies transfer to the new scheme.

4.0 Current situation

4.1. Community Safety Units are both authors and handlers of sensitive 'RESTRICTED' level data and have a business need to integrate information security policies and procedures. This includes Domestic Homicide Reviews, Strategic Assessments, and sensitive personal data, to name a few.

4.2. A variety of secure email systems have been introduced to allow for secure communication and transfer of sensitive data for the purposes of DHRs. CJSM and GCSX accounts have been provided for partner level communication, whilst Egress is currently being rolled out to enable communication with external organisations without secure email. All of these systems allow for the safe and secure transfer of RESTRICTED level data.

4.3. Where sensitive data has been saved onto computer systems for later retrieval, specific folders have been restricted to certain users to ensure confidentiality.

4.4. Where hard copies of sensitive data exist they are locked away in secure cabinets in their respective locations.

5.0 Next steps

5.1 Partner organisations may wish to review all current work streams and identify those where it can be shown that there is the storing or processing of personal or sensitive data. Where personal or sensitive data is handled the appropriate measures will need to be put into place to ensure correct handling, storage, and destruction procedures take place in accordance with the Data Protection Act and related legislation.

5.2 A new set of guidance documentation is being prepared to provide knowledge and understanding to front line and back office staff about information sharing. Once completed and approved the guidance shall be disseminated to all staff and training needs identified to assist in its understanding.

6.0 Recommendations

6.1 The Kent Community Safety Partnership to note.

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By: **Sean Bone-Knell (KFRS) – Chair Kent Community Safety Team**

To: **Kent Community Safety Partnership**

Classification: **For Information**

Subject: **Approval of KCSP Funding Bids - September 2013**

Summary:

This report briefly describes the applications for funding made to the Kent Community Safety Partnership that have been reviewed and supported by the Kent Community Safety Team. These have subsequently been approved by the Chair of the Kent Community Safety Partnership under delegated powers and this report is provided for information purposes only.

1.0 Background

1.1 The Police and Crime Commissioner has made a grant of £48,507 to the Kent CSP for 2013/14 as part of the Kent Community Safety Grant that was previously administered by the Home Office.

1.2 A set of protocols were agreed by the Kent Community Safety Partnership at its meeting on the 26th September 2011 and these have been used by the Kent Community Safety Team to determine the viability of grant requests.

1.3 All the grant requests have been reviewed by the Kent Community Safety Team to ensure they meet the grant funding criteria and also to ensure that they contribute towards the delivery of the Kent Community Safety Agreement.

2.0 Grant Requests

2.1 ASB School Tour – this grant request relates to a county wide project that has been running since 2009 and has reached over 100,000 young people since it started. The grant request is for £10,000 with the total project cost being £60,000.

2.2 Domestic Homicide Reviews – joint procedures are in place to deliver the statutory domestic homicide reviews across Kent & Medway managed by the Kent CSP. This contribution will be used along with other contributions from statutory partners to deliver the statutory requirements as detailed in the Domestic Violence, Crime and Victims Act (2004). Grant requested £8,000.

2.3 Licence to Kill – this major road safety education initiative is aimed at young people/drivers and combines powerful film and speakers to highlight the impact of serious road traffic collisions. Grant requested £10,000 with total project cost of around £55,000

2.4 Mental Health First Aid – this project aims to increase the awareness and support available for persons with mental health issues. This programme is designed to support front line workers who deal with ASB and other related community safety issues. Grant requested £5,000.

2.5 Applications Received (including 2.1 and 2.4 above) £33,000

Revenue Remaining: £15,507

3.0 Recommendations

3.1 Kent Community Safety Partnership members are requested to note the contents of this report.

September 2013
Kent Community Safety Team

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