AGENDA

KENT COMMUNITY SAFETY PARTNERSHIP

Wednesday, 19th July, 2017, at 10.00 am – 1pm	Ask for:	**Joel Cook/Anna Taylor**
Medway Room, Sessions House, County Hall, Maidstone	Telephone	**03000 416892/03000 416478 joel.cook@kent.gov.uk/anna.taylor@kent.gov.uk**

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

UNRESTRICTED ITEMS

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

A. Committee Business

A1 Apologies

A2 Declarations of Interest

A3 Notes of meeting held on 15 March 2017 (Pages 3 - 10)

B. Matters for Discussion

B1 Kent Community Safety Agreement Update (Pages 11 - 22)

B2 Kent Community Safety Partnership Working Group Update (Pages 23 - 26)

B3 Mental Health Update

B4 Kent Community Safety Partnership Terms of Reference Update (Pages 27 - 34)

B5 New Policing Model Update

B6 Road Safety Update

B7 Kent Drug and Alcohol Strategy Update (Pages 35 - 72)

C. Matters for Information

C1 Date of next meeting

The next meeting of the Kent Community Safety Partnership will be held on 11 October 2017, 10am, Darent Room, Sessions House, Maidstone.

D -RESTRICTED ITEM(S)

Meeting not open to the press and public and reports not for publication

D2 PREVENT and Counter Terrorism Update

D3 Response to recent events discussion

D4 Domestic Homicide Reviews (DHRs) Update

D5 Domestic Homicide Review Briefing for Elizabeth/2015

Tuesday, 11 July 2017

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, 15 March 2017.

PRESENT: Mr P M Hill, OBE (Chairman), Mr Rivers (Vice-Chairman), Ms C Allen, Ms M Anthony, Ms L Arnold (Substitute for Ms M Jarman-Howe), Mrs V Coffey, Ms S Davison, Mr T England, Ms D Exall, Cllr P Gulvin, Mr A Harper, Ms T Hughes (Substitute for Ms T Kadir), Ms J Mookherjee, Mr C Thompson, Mr I Thomson (Substitute for Ms Millington), Supt S Thompson (Substitute for Ms R Curtis) and Mr N Wilkinson

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

UNRESTRICTED ITEMS

138. Notes of meeting held on 13 October 2016
(Item A3)

RESOLVED that the notes of the meeting held on 13 October were an accurate record and that they be signed by the Chairman.

139. Kent Community Safety Agreement - End of Year Update
(Item B1)

1. The Head of Communtiy Safety, KCC updated Members of the Partnership on the Kent Community Safety Agreement (CSA). It was considered that the CSA had achieved a significant amount, it had established a domestic abuse support services website, a domestic homicide review (DHR) process, community safety conferences and shared local profiles to develop an understanding of serious organised crime issues across Kent and Medway.

2. This had previously been a 3 year strategic document however there was no longer a requirement to produce a plan covering a 3 year period, and at the suggestion of the partnership at the March 2016 meeting the CSA had been developed into a rolling plan.

3. The multi-agency Kent Community Safety Team were working with colleagues nationally as well as district/borough colleagues on a pilot of the MoRiLE (management of risk in law enforcement) matrix to inform identification of community safety priorities.

4. Ms Brinson, explained that the team sourced data sets from partner agencies for use within the CSA as well as by district/borough colleagues as part of their local strategic assessment process. .

5. The CSA, focussed on vulnerability and victims, the Team facilitated a pilot with six district/borough community safety units in Kent to trial the use of the MoRiLE (Management of Risk in Law Enforcement) scoring matrix. Further information on the scoring matrix was available in Appendix B of the draft CSA.

6. Ms Brinson confirmed that, assuming the KCSP was happy with the proposed rolling document, the current CSA had been designed to update certain chapters annually. Ms Brinson requested feedback from group by end of march, and subject to the feedback the draft refreshed plan should be available by early April and published mid to late April.

7. The Chairman commented that this was a partnership document, if any partners had input please put forward as soon as possible.

8. A Partnership Member commended the broad plan with different themes which captured key elements. There was a thought that Kent criminal justice plan needed to be referenced. Another Member from Kent Police confirmed that Kent Police were content with the document.

9. There was a thought that there should be more links with the Kent Health and Wellbeing Board and links with joint commissioning.

10. Cllr Gulvin, Medway Council explained that the CSA was not a dissimilar document to Medway's Community Safety Plan, he agreed that links with the health and wellbeing board were key.

11. Mr Rivers, KALC asked whether Medway's document could be circulated to the Partnership, this is available here.

12. In response to a question about the cross-cutting theme relating to Community Resilience the officer confirmed that the CSA might touch on elements of resilience in response to emergencies i.e. flooding but the main focus would be around issues such as social isolation and improving wellbeing.

13. One Member commented that in relation to reducing reoffending, the priorities were accommodation and employment and she sought reassurance that this was captured in the plan. Mr Peerbux confirmed that the CSA was a strategic document with overarching priorities and the detailed activity would be captured in the action plan. The issues raised would be considered at the next KCSP Working Group meeting.

14. One Member commented that it would be helpful to have the template of the plan available online to allow partners to replicate style and delivery across Districts to save time.

15. The Chairman confirmed that the final plan would be published mid to late April.

RESOLVED:

16. The Kent Community Safety Partnership (KCSP) agrees the priorities and cross-cutting themes within the attached draft Community Safety Agreement, noting that

this is subject to the final outcomes of the district/borough strategic assessments and any additional partnership feedback.

17. Agree that the Community Safety Agreement be a rolling document with a refresh of the relevant chapters on an annual basis.

140. Kent Community Safety Partnership Working Group Update
(Item B2)

1. Ian Thomson, Chair of the KCSP (Kent Community Safety Partnership) Working Group updated Members on the key activities and projects being managed on behalf of the KCSP by the working group.

2. Planning was underway for the next community safety conference to be held in November 2017, with the theme of "vulnerabilities; impact of gangs". One meeting had taken place so far and partners were invited to share issues or contribute to the community safety conference.

3. Workshops and awareness sessions had been held for community safety partners including antisocial behaviour tools and powers. There had also been four e-safety awareness sessions, (40-80 attendees at each events) and two community safety information sessions. The KCST looked at information sharing with CSPs and developing the Safer Communities Portal further to share good practice, guidance and templates.

4. The Head of Communtiy Safety, KCC, offered thanks to the Office of the Police and Crime Commissioner (OPCC) for project funding this financial year and next financial year. Projects covered the whole county, invitations for bids would be opened shortly and this would be communicated to partners. Localised projects should be referred to the local CSPs. Details of the funding were included in the report but a couple of the projects highlighted were the scam victims, support and raising awareness, and the part funded research into S136 mental health issues, to help inform practice going forward.

5. Adrian Harper, Chief of Staff, OPCC explained the fantastic impact of the "Is It Worth It" campaign. This had a simple key message and was clear to understand, the OPCC would support similar events in future. Another Member also commented that this was run by a local Kent business. The Commissioner had met with the CEO to look at other value for money projects, with a low cost per head to get such key educational messages across.

6. In response to a query about digital scams the Head of Community Safety confirmed that there was an intelligence team within public protection which was working with police to look at such issues. There was a strong emphasis on cyber crime issues and links with police. The Chairman confirmed that he had recently visited the intelligence team and he had asked for a paper to be submitted to Cabinet Committee and it was suggested that the KCSP also receive the paper

7. A Member commented on the Dark Web and that work on that should be incorporated.

8. Following a query about the previous conference on dementia a Partnership Member asked for a follow up/feedback session. The Head of Community Safety confirmed that following the conference delegates went away as signed up dementia friends, dementia friendly cafes were set up.

9. The Head of Community Safety updated Members following the Crime and Disorder Scrutiny Committee which took place in December 2016. Members were given an overview of the work of the Kent Community Safety Team, and focussed on 3 of the priorities, road safety, substance misuse and serious organised crime. Very positive feedback had been received and the KCST would report back to the Community Safety Scrutiny Committee meeting next year.

10. Mr Thompson updated the group on the focus on prevent to tackle Serious Organised Crime (SOC). Referring to the SOC profiles, Mr Thompson encouraged agencies to ensure profiles were being looked at and developed into multi-agency profiles.

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

141. Safer in Kent: the Community Safety And Criminal Justice Plan - April 2017-March 2021 - verbal update
(Item B3)

1. Mr Harper, Chief of Staff, Office of the Police and Crime Commissioner (OPCC) confirmed that the final version of the Safer in Kent: the Community Safety and Criminal Justice Plan – April 2017 – March 2021 was published on the Police and Crime Commissioner's (PCC's) website here. The PCC was required in law to produce a community safety plan. The PCC had included on page 1, a plan on a page with the remainder of the plan articulating the themes behind it. Mental health was a key theme, and it was essential to recognise the vulnerablility of people suffering mental ill health. The plan set out clear priorities and demonstrated how the Commissioner was holding the Chief Constable to account to deliver priorities. Both Safer in Kent fund and Mental Health and Policing Fund were open for bids.

2. One Member commented that there was only one reference to terrorism within the plan, was there any opportunity to include further reference? Mr Harper explained that the issue raised was strategic and although he would take feedback back to the PCC it would be from a review perspective rather than altering plan at this stage. Another Member commented that it was very helpful that the PCC had such a strong focus on mental health within the plan.

RESOLVED that the KCSP note the verbal update on the Police and Crime Commissioner's Safer in Kent: the Community Safety and Criminal Justice Plan – April 2017 – March 2021.

142. Mental Health Update - verbal update
(Item B4)

1. The Police and Crime Commissioner's (PCC's) Chief of Staff gave Members an update on Mental Health. He explained that within the Mental Health Fund there was £250,000 available to partners. The Commissioner was the Deputy portfolio lead on mental health for the national Association of Police and Crime Commissioners and had funded a triaging pilot in Thanet and Medway involving a mental health professional in policing. Thanet and Medway give most demand, and it was hoped that the mental health professional available would be able to direct vulnerable people to the right health professional. The pilot went live on 1 April and it was hoped that this would result in a reduction in S136 cases.

2. Mr Harper explained that there was a 'Mind' professional in the Force Control Centre, who would talk to those in crisis. The value of this was clear, and the OPCC continued to fund this. A conference at Canterbury Christ Church University was due to be held on 23 May, with the PCC attending as the mental health lead and there was hope for significant benefits following this.

3. The Chairman explained that the KCSP was interested in the outcomes of the work, were other agencies taking over work? Mr Harper explained that from a police point of view, with the inability to detain children and adults, this would be a challenge, hopefully triaging, Mind councillors and a reduction in the use of S136 hopefully solutions would be found.

4. Members expressed the view that this was a national problem. The NHS was reconfiguring through Sustainability and Transformation Plans (STP) and will include a mental health strand. It was essential to ensure that issues such as homelessness, personality disorders and debt were included within work streams. There was work in progress but system needed investment.

5. A Member confirmed that he was pleased to see mental health going up the agenda, he had visited a place elsewhere in the country that acted as a safe haven, manned by volunteers, which enabled a place for professionals to visit, he was looking to provide a similar facility in Medway.

RESOLVED that the KCSP note the progress on Mental Health and request that this be brought back as a standing item.

143. Kent Drug and Alcohol Strategy - verbal update
(Item B5)

1. The KCSP received a presentation from Colin Thompson on the Kent Drug and Alcohol Strategy. The presentation is available here.

2. Mr Thompson confirmed that following the consultation comments had been generally positive.

3. Members raised the significant problem of housing supply and affordability and the many issues on which the partners needed to work together, there were local challenges and national challenges.

4. Mr Thomspon confirmed that this was just the results of thea consultation, the final strategy would include a needs assessment, and would highlight issues with changing drugs use.

RESOLVED that the KCSP note the Kent Drug and Alcohol Strategy update and request that the strategy is brought back to a future meeting of the KCSP.

144. Domestic Abuse Commissioning - verbal update
(Item B6)

1. The KCSP received a presentation from Mel Anthony on Domestic Abuse Commissioning. The presentation is available here.

2. Ms Anthony explained the new commissioning structure, contracted service providers and aims for the future including the focus on community response to local issues, increasing conversations generally about domestic abuse.

3. With regard to training, awareness and education – this was currently being given to groups that the system was currently aware of, not necessarily wider population. It was necessary to be able to have conversations with different areas of society.

4. Referring to care and support throughout Kent all organisations were currently making transitional arrangements. In the immediate term there would be no change because the same members of staff were transferring etc. disruption was being kept to a minimum and change would be gradual.

5. A Member asked about quality control and how this would be managed? Ms Anthony explained that she expected the first year to include the establishment of base line data, whilst being conscious not to lose working relationships.

6. The Chairman asked who would have overarching oversight of the process? Ms Anthony confirmed that conversations around Governance were being had and that she would report back in due course.

7. One Member commended the update commenting that Domestic Abuse services had been fragmented for so long. She had a query about whether the domestic abuse health visitors were being removed? It was considered that this would create problems and was being raised as a major concern. The member asked that the KCSP note the concerns raised.

RESOLVED that the KCSP note the Domestic Abuse Commissioning verbal update.

145. Date of next meeting
(Item C1)

RESOLVED that Members note the date of the next meeting.

146. Prevent Duty Delivery Board
(Item D1)

RESOLVED that the Kent Community Safety Partnership note the significant activity taking place in embedding the Prevent Duty across Kent, including the implementation and early findings of the Dovetail Pilot.

147. Domestic Homicide Reviews (DHRs) - Update
(Item D2)

1. The KCSP received an update on changes to the DHR process following the release of new statutory guidance from the Home Office in December 2016 which introduced new requirements on CSPs including the need to review suicides where there is an element of coercive controlling behaviour.

2. Due to the statutory changes to the DHR process, funding for the process was revisited and a proposal presented to the members regarding partnership contributions for 2017/18. Changes were proposed to ensure sufficient funding is available to undertake future reviews and that contributions were equitable and proportionate.

3. The KCSP requested a clear pathway from DHR reviews into new Domestic Abuse Commissioning. Lessons fed into Governance Group who will inform commissioners. Further reading documents are available here.

RESOLVED that the KCSP:

- Notes that the Kent and Medway Protocols are currently being updated to ensure adherence to the new statutory guidance issued by the Home Office.

- Notes the additional demands being placed upon the partnership and in particular, the KCST in relation to Domestic Homicide Reviews (Appendix 1).

- Requests funding from the statutory partners for the amounts set out in Appendix 2.

- And acknowledges the funding requirements could be subject to change in future should the number of reviews significantly increase in light of the additional requirements set out by the new statutory guidance.

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By: **Shafick Peerbux - Head of Community Safety, KCC**
Shirley Brinson - Community Safety Team Leader, KCC

To: **Kent Community Safety Partnership – 19th July 2017**

Classification: **For Information**

Subject: **Kent Community Safety Agreement Update**

Summary This report includes details of the refreshed Kent Community Safety Agreement action plan and feedback on performance monitoring

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1.0 Background

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

2.0 Introduction

2.1 The Kent Community Safety Agreement (CSA) outlines the key community safety priorities for the county along with the cross-cutting themes that support the identified priorities. The previous version of the CSA covered the three year period of 2014-17 and was reviewed and refreshed on an annual basis. This Agreement came to an end on 31st March 2017.

2.2 During the lifetime of the previous CSA (2014-17) a number of new pieces of legislation were introduced and a variety of emerging issues identified that placed a greater emphasis on safeguarding. As a result the CSA priorities changed over the years to have a greater focus on safeguarding as well as supporting victims / vulnerable people. This focus has continued in the most recent refresh of the CSA which was agreed by members of the Kent Community Safety Partnership (KCSP) at the last meeting:

Priorities

- Anti-Social Behaviour
- Domestic Abuse
- Substance Misuse
- Safeguarding Vulnerable People
- Serious and Organised Crime
- Road Safety

Cross Cutting Themes

- Early intervention, prevention & education
- Reducing re-offending and supporting victims
- Improving quality of life and enhancing community resilience

2.3 In addition to agreeing the above priorities and cross-cutting themes the partnership also agreed that the CSA should become a rolling document rather than covering a set three-year period. The Agreement will continue to be reviewed and refreshed on an annual basis with relevant Chapters and appendices being updated as appropriate.

3.0 Action Plan Development

3.1 Following the development of the new Kent Community Safety Agreement the action plan has been refreshed by members of the KCSP Working Group to ensure that it appropriately reflects the updated priorities and cross-cutting themes. A draft of the new plan is attached for information (Appendix 1).

3.2 The plan includes 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, including the Kent and Medway Domestic Abuse Strategy Group, the Kent and Medway Road Casualty Reduction Partnership, the Kent Drug and Alcohol Strategy, Safeguarding Boards etc.

3.3 Since the last refresh of the action plan at the start of 2016/17 some of the actions are now complete and as such have been removed from the updated plan, these include the joint Community Safety Conference on Drugs (2016), the Commissioning of Domestic Abuse Services and the joint Drug and Alcohol Strategy. All of which were delivered by a variety of multi-agency partnerships involving community safety partners.

3.4 Although the plan has been refreshed, a number of actions are ongoing and will remain within the document such as Domestic Homicide Reviews (DHRs), information sharing and continuing to raise awareness across partners on a variety of issues, as well as training/ workshops on issues such as Online Safety and Road Safety (Licence to Kill). Whilst new actions have been added including this year's annual Community Safety Conference (2017), the projects that have received funding as well as a range of other activities.

3.5 It should be noted that the format of the action plan has also changed for 2017/18 following a recent audit of community safety activities. One of the recommendations was to include more outcome focused actions within the plan with specific goals and timelines. Therefore this refreshed plan now includes details about the overall aim for each priority, the planned outcomes, what actions will be taken, how delivery will be measured and reported and who will co-ordinate activity or feedback.

3.6 KCSP members are invited to feedback on both the updated format of the draft action plan and the content itself. The action plan will remain a living document and will be reviewed, monitored and updated as appropriate throughout the year by the KCSP Working Group.

4.0 Performance Monitoring

4.1 In addition to monitoring the action plan the KCSP Working Group also monitors a set of proxy indicators chosen to represent the key priorities. Of the indicators monitored, the partnership is asked to note the following focus areas are being monitored:

4.2 Domestic Abuse - the number of reported incidents, MARAC referrals and visitors attending domestic abuse one stop shops show an increase. As previously mentioned this adds significant pressure to agencies (voluntary and statutory partners), however with the newly commissioned and jointly funded Domestic Abuse Services now in place, pressures on delivery, demand and resources will be able to be monitored across the County.

4.3 Road Safety – the number of people killed or seriously injured (KSI) on roads in Kent and Medway has gone up by more than a third, an increase which appears to be similar to the national picture. Whilst the number of seriously injured has increased, people being killed on the road has fallen. The increased number of serious injuries is, in part, likely to be related to a change in police reporting where some slight injuries are now categorised as serious injuries. Most incidents are still down to driver behaviour and the multi-agency Road Casualty Reduction Partnership continues to work together to identify and deliver collective interventions and campaigns targeting specific road user groups. At a recent workshop on 5th June, those key partners came together to identify further opportunities for joint working.

4.4 The KCSP Working Group and its members will continue to monitor the proxy indicators that support delivery of the CSA and to highlight any issues or concerns to the Kent Community Safety Partnership.

5.0 Crime Statistics

5.1 Whilst the KCSP Working Group does not have a performance indicator relating to 'all crime', KCSP members are asked to note that in Kent there has been an increase in recorded crime but it is important to recognise that there are a number of administrative and sociological factors behind some of the statistics.

5.2 All forces in England and Wales are improving the way they record crime in line with national guidelines which is victim-orientated. This further strengthens Kent Police's mission to put victims at the heart of what it does but this focus on victims for crime recording has provided some anomalies.

5.3 For example, a crime involving a protester who throws a bottle of fluid into a crowd would have previously been recorded as a single public order offence. Now, due to changes in recording practices, this is recorded as 32 violent crime reports because the fluid landed on 32 people in the crowd. This means there are 32 victims, not 32 protesters each throwing a bottle of fluid. Victim based crime has therefore seen an increase in reports in 2016/17 compared to the same period the previous year. Violent crime has been a key category responsible for the increase in victim based crime, however, 80 per cent of the increase in violent crime relates to offences where the victims have not suffered an injury.

5.4 The impact of improved crime recording practices extends to serious sexual offences as well while many crimes are being recorded at the first point of closure, including from third parties where the victim is not yet identified. This, coupled with increased confidence amongst victims to report serious sexual offences and domestic abuse, means more offences both recent and non-recent are being disclosed to officers. The emergence of new crime types and classifications, such as cybercrime, modern slavery and human trafficking, have also added to crime statistics for every force where in previous years crimes of this nature were not as well understood or recorded as they are now.

6.0 Crime Data Integrity

6.1 On 15 June 2017, Her Majesty's Inspectorate of Constabulary published an assessment on the accuracy of crime recording in Kent which found its police force was recording approximately 84 per cent of the crimes reported to it. Based on set

criteria, Kent Police was graded as 'inadequate' when it comes to crime recording accuracy.

6.2 Chief Constable Alan Pughsley has accepted the findings and the force has responded quickly to make the necessary changes including a new comprehensive training package for officers and staff responsible for recording crime and a change in the way those decisions are scrutinised by supervisors. There has already been a marked improvement for Kent's crime recording accuracy since these changes were implemented.

6.3 While there were a number of instances identified by HMIC where a crime had not been accurately recorded; victims' needs were responded to, an effective investigation was conducted and safeguarding was provided to victims.

6.4 The report also acknowledged that officers and staff approach crime recording in a positive and ethical way and have no desire to under-record crime and HMIC has agreed to work with Kent Police, at the force's request, to help make crime recording in Kent the best it can be.

7.0 Recommendations

7.1 The Kent Community Safety Partnership (KCSP) members are asked to note the changes to the draft action plan which supports delivery of the refreshed Community Safety Agreement.

7.2 KCSP members are asked to provide feedback on the content and format of the draft action plan either at the meeting or via email to Shirley Brinson by 31st July 2017.

7.3 KCSP members are asked to note the areas that have been highlighted, by the KCSP Working Group, with regards performance measures and the actions being taken by partners to address them.

Attachments:
Appendix 1: Draft Community Safety Agreement Action Plan

For Further Information:
Shirley Brinson
KCC Community Safety Team Leader
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Shafick Peerbux
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Appendix 1

DRAFT Kent Community Safety Agreement (CSA) Action Plan – 2017/18

Priority: Domestic Abuse
Lead: Chair of the Kent and Medway Domestic Abuse Strategy Group (KMDASG)

Aim: **Support delivery of the Kent and Medway Domestic Abuse Strategy Group (KMDASG) to prevent abuse, provide services, reduce risk and work in partnership**

No.	Objective / Planned Outcomes (What do we want to achieve from our partnership activities?)	Actions (What actions do we need to take to deliver the planned outcomes?)	Measure (How will we monitor delivery of the planned outcomes?)	Timescale (Delivery date?)	Lead Agency / Officer (Who will feedback on this action?)
1.1	**Improving practices:** Commission and support the Domestic Homicide (DHR) process on behalf of CSPs across Kent and Medway with the aim to learn lessons, improve practice and ensure changes are implemented	• Undertake DHRs where the criteria has been met	• No. of DHRs commissioned and published	Ongoing	Kent Community Safety Team (KCST) / DHR Steering Group - Shafick Peerbux, KCC
		• Cascade lessons learnt through the delivery of frontline practitioner seminars, briefings and reports, engaging with the KCSP, local CSPs and Commissioned Services.	• Seminars delivered and no.s of people lessons have been shared with • Feedback received from seminar attendees	March 2018	
		• The DHR Steering Group will monitor changes implemented from DHRs by partner agencies and inform KCC Commissioned Services of changes to practices.	• Changes in practice instigated by partner agencies	Ongoing	
1.2	**Supporting victims:** People experiencing domestic abuse access effective support which meets their needs	• Ongoing monitoring and reporting of One Stop Shop attendance shared with partners to ensure effective support to victims (5.1)	• Monitoring of attendance at One Stop Shops • Provision of the annual report and snapshot data	Ongoing	Kent Community Safety Team (KCST) - Shirley Brinson, KCC
		• Updates provided to partners about the newly commissioned multi-agency funded integrated domestic abuse service (7.3)			Kent County Council - Mel Anthony
1.3	**Ensuring consistency:** Attitudes and behaviours that promote or condone domestic abuse become less prevalent	• Share the calendar of awareness campaigns / messages collated by the KMDASG with community safety partners to increase awareness of diverse domestic abuse issues (1.2)	• Messages shared with partners • Feedback on campaigns	Ongoing	Chair of the KMDASG Operational Group - Kirstie King

Appendix 1

DRAFT Kent Community Safety Agreement (CSA) Action Plan – 2017/18

1.4	**Prevention and resilience:** Ensure effective processes are in place to support young people at risk of domestic abuse and promote healthy relationships	• Share the suite of tools developed/collated by KMDASG partners for use when working with young people on a 1:1 basis, with community safety partners across the county (2.2)	• Details shared with partners • Comments and feedback on usage	March 2018	Chair of the KMDASG Operational Group - Kirstie King
1.5	**Sharing the knowledge:** Domestic abuse training, reports and research are shared with all relevant staff and organisations	• Research projects and reports from the KMDASG are shared with community safety partners across the county to keep partners informed of any learning (2.4)	• Details of learning shared with partners • Feedback on how learning has been used	Ongoing	Kent Community Safety Team (KCST) - Shirley Brinson, KCC
		• Share details of any learning options (webinars etc.) identified by the KMDASG aimed at professionals not regularly participating in face-to-face training opportunities (4.1)		March 2018	Chair of the KMDASG Operational Group - Kirstie King
1.6	**Behavioural changes:** Higher numbers of perpetrators access interventions to help change behaviours and avoid repeat perpetration	• Raise awareness of the 12 week community perpetrator programme with community safety partners • Share the outcomes of the programme evaluation with community safety partners (13.2)	• Details of programmes and evaluation shared with partners • Feedback on how learning has been used	March 2018	Kent Community Safety Team (KCST) - Shirley Brinson, KCC

Appendix 1

DRAFT Kent Community Safety Agreement (CSA) Action Plan – 2017/18

Priority: **Road Safety**
Lead: **Director of Operations, Kent Fire and Rescue Service**

Aim: **Raise awareness of Road Safety issues across the County to help reduce the number of people killed and seriously injured on Kent roads**

No.	Objective / Planned Outcomes	Actions	Measure	Timescale	Lead Agency / Officer
2.1	**Understanding the problem:** Ensure partners involved in the collection, recording and analysis of road casualty data better understand each other's role and improve partnership working	• Undertake a one day partnership workshop with the key data collecting partners from Kent Police, Kent Highways, Highways England and Kent Fire and Rescue Service	• No. of people / partners attended • Actions from the workshop identified and delivered	June 2017	Kent and Medway Road Casualty Reduction Partnership Delivery Group - Mark Rist, KFRS
2.2*	**Raising awareness:** Reduce young driver / passenger casualties through education and changing behaviours	**KCSP funding provided by the PCC* • Deliver the Licence to Kill (L2K) programme to approx. 8,000 young people via a series of workshops across Kent. • Review of the Licence to Kill programme to ensure the aims and objectives of the programme are still appropriate and are being delivered.	• No. of young people attending the workshops • Feedback received from attendees • Outcomes of the review implemented	November 2017 March 2018	
2.3	**Ensuring consistency:** Raise awareness of road safety campaigns across partnerships to facilitate joint working.	• Share details of road safety campaigns and events with local Community Safety Partnerships via the Safer Communities Portal and promote consistent messaging. • VIP day for senior staff across partnership agencies to engage with the L2K programme	• Details of information shared • Feedback from the Road Casualty Reduction Partnership and/or district colleagues on activities	Ongoing	Kent Community Safety Team (KCST) - Nick Silvester, KFRS

Appendix 1

DRAFT Kent Community Safety Agreement (CSA) Action Plan – 2017/18

Priority: Substance Misuse
Lead: Consultant in Public Health, Kent County Council

Aim: Work together in partnership to reduce the harm of drug and alcohol misuse

No.	Objective / Planned Outcomes	Actions	Measure	Timescale	Lead Agency / Officer
3.1	**Joint vision:** Ensure community safety partners are aware of the multi-agency Drug and Alcohol Strategy and are implementing the strategy	• Raise the profile and awareness of the strategy with local Community Safety Partnerships via partnership meetings, Safer Communities Portal etc.	• All CSPs sent a copy of the strategy & action plan • Possible feedback on local activity to feed into the strategy?	September 2017 March 2018	KCC Public Health - Jess Mookherjee (TBC)
3.2	**Understanding the problem:** Support the delivery of the Kent Community Alcohol Partnership (KCAP)	• Community Safety partners including Community Wardens to provide intelligence to help identify new CAP areas. • Expansion of the scheme with public and partnership engagement in areas of identified need	• No. of CAPs in place • New areas identified • Success stories	Ongoing	Trading Standards - James Whiddett, KCC
3.3	**Understanding the problem:** Partners to work with Kent Police in addressing County Lines and drug dealing in Kent	• Partnership participation in operations to help tackle knife crime and develop intelligence linked to drug dealing. • Develop a comprehensive problem profile to inform partnership working and activity. • Development of effective 4P plans to focus on intelligence gathering	• No. of operations delivered • Outcomes achieved • Production of local profiles	Ongoing	Kent Community Safety Team (KCST) - Terry Newman, Kent Police
3.5	**Partnership working:** Share information with partners from the Kent & Medway Strategic Licensing Group (Forum)	• Highlight issues and share effective practice with partners in relation to licensed drinking establishments in the County	• Good practice shared • Outcomes achieved	Ongoing	Kent Community Safety Team (KCST) - Terry Newman, Kent Police

Appendix 1

DRAFT Kent Community Safety Agreement (CSA) Action Plan – 2017/18

Priority: Anti-Social Behaviour
Lead: Head of Strategic Partnerships, Kent Police

Aim: Tackle the problems caused by Anti-Social Behavior through effective partnership working

No.	Objective / Planned Outcomes	Actions	Measure	Timescale	Lead Agency / Officer
4.1	**Ensuring consistency:** Ensure the ASB tools and powers introduced by the Crime and Policing Act 2014 are effectively embedded at a local level and are being used.	• ASB workshops delivered to local partners to provide guidance and support in the use and delivery of the Tools and Powers	• No. of workshops delivered; Partners engaged.	June 2017	Kent Community Safety Team (KCST) - Terry Newman, Kent Police
		• Ongoing sharing of best practice, including documentation (notices, templates etc.) via the Safer Communities Portal, newsletter and partnership groups • Review use of powers by partners to identify barriers to implementation	• Best practice is shared between partners • Use of notices are collated quarterly or every 6 months and compared with relevant crime and ASB data	Ongoing	
4.2	**Ensuring consistency:** Education and enforcement of licensing conditions in the Night Time Economy (NTE) to help prevent crime and anti-social behaviour.	• Regular multi-agency visits to NTE establishments across the County based on intelligence and identified need	• No. of visits / agencies involved • Follow up actions undertaken by participating agencies • Test purchases	March 2018	

Appendix 1

DRAFT Kent Community Safety Agreement (CSA) Action Plan – 2017/18

Priority: Serious and Organised Crime
Lead: Head of Strategic Partnerships, Kent Police

Aim: Reduce harm to our communities caused by Serious and Organised Crime

No.	Objective / Planned Outcomes	Actions	Measure	Timescale	Lead Agency / Officer
5.1	**Understanding the problem:** Raise awareness of the impact of serious and organised crime on the most vulnerable residents and identify future partnership activities	• Develop and deliver the annual Community Safety Conference on behalf of Kent and Medway partners on the theme of Vulnerability and Organised Crime Groups (OCGs)	• No. of organisations and staff in attendance • Feedback from the event	November 2017	Chair of the KCSP Conference Subgroup - Ian Thomson, KFRS
5.2*	**Providing the tools:** Develop an integrated approach to tackling gangs and supporting young people linked to gang activity	**KCSP funding provided by the PCC* • Work with district colleagues to identify and commission an appropriate training package to assist local front line professionals to develop their knowledge and skills.	• No. of staff trained • Key skills learnt • Feedback on implementation	March 2018	Kent Community Safety Team (KCST) - Shirley Brinson, KCC
5.3	**Understanding the problem:** Identify, disrupt and dismantle mapped Organised Crime Groups (OCGs) and reduce the harm caused to individuals and communities	• Share OCG local profiles with partners via the Safer Communities Portal and encourage submission of relevant intelligence from agencies to enhance profiles. • Work in partnership under the 4P principles (Pursue/Prevent/ Prepare/Protect) to share intelligence, establish risks and work effectively to mitigate them. • Kent Police OCG Coordinator to identify and disseminate best practice with partners	• Co-ordinated approach to SOC implemented • Success stories • Inspection of Police / CSP activity • Regular review of OCG activity at a local level • Number of OCG's mapped by District	Ongoing	Kent Community Safety Team (KCST) - Tim Cook, Kent Police

Appendix 1

DRAFT Kent Community Safety Agreement (CSA) Action Plan – 2017/18

Priority: Safeguarding Vulnerable People
Lead: Head of Public Protection, Kent County Council

Aim: Raise awareness of safeguarding issues and work in partnership to protect vulnerable people

No.	Objective / Planned Outcomes	Actions	Measure	Timescale	Lead Agency / Officer
6.1*	**Raising awareness:** Raising awareness of online safety issues across agencies with a particular focus on staff working with Children, Young People and Vulnerable Adults	**KCSP funding provided by the PCC* • Provide four online safety awareness sessions during 2017/18 to partners from across the County	• No. of people engaged • Survey feedback on use of the learning and behavioural changes	March 2018	Kent Community Safety Team (KCST) - Shirley Brinson, KCC
		• Provision of guidance and advice to the public and businesses about cybercrime	• No. of alert messages • Case studies	March 2018	
6.2*	**Supporting people:** Support vulnerable people targeted by scammers to minimise the impact and reduce future risk.	**KCSP funding provided by the PCC* • Installation of tru-Call devices in the homes of vulnerable scam victims through an ongoing Scam Awareness programme delivered by the Kent Community Warden Service in partnership with Kent Trading Standards.	• No. of people supported • Behavioural changes • Success stories	March 2018	Kent Community Safety Team (KCST) - Shirley Brinson, KCC
6.3	**Providing the tools:** Provide mental health and/or suicide prevention training for frontline staff to help support vulnerable residents in our communities.	• KCC Public Health to commission suicide prevention training for the benefit of front line health care workers, the community safety workforce, interested individuals and voluntary organisations.	• No. of people / agencies trained • Behavioural / procedural changes • Success stories	March 2018	KCC Public Health - Tim Woodhouse, KCC
6.4	**Co-ordination and consistency:** Work in partnership with the Safeguarding Boards (Childrens and Adults) to raise awareness of safeguarding issues and link into specific local and national campaigns.	• Co-ordinate community safety partner activities in relation to the Adult Safeguarding Awareness week in October 2017 linking into the wider partnership work of the Kent & Medway Adult Safeguarding Board	• Details of the activities delivered • Feedback from the events	October 2017	Kent Community Safety Team (KCST) - Honey-Leigh Topley, KCC

DRAFT Kent Community Safety Agreement (CSA) Action Plan – 2017/18

6.5	**Prevention:** Work in partnership to share information and embed the Channel Referral process to help Prevent violent extremism.	• Ongoing sharing of information and guidance via the Community Safety Managers subgroup of the Prevent Duty Delivery Board (PDDB) and the Safer Communities Portal • Awareness raising of the Channel referral process and partnership engagement with the Channel Panel to prevent radicalisation	• Updates on information shared • Feedback from partners • Channel panel reports • Success stories	Ongoing	Kent County Council - Nick Wilkinson

By:	**Ian Thomson - Chair of the KCSP Working Group** **Shafick Peerbux - Head of Community Safety, KCC**
To:	**Kent Community Safety Partnership (KCSP) – 19th July 2017**
Classification:	**For Information**
Subject:	**Kent Community Safety Partnership Working Group Update**

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

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.

2.0 Annual Community Safety Conference

2.1 The KCSP has delivered an annual Community Safety Conference for the benefit of partners across the county for a number of years with a different focus each year. Last year's conference for Kent and Medway was entitled: "Drugs – Addiction, Treatment and the Journey Ahead in Kent and Medway" and took place at the Ashford International Hotel on 10th November 2016 with over 150 delegates from partnership organisations in attendance.

2.2 A Conference sub group of the KCSP involving members from the Police, Fire and Rescue Service, Kent County Council, Public Health, Medway Council and Kent Surrey and Sussex Community Rehabilitation Company was established to organise and deliver the 2017 event supported by the integrated Kent Community Safety Team (KCST).

2.3 This year's annual community safety conference for Kent and Medway is provisionally entitled: *"Working together to protect vulnerable people from organised crime".* It will take place on Tuesday 7th November at the Clive Emson Suite at Detling Showground, Maidstone with opportunity for approximately 200 attendees from a variety of partner agencies to attend.

2.4 The conference has been designed to inform delegates of the national perspective right down to the specifics at a local level. It is aimed at both strategic managers and frontline community safety practitioners across all relevant agencies within Kent and Medway, with a view to enable improved collaborative working in relation to vulnerabilities and organised crime. Further information and formal invites will be issued shortly.

3.0 Road Safety Workshop

3.1 A one day partnership workshop, "From Incident through Information to Improvement", was held on the 5th June for road safety data collecting partners including Kent Police, KCC Road Safety and Data teams, Medway Road Safety team, Highways England and Kent Fire and Rescue Service to come together to look at improving understanding and use of data relating to Road traffic collisions.

3.2. Outcomes from the workshop included:

- Better understanding of roles and practices, following presentations which included a Police crash investigator and data teams from Kent Police, KCC & Medway.
- Discussion of data issues, including quality and timelines.
- Business process mapping and planning, understanding the role of data.
- Updates from partners regarding future developments, for example Kent Police are developing an App for casualty recording and will include partners in the development of this.
- A number of immediate improvements were agreed, these included reinstating fatal road traffic casualty reviews and facilitating regular contact between each agencies data teams in order to avoid duplication and seek continued improvement.

4.0 E-safety Workshops

4.1 Since the 2014 Annual Community Safety Conference on 'E' Safety, ten awareness raising sessions have been organised by the KCST and delivered by KCC's Education Safeguarding Adviser (Online Protection) with over 500 staff attending from across a variety of partner agencies.

4.2 The most recent awareness raising sessions were held in March 2017 with over 120 staff from a variety of partner agencies in attendance.

4.3 These awareness sessions have always been well attended and have received positive feedback and as such the KCST is planning a further four more sessions throughout 2017/18.

5.0 Anti-Social Behaviour (ASB) Workshops

5.1 Since the last report to the KCSP, the ASB Tools and Powers Workshops for Local Authority Community Safety Managers (CSMs) and Kent Police Community Safety Unit (CSU) Inspectors are now complete. The last two of these workshops were delivered at the end of March and early May covering Public Space Protection Orders and Closure Orders.

5.2 In June, a masterclass session on these tools and powers was also delivered to relevant police staff and some local authority/county community safety colleagues who were unable to attend the individual workshops.

5.3 The workshops were well attended and it provided a good opportunity for both the CSMs and the Kent Police CSU Inspectors to work together to implement and use the new powers more effectively.

6.0 KCSP Grant Update

6.1 The Kent Police and Crime Commissioner (PCC) has allocated £39,661 to the KCSP for 2017/18 to fund pan Kent projects focussing on the priorities identified in the Community Safety Agreement and the Police and Crime Plan. Similar funding has also been provided by the PCC to all Community Safety Partnerships across Kent and Medway to help deliver projects in support of local priorities.

6.2 As mentioned in the last report, the bid application forms were reviewed and updated by the KCST ahead of the application process to reflect the strengthened funding criteria set by the PCC.

6.3 The bid application for the first half of the funding closed on 28th April 2017. The KCSP Working Group fully reviewed all bid applications and subsequently submitted their recommendations to the Chair of the KCSP for approval. As part of this process, the bids have also been discussed with the Office of the Police and Crime Commissioner to ensure duplicate funding has not been awarded.

6.4 The KCSP agreed to support the bids listed below:

- Online Safety (£738 – match funding) - to provide a further four online safety awareness sessions to partners.
- License to Kill (£10,000) - Road safety education initiative aimed at young people/drivers.
- Scams – True Call Devices (£3,000 – 30 devices) – Phone call blockers protect vulnerable people from considerable financial harm and harassment.

6.4 In addition, the partnership have agreed to fund the following project in principle but are undertaking further discussions to explore alternative delivery options to ensure value for money and synergy with the annual Community Safety conference in November:

- Integrated Approach to Gangs (£10,500 – 7 workshops) - Training for professionals who work with young people linked to gangs to develop their knowledge and skills in this area.

6.5 The remaining funds will be available for the 2nd half of the funding application process which partners will be able to bid into between mid-July through to mid-August. Following the recent application process, it was identified that some additional questions within the bid application forms would be of benefit to the assessment process undertaken by the KCSP Working Group. As such the KCST will be revisiting and amending the forms to include questions around value for money and sustainability of the project. Invitations to apply will be sent out shortly and an update on the funding will be provided at the next meeting in October.

7.0 Kent Community Safety Team

7.1 As mentioned throughout this report, the integrated Kent Community Safety Team (KCST) helps to support the work of the KCSP, the KCSP Working Group and a variety of multi-agency projects.

7.2 The KCST coordinates Community Safety Information Sessions to share information with partner agencies from across Kent. The last session was held on 17th May and covered a variety of topics including Modern Slavery, Female Genital Mutilation, Misuse of Tracking Apps, Mental Health, Fire as a health asset and updates from the Office of the PCC and KCST; which were delivered to approximately 25 attendees from partner agencies including district/borough community safety units.

7.3 As part of the KCST's engagement with district partners, members of the KCST are in the process of developing a newsletter and the Safer Communities Portal to share information about good practice (examples from county and local partners), guidance and upcoming events etc.

8.0 Recommendations

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

For Further Information:

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By: **Shafick Peerbux - Head of Community Safety, KCC**

To: **Kent Community Safety Partnership – 19th July 2017**

Classification: **For Decision**

Subject: **KCSP Terms of Reference Update - 2017**

Summary: This paper details proposed changes to the terms of reference for the Kent Community Safety Partnership (KCSP) to accurately reflect the remit of the group and reinforce the responsibilities of KCSP members.

1.0 Background

1.1 The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 introduced a number of revisions to the Crime and Disorder Act 1998 including the establishment of a County Strategy Group, known in Kent as the Kent Community Safety Partnership (KCSP). These regulations set out the remit for the group, meeting frequency, governance arrangements and included a detailed list of required members.

1.2 Amendments to these regulations came in 2010 and 2011 which removed much of the above bureaucracy. As a result the remaining requirements for the KCSP, as set out in the regulations, are:

- There shall be a County Strategy Group whose function shall be to prepare a community safety agreement based on the strategic assessments of local strategy groups (CSPs) for the county area.
- The county strategy group shall consist of two or more persons appointed by one or more of the responsible authorities in the county area. The county strategy group may also be attended by persons who represent co-operating and participating persons/bodies and others partners that the county strategy group invites.

1.3 All other details and functions of the KCSP can be agreed by the members and detailed within the Terms of Reference.

2.0 KCSP Terms of Reference

2.1 The KCSP terms of reference (ToR) was last updated in October 2014. Whilst there have not been any legislative changes, since that time, which impact the governance arrangements for the Partnership, the aim of the refresh of the ToR is to provide clarity around the role of the KCSP and its members (see Appendix 1). The key changes to this document are detailed below.

2.2 Responsibilities – this section has been expanded to include the agreed arrangements with regard to Domestic Homicide Reviews (DHRs). Section 9 of the Domestic Violence, Crime and Victims Act (2004) requires CSPs to initiate and undertake Domestic Homicide Reviews (DHRs). In Kent and Medway this obligation is fulfilled by the KCSP on behalf of all CSPs as set out in the DHR protocol and is managed by the

DHR Steering Group. Although these arrangements have been fully agreed and implemented they were not previously referenced in the ToR for the KCSP.

2.3 Membership – (i) this section has been refreshed to clarify the core membership based on the responsible authorities as set out in Crime and Disorder legislation. Additionally this list includes the Office of the Police and Crime Commissioner (OPCC) and whilst not a responsible authority there are clear links with the KCSP including statutory duties to work cooperatively.

(ii) In addition to the core membership, the Chairs of the local CSPs will continue to receive an open invitation to attend as well as representatives from a number of co-operating bodies such as the Kent Association of Local Councils, Medway Community Safety Partnership, the Safeguarding Boards, Health and Wellbeing Board etc.

2.4 Roles and Responsibilities – (i) This section now includes reference to the scrutiny arrangements for the KCSP as set out in the Police and Justice Act 2006. Scrutiny takes place annually and given adequate notice KCSP members may be required to provide information and/or make themselves available to attend the committee meeting to answer questions on the work of the Partnership.

(ii) Reference has also been included regarding the requirement within the Police Reform and Social Responsibility Act 2011 for representatives of the responsible authorities to work with the Police and Crime Commissioner in the formulation and implementation of any strategy relating to the police area.

(iii) In addition, this section also reinforces the role of KCSP members to feedback relevant information and key decisions to either their own organisations, or if acting as a nominated representative for a collective group to feedback to the agencies they are representing.

2.5 Meetings – (i) In the 2014 ToR it was agreed that the KCSP would meet, at a minimum, every six months. However due to the wide remit of the Partnership it is recommended that the planned frequency of the meetings returns to a minimum of three times a year with the meeting cycle to be agreed annually.

2.6 Sub Groups – (i) the establishment and oversight of KCSP sub-groups is now included in in the terms of reference. Currently the KCSP has two sub-groups which include the Working Group and the DHR Steering Group.

2.7 Communication – (i) this section has been included to establish the agreed method for disseminating confidential reports in relation to the restricted part of the meeting. Previously these reports were printed and only made available at the meeting, however to facilitate information sharing it is proposed that they be sent to named members of the KCSP via secure email in advance of the meetings. KCSP members should note that there is a requirement that all organisations are signed up to the Kent and Medway Information Sharing Agreement (KMISA).

3.0 Recommendations

3.1 The KCSP members are asked to approve the content of the revised Terms of Reference for the Kent Community Safety Partnership, subject to any changes proposed by the Partnership

3.2 The Chair of the KCSP to write to all current members of the KCSP to formally advise them of the refreshed Terms of Reference and to request confirmation of their nominated representatives for the KCSP and its sub-groups.

3.3 All KCSP member organisations shown in the Terms of Reference should ensure that they are signed up to the latest version of the Kent and Medway Information Sharing Agreement.

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3.4 The KCSP Working Group to review their Terms of Reference in light of the changes to the KCSP ToR and will update as appropriate.

3.5 An annual review of the KCSP and the KCSP Working Group Terms of Reference to be included as an agenda item on both these groups at least once a year.

Attachments:
Appendix 1 – Draft Kent Community Safety Partnership Terms of Reference.

For Further Information:
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Appendix 1:

KENT COMMUNITY SAFETY PARTNERSHIP

DRAFT TERMS OF REFERENCE

1. TITLE

For the purposes of the Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007, the Kent Community Safety Partnership (KCSP) will serve as the 'County Strategy Group'.

2. OVERARCHING PURPOSE

The KCSP is responsible for addressing community safety issues through coordinating the work of countywide 'responsible authorities' and other partner agencies to tackle identified priorities and deliver safer and stronger communities.

This also contributes towards the three countywide ambitions set out in the Vision for Kent:

- to help the Kent economy to grow
- to tackle disadvantage
- to put the citizen in control

3. RESPONSIBILITIES

- To agree and to performance manage a community safety agreement on behalf of the responsible authorities for Kent, refreshing it annually,
- To address community safety issues through joint working, recognising the importance that stronger communities can have to delivering safer communities,
- To prepare and update a county wide strategic assessment based upon an aggregation of the local Community Safety Partnerships strategic assessments,
- To provide guidance on major cross agency projects and management information support systems,
- The co-ordination of community safety activity to achieve county wide priorities as set out in the Kent Community Safety Agreement and the countywide ambitions,
- To attract resources from appropriate funding streams including the Police and Crime Commissioner's Community Safety Fund and have robust financial arrangements in place to support the management of these funds.
- To fulfil the statutory requirements as set out in Section 9 of the Domestic Violence, Crime and Victims Act (2004) regarding the initiation and undertaking of Domestic Homicide Reviews on behalf of all Community Safety Partnerships (CSPs) in Kent and Medway.

4. MEMBERSHIP

The KCSP shall consist of a core membership of representatives appointed by one or more of the 'responsible authorities' in the county area, namely:

- Kent County Council (KCC)
- Kent Police
- Office of the Police and Crime Commissioner (OPCC)

- Local Authorities (District / Borough Councils) - *currently collectively represented by a nominated Chief Executive*
- Kent Fire and Rescue Service (KFRS)
- Clinical Commissioning Groups (CCG) – *currently collectively represented by a Chief Nurse from East and West of the county*
- Local Probation Services (Kent, Surrey, Sussex Community Rehabilitation Company – KSS CRC)
- National Probation Service (NPS)

Additionally, the chairs of the local CSPs shall be extended an open invite to attend the KCSP meeting.

The KCSP may also be attended by persons who represent co-operating and participating persons and bodies for the areas in the county area and such other persons as the county KCSP invites.

These can include a representative from:

- Kent Association of Local Councils (KALC)
- Medway Community Safety Partnership.
- Kent Housing Group
- Prevent Duty Delivery Board
- Kent and Medway Safeguarding Adults Board (KMSAB)
- Kent Safeguarding Children's Board (KSCB)
- Kent Criminal Justice Board (KCJB)
- Health and Wellbeing Board

5. ROLES AND RESPONSIBILITIES OF MEMBERS

All representatives attending KCSP meetings must have sufficient seniority within their own organisations to be able to make decisions, implement change and commit resources on behalf of the body or group which they represent. Substitute members are assumed to have that capability delegated to them.

All members of the KCSP should be able to commit to regular attendance and represent their organisation effectively.

All members of the KCSP have the responsibility for sharing relevant information and/or feedback from the partnership to their respective agencies, collective group and/or any authorities/bodies they have been nominated to represent i.e. Kent Association of Local Councils, Clinical Commissioning Groups, District/Borough councils

The KCC Scrutiny Committee meets annually as the Crime and Disorder Committee to review or scrutinise decisions made, or other action taken by the responsible authorities with regards to their crime and disorder functions; with adequate notice, KCSP members may be required to provide information and/or make themselves available to attend the meeting to answer questions on the work of the KCSP in the appropriate area.

The Police and Crime Commissioner may also require representatives of the responsible authorities for any area that lies within the police area to attend a meeting for the purpose of assisting in the formulation and implementation of any strategy (or strategies) that relate to any part of the police area.

6. CHAIRPERSON

The Chair will be the Cabinet Member with responsibility for Community Safety for the County Council as the lead authority.

The Vice Chair will be elected from amongst the other KCSP members.

A Chair/Vice Chair may only be removed from office if more than 50% of the responsible authorities so decide by way of a vote at a meeting of the KCSP.

7. MEETINGS

The KCSP shall meet three times per year or at such other intervals as it shall decide with the meeting cycle being agreed annually.

The Chair of the KCSP will agree the agenda prior to the meetings and this should reflect the terms of reference and provide opportunity for discussion of any other business.

KCSP papers will be circulated at least five working days prior to meetings to allow sufficient time for partners to prepare and will include the previous board minutes, agenda and relevant paperwork.

A meeting will be regarded as quorate if no less than 4 of the responsible authorities are represented

Attendance by non-members is at the invitation of the Chair.

8. DECISION-MAKING

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

Decisions will be recorded in the minutes, with actions being reviewed at subsequent meetings.

9. SUB GROUPS

The KCSP can establish sub groups as necessary. The KCSP will oversee the work of the subgroups and have ability to scrutinise actions and outcomes.

The current sub groups of the KCSP are:

- KCSP Working Group who supports the work of the KCSP, in particular by managing the Kent Community Safety fund; and preparing and monitoring the Kent Community Safety Agreement.

- DHR Steering Group ensures that the requirements of Section 9 of the Domestic Violence Crime and Victims Act (2004) with regards to the initiation, undertaking and monitoring of actions from DHRs is fulfilled on behalf of all CSPs in Kent and Medway.

9. COMMUNICATION

All KCSP member organisations are required to be signed up to the Kent and Medway Information Sharing Agreement and abide by its principles.

Official-Sensitive paperwork will be circulated to the KCSP member's via a secure method and it is the responsibility of the KCSP members to ensure that they have appropriate information security measures in place (in accordance with the Data Protection and Information Governance), including:

- Data protection policies and management processes.
- Retention, archive, storage and disposal policies and processes.
- Incident reporting procedures.
- Controls to minimise the risk of loss or breach.

From: **Jess Mookherjee, Consultant in Public Health**

To: **Kent Community Safety Partnership - 19 July 2017**

Subject: **Kent Drug and Alcohol Strategy 2017-2020 Update**

Classification: **Unrestricted**

Summary:

A five-year combined drug and alcohol strategy for 2017-22 has been jointly produced by Kent Police and KCC Public Health on behalf of the Kent Drug and Alcohol Partnership.

This strategy incorporates the current Police drug and alcohol strategy and the KCC led Kent alcohol strategy. This new Kent Drug and Alcohol Strategy has been developed on behalf of all KDAP partners. The decision to combine a strategy for both drugs and alcohol was taken in order to highlight the new complexities in both illegal and legal drug and alcohol use in Kent.

The five strategic themes in the new strategy are resilience, identification, early help & harm reduction, recovery and supply. The strategy went out for public consultation which was completed at the end of February 2017. This final version has now been completed and has taken into account comments from the consultation.

The strategy has been endorsed by the KDAP Board and the Health Reform and Public Health Committee and sign off from the Cabinet Member for Strategic Commissioning & Public Health. The KDAP Board will receive a draft delivery plan in June/July 2017. Subject to approval from Kent Crime Community Safety Partnership, the new strategy and its delivery plan will be implemented from August 2017.

Recommendation:

Members of the Kent Community Safety Partnership Committee are asked to: **Comment** and **approve** the new Drug and Alcohol Strategy; noting that a full delivery plan will be available in August 2017.

1. Introduction

1.1 This report presents an overview of the new Kent Drug and Alcohol Strategy (2017-2022). The strategy has been jointly developed by Kent Police and Kent Public Health on behalf of the Kent Drug and Alcohol Partnership (KDAP), allied community groups and the public. The focus of the strategy is to ensure that the whole system supports each other in tackling drug and alcohol harms. This strategic focus will help to ensure that treatment services (mostly funded from KCC public health grant) are more focused on those with complex drug and alcohol issues. National data show that deaths related to drug and alcohol misuse are rising and the population affected are increasingly more complex. In

addition there are new drugs available, a large co-morbidity with mental health problems and a large cost to prisons, health services and families across Kent. This strategy went out for public consultation which ended at the end of February. This final version has been approved by the Kent Drug and Alcohol Partnership. A delivery plan with outcomes and targets will be finalised in August 2017 and the strategy will go live pending sign off from the Cabinet Member for Strategic Commissioning & Public Health.

2. Rationale

2.1 Until recent years there was a clear picture of the type of drugs used in the UK, the challenges for individuals, and the main focus was the traditional use of opiates, crack and cocaine. More recently the drug and alcohol landscape has changed. There is a greater amount of cheap, high strength alcohol available, and there is a greater degree of illegal alcohol, there are new psychoactive substances as well as steroid misuse. Kent, along with the UK as a whole, also has the problem that its existing cohort of drug and alcohol addicts are now becoming older and suffering far greater severity of chronic conditions, resulting in higher drug and alcohol related deaths. Alongside this, the continued challenge of increasing alcohol harm in the general population. The consequences of alcohol and drug harm are seen by families, loved ones and in the workplace. The co-morbidity between drug and alcohol problems and mental illness continues to rise.

This challenging landscape requires a whole system, systematic, integrated and coordinated approach to tackle the causes and consequences of drug and alcohol problems. We require workforces to become informed and proactive participants in prevention to facilitate cultural and behaviour change in attitudes towards alcohol and drug misuse.

There are early indications that young people are responding to this message with higher reported national rates of alcohol abstinence and fewer alcohol-related hospital admissions in Kent. The aim will be to see this type of change in the adult population. The combination of public spending austerity and increasingly complex drug and alcohol challenges mean that a new approach is needed that is shared with all partners – including the NHS and voluntary sector.

2.2 **Progress to date: Previous Kent Alcohol Strategy 2014-2017 (Appendix 2)**
The previous Kent Alcohol Strategy 2016 and Kent Police Drug and Alcohol Strategy (ending early 2017) had notable successes. For example, there has been an increase in the number of Alcohol Identification and Brief Advice (IBAs) interventions delivered and, Kent Police have been involved proactively working with Kent Trading Standards on local enforcement, e.g. restricting the supply of illegal drugs and alcohol.

There have been notable successes of alcohol strategy that we are keen to maintain. Each district in Kent has a collaborative local alcohol action plan. The progress on the current Alcohol Strategy for Kent is displayed in appendix 2.

The new Drug and Alcohol Strategy will build on this and also ensure treatment services become more focused on those with complex drug and alcohol issues. The recommissioning of the current treatment service in East Kent is to begin in autumn 2017**.**

The new strategy will tackle health inequalities and inequities. The recent needs assessments for drugs and alcohol have shown that there are higher alcohol related harm rates in East Kent, particularly Canterbury, Swale and Thanet. There are also higher rates of drug related deaths in Swale, Canterbury and Maidstone. The needs assessment highlights issues of the offender population, homeless and leaving care population as the most vulnerable. The strategic themes in the strategy will tackle these issues in partnership.

2.3. **Treatment services must become more focused on complex drug and alcohol use**

A 'whole system' response to the growing complexities is needed e.g. housing and employment are crucial to maintaining recovery from addiction services' need to moving more towards helping individuals manage their drug and alcohol issues as long-term conditions similar to diabetes and high blood pressure. This is because it typically takes a long time for people with complex problems to quit their addictions and if they disengage from services due to feelings of failure – they are in danger of urgent hospital care and/or death.

By taking a comprehensive and integrated approach to the development of the Kent Drug and Alcohol Strategy 2017-22 and prioritising particular themes for development, we aim to build upon the successes of the Kent Alcohol Strategy 2014-17 (Appendix 2).

2.4 The new strategy will enable greater commissioning focus and integration between the NHS, KCC and Police, Police & Crime Commissioner and the Crime Safety Partnerships. The Police have been responsible for tackling and disrupting 'supply' in their Drug and Alcohol Strategy which ends in 2017. The Police are key partners in the KDAP and are keen to maintain momentum on the prevention and disruption of the supply of illegal drugs and alcohol in Kent.

The partners that are represented on the KDAP board are district councils, CCG commissioners, clinical CCG leads, Trading Standards, Job Centre Plus, Kent Adult Safeguarding, Social Care, Public Health, NHS Prison Commissioners, Police Crime Commissioner's Office, Kent Police, Kent Probation, Housing Support, Troubled Families leads.

3. Governance

The new Kent Drug and Alcohol Strategy will report to the Kent Drug and Alcohol Partnership, who will also monitor the delivery plan and its outcomes, and also to the Health and Wellbeing Board and Community Safety Partnerships.

4. Drug and Alcohol Strategy

The priority areas and key themes forming the basis of the strategy are displayed in Table 1. These are applicable to both adults and children and are aligned to national evidence and locally identified priorities.

Table 1 Kent Drug and Alcohol Strategy 2017-22 Themes

Theme	Main tasks – *example activity*
Resilience	• Maintain focus upon building resilience in individuals
Identification	• Increase workforce training and screening capacity in both statutory and non-statutory organisations • Public information and education
Early Help & Harm Reduction	• Drug and alcohol pathways • Increasing and earlier referrals to treatment services especially for at-risk groups • Reduce preventable mortality and morbidity
Recovery	• Move from an acute (episodic) model of care to a sustained recovery model • Improve support for sustained recovery
Supply	• Disrupt related criminal activities • Public health data contributing to the alcohol licensing process

There are no financial implications to the development of this strategy other than to make best use of available commissioning resources across the health and social care economy.

However, there will be a strong case made to the current NHS Strategic Transformation Plan (STP) to ensure that better value of the NHS budgets for drugs, hospital treatment, prison health and mental health are made so that KCC commissioned services for drug and alcohol treatment are not provided in isolation of other vital services e.g. paramedic services, acute inpatient detox, gastroenterology and mental health services. Better integrated investment from all partners will ensure that services are cost effective, preventative, joined up and have better outcomes for vulnerable patients.

5. Consultation Phase

The consultation phase included a survey, a number of focus groups and one to one discussions with key individuals. Focus groups were conducted with offenders at HMP Elmley, service users from East Kent, West Kent and children and young people's services and mental health service users. The draft strategy was also presented at various partnership meetings including

Community Safety Partnerships, Health and Wellbeing Boards (county and local), CCG clinical leadership teams and joint Kent chiefs.

Key suggestions from the consultation included:

- KCC as a commissioner needs to be clearer in their specification contract to ensure service users know who the provider is.
- Lack of appropriate support groups for people when they finish detox.
- Young people reported that they had a poor experience of drug and alcohol education at school. They stated that group situations do not work and alternative ways of giving individuals information would work better (i.e. apps).
- Young people also highlighted the importance of peer mentors. This is currently a gap in the service provided for young people.
- Develop a mandatory prison release group to support prisoners being released.
- Develop clearer referral mechanisms for professionals to make to drug and alcohol services.
- Continuation of care when leaving prison. Housing and homelessness is an issue with many offenders not qualifying.
- Making Every Contact Count for alcohol advice can be strengthened, particularly with district councils and housing and homelessness teams.

6. Next Steps for Drug and Alcohol Strategy

The public consultation ended at the end of February 2017. An analysis and update has been completed. The final strategy will be launched following sign off at the Health Reform and Public Health Cabinet Committee in June 2017.

A detailed action and delivery plan will be developed based on the highlighted objectives for each strategic theme. The Joint Commissioning Group for drugs and alcohol will oversee the implementation and monitor the objectives highlighted in the strategy.

7. Recommendation

Members of the Kent Crime Community Safety Partnership are asked to:
Comment and **approve** the new Drug and Alcohol Strategy; noting that a full delivery plan will be available in August 2017.

8. Background Documents

8.1 Kent Drug and Alcohol Strategy 2017-2022

https://www.kent.gov.uk/__data/assets/pdf_file/0003/43464/Kent-Alcohol-Strategy-2014_16.pdf

8.2 Kent Director of Public Health Annual Report on Alcohol:

https://www.kent.gov.uk/__data/assets/pdf_file/0003/24483/Annual-public-health-report.pdf

8.3 JSNA:

http://www.kpho.org.uk/__data/assets/pdf_file/0020/50753/Alcohol-JSNA-update-2015-final.pdf

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Appendix 1

Key Facts from Adults Drug Misuse Needs Assessment by Kent Public Health Team

1. Drugs (Adults)

1.1 National

- Drug use is decreasing: Drug use is at its lowest since measurement began in 1996 with the use of any drug in the last year among 16 to 59 year olds falling from 8.9% in 2011/12 to 8.2% in 2012/13. Among young people aged 11 to 15, 12% reported having taken any drug in the last year in 2012, the latest drop in a downward trend from 20% in 2001.
- Pattern of drug use is changing: Fewer opiate and crack and greater poly drug use, NPS (Legal Highs), prescribed drug misuse and dependent drinking.
- Attitudes to drugs are negative: The majority of adults think that drug-taking is unsafe: 98% of adults thought heroin was very unsafe; 97% view cocaine and ecstasy as unsafe (very or a bit unsafe); 79% of adults thought taking cannabis was unsafe compared with 3% who thought it was very safe; and 75% of adults viewed getting drunk as unsafe.
- Supply may be decreasing: In 2012/13, over 109 tonnes of Class A drugs were seized at home and abroad as a result of Serious Organised Crime Agency (SOCA) activity. The police and the UK Border Force made 193,980 drug seizures in England and Wales in 2012/13, an 8% decrease from 2011/12.
- Treatment is getting more effective: Record numbers of people in England are completing their treatment free of dependence. The overall number of people who have successfully completed their treatment for any drug has gone up from around 11,000 in 2005/06 to just under 30,000 in 2011/12; and nearly one third of users in this period successfully completed their treatment and did not return, which compares favourably to international recovery rates.
- Fewer heroin and crack users. The number of heroin and crack cocaine users in England has fallen below 300,000 for the first time. The latest estimates show the number of heroin and crack users fell to 298,752 in 2010/11, from a peak of 332,090 in 2005/06.

1.2 Local

- Treatment providers may not be treating the most needy or vulnerable people. Recent needs assessment on treatment data shows that while services are getting good outcomes for lower level substance misusers, there are far fewer clients in the most vulnerable category and vulnerable people are less likely to be recovering.
- Estimated number of 4,616 heroin and crack users in Kent (Glasgow estimate).
- The data indicates that there is a significantly larger difference in treatment penetration between crack and opiate users in Kent. There are hypotheses

as to the reason for this difference. It has been noted that treatment has historically been overwhelmingly focused on opiate users, with little attention paid to the growing numbers of crack and poly-drug users (Audit Commission, 2002).

- Vulnerable groups: Prevalence statistics indicate that substance misuse among the LGB community is nearly four times greater than that of the overall population. Kent treatment data shows that LGB individuals were less likely to be in structured treatment in 2012/13 (0.1%) than the Kent population overall (0.3%).
- Drug treatment is value for money. Using the PHE Value for Money Tool it can be argued that in Kent, for every £1 spent on drug treatment, nearly £6 is gained in benefits.
- There are links between injecting drug use (including steroids) and HIV and Hep B & C.
- Lower rates in Kent for drug related deaths, but lots of variation. The 2012 figure was 2.5 in comparison to an average over the period of 2.7. There is notable variation between rates in districts. The highest rates are found in Thanet, Swale and Gravesham. The lowest rates are found in Ashford, Sevenoaks and Tonbridge & Malling. Dover has also had a very high rate over the period that has reduced in recent years.
- There has been an increase in mental health related drug hospital admissions in England and Kent. There were a total of 1,157 admissions for drug-related mental health and behavioural disorders in Kent in 2012/13.
- Decrease in emergency detox in hospitals.
- Fewer people in structured treatment in Kent; a thirteen per cent decrease from 2009. Mainly people are accessing for opiate and crack and 24% decrease in ‘other drug use’.

Appendix 2

2. Progress on Kent Alcohol Strategy 2014-2017

Pledge area	Aim	Achievement (as of October 2016)	Status/ DoT
1. Improve Prevention and Identification	**Screen 9% of the Kent population (18+)** **Target 106,389**	**11% of the target population;** **128,542 (121%)** **.**	
2. Improve the Quality of Treatment	**Increase number of referrals into treatment services by 15% by 2016[1].**	**Trend increasing.**	
3 Co-ordinate Enforcement and Responsibility ***These elements of the plans are largely taken from the work of Kent Community Safety Partnerships.***	**12 police operations per year will be completed e.g. CSP targeted activity within localities** **Support the work the development of Kent CAPs**	**Achieved in 2015. Ongoing in 2016.** **Achieved and ongoing**	
4 Tailor the Plan to the Local Community	**Each district will develop a local alcohol action plan.**	**Achieved**	
5. Target Vulnerable Groups and Tackle Health Inequalities	**Contained in district plans as locally identified priorities.**	**Ongoing. Evaluation at the end of the strategy**	
6 Protect Children and Young People	**Reduce alcohol related hospital admissions for those aged under 18 years**	**The number of admissions is decreasing. Kent is better than the national and South East region**	

Appendix 3

[1] Successful completions are a good indication of quality. Service Quality Assured by service monitoring of national reports on a range of service indicators and via quarterly KDAAP reports Service information available at: https://www.ndtms.net/default.aspx

Kent Drugs and Alcohol Strategy 2017 - 2022

Final_Strategy v2.docx

Kent Drug and Alcohol Strategy

2017 - 2022

FOREWORD

A Safe and Sociable Kent

This strategy has been developed due to the changing and complex drug and alcohol-taking landscape. The development of this consultation draft involved discussions with the Kent Drug and Alcohol Partnership Board and the Kent Children's Health and Wellbeing Board.

The previous Kent Alcohol Strategy 2016 and Kent Police Drug and Alcohol Strategy (ending early 2017) had notable successes. For example, there has been an increase in Alcohol Identification and Brief Advice (IBA) and, Kent Police have been involved proactively working with Kent Trading Standards on local enforcement, e.g. restricting the supply of illegal drugs and alcohol.

The pattern of drug and alcohol use is changing so now is the ideal time to create a new and joint Drugs and Alcohol Strategy with all partners.

The vast majority of people in Kent enjoy alcohol, drink sensibly within recommended guidelines and do not come into contact with illegal substances. Kent is generally a safe place to go out socialising and many towns have a vibrant night time economy. However some indicators relating to alcohol and drug harm have worsened.

It is important that we reverse the trend in these instances because drug and alcohol-related harm is largely preventable and addictions can lead to criminal behaviour, particularly in areas of greatest economic deprivation. The picture is complex. The social, economic and health impacts of drugs are often identified with disadvantaged communities, but this can overlook the fact that the physical and emotional impact of alcohol and drug harm affects all aspects of our population regardless of age, income, gender or ethnicity. There is also an increased prevalence of substance misuse with police interactions of those suffering poor mental health and presenting in risky circumstances.

A Healthy Challenge

This is an ideal time to make progress on tackling drug and alcohol-related harm. This is because the continuing structural changes in the statutory sector offer opportunities to improve commissioning.

These changes have included the local authority taking a lead in public health, and the National Treatment Agency (NTA) (an organisation responsible for the guidance of public health services including drug and alcohol prevention and treatment) becoming a part of Public Health England. Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards have become better established and have a key role in improving mental health services. The issue of how best to serve the health of people with an alcohol/drug and mental health problem (dual diagnosis) remains. Therefore it is essential to focus on building close commissioning partnerships to make sure there is

effective identification of people at risk and closer integration of the treatment process as well as ensuring those people's mental and physical health is improved.

A Focus on Outcomes

We want good public health outcomes as a result of this strategy. The Public Health Outcomes Framework has been in operation since April 2013. The framework includes a number of outcomes that relate to substance misuse, either directly or indirectly. These include:

- reducing the under-75 mortality rate from preventable liver disease
- reducing the under-18 conception rate
- increasing the successful completion rate of drug treatment
- reducing the violent crime rate.

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

Andrew Scott-Clark, Director of Public Health, Kent County Council

Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing, Kent County Council, Chair of KDAP

Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, Kent County Council

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1. Introduction

The misuse of alcohol and drugs is causing significant harm to families and communities in Kent

Most people drink alcohol within recommended guidelines and do not use illegal drugs. Consequently they, their families and friends, do not experience any significant direct personal harm as a result.

However, both alcohol and drugs cause harm to families and communities in Kent and the illegal nature of many drugs and the widespread use of alcohol mean that any strategy to tackle misuse must be practical and related to the substance in question.

Alcohol

In early 2016 the Chief Medical Officer in UK announced new, tougher guidelines on alcohol consumption to reflect the research evidence on the harms associated with alcohol use. Using the evidence available, she announced that there was **"No Safe Limit for Alcohol Consumption."**[1]

The reason she says there is no safe limit is because the effects of alcohol are unpredictable and can change depending on someone's physiology, mood and environment. Her new advice was that men and women who drink regularly should consume no more than 14 units a week - equivalent to six pints of beer or seven glasses of wine, and to have a number of days without drinking during the course of the week. Her advice is that pregnant women should not drink at all.

There are a number of main areas of concern regarding **alcohol** consumption:

- The first is those people who drink more than the recommended safe limit may not realise how much harm they may be doing to their health because the harm may not be readily apparent, or that the harm may be tolerated to experience the pleasurable effects of drinking.
- The second main area for concern is with people who are drinking too much with visible harm to themselves and others, both physically and psychologically, and are motivated to seek help, and how that help can be best organised.
- Those individuals who present regularly to multiple agencies, usually in crisis, but have difficulties in engaging with effective substance misuse treatment to help address their alcohol use, and who also have a number of complex health and social needs not able to be met through one sole service.
- Lastly many people who have problems with alcohol (and in many cases drugs) also have mental health problems. These factors can interact with disastrous consequences. There are interactions between the severity of both the alcohol

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf

and mental health problems and unfortunately confusion and myths surrounding how people should be treated.

Drugs

The drug-taking landscape is far more complex than it was 10 years ago. Notable challenges include:

- an ageing cannabis, opiate and crack drug-taking population with multiple needs
- new unregulated drugs such as new psychoactive substances (NPS)
- a sizeable number of opiate dependent individuals who have been in treatment services for a number of years, and although many have made significant improvements to their health and wellbeing, they still remain dependent on prescribed opioid substitute medication to maintain that progress (without recovering)
- an increasing number of people presenting with a dependence on prescribed or pharmacy bought medication, and who do not feel able to access traditional drug treatment services.

This changing drug and alcohol landscape is a reason for developing this strategy.

This strategy has been developed with a range of partners, service users and their families on behalf of the Kent Drug and Alcohol Partnership Board in Kent (KDAP), including Kent Police and the NHS.

A New Strategy for Kent 2017-2022

There has been both a Kent Alcohol Strategy and a Kent Police Drug and Alcohol Strategy in operation which will end in late 2016 and early 2017 respectively. A new strategy will be beneficial for the Kent population because it can impact on reducing health inequalities, problems of crime, anti-social behaviour and poverty.

The new strategy will build upon the successes of the Kent Alcohol Strategy and the Kent Police Drug and Alcohol Strategy. There has been good progress in treatment services, Community Safety Partnerships (CSPs), district partnerships and allied interest groups across Kent. We will retain much of what is working well and improve other areas in order to further build and strengthen them.

This strategy is driven by Kent Drug and Alcohol Needs Assessments. The assessments include the views of individuals and their families using treatment services, taking account of national guidance and reflecting the evidence base.

In the face of increasing challenges and reducing resources, all partners need to take a comprehensive and integrated whole-systems approach to developing and

implementing the strategy. This in turn will drive commissioning decisions and identify ways to work better together.

This may involve making difficult choices and hard decisions but will also give opportunities to generate improvements by making the most of the resources available. It is vital to ensure that there is consistency in the core offer being in place for both adults and young people requiring support around drug and alcohol issues across the county.

It may mean more agencies and partners need to play a role in preventing and raising awareness of drug and alcohol issues. There is a great deal of evidence that short, focused interventions such as 'identification and brief advice' can significantly reduce harm from drugs and alcohol.

The heart of this strategy is to empower, encourage and support individuals and communities to take a more active role in preventing and reducing the harmful effects of drugs and alcohol in Kent.

Costs to Society

It is difficult to put an exact figure on how much drug and alcohol harm costs the population of Kent because it has such wide-ranging effects and impacts over many years but we do know it is considerable.

Figure 1: Annual cost of drug addiction (PHE, 2014)

Every year drug addiction costs society

£15.4bn

Examples of some of the costs and how they are spent:

£26,074	• Crime by heroin/crack user not in treatment per year
£42m	• Looked after children (parental drug misuse) per year
£448m	• NHS costs

The costs of alcohol misuse are many and varied. Apart from the misery it causes to individuals and families, it has an economic impact on the public purse.

Figure 2: Annual cost of alcohol related harm (PHE, 2014[2])

Every year alcohol related harm costs society

£21.bn

Examples of some of the costs and how they are spent:

£3.5bn	• NHS England
£71.2m	• ***NHS Kent (£59 per person***)
£7bn	• Lost productivity UK
£11bn	• Crime in England

2. Key Issues Outlined from Health Needs Assessments

Detailed health needs assessments have been completed for:

- children and young people (drugs and alcohol)
- adult alcohol
- adult drugs.

Key findings are included for drugs and alcohol from the three needs assessments.

For more detailed information see the Kent Needs Assessments: Drugs and Alcohol

http://www.kpho.org.uk/__data/assets/pdf_file/0007/64456/Drugs-adults-NA-v1.3a-final2.pdf

http://www.kpho.org.uk/__data/assets/pdf_file/0006/64455/Alcohol-NA-final.pdf

http://www.kpho.org.uk/__data/assets/pdf_file/0009/64458/CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf

2.1 Drugs, Needs, Prevalence and Service Use

Young People

Levels of drug–taking and alcohol consumption are in decline for 11-15 year olds. However, the needs assessments illustrate that in previous years drug taking amongst young people increases with age. Girls and boys were equally likely to have taken drugs, with cannabis being the most widely used substance (61%) with 7% of young people reporting having taken it in the last year.

[2] http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf

Estimates from national studies show the number of children ‘at risk’ in Kent is 9,034. Estimates also show that dual diagnosis and wider vulnerabilities were more prevalent in Kent than in the national treatment population.
Waiting times for young people’s services are better than the national average with 100% being seen within three weeks. Treatment outcomes appear successful; 93% left services in a planned way and only 7% of young people leaving treatment successfully in 2014 re-presented to young people's or adult specialist services within six months.

Of all the young people who accessed specialist services in Kent, 89% of them used more than one drug (poly-drug use); 92% had started using their main problem substance under the age of 15 and 7% entered services aged 13 or younger.

Adults

For most adults there has been a long-term decline in the use of drugs and drug use is now at its lowest figure for ten years. However, those aged 16-24 years are most likely to use drugs.

Older adults who use drugs (over 45 years old) are the group most likely to die as a result of persistent drug use. It would be reasonable to say this may be because of age-related co-existing and developing medical conditions. This group of people often die because they don’t get the help for their physical conditions early enough (i.e. in primary care).

Drugs Supply

The drugs market has evolved and the emergence of internet-based access and supply is proving challenging to authorities with seizures in Europe steadily on the rise since 2006. Outside of London, the South East has the highest number of drug seizures in England.

Issues of Concern

The evolving complexity and fast-changing nature of the drug and alcohol use market has exposed several areas of concern to address. They include:

1. The ageing population of those with drug and alcohol misuse issues who are more prone to co-existing poor health and premature death, with a hesitation to seek medical help for their developing health conditions, and then presenting to treatment at much later stages of illness with a corresponding poorer prognosis.
2. The spread of infections amongst people who inject drugs.
3. Those who use new psychoactive substances (NPS), rarely seeking help from substance misuse services but often presenting to A&E departments with complicated and unclear symptoms as a consequence of their drug use.
4. Individuals with both mental health and drug and alcohol misuse issues.
5. Drug use in prisons and the criminal justice system.

Housing and Poverty

A secure and safe housing environment facilitates and sustains recovery. Individuals who have both addiction problems and homelessness or the risk of homelessness are

Page 9 of 28

more likely to have a wider range of needs across health, social care, drug and alcohol misuse and criminal justice. Government welfare reforms represent a significant and challenging development within the area of drug and alcohol misuse field with the large number of problem drug users in need of housing and employment support.

High Risk Activities

Routine screening would benefit those individuals who partake in high risk activities such as 'chem sex'. There is some evidence to suggest that whilst this group of people engage well with some services such as sexual health, they are less likely to engage with drug and alcohol misuse services, and are less likely to view their substance use as harmful in itself, despite the evidence suggesting that sexual risk taking behaviour increases with drug and alcohol use. As well as improving health outcomes for this group, routine sexual health screening is important to address the spread of infections such as hepatitis, chlamydia, syphilis, and HIV.

Drug Treatment

Treatment services in Kent perform well overall and often exceed national performance benchmarks. As the profile of drugs misuse and the drug using population is changing, services must be flexible to meet the needs and be attractive to different sections of the community, which includes an increasing number of presentations to drug and alcohol treatment centres where English is not the patient's first language.

Treatment services should ensure that they are attracting and meeting needs of individuals throughout the treatment journey. For example, service performance indicators for some sub-sets of substances such as amphetamine misuse are not as good as national comparators. Kent has more women in treatment services than the national average which should be borne in mind when considering and meeting women's needs in treatment services.

More follow-up information over time would be beneficial to identify areas for intervention and improvement e.g. links to holistic community and mutual aid organisations and meeting the needs of those with multiple / complex need as well as housing and employment requirements to maintain recovery.

2.2 Alcohol, Needs, Prevalence and Service Use

Young People

In Kent, there were 39% of children in years 7 to 11 who reported drinking alcohol at least once. This pattern of reported drinking alcohol is the lowest rate since records began in 1988. This trend is also reflected in the reduction of alcohol-related hospital admissions in those aged below 18 years nationally and in Kent. One-in-four deaths amongst 16 - 24 year olds are related to alcohol. Children who drink are at a greater risk of brain damage. They are also at greater risk of developing problems with alcohol in later life including dependency. Young people also have a higher risk of being involved in road traffic accidents.

Young people who live in deprived areas are more likely to drink alcohol, drink at an earlier age and drink to excess. This relationship was stronger for young women than

young men. The effects of higher alcohol consumption in areas of deprivation are likely to be compounded by inequalities which affect nutrition, exercise and emotional wellbeing.

Adults

In 2014, local estimates identified **about 68,000 people** in Kent will have some degree of alcohol dependency. National calculations based on a tool by NICE (2014) estimated that in Kent nearly **264,000** people are drinking at increasing and high risk levels (23% of the population over 18 years old). High risk levels means that some physical damage is likely to result from the level of alcohol consumed.

Deprivation

There is a strong relationship between deprivation and alcohol misuse. Although Kent is one of the least deprived counties in England, it has areas of significant deprivation. Generally, those living in deprived conditions are among the least likely to seek help for health-related issues although it should be remembered that fearing stigmatisation, those living in more affluent communities will also require help.

Culture of Drinking

Those working in managerial positions, offices and high-earners have emerged, along with those living in deprived areas, as drinking at harmful levels. There is also an increasing trend for older people 50+ to drink more often. Given the ageing population profile, this is an area of concern.

Men

In Kent, the rates of moderate to severely dependent drinkers are higher in males. It is estimated that men comprise 89% of the moderate to severely dependent drinkers. However they only made up 64% of the structured treatment population in 2013/14.

Alcohol treatment has an older treatment demographic with 68% of clients in treatment being 40 years and over and 11% 60 years and over. In common with the national picture, the lesbian, gay, bi-sexual and transgender (LGBT) community is underrepresented in treatment services.

Variations across Kent: Access to Services

There appears to be a large variation in service access by district. Gravesham and Thanet have a relatively large proportion of higher risk drinkers into treatment. Sevenoaks and Dartford have treatment rates that are relatively lower in comparison to their expected rates. Maidstone has relatively poor health outcomes and a lower than average number of those expected to be in treatment services.

Thanet, Canterbury and Swale have the greatest proportion of individuals in services. Data suggests those areas most in need of services are Thanet, Canterbury and Maidstone as measured by alcohol specific mortality and morbidity, although in order to

Page 15 of 28

be effective, it appears clear that alcohol treatment should not be lost within integrated drug and alcohol services where the immediate focus may historically have been on traditional drug treatment.

Signposting to Services

More people in Kent self-refer to services (54%) much higher than the national rate; referrals by NHS professionals in Kent are much lower than could be expected and lower than the national benchmark. This may be explained in part by the persisting, and erroneous, notion that self-referral is seen as an indicator of an individual`s motivation rather than referring directly to treatment services on their behalf as would occur with most other health related conditions.

Mental Health & Dual Diagnosis

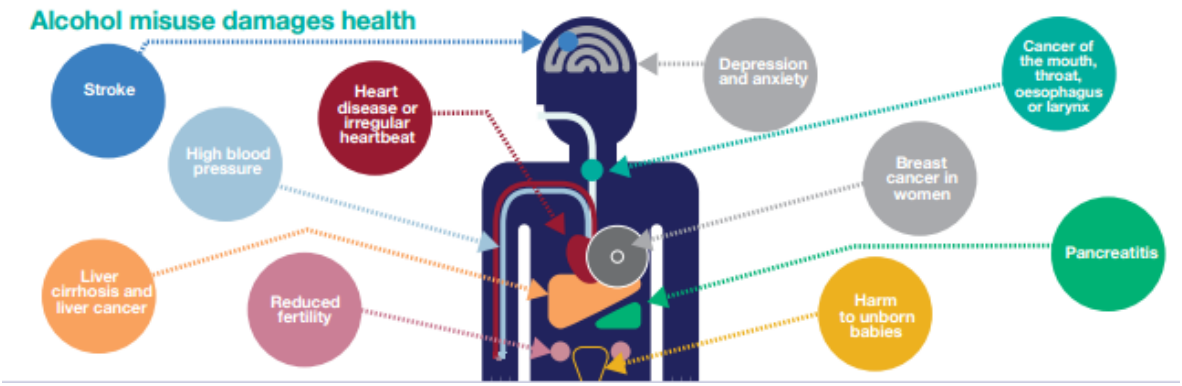
Around a quarter of those in treatment in Kent also have a mental health condition which is higher than nationally, however these figures can be influenced by recording which doesn`t readily differentiate between stable primary care diagnosed and treated mental health, and those individuals who would meet the criteria for secondary care mental health services, with more acute and unstable mental health symptoms.

Partnerships and sharing staff and resources has been shown to increase the effectiveness and delivery of dual diagnosis provision, and improve the transparency of dual diagnosis prevalence.

Drug and Alcohol Treatment

Typically clients have a treatment course of six months and about 10% remain for 12 months. Longer stays may indicate clients are failing to move through the regime effectively; although they may also be an indicator of the increasing complexity of some individuals presenting to treatment, and the ability of treatment services to provide a holding safety net with clients who find difficulty in engaging with recovery services.

Figure 3: Alcohol misuse damages health



England	
9m	risky drinking
1.6m	dependence
326,000	hospital admissions*
10,000	liver disease deaths

Kent	
245,287	risky drinking est. 2012/13
82,236	dependence est. 2012/13
23,288	hospital admissions*
632	liver disease deaths**

* 2012/13; Kent increase 29% since 2008/09; ** 2012/14

3. What has been Achieved so Far in Kent?

The current Alcohol Strategy for Kent has six Strategic Pledges.

Pledge 1: Increase information and advice to identify and prevent alcohol harm in individuals

> The research evidence shows that the ratio of people 'numbers needed to treat' (NNT) i.e. we offer screening and brief interventions to, is eight to one. This means that for every eight people 'treated' or offered screening, one will change their behaviour (Moyers et al. 2002). This is called A**lcohol Identification and Brief Advice**: or '*IBA'*.

Our Aim: to deliver 72,944 IBAs to the Kent population during 2014/16.

We achieved: **so far over 119,000 IBAs have been undertaken** with the final figure likely to be much higher.

We launched the self-assessment test 'Know Your Score' in November 2015. In the first six months over 6,000 people used this to check on their alcohol consumption and get advice.

Public health continues to work with partners to improve the type and amount of data available to inform service developments and improvements. For example the use of NHS and public health data in licensing applications, the areas of high drug or alcohol deaths, illness or hospital admissions. Alcohol IBA and workforce training is now an integral part of many public health and NHS commissioned contracts e.g. sexual health, health checks.

Pledge 2: Improve the quality of treatment
We commenced an **alcohol care pathway** which provides practitioners with information about what they should do to ensure that people are given the right help and treatment for alcohol related issues. This is in the process of being adopted across Kent.

Kent drug and alcohol **treatment services** perform well overall, often exceeding national quality benchmarks. We have seen a rise in alcohol clients accessing treatment services.

Pledge 3: Co-ordinate enforcement and responsibility
We have supported Community Alcohol Partnerships (CAPs). These form a key strategic link between police and trading standards which aim to change attitudes to drinking by informing and advising young people on sensible drinking, supporting retailers to prevent sales of alcohol to underage drinkers, promoting responsible socialising and empowering local communities to tackle alcohol-related issues. A **dedicated coordinator has been appointed to support communities** in this work across Kent.

Kent County Council's Trading Standards service carried out intelligence **led test purchasing operations** where there are continuing problems of young people having access to alcohol. They also worked proactively with businesses to prevent under-age sales.

Kent Police led on **enforcement**. This involves work on preventing, reducing and detecting crime and disorder. They have led work that targeted and specified operations to address identified issues in licensed premises, supporting Trading Standards with test purchasing operations and supporting other licensing initiatives.

Pledge 4: Tailor plans to the local community needs
We have a **local partnership 'alcohol plan'** to deliver action on the six pledge areas of the last strategy in each district in Kent. Each has a strong focus on local issues including crime and disorder via the Community Safety Partnerships, licensing, vulnerable and at risk groups, children and young people and quality of treatment.

Pledge 5: Target vulnerable groups and tackle health inequalities
We have taken dual diagnosis as a quality and safety issue and have **reviewed partnership working arrangements** to ensure that individuals of all ages with a dual diagnosis receive timely and appropriate care. This work is complex and ongoing.

Pledge 6: Protecting children and young people from alcohol harm
We can show that hospital admissions for children and young people have declined across Kent and for the first time are better than the South East regional rate and similar to the national one.

We commissioned **Kent 'RisKit'** programme which has gained national recognition for its work with children and young people in Kent for drugs and alcohol.

The **Kent Police Drug and Alcohol Strategy 2015-2017** has recognised that working in partnership with key stakeholders was the most effective way to achieve the strategy objectives of '**Reducing Demand', 'Restricting Supply' and 'Building Recovery'**.

Kent Police has a responsibility to reduce crime and anti-social behaviour generated by illegal drug use and alcohol misuse, which also blights the lives of many individuals and their families. Kent Police also has a responsibility to work with and support partnerships that seek to reduce the harm caused by the consumption of drugs and alcohol, and which can also lead to risky and dangerous behaviour. In seeking to reduce the demand and related criminality, **Kent Police supported those at the greatest risk** and identified appropriate interventions **through Community Alcohol Partnerships, 'Is it worth it' school roadshows and diversion schemes**.

Kent Police understand how the activities of organised crime groups can cause serious harm to individuals and communities. The Kent and Essex Serious Crime Directorate, a joint unit with Essex Police, aimed to reduce the harm caused by disrupting and dismantling drug networks across the county. **Relentlessly targeting organised crime groups, undertaking multi-agency night time economy enforcement, coupled with the effective use of the drug liaison expert witness process**, where 94% of criminal justice drug offenders submit an early guilty plea, supported the priority to restrict the supply.

Kent Police have developed a new database identifying detentions under Section 136 Mental Health Act (1983) that involve substance misuse as an aggravating factor.

Kent Police worked with Criminal Justice agencies, the Kent Drug and Alcohol Partnership and the drug and alcohol providers to support the Government's aim to rebuild the lives and aid recovery of those who are addicted to drugs and alcohol. **Drug Testing on Arrest** has identified and guided substance misusers to treatment services.

The Kent Drug and Alcohol Partnership is very active in Kent and help to provide a focal point where the work of allied partnership groups can be integrated providing an

overview of alcohol and drug related issues and partnership work across Kent. For example, the annual conference for the Kent Community Safety Partnership in 2016 had a focus on alcohol and drugs.

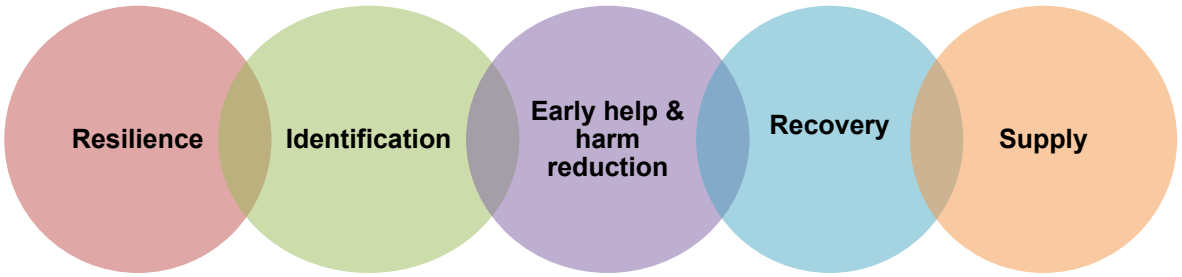
The New Drug and Alcohol Strategy for Kent

The Vision and Key Themes for the Strategy for 2017-2022

In Kent, we will continue to support children, young people, adults and their families to make positive choices to reduce harm and the negative impact of drugs and alcohol on their lives. We aim for everyone living in Kent to have a sensible attitude to drugs and alcohol. We will achieve this vision by working on these key strategic themes for both drugs and alcohol.

The key themes are highlighted in Figure 4. These are applicable to both adults and children and are aligned to national evidence and locally identified priorities.

Figure 4: Strategic themes



1. Resilience

Resilience is the process of recovering or adapting well to trauma, tragedy or extreme stress factors such as divorce, bereavement and job loss. Many people will misuse drugs and/or alcohol at one point in their life, but some people are more susceptible to continued or long-term misuse. This is particularly apparent in some vulnerable populations such as those with mental health conditions, offenders, homeless people, children and young people who may be susceptible to risky behaviours and children and young people who have parents who misuse drugs or alcohol. Universal prevention activities are of little relevance for vulnerable populations at risk or where drug or alcohol use has already become problematic. Building resilience for vulnerable individuals is a key priority to reduce the harms and consequences of drug and alcohol misuse. This can have a positive impact for the whole population because if resilience is built in, the result can be a reduction in crime, inequality and anti-social behaviour.

Many of the partners involved in the delivery of this Drug and Alcohol Strategy are also represented on the Crisis Care Concordat which is working to improve the quality of care for individuals experiencing a mental health crisis. Given that many people have both substance misuse and mental health issues; this will help to ensure that dual diagnosis services are improved.

Drug misuse features significantly in child sex exploitation (CSE) and where there are issues regarding the safeguarding of children and vulnerable adults, including incidents of domestic abuse. National data suggest that parental drug use is a factor in 29% of all serious case reviews and alcohol is involved in half of violent assaults.

Building resilience in families is vital to help them cope with specific challenges they may face such as dealing with having a child with a disability, mental health or behavioural issue. The term **'Toxic Trio'** has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

What will we do to improve resilience?

- We will support the implementation of the protocol to better meet the needs of dual diagnosis clients and up-skill the substance misuse and mental health workforce in Kent. This will improve quality of care provided to dual diagnosis clients, increase successful treatment completions for dual diagnosis clients and increase the number of joint care plans between substance misuse and mental health providers.
- We will ensure there is support for people with lower level mental health needs and those who would not meet the criteria for dual diagnosis support such as those with a personality disorder.
- We will address hidden harm and safeguarding children and vulnerable adults through effective practices and integrated approaches to address the welfare of children of drug or alcohol misusing parents and vulnerable adults.
- We will work across our partnership to develop services that address the wider social determinants of health and wellbeing in vulnerable populations, such as access to housing, employment support, economic wellbeing and educational achievement.
- We will ensure there is support for drug and/or alcohol misusing offenders to receive a holistic package aimed at stopping offending and drug or alcohol dependence.
- We will continue to offer the ‘RisKit’ programme in schools to help identify children vulnerable to risk behaviours and offer them support to increase their resilience.
- We will ensure that effective pathways of treatment and evidence-based therapies are available to those adults and young people adversely affected (issues such as CSE or domestic abuse) by substance misuse.
- We will support families who have specific challenges to be resilient thus reducing their risk of misusing drugs or alcohol.
- We will increase our understanding of the toxic trio and ensure we support people who are affected.
- We will work with CAMHS to ensure that there is an increased understanding of the importance dual diagnosis for young people and that no referrals are rejected due to substance misuse.
- We will ensure that there is collaborative working between prison and community substance misuse services to create and maintain effective pathways of continuous care and information sharing.

How will we know we have been successful in tackling resilience?

- an increase in the number of dual diagnosis clients being supported and evaluation of dual diagnosis pathway activity
- a reduction in the number of school exclusions related to alcohol and/or drug use.
- audit of service activity to assess support for people with lower level mental health needs.
- audit of practice and integrated approaches to address the welfare of children of drug or alcohol misusing parents, families and vulnerable adults.
- performance monitoring and evaluation of RisKit activity in schools
- undertake a health needs assessment on the toxic trio which will identify further understanding and recommendations for action
- reduction in barriers faced by young people with dual diagnosis into CAMHS service.
- qualitative activity analysis involving service users to assess effectiveness and barriers of services in addressing the wider social determinants of health and wellbeing in vulnerable populations
- audit of pathways of treatment and evidence-based therapies to those adults and young people adversely affected by substance misuse
- audit of partnership and pathways between substance misuse services and prisons.

2. Identification

Improving public awareness about the risks of harmful drinking and drug use plays an important role in alerting people to harms they might not be aware of, as well as helping them to change their behaviour.

There are tools that can be used to help identify drug and alcohol misuse. Identification and Brief Advice (IBA) is an intervention which typically involves using a validated screening tool to identify 'risky' drinking and offering short, structured ‘brief advice’ aimed at encouraging a risky drinker to reduce their consumption to lower risk levels. The Drug Use Screening Tool (DUST) is used as both a screening device for substance misuse and a referral form into Young Persons’ Drug and Alcohol Services. The training is focused on enabling professionals to feel more confident and competent in identifying substance misuse among vulnerable young people and how to respond appropriately.

<u>What will be done to improve identification?</u>

- We will support people to make healthy lifestyle choices by providing targeted communication via campaigns and education including information about the potential harms people can expose themselves to, the support services available and targeted support for those who are at risk.
- We will continue to ensure IBAs and, where appropriate, referral on to other agencies is routinely given to people attending key frontline services.
- We will work in partnership with schools to provide good quality drug and alcohol education, particularly around new psychoactive substances (NPS), support

Page 193 of 28

schools to develop policies and improve the links between the young people's substance misuse and school pastoral care.
- Continue to ensure that appropriate professionals are offered DUST training
- Increase workforce training and screening capacity in both statutory and non-statutory organisations. This will include the development of a web-based alcohol and drug e-learning package to help workforces undertake IBA as part of their routine work. This will be available to all partner and allied organisations in Kent.
- Improved integration with Clinical Commissioning Groups and GP practices across the county in relation to the whole system process including alcohol screening, brief advice and referral for treatment.

How will we know we have been successful in improving identification?

- increase in the number IBAs undertaken in primary care and referrals from primary care to substance misuse services
- increase in the number of IBAs undertaken and analysis of referral points
- increase in the number of young people screened via DUST
- increase in the number of professionals trained for IBA and/or DUST.
- evaluation of campaigns undertaken.
- audit the effectiveness of IBA activity from those who have received training.
- audit of partnership activity undertaken with schools.

3. Early Help and Harm Reduction

Increasing awareness of accessing treatment services is important as is ensuring that treatment is available across the lifecycle to minimise harm and reduce the risk of mortality. Increasing the volume and earlier referrals to treatment services is a key element, especially for population groups with an increased risk. If early help and harm reduction can be effective, the result for the population can result in preventable deaths and poor health.

Education has an important role to minimise harm reduction. This includes work undertaken in schools and police working with partners to educate people about the harms caused by drug and alcohol misuse.

Kent Police have worked successfully with drug and alcohol treatment providers to offer a diversion scheme for those arrested for being drunk or in possession of cannabis. It involves a reduction in a Penalty Notice for Disorder (PND). If an individual attends a 'health and law' input session which aims at reducing future harms, there is a 50% reduction in the PND.

Kent Youth Drug Intervention Scheme (KYDIS) is an 'Intervention and Brief Advice' for young people found in possession of a Class B/C drug under the Misuse of Drugs Act 1971 in Kent. The scheme aims to divert qualifying young people from the criminal justice process at an early stage and provides guidance relating to the Misuse of Drugs Act and harm minimisation advice by specialist service providers dealing with young people and substance misuse. The scheme provides a pathway into specialist substance misuse services for young people.

Community Safety Partnerships (CSPs) bring together all relevant agencies in the local authority area who can have an impact on crime, anti-social behaviour, substance misuse etc. The key community safety priorities identified for each area are outlined in the local community safety plan and addressed through a variety of associated initiatives. Much can be done to prevent problems before they arise and a great deal of effort is devoted to tackling issues of drug and alcohol abuse, supporting vulnerable people and their families to create sustainable and lasting improvements. There have been a range of initiatives that CSPs have been involved with to reduce harms around drug and alcohol misuse. These include street pastors and the Urban Blue Bus which operates in Maidstone. The bus is an identifiable resource in the town centre at night as a safe haven providing support for injury, counselling and pastoral care. There is also in operation a mental health triage service that can provide support and advice in situations where dual diagnosis is a feature.

What will be done to improve work around early help and harm reduction?

- We will develop a multi-agency communications plan for young people, families and adults with a focus on harm reduction, safe drinking levels and targeting communities with high level of drug and alcohol related harm. This should utilise a range effective methods including technology.
- We will ensure that family based interventions are integral to treatment provision with the aim of increasing earlier referrals to treatment services.
- We will ensure that treatment services are available to people throughout the lifecycle, to support prenatal, postnatal, childhood and adulthood to end of life care via appropriate pathways to increase earlier referrals.
- We will continue to provide opportunities for individuals to engage with alcohol and possession of cannabis diversion schemes for both adults and young people.
- We will work with young people and early help services to support and embed social preventative interventions
- We will ensure that there are clear referral mechanisms for substance misuse services and make sure that professionals are kept up to date if there are any changes in service provider.
- We will focus on reducing the misuse in prescribed medications.
- We will ensure that there is consistency in the core offer being in place for both adults and young people requiring support around drug and alcohol issues across the county.

How will we know we have been successful in improving work around early help and harm reduction?

- reduction in under 75 mortality rate from liver disease considered preventable
- reduced emergency hospital admissions for self-harm
- increased earlier referrals to specialist community-based treatment services – including from multi-agency/ voluntary sector partners; including older adults and children and young people (CYP)
- reduced hospital admission episodes for alcohol related conditions

- reduction in hospital Admissions for mental and behavioural disorders due to psychoactive substance use
- a reduction in the overall alcohol specific hospital admissions for under-18 year olds from 2017
- an increase in the estimated number of young people abstaining from consuming alcohol and using drugs
- evaluation of communications plan activity harm reduction, safe drinking levels and targeting communities with high level of drug and alcohol related.
- harm increase in the number that opt to undertake a diversion scheme for alcohol or possession of drugs.
- performance monitoring of substance misuse services to ensure there is consistency in support being offered to service users and that family based interventions are utilised.
- evaluation of social preventative interventions undertaken with young people.
- undertake a health needs assessment on the misuse of prescribed medications

4. Recovery

An effective recovery system will have effective access to treatment options for people who are dependent on, or who have problems with, alcohol or drugs. It should aim to provide a recovery focused integrated drug and alcohol response to people's different needs. The treatment system should have strong service user involvement and peer led recovery outcomes. There is a need to move from an acute (episodic) model of care to a sustained recovery model. However, it should be acknowledged the treatment services have faced challenges, with treatment budgets undergoing significant reductions. This has resulted in treatment services having a necessary focus on specific groups, with the prioritisation given to those individuals likely to be at greater risk of harm to themselves and their wider community through their substance use.

People accessing treatment will generally "go through the cycle of change" and can move through this cycle many times before maintaining goals.

Treatment services should have an increased emphasis to cater for those who are dependent as lower end users can access support via health improvement.

Drug Testing on Arrest (DTOA) increases the contact being made with substance misusers via the conduit of the criminal justice system. A greater proportion of those deemed to require some form of engagement with substance misuse treatment services will now receive relevant interventions and support. For those who continue to commit crime, their offending is better restricted through the increased use of deterrent sentences.

<u>What will be done to improve recovery?</u>

- We will focus treatment services to cater for people with a high level of need.
- Improve treatment outcomes for those involved with drug and alcohol treatment services, particularly amongst those who have been engaged for two or more years, whilst being able to differentiate between real treatment progress for the most disadvantaged who appear to remain in treatment without a visible

traditional recovery, and those who may make the transition to a full recovery with further support.

- Improve support for sustained recovery and to take account of holistic factors that include education, skills training, employment support, housing and mental health support.
- Ensure people are able to access appropriate treatment interventions at times and places appropriate for their age and needs and taking account that they may have a relatively high risk of relapse.
- We will strengthen our approach to actively encourage 'hard to reach' and difficult to engage people, such as street drinkers and drug and/or alcohol misusing offenders, in order to motivate them towards engaging in treatment and progress towards recovery.
- Prevent drug deaths by sharing intelligence leading to improvements in quality services.
- Improve emergency and acute services for treatment and resistant drinkers and drug misusers by ensuring there is strong partnership working with acute trusts and the South East Coast Ambulance Service (SECAMB).
- We will continue to promote the DTOA care pathways for people misusing alcohol into effective treatment.
- We will ensure that there is a role for peer mentors for both adults and young people to support people accessing support for substance misuse.

<u>How will we know we have been successful in improving work around recovery?</u>

- reduction in the barriers for people accessing treatment services which we will assess by talking to service users and assessing uptake
- increase in the number of users of opiates who left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number of opiate users in treatment
- increase in the number of users of non-opiates who left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a proportion of the total number of non-opiate users in treatment
- increase in the number of alcohol only clients who left substance misuse treatment successfully who do not then re-present to treatment within six months as a proportion of the total number of alcohol only clients in treatment
- reduction in the rate of drug misuse deaths per million population over a three year period
- increase in the number of adults with a substance misuse treatment need who successfully engage in community-based structured treatment following release from prison.
- case study reports from substance misuse service providers relating to peer mentor activity
- evaluation of DTOA care pathways

5. Supply

The illicit drug market has considerable financial value. To reduce the crime and disorder via the disruption of related criminal activities sometimes associated with

substance misuse, for example through policing interventions and licensing policies can have a considerable impact.

There is a need to ensure that activity is co-ordinated to ensure that enforcement actions are effective in reducing substance misuse and related crime and disorder and maximise community safety, while ensuring there is an optimal night time economy.

Community Alcohol Partnerships aim to deliver a co-ordinated, localised response within local communities to the problems of underage drinking and associated anti-social behaviour through co-operation between alcohol retailers/licensees and local stakeholders. Community Alcohol Partnerships (CAPs) are now established in a number of geographical locations across the county. Kent Police, together with Kent Trading Standards and other organisations connected to CAP, have been working with Drinkaware (an independent UK charity) in the delivery of school based training designed to deliver stimulating learning inputs on alcohol and associated harms.

Integrated Offender Management Units (IOMUs) were set up to deliver against the joint Ministry of Justice and Home Office policy of IOM, which is focused on agencies pooling resources and expertise to manage those offenders causing the greatest harm to the community through their criminality.

Drug Liaison Officers (DLOs) help to co-ordinate local drug enforcement activity by providing expert advice and guidance at scenes and expert statements. DLOs are able to assist with the Crown Courts' background knowledge in serious cases. This results in appropriate sentencing and reduces and disrupts the supply of drugs in Kent for a more substantial period of time.

The safe management of over the counter medication, prescription medicines, and controlled drugs in Kent is to reduce the harm caused to people using drugs that haven't been prescribed and their illegal supply.

<u>What will be done to improve work in tackling supply?</u>

- We will continue to disrupt the supply of drugs through effective enforcement.
- We will continue to improve the management and planning of the night time economy through strengthening the role of local residents and use of intelligence in regulating the environments via utilisation of licensing, planning and other regulatory powers.
- We will actively enforce an environment where anybody under the legal drinking age is restricted from obtaining alcohol through working with licensed premises to ensure responsible alcohol sales, enforcement of any minimum alcohol pricing, and promotion of the available treatment services.
- Kent Trading Standards to lead a continued emphasis on the illicit sales of drugs and alcohol. There will be joint working with agencies and effective publicity and education.
- We will establish and maintain the coordination of Community Alcohol Partnerships, with the involvement of agencies within and outside KCC.
- We will review and develop the IOM programme to ensure drug misusing offenders receive a holistic support package aimed at stopping offending and drug dependence.

- Kent Police will continue to invest at a divisional level in Drug Liaison Officers (DLOs).
- Kent Police will continue to work in partnership with 'Controlled Drugs, Local Intelligence Networks' and the Medicines Management Units in Kent and Medway.

How will we know we have been successful in tackling supply?

- analysis of licensing reviews called in response to alcohol related concerns
- reductions in drug and alcohol related crime and disorder and anti-social behaviour
- case studies of health impacting on licensing process.
- evaluation of DLO casework
- evaluation of Community Alcohol Partnership initiatives across the county
- review and case studies from the IOM programme.

How will we implement this Strategy?

This draft strategy will be updated based on feedback received via the consultation. The updated version will be considered by KCC's Adult Social Care Cabinet Committee in 2017 prior to a formal decision by the Cabinet Member for KCC to adopt the Strategy.

Once the post-consultation version has been agreed, implementation may progress as follows:

Each Kent district has a local alcohol action plan which encourages a range of partnership collaboration. This is an excellent resource for future drug and alcohol strategy implementation, resource sharing and shared learning. It is anticipated that these could be used to implement the combined Kent Drug and Alcohol Strategy. These groups already link to associated networks and partnership groups e.g. Kent Community Safety Partnerships and mental health networks.
Existing reporting and governance structures for the Kent alcohol strategy will be used to cover both drugs and alcohol and the Kent Drug and Alcohol Partnership will continue to provide oversight alongside local Health and Wellbeing Boards.

A specific strategy implementation group will be formed to oversee the implementation of the strategy. This group will give a regular update of progress to the Kent Drug and Alcohol Partnership.

An action plan will be developed and it will include the details as to how the objectives for each theme will be delivered along with specific indicator targets.
The indicator targets will be a mixture of those set nationally via the Public Health Outcomes Framework and locally developed ones.

Page 26 of 28

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Glossary

Clinical Commissioning Groups (CCGs) - Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013.

Community Alcohol Partnerships (CAPs) - Community Alcohol Partnerships is a community interest company with an independent Chair, Derek Lewis, and an expert Advisory Board including retailers and members from the voluntary and charity sectors, the police and trading standards.

Community Safety Partnerships (CSPs) are made up of representatives from the police, local council, fire service, health service, probation as well as many others. Their purpose is to make the community safer, reduce crime and the fear of crime, reduce anti-social behaviour and work with business and residents on the issues of most concern.

Health and Wellbeing Boards - The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Identification and Brief Advice (IBA) - An alcohol brief intervention which typically involves: Identification: using a validated screening tool to identify 'risky' drinking and Brief Advice: the delivery of short, structured 'brief advice' aimed at encouraging a risky drinker to reduce their consumption to lower risk levels.

Improving Access to Psychological Therapies (IAPT) - a National Health Service (England) initiative to provide more psychotherapy to the general population.

Kent Drug and Alcohol Partnership Board in Kent (KDAP) - The Kent Drug and Alcohol Partnership aim to reduce the harm of drug and alcohol misuse, on individuals, families and communities.

Lesbian, Gay, Bisexual and Transgender (LGBT) - is an initialism that stands for lesbian, gay, bisexual, and transgender.

New Psychoactive Substances (NPS) - NPS are a range of drugs that have been designed to mimic established illicit drugs, such as cannabis, cocaine, ecstasy and LSD.

Public Health Outcomes Framework - The Public Health Outcomes Framework, Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

Serious Case Reviews - identify useful insights into the way that organisations are working together to safeguard and protect the welfare of children.