

AGENDA

KENT COMMUNITY SAFETY PARTNERSHIP

Thursday, 13th October, 2016, at 10.00 am Ask for: Anna Taylor/Joel
Darent Room, Sessions House, County Hall, Telephone Cook
Maidstone 03000 416478/03000
416892

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 16 March 2016 (Pages 3 - 8)

B. Matters for Information/Discussion

- B1 Kent Community Safety Partnership Working Group Update (Pages 9 - 22)
- B2 Serious and Organised Crime Update (Pages 23 - 26)
- B3 Kent Drug and Alcohol Strategy (verbal update)
- B4 Review of the funding arrangements for the Domestic Homicide Review (DHR) process (Pages 27 - 28)
- B5 Mental Health & Policing: Initial thoughts (Pages 29 - 38)
- B6 'Vulnerability and Risk' - Re-modelling Kent Police
- B7 Date of next meeting - Wednesday, 15 March, 2017

C -RESTRICTED ITEM(S)

Meeting not open to the press and public and reports not for publication

- C1 Domestic Homicide Reviews (DHRs) - update
- C2 The Prevent and Counter Terrorism Local Profile Update (Pages 39 - 48)
- C3 Domestic Homicide Review briefing - Sandra/2014
- C4 Domestic Homicide Review briefing - Roger Hills

Wednesday, 5 October 2016

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, 16 March 2016.

PRESENT: Mr Rivers (Vice-Chairman), Mr M Adams, Ms M Anthony, Mr S Bone-Knell, Ms A Broom, Mrs T Creaton, Ms S Davison, Mr T England, Ms D Exall, Michelle Franks, Ms A Gilmour, Ms W Glazier, Ms T Kadir, Ms J Mookherjee, Mr J Padley, Mrs J Pells, Dr S Robson, Mr S Thompson and Mr N Wilkinson

IN ATTENDANCE: Mr M Overbeke (Head of Public Protection), Ms S Brinson (KCC Community Safety) and Mrs A Taylor (Scrutiny Research Officer)

UNRESTRICTED ITEMS

115. Notes of meeting held on 14 October 2015

(Item A3)

RESOLVED that the minutes of the meeting held on 14 October 2015 were an accurate record and that they be signed by the Vice-Chairman

116. Serious and Organised Crime

(Item B1)

1. Mr Thompson, Head of Partnerships and Communities, Kent Police, introduced this item and referred to the last Kent Community Safety Partnership (KCSP) meeting which received a presentation from John Pennycook (Home Office). Following that presentation there was a feeling that partners were not sufficiently briefed around local profiles and Mr Thompson undertook to ensure that senior partners were briefed; these briefings took place in December 2015.
2. At the briefing meeting in December it was agreed that a workshop for practitioners would be held. This took place on 25 February 2016 and was attended by over 30 practitioners. The workshop focussed on awareness raising and how partners could contribute. Issues were raised such as liaising with the schools and improving the two way flow of information. An action plan was being developed and the Kent Community Safety Team would take this work forward. There would be an opportunity to further brief the Community Safety Partnerships (CSPs) and colleagues on the multiagency approach to tackle the issues once the Action Plan was produced and the local profiles had been refreshed in April. Members considered that local CSPs were the right groups to lead with this work as they had strong links with the County CSP. However, the decision rested with the Office of the Police and Crime Commissioner (OPCC) and a meeting was being held on the 4 April to discuss this.

RESOLVED that the Partnership note the progress since the last meeting and support the continued work to further develop the embedding of Serious and Organised Crime within partnership agendas and priorities. The Partnership would receive a report back on the progress at the meeting on 13 October 2016.

117. Kent Community Safety Agreement 2014-17

(Item B2)

1. The Community Safety Team Leader introduced the annual review of the Kent Community Safety Agreement (CSA) 2014-17 and an update on the current action plan and performance monitoring. The review took into consideration new legislation, emerging issues, amended partnership plans and the outcomes of the district/borough strategic assessments. . There was a requirement for the County CSA to be refreshed annually.
2. The priorities and cross cutting themes within the agreement were set out on page 11 of the agenda. The agreement had been amended last year to acknowledge the emerging issue of child sexual exploitation (CSE) which had been incorporated into the existing cross-cutting theme 'safeguarding children and young people'.
3. The Kent Police and Crime Plan had recently been reviewed and proposed to retain the current strategic priorities with a stronger emphasis on some of the emerging issues such as tackling radicalisation, CSE, human trafficking/modern slavery, protecting children from harm including unaccompanied asylum seeking children (UASC) and looked after children (LAC), tackling cybercrime and cyber-enabled crime.
4. Partners continued to work together towards the activities identified in the CSA action plan and the KCSP Working Group, which met as a sub-group of the KCSP, was monitoring the activities set out in the Action Plan and had reviewed the latest update at their meeting in February 2016.
5. The CSA recommended that two of the current priorities: 'Violent Crime' and 'Acquisitive Crime' should be consolidated into a priority entitled 'Serious & Organised Crime' to include some of the existing issues such as violent crime, shoplifting etc. whilst incorporating emerging issues such as gangs. It also recommended that a new priority entitled 'Safeguarding' be added to include CSE, preventing violent extremism and online safety.
6. Mr Adams referred to the co-located Kent Community Safety Team (KCST) based at Maidstone Fire Station and it was considered that the plan gave the opportunity to guide and focus the work of the KCST.

RESOLVED that the Partnership agree that the priorities within the CSA should be amended based on the outcomes of the review although this was subject to the final outcomes of the district/borough strategic assessments and any additional partnership feedback.

The Partnership note the progress and actions undertaken by partners with regards to the current CSA action plan.

The Partnership request a report back at the meeting on 13 October 2016.

118. Kent Community Safety Partnership Working Group Update

(Item B3)

1. Mr Adams introduced this report and explained that there was a 3 month pilot project working with East Kent Housing Association currently in progress to assess whether it would be possible for all Housing Associations to access the Themis system to manage Anti-Social Behaviour (ASB) cases.
2. As a result of the 2014 Community Safety conference, there has been attendance from a variety of partner agencies at the 6 E-Safety Awareness workshops that were delivered to over 300 staff. There has also been 2 E-Safety Awareness Train the Trainer courses with 50 staff attending providing them with the knowledge and tools to be able to cascade the learning to colleagues within their own agencies.
3. The Community Safety Team was well established and it was encouraging to see other partners using the co-located premises. The Teams were very focussed and wanted to work together, the CSA and Action Plan gave firm direction and a focus for the future.
4. Mr Thompson referred to E-Safety Awareness Day on 9 February 2016, a workshop had been held for primary school students and staff at the Police Training College. These workshops had received very positive feedback. In addition the 'Is it worth it' tour covered 10,000 secondary school children with the theme of e-safety.
5. Kent Police and KCC Trading Standards had been working together to tackle the sale of New Psychoactive Substances (NPS) (referred to in the media as Legal Highs) and explained that new legislation was being introduced to make the supply of NPS illegal but the law would not cover simple possession as an offence.
6. The Community Safety Team Leader referred to funding and explained that the PCC's office had provided funding for a variety of projects and workshops including: Vulnerable Cyclists, ASB / E-safety Safety School Tour, and the 'Licence to Kill' programme which was aimed at young drivers to reduce the number of young people killed on the road.
7. One partner raised the issue of road safety and whether funding could be made available and it was suggested that this be followed up.
8. With reference to the pilot project with East Kent Housing (para 2.2 of the report) it was suggested that the pilot project be shared with Housing Associations and it was confirmed that this would be done.

RESOLVED that the Partnership note the progress and actions undertaken by the Working Group.

119. Domestic Abuse Commissioning Verbal Update (Item B4)

1. Mrs Anthony explained that there was an integrated Domestic Abuse (DA) Commissioning Project with an aim to integrate current commissioning for DA. Current arrangement was sometimes difficult to navigate. The aim of the project

was to draw together funding from partners and to commission an integrated service removing duplication.

2. It was hoped that the process would be strengthened and made more flexible through the Commissioning Project and investment into victims would be evened out across high/low risk. There had been significant consultation and it was hoped that the new service would be available on 1 April 2017.
3. Concerns were raised around the Independent Domestic Violence Advisor (IDVA) contract and it was confirmed that this was overseen by the Office of the Police and Crime Commissioner and options were being investigated for funding the shortfall. Partners were working proactively to ensure a continuation of the service.

RESOLVED that Members note the Domestic Abuse Commissioning verbal update.

120. Kent, Surrey & Sussex Community Rehabilitation Company Update - to follow
(Item B5)

1. Mrs Franks provided the Partnership with an update presentation on the Kent, Surrey and Sussex Community Rehabilitation Company.
2. This included the vision of the company which was to deliver rehabilitation services that help people who have committed crimes to help themselves: so they can aspire, achieve and make sustainable changes to their lives.
3. The presentation also set out the Executive Team and the Senior Operational Teams the journey and the next steps.

POST MEETING NOTE: A copy of the presentation was circulated to those present at the meeting on 22.03.16.

RESOLVED that the Partnership note the presentation on the Kent, Surrey, Sussex Community Rehabilitation Company Update.

121. PREVENT - Verbal Update
(Item B6)

1. Mr Wilkinson gave the partnership a verbal update on Prevent. Following the review in 2011 there had been huge changes and a lot of progress with the Prevent agenda. Back in 2011 there was no sense of the issues around females travelling to Syria for example. Government legislation was being followed and there was a formal duty to comply with Prevent. Mr Wilkinson provided regular updates to Board which had different roles to play in the Prevent Duty. Kent had seen a huge increase in the number of referrals to the Channel Panel which now held standing monthly meetings. There were significant challenges in this area and Mr Wilkinson drew attention to the 'Prevent the Prevent' lobby which existed.
2. Regarding the Channel referral Mr Wilkinson explained that the first point of contact was the Police if terrorism offences were involved, terrorism issues were not managed through Channel.

RESOLVED that the Partnership note the Prevent verbal update provided and asked for an update at the KCSP meeting on 13 October 2016.

122. Kent Community Safety Dementia Conference Debrief/Looking Forward Report

(Item B7)

1. Mr Adams introduced this report which provided information regarding the Kent Community Safety Conference 2015. The conference had been very successful and had had a number of speakers including those living with dementia and their carers. There had been tangible differences in ways of working, Kent Fire and Rescue Service had focussed on raising awareness amongst staff, buildings had been made more dementia friendly and search advisors had been identified for missing persons. Mr Adams thanked the Partners for their support.
2. With regards to the 2016 conference, the working group had met during the previous week and had suggested 'Drugs and New Psychoactive Substances (NPS) as the theme on the provisional date on 10/11/16 at Ashford International.
3. The Chairman congratulated partners on an excellent 2015 conference, the venue was central and very suitable for the event. As the Chairman of the Kent Association of Local Councils (KALC) Mr Rivers thanked the team for allowing KALC to join the event which was a very valuable day.
4. Mr Bone-Knell suggested that drugs was a very wide subject, that the conference needed a focus and a question to ask. Mr Adams confirmed that the working group considered the same questions and that using a question for the Dementia conference gave focus and a similar question would be developed. The next working group meeting was in three weeks time.
5. The Partnership considered that Drugs was a very suitable subject, that to include alcohol would make the conference issues too wide.
6. Concerns were raised about individuals who were given a dual diagnosis of drug misuse and mental health issues and Mr Adams confirmed that this was discussed by the working group and would be included.

RESOLVED that the Partnership agree the theme of the 2016 Kent Community Safety Conference – 'Drugs and New Psychoactive Substances'. The Partnership note the contents of the report on the 2015 Dementia Conference.

123. Crime Stoppers Update Presentation

(Item B8)

1. Mr Beaumont gave the Partnership a presentation on Crimestoppers and the Ambassadors Programme for Kent. Crimestoppers was a charity established in 1988 with a promise of anonymity aiming to detect, reduce and prevent crime through the provision of information and to give people the information and tools to act against crime.
2. Mr Beaumont set out a number of strategic ambitions for 2015-20 which included:

- a. The changing nature of crime: visible crime like burglary were falling but more violent and sexual crimes were being recorded. Fraud and online crimes were increasing but often less reported.
 - b. Austerity was not over
 - c. There was an increasing number of vulnerable people who needed help.
3. The Ambassadors Programme aimed to target communications more directly to those best placed to provide intelligence focused on the Kent Control Strategy. To do this Crimestoppers aimed to establish a network of organisations (Ambassadors) who were in day-to-day contact with or had information on those who had committed crime, those who were abused, vulnerable or were victims of crime.
4. Examples of Ambassadors included:
 - a. 14 CSPs
 - b. Youth Offending Teams
 - c. Drug and Alcohol Teams
 - d. Fire and Rescue Service
 - e. Community Wardens
 - f. Housing Associations
 - g. Neighbourhood Watch
 - h. Children's Centres
5. Mr Beaumont asked Partners to consider becoming Ambassadors for Crime Stoppers and offered to come and present to additional groups.

POST MEETING NOTE: The Crimestoppers presentation was circulated to the Partnership 22.03.16.

RESOLVED that the Partnership thank Mr Beaumont for his presentation and note the contents.

124. Date of next meeting

(Item C1)

RESOLVED that the date of the next meeting of the Kent Community Safety Partnership, 13 October 2016, be noted.

125. Domestic Homicide Reviews (DHRs) - update

(Item D2)

RESOLVED that the Partnership note the update on Domestic Homicide Reviews.

- (a) **FIELD**
- (b) **FIELD_TITLE**

By: Martin Adams - Chair of the KCSP Working Group
Shafick Peerbux - Head of Community Safety, KCC

To: Kent Community Safety Partnership (KCSP) – 13th October 2016

Classification: For Information

Subject: Kent Community Safety Partnership Working Group Update

Summary This report provides an update on the key activities, projects and documents being managed on behalf of the Kent Community Safety Partnership by the Working Group including the Community Safety Agreement.

1.0 Background / Introduction

- 1.1 The Crime and Disorder Act 1998 gave statutory responsibility to local authorities, the police, and key partners to reduce crime and disorder in their communities. Under this legislation the responsible authorities were required to form multi-agency 'Crime and Disorder Reduction Partnerships' to undertake this activity. Subsequent revisions introduced additional responsibilities to tackle anti-social behaviour, substance misuse and reduce reoffending and the partnerships were renamed Community Safety Partnerships (CSPs).
- 1.2 The Kent Community Safety Partnership (KCSP) operates at a County level with the overarching purpose to manage the Kent Community Safety Agreement (CSA) on behalf of the responsible authorities in Kent and to deliver safer and stronger communities. The KCSP is supported by a multi-agency working group which has a particular remit to prepare and monitor the Community Safety Agreement including the action plan and performance reports, as well as managing the Kent Community Safety fund on behalf of the governing group. The KCSP Working Group recently reviewed and updated their Terms of Reference which are attached (Appendix A).

2.0 Kent and Medway Annual Community Safety Conference

- 2.1 The Kent Community Safety Partnership (KCSP) has delivered an annual Community Safety Conference for the benefit of partners across the county for a number of years. Topics covered by the conference have been varied with the most recent subjects covering dementia (2015) and e-safety (2014). This year's annual community safety conference for Kent and Medway is entitled: "*Drugs – Addiction, Treatment and the Journey Ahead in Kent and Medway*". It will take place at the Ashford International Hotel on 10th November 2016, with up to 200 attendees from a variety of partner agencies in attendance.
- 2.2 A sub-group of the KCSP involving partners from the Police, Fire and Rescue Service, Kent County Council, Public Health and Medway Council was established to organise and deliver the event supported by the integrated Kent Community Safety Team (KCST). The conference has been designed to inform delegates of the issues

of drugs at a local level within districts, with a presentation from representatives of the Margate Task Force in Thanet, through to a wider county-wide and national perspective, including presentations from the National Crime Agency.

- 2.3 The sub-group wanted to ensure that the conference was able to deliver the 'human' impact of drugs, and in particular new psychoactive substances (NPS). Speakers from the 'Angelus Foundation' and 'Restore, Reform, Respect' have made themselves available to provide this perspective.
- 2.4 There will also be an opportunity to facilitate a 'round table' discussion on the new joint drugs and alcohol strategy for Kent, where delegates will be encouraged to comment on proposals.

3.0 Kent Community Safety Agreement (CSA)

- 3.1 Following the annual review of the priorities and cross-cutting themes within the CSA earlier this year and the agreement of the Kent Community Safety Partnership (KCSP) in March 2016, the priorities have been amended. The changes resulted in the removal of 'violent crime' and 'acquisitive crime' and the introduction of 'serious and organised crime' and 'safeguarding'.
- 3.2 The updated version of the Community Safety Agreement for 2014-17 is available on the Kent.gov website and the changes made are detailed within the document, including reference to new legislation, an updated diagram, leads for the amended priorities and updated outcomes from the district/borough strategic assessments.
- 3.3 In order to reflect the changes to the CSA, the associated action plan was also updated. Therefore the actions that are now complete or have become part of everyday business have been removed and any relevant outstanding actions have been retained within the new plan.
- 3.4 The refreshed action plan is attached for information (appendix B) and includes some of the key pieces of work that are being delivered by community safety partners across the county linking in with other multi-agency groups where possible. The plan includes activities such as the annual conference, commissioning of domestic abuse services, Domestic Homicide Reviews (DHRs), road safety awareness, the Drug & Alcohol Strategy, workshops, raising awareness, development of the serious and organised crime toolkit and local profiles etc. The action plan will continue to be developed by the KCSP Working Group as required, including working closely with the Police and Crime Commissioner and other partners to identify any relevant activities in relation to mental health.
- 3.5 As a result of the changes outlined above the performance monitoring framework is currently being reviewed and the potential to monitor hate crime as part of the framework is being considered. However, based upon the current proxy measures, the partnership is asked to note the following:

Domestic Abuse - The number of reported incidents and visitors attending domestic abuse one stop shops continue to rise, which adds significant pressure to agencies (voluntary and statutory partners) that are facing reductions in staffing and resources

to manage the increasing demand for services. Work is being progressed around commissioning of services to try to bring more resilience.

Road Safety – Although the total number of people killed and seriously injured (KSI) on roads in Kent and Medway decreased overall in 2015 compared to the previous year, the number of 17-24 year-old KSIs increased, therefore it is recommended that casualty reduction remains a focus area. The multi-agency CaRe partnership continues to work together to identify and deliver collective interventions and campaigns targeting specific road user groups; the board is providing organisational strategic commitment to road safety and casualty reduction; whilst the new Road Safety Experience (RSE) is now operational and aims to provide essential road safety skills for young people across the county.

4.0 KCSP Grant Update

- 4.1 In 2016/17, the Kent Police and Crime Commissioner (PCC) allocated £39,661 to the Kent Community Safety Partnership (KCSP) to fund pan Kent projects focussing on the priorities identified in the Community Safety Agreement and supporting the Police and Crime Plan. Similar funding has been provided by the PCC to all Community Safety Partnerships across Kent and Medway to help deliver projects in support of local priorities.
- 4.2 So far the partnership has agreed to fund, or part fund, the following three projects:
- Licence to Kill (£6,000) – supporting delivery of a theatre based road safety show to raise awareness of the risks to young people on the roads and help identify ways of making themselves safer. The performances will be taking place in early November 2016; all secondary schools across Kent are invited with a total of 8,000 attendees expected.
 - Stop the Scammers (£1,000) – development of a postcard sized leaflet (*Scam - It's a Crime!*) to raise awareness about how to spot scams, recognise victims and where to report it. This builds on existing work already being undertaken across the county and is aimed at groups and individuals that may come into contact with victims in their everyday work. Leaflets have been distributed to taxi driver forums, ambulance drivers, royal voluntary service and pharmaceutical drivers with further dissemination planned for care providers, housing associations, meals on wheels, libraries etc.
 - Domestic Homicide Reviews (£12,000) – contribution on behalf of all CSPs in Kent for the cost of facilitating the statutory DHR process including independent chairs and practitioner seminars. Additional funding has been sought from a variety of partners to enable ongoing delivery of the process.
- 4.3 A further £20,661 is still available for the 2nd half of the funding process and partners are being invited to bid into the process. Applications are due to be received by the end of October and will be reviewed by the multi-agency KCSP Working Group to ensure they meet the grant funding criteria and contribute towards the delivery of the Kent Community Safety Agreement. Details of all allocated funding will be submitted to the Office of the Police and Crime Commissioner for audit purposes and an update report provided to the KCSP at the next meeting.

5.0 Kent Community Safety Team

- 5.1 Following the development of the multi-agency Kent Community Safety Team (KCST) in 2015, work is ongoing to develop the team and deliver community safety in a collaborative way. The work of the KCST supports the activities of the KCSP and the Working Group and an action plan has been developed for the team which is regularly reviewed by the KCST Senior Management Team (SMT). Some of the areas identified for joint working include workshops and conferences as well as partnership support at district and county level.
- 5.2 As part of the KCST's engagement with district partners, members of the SMT are meeting with colleagues in the districts/boroughs to help identify any areas of work that the team can help support, any gaps in delivery, as well as what is working well. In addition members of the KCST continue to attend local CSPs to support delivery and act as a link between the organisations.
- 5.3 The KCST is also managing the co-ordination and delivery of the annual Community Safety Conference mentioned earlier in the report as well as a number of e-safety workshops on behalf of the Kent Community Safety Partnership following the annual conference in 2014. Two e-safety awareness raising sessions have been delivered to partners across the County this year so far and further workshops are being planned for later in 2016/17.
- 5.4 In August 2016, the KCST delivered a Strategic Assessment Workshop for the benefit of community safety partners across Kent. Strategic Assessments are a statutory annual requirement for districts/boroughs to help identify community safety priorities for the local area and to refresh local community safety plans. The outcome from this process also helps to support the annual review and refresh of the Kent Community Safety Agreement.
- 5.5 The aim of the workshop was to provide an opportunity for partners to review the current process, look at examples of good practice from other parts of the country, consider how local partners such as Kent Police undertake their assessments, look at the data requirements and consider if there are opportunities to improve or streamline the process. Following the workshop it was agreed to set up two 'task and finish' groups with district partners and for the KCST/KCSP Working Group to undertake an horizon scanning exercise to help inform strategic assessments. One group has already met to agree a set of data that will be sourced by the KCST from partner agencies and this is now in progress. The second group is being set up to pilot the risk assessment matrix which is currently used by Kent Police. The horizon scanning is in progress and further work will follow in partnership with district colleagues to look at opportunities to streamline and simplify the process, where possible, for future years.

6.0 Recommendations

- 6.1 The Kent Community Safety Partnership (KCSP) is asked to note the progress and actions undertaken by the Working Group

Attachments:

Appendix A: KCSP Working Group Terms of Reference
Appendix B: Community Safety Agreement Action Plan

For Further Information:

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Appendix A

KENT COMMUNITY SAFETY PARTNERSHIP WORKING GROUP

TERMS OF REFERENCE

1. TITLE

The group will be known as the Kent Community Safety Partnership (KCSP) Working Group.

2. OVERARCHING PURPOSE

To support the work of the Kent Community Safety Partnership (KCSP), in particular by

- (i) Managing the Kent Community Safety fund on behalf of the KCSP.
- (ii) Preparing and monitoring the Kent Community Safety Agreement and managing the review process.

3. MEMBERSHIP

Membership will include senior officer representatives from county groups with a statutory responsibility for community safety.

Standing members:

- Kent Police
- Office of the Police & Crime Commissioner (OPCC)
- Kent Fire and Rescue Service (KFRS)
- Public Health
- Clinical Commissioning Groups (CCGs)
- Kent, Surrey & Sussex Community Rehabilitation Company (CRC)
- KCC Community Safety
- KCC Highways and Transportation
- Kent Trading Standards
- Local District/Borough Authorities

Other attendees may attend for specific agenda items as required, for example: National Probation Service (NPS), Kent Criminal Justice Board (KCJB), KCC Early Help and Preventative Services, Kent Housing Group, voluntary sector etc.

4. PURPOSE OF THE KCSP Working Group

On behalf of the Kent Community Safety Partnership (KCSP) to:

- Maximise co-ordination and co-operation at an operational level between partners with the aim of reducing crime/disorder, anti-social behaviour, fear of crime, misuse of alcohol and drugs in Kent as well as reducing re-offending, reducing injury and promoting personal safety.
- Ensure the delivery of the annual Strategic Assessment process.
- Assist the KCSP in drawing up the annual County Community Safety Agreement (CSA) and monitor the performance of the supporting action plans, instituting remedial action as required.

Appendix A

- Report to the KCSP on performance against relevant targets contained in national strategies and CSP strategies.
- Adhere to the financial monitoring and budget setting arrangements in relation to available funding streams.
- Advise the KCSP on emerging policy, priorities, issues and solutions and the most effective use of available resources.
- Facilitate delivery of the annual Community Safety conference on behalf of the KCSP.
- Liaise with external bodies such as the Home Office and disseminate best practice consistent with developing guidance.
- Identify and develop recommended approaches to pan Kent community safety issues.
- Co-ordinate with other statutory bodies such as Medway CSP when appropriate.

5. MEETINGS

The group will meet quarterly, or as required, ensuring that meetings take place prior to the KCSP agenda setting meetings.

6. QUORUM

A meeting will be regarded as quorate if no less than four of the responsible authorities are represented.

7. DECISION MAKING

The group will use its best endeavours at all times to make decisions by consensus.

Appendix B: CSA 2014-17 – Action Plan (updated for 2016-17)

Domestic Abuse

No.	Aim	Action	Links to Cross-Cutting Themes
1	Priority: Domestic Abuse Lead: Chair of the Kent & Medway Domestic Abuse Strategy Group		
1.1	Provision of Services to meet the needs of victims and their families	Kent County Council (KCC) Commissioned Services, with input from partner agencies, to design Domestic Abuse Commissioned Services and secure funding for future commissioning.	<ul style="list-style-type: none"> • Early Intervention, Prevention & Education; • Supporting victims and vulnerable households /individuals
1.2	Partnership Working to improve safeguarding, risk mitigation and interventions	Commissioning and support of the Domestic Homicide Review (DHR) process including discharging the recommendations and action plans Provision of Community Safety Partnership (CSP) briefings; and lessons learnt seminars	<ul style="list-style-type: none"> • Supporting vulnerable people; • Reducing re-offending
Page 17 1.3	Pursuing perpetrators to take effective sanctions and support sustainable behavior changes	Kent & Medway Domestic Abuse Strategy Group (KMDASG) to work with the Kent Surrey Sussex Community Rehabilitation Company (CRC) to deliver a 12wk community perpetrator programme.	<ul style="list-style-type: none"> • Reducing re-offending
1.4	Preventing violence and abuse by challenging attitudes / behaviours and providing early interventions	KMDASG to develop and collate a suite of tools for use when working with young people on a 1:1 basis focusing on early intervention and promoting healthy relationships.	<ul style="list-style-type: none"> • Early Intervention, Prevention & Education; • Supporting victims and vulnerable households /individuals

**Taken from the Draft Kent and Medway Domestic Abuse Strategy 2016-2020*

Road Safety

No.	Aim	Action	Links to Cross-Cutting Themes
2	Priority: Road Safety Lead: Director of Operations, Kent Fire and Rescue Service		
2.1	Raise awareness of road safety campaigns across partnerships	Share details of road safety campaigns and events with local Community Safety Partnerships via the Safer Communities Portal and promote consistent messaging.	<ul style="list-style-type: none"> • Early Intervention, Prevention & Education; • Safeguarding children and Young People; • Supporting victims and vulnerable households /individuals
2.2	Support delivery of local plans and activities	Deliver a Road Safety workshop for local partners to help identify issues and develop activities and plans for local delivery	<ul style="list-style-type: none"> • Supporting victims and vulnerable households /individuals

Appendix B: CSA 2014-17 – Action Plan (updated for 2016-17)

2.3	Reduce youth casualties through education	Develop the new Road Safety Experience (RSE) to educate young people on a variety of road safety risks linking to schools, sports programmes etc.	
2.4	Support development of new training programmes	Develop the 'First Responder on Scene Training' initiative (FROST) for young people who live / work in rural areas, incorporating road safety messages and emergency first aid at the scene of an road traffic collision (RTC).	

Substance Misuse

No.	Aim	Action	Links to Cross-Cutting Themes
3	Priority: Substance Misuse		
	Lead: Consultant in Public Health, Kent County Council		
Page 18 3.1	Raise awareness of the harmful effects of drug and alcohol in Kent and identify future partnership activities	Develop and deliver the annual Community Safety Conference on behalf of Kent and Medway partners on the theme of drugs and new psychoactive substances.	<ul style="list-style-type: none"> • Early Intervention, Prevention & Education; • Safeguarding children and Young People; • Supporting victims and vulnerable households /individuals
3.2	Develop and promote a new Drug & Alcohol Strategy for Kent	Work in partnership with KCC Public Health to develop a new Drug & Alcohol Strategy.	
3.3	Reduce drug related crime	<p>Implement the Psychoactive Substances legislation, raising awareness with partners and the public as appropriate</p> <p>Implement drug testing on arrest for all eligible cases and ensure all those convicted of an offence are given a drug treatment referral.</p>	<ul style="list-style-type: none"> • Early Intervention, Prevention & Education; • Reducing re-offending

Appendix B: CSA 2014-17 – Action Plan (updated for 2016-17)

Anti-Social Behaviour

No.	Aim	Action	Links to Cross-Cutting Themes
4	Priority: Anti-Social Behaviour		
	Lead: Head of Strategic Partnerships, Kent Police		
4.1	Ensure effective use of anti-social behavior (ASB) tools & powers at a local level	Deliver an ASB workshop for local partners to share good practice and support the use and delivery of the Tools & Powers introduced by the Crime and Policing Act 2014	<ul style="list-style-type: none"> • Early Intervention, Prevention & Education; • Supporting victims and vulnerable households /individuals

Serious & Organised Crime

No.	Aim	Action	Links to Cross-Cutting Themes
	Priority: Serious & Organised Crime		
	Lead: Head of Strategic Partnerships, Kent Police		
5.1	Identify, disrupt and dismantle mapped Organised Crime Groups (OCGs) and reduce the harm that they cause to individuals and communities	<p>Work in partnership under the 4P principles (Pursue/Prevent/Prepare/Protect) to share intelligence, establish risks and work effectively to mitigate them.</p> <p>Develop an OCG toolkit to identify key agency contacts and related tools & powers for sharing with partners</p> <p>Develop and share OCG local profiles with partners via the Safer Communities Portal and encourage submission of relevant intelligence from agencies to enhance profiles.</p>	<ul style="list-style-type: none"> • Early Intervention, Prevention & Education; • Supporting Victims and Vulnerable Households/ Individuals
5.2	Raise awareness of Modern Slavery (human trafficking)	Work with the Kent and Essex Police Anti-Slavery Partnership Coordinator to raise awareness of modern slavery.	

Appendix B: CSA 2014-17 – Action Plan (updated for 2016-17)

Safeguarding

No.	Aim	Action	Links to Cross-Cutting Themes
6	Priority: Safeguarding		
	Lead: Head of Public Protection, Kent County Council		
6.1	Raise awareness about E-safety	Deliver staff workshops and the schools tour to raise awareness of e-safety with both professionals and young people.	<ul style="list-style-type: none"> • Early Intervention, Prevention & Education; • Supporting Victims and Vulnerable Households/ Individuals • Safeguarding Children & Young People
6.2	Support the work of the Children's and Adult's Safeguarding Boards in Kent	Provide effective links to the CSPs and other partners by sharing information, raising awareness of issues, activities, training etc.	
Page 20 6.3	Support the PREVENT agenda	Work in partnership to implement a new Channel structure for the County; Consider and implement CTLP recommendations (<i>Counter Terrorism Local Profiles</i>) as appropriate.	
		Work in partnership to support and deliver activities for the Hate Crime Awareness Week in October; and develop a local Hate Crime Action Plan to raise awareness, share intelligence and encourage reporting;	
6.4	Raise awareness of Child Sexual Exploitation.	Raise awareness of the CSE day of action in early 2017 and support delivery of campaigns and events	

Cross-Cutting

No.	Aim	Action	Links to Cross-Cutting Themes
7	Priority: Reducing Reoffending		
	Lead: N/A		
7.1	Reduce re-offending in relation to prolific offending	Work in partnership to deliver the Integrated Offender Management (IOM) Strategic Plan	<ul style="list-style-type: none"> • Reducing Re-Offending
7.2	Mental Health - to be developed	To be developed	

Appendix B: CSA 2014-17 – Action Plan (updated for 2016-17)

Version Control

Following the review of the CSA priorities in 2016/17, two of the priorities have been removed and replaced by different priorities; as such the action plan has been fully reviewed and updated:

Version	Date	Comment
2.0	September 2016	New priorities added: 'Serious & Organised Crime' (priority 5) and 'Safeguarding' (priority 6)
		Priorities removed: 'Violent Crime' and 'Acquisitive Crime'
		Actions refreshed and updated for all the priorities

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By: Superintendent Simon Thompson, Deputy Head of Strategic Partnerships, Kent Police.

To: Kent Community Safety Partnership (KCSP) – 13th October 2016

Classification: For Information

Subject: Serious and Organised Crime Update

Summary This report provides updates on developments to tackle Serious and Organised Crime (SOC) including Operation Scorpion that has been launched in Kent for multi-agency partners to tackle organised crime groups (OCGs) and the new interactive Local Serious and Organised Crime Profiles which will be the subject of a presentation at the meeting.

1.0 Background / Introduction

- 1.1 In 2013, the Government launched a new Serious and Organised Crime strategy to better coordinate a national approach to reduce the level of serious and organised crime affecting the UK and local communities. The national strategy uses the framework that has been developed for national counter-terrorist work, often referred to as the 4Ps: prosecuting and disrupting people engaged in serious and organised crime (**Pursue**); preventing people from engaging in this activity (**Prevent**); increasing protection against serious and organised crime (**Protect**); and reducing the impact of this criminality where it takes place (**Prepare**). The serious and organised crime strategy sees councils and a range of partners playing an important role alongside the Police to tackle SOC and OCGs. Public sector organisations and law enforcement agencies have a duty to protect the wellbeing of their local communities including: councils, police, health, social care, education services and immigration enforcement.
- 1.2 The Local Government Association's guidance document 'Tackling Serious and Organised Crime: A local response' has said that established community safety partnerships (CSPs) are well placed to lead on the strategic coordination of this activity, with their statutory duty to: reduce reoffending; tackle crime and disorder; anti-social behaviour; alcohol and substance misuse; and any other behaviour which has a negative effect on the local environment. These partnerships also have access to a wealth of powers that can disrupt the activity of local OCGs. The use of such enforcement powers against OCGs is sometimes referred to as 'the Achilles heel approach'. Partners also have access to critical community intelligence that may be directly or indirectly linked to OCGs.
- 1.3 OCGs are usually calculated, intelligent and complex outfits which are sometimes brutally violent. They deal in human trafficking, fraud, money laundering, armed robbery, vehicle theft and more. They will exploit new opportunities which arise such as cyber-enabled crime to commit old offences in new ways.

- 1.4 OCG offenders are individuals that live, work and socialise in the local communities. The impact of their criminality is far reaching and can be seen at a street level in the form of drug taking, anti-social behaviour, violence and theft. OCGs also identify and manipulate vulnerable individuals.
- 1.5 We must take every opportunity to identify these groups and disrupt their activity before they can do further harm. It is crucial that at a local level we work in partnerships to disrupt these individuals. Agencies that are involved in Community Safety will have information and intelligence regarding these OCGs and their activities. These agencies will also have a range of tactics and enforcement opportunities to incapacitate and dismantle these groups.

2.0 Operation Scorpion

- 2.1 The Serious Crime Directorate (SCD) has launched Operation Scorpion in Kent. This is a priority operation for the Force, which will support officers and staff in working together and with our partners to tackle organised crime groups (OCGs). Efforts to tackle Serious and Organised Crime are managed through the 4P (PURSUE, PREVENT, PROTECT and PREPARE) approach, which will be familiar to many under the National Counter Terrorism Strategy. Kent has an excellent reputation in respect of the Pursue element. The focus of Op Scorpion is to further strengthen our approach under the other three headings (PREVENT, PROTECT and PREPARE).
- 2.2 The Op Scorpion plan will introduce the Governance structures, communication plans, Local Serious and Organised Crime Profiles, a defined 4P plan for each OCG and local SOC Partnerships. The Op Scorpion Team has been working with the Kent Community Safety Team to develop an online Toolkit to assist practitioners tasked with tackling OCGs and reducing the harm that they cause.
- 2.3 OCGs that have been assessed will be allocated a lead responsible officer (LRO) on Policing Divisions. This LRO will work with the Intelligence Team to develop a 4P plan to tackle the OCG. The LRO will engage with local and county partners in order to achieve a truly multi-agency approach to disrupting and dismantling that OCG. It is hoped that other agencies will also seek to nominate potential OCGs for multi-agency ownership, and also that such agencies may be the Lead Responsible Agency/Officer for OCGs.

3.0 Local Serious and Organised Crime Profiles

- 3.1 The Home Office requires all Forces to develop Local Serious and Organised Profiles. Kent Police have developed an innovative Profile that has received excellent feedback from those who have seen it. These profiles will provide all agencies with an understanding of Serious and Organised Crime, where there are vulnerabilities and what intelligence is known or required. The profiles are broken down to District level and are easily accessible. The profiles also enable the sharing of best practice and ability for direct intelligence submission for both police and partner agencies. The profiles will be refreshed every three months.

4.0 Next Steps

- 4.1 At the time of writing this report the Profiles are due to be launched internally in the week commencing 3rd October 2016. We are aiming to launch the profiles with partner agencies at the Kent Community Safety Partnership on 13th October 2016. It is intended that the Profiles will be made available to partners via the Safer Communities Portal.

5.0 Conclusion

- 5.1 To be truly effective in disrupting and dismantling OCGs, as well as reducing the harm that they cause to individuals and communities, it is essential that agencies work together to share intelligence and develop effective plans to prevent, protect, prepare and pursue such groups. Op Scorpion recognises that Serious and Organised Crime cuts across communities and either directly or indirectly affects all agencies. Such a far ranging challenge requires a partnership response to get to the root of Serious and Organised Crime.

6.0 Recommendations

- 6.1 The Partnership is asked to note the contents of this report and also support Op Scorpion. It is also requested that Local Serious and Organised crime profiles are communicated and promoted by the agencies represented at the Kent Community Safety Partnership.

For Further Information:

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By: Shafick Peerbux, Head of Community Safety, KCC
 Alison Gilmour, Kent and Medway Domestic Violence Co-ordinator, KCC

To: Kent Community Safety Partnership – 13th October 2016

Classification: For Decision

Subject: Review of the funding arrangements for the Domestic Homicide Review (DHR) process.

Summary: This paper recommends that ongoing commitment for multi-agency contributions to the DHR budget are sought to enable the current DHR processes and procedures to continue.

1.0 Background

- 1.1 The agencies required under statute to participate in DHRs are:
- Chief Officers of police for police areas in England and Wales;
 - Local Authorities (the council of a district, county or London borough);
 - NHS Commissioning Board;
 - Clinical Commissioning Groups;
 - Providers of probation services;
 - Local Health Boards.
- 1.2 Agencies with a statutory responsibility to co-operate with DHRs across Kent and Medway contribute annually towards a partnership fund; it is in all partner's interest to ensure that the DHR process is resourced sufficiently to ensure that all statutory requirements can be met in the future. All DHR funding partners were contacted in July 2016 requesting an enhanced level of funding for 2016/17 to resource the increasing levels of activity due to receiving 5 DHR notifications during 2015/16 and 2 notifications for 2016/17, to date. The DHR budget for 2016/17 is @£61,000.
- 1.3 Due to this increase in DHR activity, funding contribution levels for 2017/18 onwards have been reviewed by the Kent and Medway DHR Steering Group.

2.0 Future Funding Options

- 2.1 Looking ahead to 2017/18 and beyond a number of options to fund DHR activity have been considered.

Option 1: Continue to Fund at 2016/17 Level – cost of £61,000 p/a

DHR activity levels have fluctuated over the years however this level of funding is likely to sustain average levels of activity. It would also allow for the continuation of the provision of central KCC CSU administration and co-ordination to manage DHR processes and enable 3 multi-agency lesson learned seminars to be held each year, reaching approximately 350 front line workers.

Option 2: Cease Provision of Lessons Learned Seminars – saving of £6,778 p/a

All DHRs are published and therefore available to all agencies/professionals to use in their learning. Individual agencies or local areas may wish to provide seminars at their own discretion in the future.

Option 3: KCC CSU Cease Support of DHR Processes – saving of £10,928p/a

Another agency may be in a position to take over the administration and co-ordination tasks associated with DHR processes at no cost. This relies on another agency having sufficient spare capacity in their teams, with the appropriate knowledge and experience, to take on this work.

Option 4: Combine Options 2 and 3 – saving of £17,318 p/a

If another agency can take over the administration and co-ordination tasks associated with DHR processes at no cost and lessons learned seminars are no longer held this would generate savings of this level.

Option 5: Cease Use of Paid Independent Chairs – saving of £30,000 p/a

To enable this option agencies would need to be willing to release senior members of staff for 15 – 20 days (depending on complexity of each DHR) to complete this work in the place of the independent chair/report writer. This has been discussed in the past at it was decided that no agency had capacity to release staff for the necessary time commitment, however agencies may now wish to review their position.

Option 6: Termination of the Kent and Medway DHR Protocol – local areas to fund as and when necessary

Partners may wish to terminate the current protocol which centralises all DHR processes and costs. DHRs would have to then be commissioned by local Community Safety Partnerships who would have to negotiate local agreements with partners to fund/resource this work. It is likely that this approach would lead to inconsistencies in approaches and generate ad-hoc funding requests to partners to deal with unpredictable local demand.

3.0 Recommendations

- 3.1 After discussion of all the options, the DHR Steering Group recommends that Option 1 is implemented; this would enable the continuation of all current DHR processes.
- 3.2 To maintain the levels of funds required by Option 1, the DHR Steering Group suggests that consideration is given to requesting local districts/boroughs contributing to the DHR partnership fund from 2017/18 onwards; £2,500 per district/borough.

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From: Matthew Scott, Kent Police and Crime Commissioner,
Presented by Adrian Harper, Chief of Staff and
Neil Wickens, Head of Policy Co-ordination and Research

To: Kent Community Safety Partnership

Subject: Mental Health & Policing: Initial thoughts

Date: 13 October 2016



Introduction:

1. In Kent, it is estimated that around a third of police time is spent dealing with cases involving mental health. The 24/7 nature of policing and ease of access via 999 or 101 invariably means that Kent Police are often the first point of contact for people with mental health issues rather than the last. Unfortunately, when partner agencies reach capacity, or only offer limited out of hour's services, there is also a tendency to rely on the police as a fall back.
2. As such, dealing with those with mental health issues, whether related to a crime or some other incident, creates great demand on officers and staff who are not experts in the many manifestations of poor mental health, and are often unable to provide the right care and support. Not only is this unsustainable, but also unfair on officers and staff who are doing their very best to support vulnerable people and keep the public safe.
3. In addition, research by the mental health charity Mind shows that members of the emergency services are more at risk of experiencing a mental health problem than the general population, but less likely to seek support.
4. As an overview of the issues surrounding mental health, including support available to officers and staff, please find attached a report titled 'Policing and Mental Health Provision' (Appendix A). The Commissioner requested this report from the Chief Constable and it was discussed in detail at the Governance Board held on 2 August 2016.

Commissioner's initial thoughts:

5. As members will be aware, the Commissioner made mental health an election campaign priority due to concerns at the amount of time Kent Police spends dealing with mental health issues, when it isn't necessarily the right response. The Commissioner was also concerned at the knock on effect in terms of police officer visibility, and availability within local communities.
6. The number of people being detained by Kent Police under Section 136 of the Mental Health Act is increasing. One in four people will experience a mental health problem each year for a number of reasons which may manifest itself in many different ways.
7. Kent Police may encounter people with mental health issues who are victims, witnesses, offenders, in crisis or been reported missing. Mental health does not discriminate and that is why the Commissioner is determined to revolutionise the way in which people with mental health issues interact with the police.
8. However, the Commissioner is also clear that it's not just about those who come into contact with the police. The stigma around mental health must be challenged so that people feel comfortable talking about it and seeking support, officers and staff must receive the appropriate training, and for their own wellbeing, they need to have access to appropriate specialist mental health support.
9. Reflecting this broad policing context, mental health is a 'golden thread' that runs through the updated Police and Crime Plan, as well as being a priority in its own right. The Commissioner is committed to:
 - Bringing relevant bodies together to conduct a full review of mental health and policing in the county, including the police, NHS, charities and others.

- Ensuring officers and staff have the support they need and training necessary to deal with incidents safely and effectively.
 - Reviewing the operation of street triage teams to see if they can be brought back in some form, enabling mental health professionals and police officers to respond to calls together.
 - Continuing to fund the presence of mental health professionals in the Force Control Room to reduce demand, and ensure callers with mental health issues receive the right support.
 - Ensuring the continued availability of occupational and mental health support for officers and staff, and working with Mind's Blue Light campaign to better understand the causes of anxiety, depression and stress and see what more the Office of the Police and Crime Commissioner (OPCC) can do to help.
10. The Commissioner will be setting up a Mental Health and Policing Board to review mental health and policing within the county and provide oversight of the Force's efforts in this area. The board will consist of representatives from the police, NHS and other agencies, with the first meeting taking place in the next couple of months.
 11. Since starting in the role, the Commissioner has heard anecdotal evidence about officers spending their entire shift in car parks, A&E departments or custody with people suffering mental health issues, because there is no safe place to take them.
 12. The Commissioner has invited officers and staff to share their views, experiences and personal opinions of mental health and policing on the frontline. Whether identifiable or anonymous, the Commissioner has requested case studies and examples of situations officers and staff have found themselves in to inform the Mental Health and Policing Board and potential developments for the future.
 13. The Commissioner wants to examine schemes that have been trialled in the county before, programmes that are currently in place, and proposals for the future that will help address the issues in the right way for the police and the public.
 14. One successful scheme trialled by Kent Police has seen counsellors from the mental health charity Mind working in the Force Control Room for two nights a week, offering support to callers with mental health issues and reducing demand on officers and staff. The Commissioner is clear that having counsellors working alongside police staff in the Force Control Room is making a difference. Vulnerable callers are getting a better service by being able to speak to a trained professional, and in some cases, patrols have been diverted from attending calls as a result of their intervention.
 15. With funding for the pilot due to run out in September 2016, the Commissioner has guaranteed further funding to allow the scheme to continue and for wider proactive opportunities to be explored.
 16. The Commissioner has written to all 17 Kent MP's highlighting the issues around mental health and outlining his commitment to ensure those with mental health issues have access to the right care at the right time. Feedback to date has been very positive, with strong backing for making mental health a priority and offers of personal support.
 17. As well as the OPCC being represented on the Mental Health Crisis Care Concordat Steering Group, the Commissioner is personally supporting the Group in compiling a bid to the Department of Health for funding to create, or free up, more health based places of safety within the county.

Item No. 3

Report to the Kent Police and Crime Commissioner's Governance Board**Date: 2 August 2016****Title: Policing & Mental Health Provision****From: Chief Constable****INTRODUCTION**

1. Nationally it is estimated that around 6% of calls and 20% of deployment time for police officers is as a result of, or aggravated by poor mental health. The 24/7 nature of policing and ease of access via 999 or 101 invariably means that Kent Police often become the first point of contact for people in mental health crisis rather than the last. We also find that when partner agencies reach capacity there is a tendency to rely on police as a fall-back position. As such the policing of mental health related crime and incidents create great demand on officers and staff who are not experts in the many manifestations of poor mental health and the activities that officers find themselves dealing with is often outside of core policing duties. Officers also encounter protracted waits whilst trying to handover responsibility to partner agencies.

OPERATIONAL DEMANDSUsage of Section 136 (1983 Mental Health Act, 2007)

2. The process by which police officers should exercise their powers under Section 136 (1983 Mental Health act, 2007) is contained within Kent Police policy. When an officer is considering the use of Section 136 they must contact the relevant Crisis Team. This is an automated service that will direct the officer to the appropriate Crisis Team where they will be given tactical advice on how to proceed with the vulnerable person although, it should be remembered that ultimately it is the police officer's responsibility to decide whether or not detaining the person under Section 136 is lawful and necessary.
3. The table below highlights the total detentions under Section 136 and how often custody has been used as a place of safety to house patients.

Total Section 136 Detentions					
FY	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
1222	1101	1186	980	1005	335 (Up to end of June 16)
Breakdown of Section 136 Custody Detentions					
FY	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
61	37	47	70	68	39 (Up to end of June 16)

4. Since November 2015 there has been a steady increase in the number of detentions made by officers. If this upward trend continues the 2016-2017 financial year will see the highest numbers since this area began to be actively monitored by the Force Mental Health Liaison Officer (FMHLO). Despite significant scrutiny it is not currently understood why this increase is occurring.
5. There are sometimes questions asked of Kent Police due to the low conversion rate of Section 136 detentions to formal admission, however it should be noted that police officers are not mental health professionals and will act within the parameters of the legislation those being;
 - In a place to which the public have access;
 - Appear to be suffering from a mental disorder; and
 - Are in immediate need of care and control.
6. If a person is intoxicated when they are detained under Section 136 they are not able to be assessed. This can lead to capacity issues within custody suites which in turn can cause frustrations between health and police. Currently there is no alternative place of safety for intoxicated vulnerable people.

Usage of police custody as a place of safety

7. The circumstances for use of police custody as a place of safety is described in the Mental Health Act 1983 Codes of Practice as follows, '*A police station should not be used as a place of safety except in exceptional circumstances, for example it may be necessary to do so because the person's behaviour would pose an unmanageably high risk to other patients, staff or other users if the person were to be detained in a healthcare setting. A police station should not be used as the automatic second choice if there is no health based place of safety immediately available.*'
8. The Mental Health Crisis Care Concordat which was published in February 2014 and is delivered locally through a multiagency steering group has within its action plan the following statement, '*Work towards custody as a place of safety as being a 'never event'. Only in exceptional circumstances, should a police custody suite be used to manage seriously disturbed and aggressive behaviour.*'
9. Analysis has been undertaken to determine the reasons behind custody usage. It suggests custody is used in the majority of instances as no health based place of safety is available, rather than the management of exceptional violence. In 2015/2016, two of the detainees were juveniles and within this financial year there has been one juvenile, these detentions in custody were down to lack of capacity within Health Services.
10. In April 2017 the Police and Crime Bill is likely to come into effect. The wording of the act states that the Home Secretary will decide the only circumstances when police custody will be used as a place of safety; these circumstances are expected to be 'the management of exceptional violence that can't otherwise be managed in a hospital setting'.

Serious and Adverse Incidents

11. The NHS Adverse and Serious Incident resolution process is a mechanism for resolving serious service failures. The procedure although already in place for NHS partners was also adopted by Kent Police in 2013 as a means of reporting and resolving incidents.
12. A robust system of resolution exists at the operational level between Kent Police and Kent & Medway NHS and Social Care Partnership Trust (KMPT) and incidents not deemed to meet the criteria of the Serious/Adverse Incident process are investigated locally by a network of SPOCs. Serious and Adverse Incident reporting takes place into the Mental Health Crisis Care Concordat Steering Group.

Missing Persons and Absconders

13. It is noted that within the KMPT there has been an increase of missing persons and absconding reports following the adoption of the NHS wide no smoking policy. There have been audits to this end to capture the increased incidents both of this nature and of aggression and violence.

Ambulance Transportation of Patients

14. Kent Police has negotiated an agreement with South East Coast Ambulance Service (SECamb) to transport patients detained under Section 136 Mental Health Act only. The response time to transport a patient to a place of safety is agreed by SECamb to be 60 minutes where there are no other medical concerns identified and/or the patient is not being actively restrained and at risk from excited delirium or positional asphyxia. SECamb is the only ambulance trust nationally to aim for a 60 minute response; all other trusts aim to respond to non-medical emergency calls in 30 minutes. This response time target was made by the Association of Ambulance Chief Executives as a Concordat pledge.
15. Ambulances are requested to transport patients around 50% of the times, the rest of the transportations tend to be made by police officers, and should only be conducted with the Duty Inspector's authorisation. Training is being provided to officers to outline why an ambulance should be requested but officers tend to transport when close to a health based place of safety or do not want a protracted wait and delay in dealing with a patient.

CURRENT FORCE PROVISION

North Kent Mental Health Demand Management Team

16. In 2014 a small team (1x Police Sergeant & 1x PC) was created working to the Community Safety Unit in Northfleet. This team's remit is to work closely with partners in health and monitor, advise and manage caseloads with regards to people with mental illness who place a disproportionate amount of demand on Local District Policing Teams (LDPT). Working jointly with health provides Kent Police with immediate access to health colleagues and vice versa. This improves working relationships and educates respective parties on processes and capacity.

17. A paper looking to replicate this model within East and West Divisions is currently being considered by the Force Development Team.

Mind Force Control Room Project

18. Early in 2015 Maidstone and Mid Kent Mind were approached with a view to placing their Wellbeing Workers within the Force Control Room (FCR). As the project is a national first there was no template with which to model the service on, a small project team was set up to outline how the project would work, to write a Memorandum of Understanding between our respective agencies and to review outcomes following the instigation of the project. The trial commenced on the 1 December 2015.

19. The project operates two nights a week until September 2016. With every call emotional support and guidance is offered saving call handler time. Call lengths have ranged from 1 minute to 1 hour 45 minutes. After September 2016, it is unlikely that there will be any funding from local or national Mind and any continuance of the project will require other investment.

20. It is difficult to evidence that this project has provided any reduction in the number of mental health related calls that are made to the FCR. However it is clear that the caller receives an increased level of service. An example of this was an individual who called Kent Police and advised they were feeling low. The Mind counsellor called back to discuss how they were feeling and why. The individual had bipolar disorder and was having issues with medication, ending up in hospital having taken an overdose of pills. The individual had discharged themselves and it was discovered that the Community Mental Health Team had been trying to contact them. The counsellor discussed ways to get the right support, gave a number for local mental health help and asked them to contact their GP and write it all down so it was visual. The counsellor helped them realise they were on the right path by recognising their issues. The individual also agreed the police weren't the right agency to help them. The caller was advised to be honest with their doctor and breathing and relaxation methods were suggested which could help. The call ended positively with the caller stating they would have a cup of tea, go to bed and focus on getting the help they needed. The individual later rang the FCR to thank the Mind counsellors for their help and say well done to those behind the new initiative.

21. Information provided by Mind reveals that a number of police patrols have been diverted from attending calls as a result of the intervention of the Mind staff; clearly this is subjective but does tend to suggest a reduction in officer deployment if not in call volumes. The Kent Police Analytical Team are producing a cost to benefit document which will seek to inform future decisions around continuance.

22. There has been national interest in the project, the Metropolitan Police are introducing it into their Control Rooms, it features on the national Concordat website and has been nominated for a national award.

CURRENT PARTNERSHIP PROVISION

The Criminal Justice Liaison and Diversion Service (CJLDS)

23. KMPT provides screening and assessment of individuals, of all age groups and vulnerabilities within the criminal justice system. This primarily focuses on police custody areas in Kent and Medway and four main Magistrates' Courts. There is an agreement that the Crown Courts will request adhoc assessments.

24. A Community Psychiatric Nurse (CPN) is available to the police stations 7 days a week, including bank holidays, between the hours of 08:00 and 20:00. Based on the outcome of each screening/assessment, CPNs liaise with relevant agencies from a range of statutory and non-statutory agencies to determine the most appropriate care pathway for the individual within the criminal justice system and their pathway in mental health and other services.

25. CJLDS has recently introduced support, time and recovery workers to the team, who will be responsible for bridging the gaps by providing time limited and structured support, enabling people to engage in services and attend appointments. They can also, where indicated, assist people with social care needs.

Mental Health Triage

26. The current Mental Health Triage Service has two components. The first component is a night time service based within the Kent Police FCR which operates on Thursday, Friday and Saturday between 18:00 and 02:00 hours. It is staffed by a qualified mental health practitioner and a senior clinical support worker who have access to the electronic mental health patient records. Depending on the call either verbal advice is given or the qualified practitioner can attend in person to assist officers at the scene.

27. A previous model whereby a police officer was crewed in a car with a Mental Health worker was evaluated and found not be effective due to the demographics and geography of Kent.
28. The second component was an extension of the current CJLDS which covers all seven custody suites and is available seven days a week between 08:00 and 18:00. The service was extended at Northfleet Police Station with additional resources provided by KMPT to enable them to respond to officers in the community who were dealing with vulnerable people.
29. The day service was suspended due to staffing issues in March 2016 however KMPT are actively looking to recruit to allow continuance of the daytime service. The night time service is set to continue in the 16/17 financial year in its current format albeit hours of operation have been reviewed and will change to Sunday, Monday and Tuesday night, 16:00 – 00:00 hours. Outside of the hours of operation officers have to default to calling the standard number to liaise with the Crisis Resolution Health Team.

Kent Place of Safety Provision

30. KMPT has five designated places of safety, two suites in East Kent, one suite in North Kent and two suites in West Kent one of which is used for West Division and one for other areas
31. The place of safety in North Kent is the only suite that is able to assess children as it does not adjoin an adult facility. As discussed previously in this report capacity issues often lead to police custody being considered as a place of safety.

GOVERNANCE ARRANGEMENTS AND OUTCOMES - WITHIN FORCE & ACROSS PARTNERS

32. The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together to make sure that people get the help they need when they are having a mental health crisis.
33. In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then five more bodies have signed the Concordat, making a total of 27 national signatories.
34. Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. The Concordat builds on and does not replace existing guidance. The Kent Steering Group is chaired jointly by the Head of Strategic Partnerships Command and the West Kent Clinical Commissioning Group (CCG) Mental Health Commissioner.
35. Governance for the Concordat Steering Group is provided by both the Kent and the Medway Health and Wellbeing Boards. These boards are reported into every 6 months with Concordat activity as part of a standing agenda item.
36. Nationally there has been a push to get permanent police representation on this group due to the operational impact policing mental health has on the service. The Assistant Chief Constable (ACC) with responsibility for the mental health portfolio wrote to the chair of the Kent Health & Wellbeing Board requesting membership, unfortunately this request was refused. However there is now more positive engagement with the Medway Health and Wellbeing Board.

Internal Governance Structures

37. The Force Mental Health Liaison Officer attends numerous regular meetings with partner agencies in order to share good practice and maintain an oversight of mental health provisions. Within the Force, mental health is a standing item on the Protecting Vulnerable Persons Board, chaired by the ACC for Central Operations. In addition, the mental health team have also submitted projects to the Demand & Innovation Board, chaired by Director of Corporate Services to ensure that the correct agency deals with members of the public that come into contact with Kent Police when in crisis and thereby reduce the demand on officer time and provide a less restrictive outcome for the caller.

WELFARE AND SUPPORT FOR OFFICERS/STAFF

38. The provision of supportive mechanisms available to Kent Police officers and staff are housed within Health Services, Human Resources and are external to the mental health initiatives provided for dealing operationally with the public. Health Services offer a range of services and training initiatives in order to restore, maintain and promote mental health and wellbeing for officers and staff.

Counselling Services

39. A confidential counselling service is in place for police officers and staff offering therapeutic support in order to improve and maintain psychological resilience and positive mental health.

40. Using statistical data collection via the CORE system, which calculates clinical outcomes; clients on average begin counselling with moderate levels of clinical psychological distress. Clients then end counselling, on average, in the healthy non-clinical range.

Mental Health Support for Specialist Roles

41. Welfare and Counselling within Health Services provide a support and psychological screening process for specialist roles which are exposed to a higher level of emotional impact for example, Public Protection Officers and Serious Collision Investigation Unit. Level 1 is an annual face to face assessment with a counsellor. Level 2 is an annual questionnaire reviewed by counsellor.

42. Following the Shoreham Air Crash in 2015, various welfare support interventions were offered to Kent officers and staff who were deployed as mutual aid in the role of Disaster Victim Identification (DVI) staff. The DVI role is exposed to a demanding level of potentially traumatic events when deployed within Kent, across the country or internationally.

43. The nature of the role also exposes staff to a higher degree of emotional impact, therefore annual welfare assessments are completed (approximately 100 officers/staff). Welfare interventions for staff following this event led to recommendations being made to the DVI Executive Committee for mental health awareness inputs to be included in the annual relicensing course to encourage self-care and strategies, whilst on deployment, to reduce the impact of longer term psychological distress.

Mandatory Leadership Programme in Trauma and Mental Health

44. Throughout 2015 and 2016, mandatory leadership training was carried out for all police officers at the rank of Sergeant and Inspector and police staff within middle management grades to provide psycho-education on mental health awareness and the effects of exposure to traumatic events. This training also provided a 'toolkit' for supervisors and managers to feel more equipped to be able to support their staff and themselves. Approximately 880 Kent Police employees attended the programme. In autumn 2016, over 120 employees within the Senior Leadership Teams will also receive the same training.

Feel Well Live Well – Kent and Essex Police Wellbeing Course for employees

45. This four week training programme is designed to enhance the health and wellbeing of officers and staff. Courses are in a group setting with a mix of psycho-education and experiential single and group exercises which assist in boosting self-awareness and encourage positive coping strategies.

46. To date, in excess of 270 Kent police officers and staff have attended the course as well as 5 Essex employees. A delivery plan is in place to rollout the wellbeing course to Essex staff and continue with Kent staff as per the successful Home Office Innovation Bid by Essex Police. The funding grant is being spent on new clinical staff to deliver Feel Well Live Well and assist in the Leadership Mental Health Programme. A total of 1050 delegate places (combined Kent and Essex total) for Feel Well Live Well will need to be made available by the end of March 2017.

47. It is felt the popularity and high attendance rates of these training courses has contributed to the positive change in attitude and culture towards mental health and wellbeing.

Health and Wellbeing Conference 2017 (Kent Police and Essex Police)

48. The Health and Wellbeing Conference is a joint, collaborative initiative to complement and promote the Kent and Essex health and wellbeing initiatives. Funding can be gained by inviting external delegates from other emergency services and those who have an interest in health and wellbeing. The conference will also provide continued professional development for peer support officers/staff.

Breaking Down Barriers – Mental Health Campaign/ Bluelight Campaign

49. A campaign to reduce mental health stigma in the police service and encourage help seeking has just been released at the Kent Police Staff Open Day (2 July 2016). A short film has been released and features the Chief Constable and Deputy Chief Constable. The film will be accompanied by several posters released on a monthly basis. This campaign complements other initiatives like Feel Well Live Well and is supported by Mind's Blue Light Programme. Early feedback from staff is extremely positive.

Trauma Risk Management (TRiM)

50. A risk management process is in place to identify officers/staff that are more likely to develop longer term mental health issues as a result of a potentially traumatic event at work. It also looks to reduce the stigma of mental health issues and ease access to support. Kent Police has 95 TRiM Practitioners of which approximately 60% are active at any one time.

51. In 2015, TRiM Practitioners completed 343 TRiM interventions in the form of TRiM briefings to staff and individual risk assessments. So far this year, 70 interventions have been completed. On average, 12 officers/staff are referred in to Welfare and Counselling per year following the TRiM process for psychological treatment/support.

Health and Wellbeing Champions

52. Health and Wellbeing Champions were developed in East Division in 2014 as a need was identified for a peer support system to signpost staff to the appropriate support for various different reasons affecting their physical and mental health. These volunteers, over 30 in number, are police officers and staff and are still active in this role. This has now been rolled out to North and West Division and continues to be implemented across the Force.

Occupational Health

53. Occupational Health focuses on the promotion, protection and maintenance of the physical, mental and social well-being of individuals in all roles in the Force by;

- Promoting and supporting optimum health and well being
- Minimising the risk of injury at work by supporting the Force risk assessment processes and following up incidents with investigation and support
- Supporting employees to maintain regular and effective attendance at work
- Consideration of the Equality Act 2010 and advising management on reasonable and appropriate adjustments at work both temporary and permanent
- Helping to reduce the personal, social and financial effects of ill health

54. Kent Police offers a wide variety of supportive, therapeutic and developmental interventions to both staff and officers in order to improve and maintain organisational mental health and wellbeing. This provision and support is on both a mandatory basis for those with a line management responsibility, in order to appropriately support their team members and a voluntary basis for personal resilience and mental health promotion and wellbeing.

FUTURE THREATS, RISKS AND OPPORTUNITIES

The Policing and Crime Bill 2016

55. This piece of legislation is currently progressing through Parliament with a target date for Royal Assent being April 2017. Contained within this bill are changes to powers under the Mental Health Act 1983;

- Further reduce the use of police stations as a place of safety by stating that they can never be used in the case of under 18s, and making provision for their use to be restricted to exceptional circumstances in the case of adults, exceptional will mean-exceptional violence that cannot otherwise be managed in a healthcare setting.
- Reduce the maximum time period for which a person can be detained under Section 135 or 136 from 72 hours to 24 hours (with an extension to 36 hours possible exceptionally).
- Require the police to consult a health professional (where practicable) before detaining a person under Section 136.

56. This piece of legislation will bring great challenges to both police and partner agencies especially when it comes to the current overuse of police cells as a place of safety solely around lack of capacity.

57. There is no current service provision for persons that are under the influence of either drugs or alcohol, and whom are not presenting as having committed a crime, but are in need of immediate intervention and safety, in order to ascertain the nature and degree of any social needs or mental illness. This gap leads to an increased use of Section 136 and lower conversion rates of these detentions subsequently after assessment under the Mental Health Act.
58. It was agreed at the Concordat Steering Group in March 2016 that an alternative provision would be developed in line with the changes that the Policing and Crime Bill would impose on service provision.

Section 136 (1983 Mental Health Act, 2007)

59. As mentioned within this paper there has been an increase in the number of Section 136 detentions under the Mental Health Act. This increase has led to partners being unable to assess patients in a timely manner which in turn has led to protracted waits for officers, either in car parks, Accident & Emergency departments or in custody. In the longer term, if partners are unable to provide adequate safe environments for those requiring mental health interventions there is a risk to police resources in order to ensure that those requiring care and control are safeguarded.

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By: Nick Wilkinson – Prevent and Channel Strategic Manager -
Education and Young People's Services, KCC

To: Kent Community Safety Partnership – 13th October 2016

Subject: **The Prevent Duty and Dovetail Pilot Update**

Classification: Unrestricted

Summary:

In September 2015 Joint Kent Chiefs agreed to the establishment of the Kent Prevent Duty Delivery Board and a County Channel Panel as required by the Prevent Duty contained within the Counter-Terrorism and Security Act 2015. This report updates significant developments during the last year and includes draft terms of reference for the Dovetail Pilot Steering Group:

Kent Community Safety Partnership are asked to:

- i) **Note** this report.
-

Introduction

- 1.1 The Counter-Terrorism and Security Act 2015 contains a range of Local Authority (LA) statutory duties collectively known as the “Prevent Duty” which requires LAs, both upper and lower tier councils, and other specific bodies to act to “prevent people from being drawn into terrorism”. In September 2015 Joint Kent Chiefs (JKC) agreed to the establishment of the Prevent Duty Delivery Board (PDDDB) as the strategic body overseeing the delivery of the Prevent Duty across Kent.
- 1.2. This report serves to update the Kent Community Safety Partnership on the activity of the Board during the past year and associated developments, notably the Home Office Dovetail Pilot.

Current National and Local Context

- 2.1 Over the past 12 months there have been a significant number of terrorist attacks including large scale incidents in Paris and Brussels. The threat of lone actor terrorist attacks is a reality in the UK and on mainland Europe.
- 2.2 Within the UK there are a number of terrorist threats – but currently the most serious threat is from DA’ESH. Nationally the number of terrorist offences has increased by a third from the previous year and all plots were either linked to, or inspired by, DA’ESH. The threat level, relating to international terrorism remains at severe and consequently the Kent Resilience Forum is developing plans in relation to a rise in threat to critical level.

- 2.3 The updated Counter-Terrorism Local Profile (CTLP) 2016/17 (the detail of which will be verbally shared at the meeting) provides the Kent context and highlights the risks and threats of all forms of extremism, including the challenges presented by extreme right wing activity within the county.
- 2.4 In response to these threats the government launched the Counter -Terrorism and Extremist Strategy in the autumn of 2015. It is anticipated that many elements of this strategy will be enacted via the Counter Extremist and Safeguarding Bill detailed in the Queen's Speech in May 2016. A briefing, prepared for the PDDB, is given in Appendix 1.
- 2.5 No published parliamentary timetable for the Bill was available at time of writing, unlike some other areas but the Bill has not been postponed and a separate Directorate for Counter Extremism has recently been established within the Home Office.

Prevent Duty Delivery Board

- 3.1 The PDDB brings together partners from the historical Prevent Steering Group and additional members, from health, education, higher and further education who have responsibilities under the Prevent Duty. The inaugural meeting of the PDDB took place on 19 November 2015 and the Board has subsequently met on four occasions.
- 3.2 The PDDB has received feedback from Channel, shared information regarding Prevent awareness raising and training activity within individual agencies and, as required by the Prevent Duty, agreed to the development of a joint Kent wide action plan.
- 3.3 The Counter-Terrorism and Security Act 2015 identifies the bodies known as Specified Authorities to whom the Prevent Duty applies: education and child care providers, further education and higher education institutions, the health sector, criminal justice commissioned provision penal institutions and providers and the Police. This autumn the PDDB will be conducting an audit in relation to how each specified authority is complying with the statutory requirements of the Prevent Duty.
- 3.4 Previously, Community Safety Managers from District and Borough Councils across the county were core members of the Prevent Steering Group. Recently, in order to facilitate connectivity between their work on community cohesion in relation to Prevent and Channel, the KCC Prevent and Channel Strategic Manager has convened meetings with Community Safety Managers. It is envisaged that the PDDB will formally adopt these meetings as a sub-group to ensure engagement with local developments and issues of community cohesion that impact on the Prevent agenda.

Channel Panels

- 4.1 In September 2015 JKC, as required by the Counter-Terrorism and Security Act and associated Channel Guidance, agreed to the reconfiguring of the 12 existing Channel Panels in Kent and the chairing of a single panel by KCC. In replacement of the 12 local panels, the Kent Channel Panel (not including Medway) was formed on 22nd October 2015.
- 4.2 Channel is a voluntary early intervention mechanism used before a person engages or becomes involved in criminal terrorist activity. All agencies and members of the community can refer individuals to Channel via the Kent Police Channel inbox¹
- 4.3 Channel provides tailored support to people who have been identified as at risk of being drawn into terrorism. Channel Panels are responsible for managing the safeguarding risk to both children and adults and, as such, there is a need to establish processes that are compliant with the Children Act 1989 and " Working Together to Safeguard Children 2015"².
- 4.4 In December 2015 the Home Office required Channel Panels to move from being called on an ad hoc basis as need arises to meeting on a monthly basis. This has increased pressure on partner agencies; particularly those who have core Channel members³.
- 4.5 The Kent Channel Panel has now met on nine occasions (October 2015 – August 2016). The meetings have been extended to four hours duration and there is strong commitment from the core members. The District or Borough Community Safety Manager for the area in which individuals considered by the panel lives is always invited to provide information on local context. Partner agencies attend as appropriate to discuss their cases and there is notably good representation from head teachers.
- 4.6 A high proportion of the referrals are young people under the age of eighteen; many of these young people have complex and multiple vulnerabilities. Within this group there are a number of other local authority children (OLA) placed in private children's homes in Kent
- 4.7 Since the inaugural meeting of the Kent Channel Panel six cases have been adopted by Channel (all under 18), these individuals have gone on to receive support from a Home Office intervention provider.

¹Channel@kent.pnn.police.uk

²

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

P19.27

³ These are: Prevent and Channel Strategic Manager KCC ;Assistant Director Safeguarding SCS KCC; Head of Public Protection KCC; Kent Police, South East Counter Terrorism Unit.

- 4.8 A recent trend has been the increase in the number of referrals of Unaccompanied Asylum Seeking Children (UASC). Some present with very challenging and worrying backgrounds in their countries of origin. As a result of this change in demographic, Kent Police and Kent County Council are working to ensure that staff working with this cohort of children and young people are aware of the Counter-Terrorism context and vulnerabilities associated with radicalisation and extremism.
- 3.8 The reconfigured Kent Channel Panel is working effectively and now provides the platform for further development in light of the Dovetail Project.

4 Home Office Dovetail Pilot

- 4.1 During the past year the Home Office have indicated that it is their intention to move the entirety of Prevent activity (with the exception of the Police Terrorism de-confliction checks) into the LA by the end of 2017/18. The aim of this move appears to reflect a desire by the Home Office to position Prevent activity closer to local communities and link more effectively with Safeguarding and other partnership activity within the LA.
- 4.2 To achieve this change, the Home Office are launching a national pilot to test the proposed arrangements. The Dovetail Pilot will assess the efficacy of moving the case management and administration (excluding Police Terrorism de-confliction checks) from the Police to the LA. Within the Pilot the Home Office will continue to act as data controllers and the Police will retain the Terrorism risk. Kent has been invited to take part and considerable work has taken place between Kent Police and KCC to prepare for the Pilot.
- 4.3 The Home Office are providing limited funding to support the delivery of the Pilot; however the full cost far exceeds the amount provided. KCC are working with Kent Police and the Office of the Police and Crime Commissioner to adequately resource the project.
- 4.4 During the Pilot it will be important for all agencies to monitor the impact of the change in process on existing resources in this area of delivery and monitor any additional unfunded burdens.
- 4.5 It is clear that in Kent, Channel represents a growing area of activity that has significant implications for all agencies. Taking part in the pilot will present the opportunity to influence the future delivery of Channel in a large two-tier local authority area. As a Tier 3 area in terms of risk, it may also enable us to highlight the additional challenges Kent faces in respect of our position as a national gateway, the associated pressures of UASC and the complex issues presented by the vulnerability of the large number of OLA children placed in the county.
- 4.6 To achieve appropriate governance the PDDB has established a time limited Dovetail Project Board that operates as a Sub-Group of the PDDB to oversee

the delivery of the Pilot. A schematic outlining the inputs, work streams and reporting lines for the Dovetail Pilot is given in Appendix 1.

6 Conclusion

- 6.1 This report outlines key activity and significant progress on the delivery of the Prevent Duty across Kent.
- 6.2 It is encouraging that the Home Office have sufficient confidence in our current delivery to invite us to take part in their national Pilot. The PDDB, via the proposed Project Board, will oversee the delivery of the Dovetail Pilot and regular updates will be provided to relevant strategic forums including Joint Kent Chiefs and the Kent Community Safety Partnership.

Recommendations

Kent Community Safety Partnership are asked to:

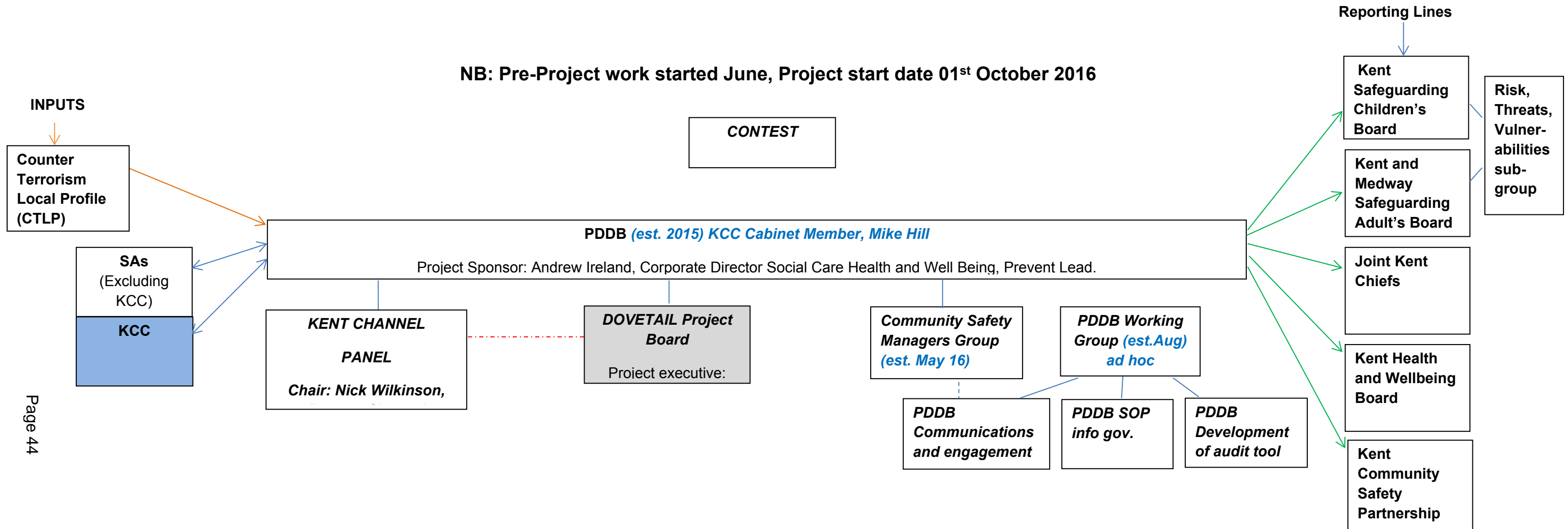
- i) **Note** this report

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NB: Pre-Project work started June, Project start date 01st October 2016



Briefing: The Counter-Extremism Strategy and the proposed Counter-Extremism and Safeguarding Bill

In October 2015 the Government published The Counter-Extremism Strategy. The purpose of the strategy is to protect people from the harm caused by extremism. Within the strategy extremism is defined as: *'the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs'*.

Subsequently it has become apparent that the direction of travel outlined within the Counter-Extremism Strategy will be established through the measures proposed in the Counter-Extremism and Safeguarding Bill and a range of other legislative provisions rather than a single all-encompassing act of parliament.

The Threat

The Counter-Extremism Strategy identifies that the threat to British society comes from all types of Neo-Nazi, Far Left and Islamic extremism.⁴ The strategy aims to tackle the violent intent of the terrorists and potential terrorists, the adoption of cultural practices that result in discrimination on the basis of race or gender, the exclusion of some areas of society from the rule of law and the fear of racism preventing the identification of criminal behavior.

The Response

The strategy identifies four specific areas of activity which will aim to counter the anticipated threat from extremist activity in the UK, these are:

- Counter extremist ideology;
- Build partnerships with all those opposed to extremism ;
- Disrupt extremists; and
- Build more cohesive communities.

The measures proposed within in each of these four areas include the following key elements.

Counter extremist ideology

- Work with other nations, the UN and EU to disrupt extremists activities at home and abroad, to address the underlying causes of extremism and communicate the aims of foreign policy to all our communities⁵;
- Work with academics to understand extremism and develop The Extremism Analysis Unit and Joint Terrorism Analysis Centre which will provide support the public sector in tackling extremism in local communities;
- An independent commission to investigate as to whether Shari'a Law is being misused and a separate review into measures to safeguard public institutions against infiltration by extremists;
- Countering the propaganda of extremist groups, both on-line and in communities, by building a network of credible commentators to challenge extremist ideology;
- Working with social media providers to ensure extremists are denied a platform and establish a group of industry, public and government to explore ways of limiting extremists' access to the internet without compromising the principles of a free internet;⁶
- Appointment a team of independent Further Education advisors to conduct inspections of education institutions not covered by Ofsted;
- New powers under the Charities (Protection and Social Investment) Act 2016 to prevent extremists infiltrating charities and prevent foreign monies from fueling extremism;⁷
- A review of the training given to faith leaders in public institutions;
- A new mandatory de-radicalisation programme for those found to have been engaged in extremist activity:

⁴ In recent weeks the Home Secretary has added the threat from Northern- Ireland related terrorism. Hansard 13 June 2016

⁵ In April 2016, the Home Office and HM Treasury published their *Action Plan for Anti-Money Laundering and Counter-Terrorist Finance*. Legislation is anticipated in 2017.

⁶ Legislative provision: Investigatory Powers Bill

⁷ Section 9

- Expanding the reach of the Prevent Duty by increasing the number and range of institutions covered by the Duty, introducing new responsibilities for specific authorities and reviewing current activity including:
 - requiring schools to publish details of all governors, a national data base of governors will be established later this year;⁸
 - introducing a new system of intervention for supplementary schools where there are concerns about radicalization;
 - reviewing measures to tackle extremism in prisons and the management of high risk offenders: and
 - ensuring training for NHS staff, already delivered to over 250,000 people, is kept under review.

Work in partnership with organisations that are against extremism

- The establishment of a network of anti-extremist groups;
- The development of a set of principles to ensure that extremist groups are not given legitimacy by being allowed to speak at public events or receive state funding; and
- Challenging broadcasters who give a platform to extremists.

Disrupt Extremists

- More information and guidance for those judging visa applications, including greater use of face-to-face interviews and 'good character' rules for citizenship applications to include whether a person has promoted extremist views;
- Consistent reporting of anti-Muslim attacks across police forces;
- Legislation to immediately suspend radio and TV outlets which broadcast extremist content;
- Powers to ban, through the High Court, extremist organisations, restrict the activities of the most dangerous extremists and access to premises repeatedly used to support extremism;
- Extending the scheme that enables a parent to cancel the passport of a child to apply to 16-17 year olds; and
- Strengthening the Disclosure and Barring Service to enable employers to prevent extremists working with children and vulnerable people, including notifying employers of new information about an existing worker.

Building Cohesive Communities

- The expansion of the National Citizen Service, to involve more 16 and 17-year-olds from isolated communities;
- The establishment of a Female Genital Mutilation Unit in the Home Office to co-ordinate preventive activity;
- The commissioning of reviews to establish how best to :
 - provide English language training and support to local partners in target areas;
 - response to honour-based violence, which will provide an evidence base for future action;
 - boost opportunities in our most isolated communities to inform the funding for a new Cohesive Communities programme later in 2016.

The Counter- Extremism and Safeguarding Bill

The Queens Speech (May 2016) included proposals for the anticipated The Counter-Extremism and Safeguarding Bill which will deliver some of the measures outlined above. Currently, it appears that the primary focus of the measures within the Bill will be on protecting the public against the most dangerous extremists and ensuring that the government and law enforcement agencies have a full range of powers to deal with extremism. The bill will:

- introduce a new civil order regime to restrict extremist activity (following broad consultation);
- safeguard children from extremist adults by taking powers to intervene in intensive, unregulated education settings that teach hate and drive communities apart and through stronger powers for the Disclosure and Barring Service'

⁸ Education Excellence Everywhere: Education White Paper 17 March 2016 It is anticipated work will begin this September

- close loopholes so that Ofcom can continue to protect consumers who watch internet-streamed television content from outside the EU on Freeview; and
- consult on powers to enable government to intervene where councils fail to tackle extremism.

Although the majority of these provisions are mentioned in the Counter-Extremist Strategy, as a result of emergent issues, in some there has been a shift or expansion of emphasis. For example, it appears that provisions in relation to the safeguarding of children in unregulated schools may have been influenced by Ofsted's recent identification of a large number of illegal unregistered schools.⁹

Commentary

Publication of the Counter-Extremism and Safeguarding Bill was anticipated in the Queens Speech 2015. The delay and the current (at time of writing) lack of detail regarding the proposed measures within the Bill is likely to relate to the reported difficulty the Government has faced in:

*"...getting agreement about the thresholds for what constitutes extremism and what needs to be protected as free speech [was] not going to be easy or straightforward."*¹⁰

In 2015 the Independent Reviewer of Terrorism Legislation, David Anderson QC identified fifteen issues of "particular sensitivity" regarding the outline proposals. Further to this, there has been cross party concern regarding the difficulty of defining extremism and the unintended consequences of the debate which MPs fear may further isolate some elements of the Muslim community and could amount to a possible "home goal" in creating: *"a propaganda victory to those who preach hatred."*¹¹

In July The Counter Extremist Select Committee¹² made a number of recommendations regarding the development of the Counter-Extremism and Safeguarding Bill. These include:

- reinforcing the need to look again at the legislation surrounding the safeguarding of children educated in out of school settings;
- an independent review of Prevent Strategy and operation of the Prevent Duty; and
- the requirement that hate crime should be viewed as part of the counter-extremist strategy and considered within the development of the forthcoming legislation.

Government response to these recommendations is expected in the autumn and this may have an impact on the provisions within the Bill.

We are yet to see the detail of the majority of measures identified in the Counter-Extremism Strategy translating into legislative proposals. It is clear, however, that the government will look to the Prevent Duty as the vehicle for the delivery of many of the legislative requirements suggested in the strategy.

Conclusion

The complexity and sensitivity of the measures likely to be proposed in the Counter-Extremism and Safeguarding Bill and other related legislation is well rehearsed nationally. It is likely that, under the Prevent Duty, the responsibility for the discharge of a significant proportion of the measures contained within the final legislation will, in Kent, fall to the Specified Authorities represented at the Prevent Duty Delivery Board. As such, it is suggested that this Board receive regular updates on the development of the range of legislative streams that will establish the detail of these proposals, the method of implementation and the impact on member agencies.

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⁹ Letter to Secretary of State from Education from Sir Michael Wilshaw 16 May 2016

¹⁰ Home Office Source : The Times May 2016

¹¹ Liberal Democrat Home Affairs Spokesman Alistair Carmichael

¹² Counter Extremist Select Committee July 2016

http://www.publications.parliament.uk/pa/jt201617/jtselect/jtrightts/105/10506.htm#_idTextAnchor011

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