

**North Yorkshire County Council**

**Corporate & Partnerships Overview and Scrutiny Committee**

**21 January 2013**

**York & North Yorkshire Safer Communities Forum and Community Safety Agreement  
2012/13**

**1 Purpose of the Report**

- 1.1 To provide the Committee with an update in respect of the York and North Yorkshire Safer Communities Forum (the Forum), to outline the priorities contained in the Community Safety Agreement (CSA) 2012/13 and the proposed future delivery structures for Community Safety.

**2 Background**

- 2.1 In two tier areas such as North Yorkshire there is a requirement to produce an annual county-wide Community Safety Agreement (CSA). Its purpose is to ensure that priority issues, such as domestic violence and anti-social behaviour are identified and effective strategies to tackle them introduced.
- 2.2 The Forum is the partnership body responsible for developing the CSA and for ensuring that performance and spend is appropriately governed.
- 2.3 As the County Council's designated Crime and Disorder Committee the Corporate and Partnerships Overview and Scrutiny Committee is responsible for scrutinising the work of the Forum and the partners who comprise it, insofar as their activities relate to the Forum itself.

**3 Community Safety Agreement 2012/13**

- 3.1 The Safer Communities Forum continues to address the issues which most commonly appear within each of the Community Safety Partnership (CSP) areas across North Yorkshire.
- 3.2 Following the process of the Joint Strategic Intelligent Assessment (JSIA), which is undertaken by each district Community Safety Partnership, the focus for the Forum for 2012/13 as outlined in the CSA (**Appendix 1**) is:
- ***Protecting communities from incidents (including repeat incidents) of Anti-Social Behaviour, Domestic Abuse, Violent Crime and Road Safety, in particular those considered to be vulnerable.***
- 3.3 To address the above theme, and following a review of the Joint Coordinating Groups (JCGs) by the Forum in 2012, the following JCGs continue to work together to tackle countywide issue and monitor performance and outcomes via action plans:
- **Domestic Abuse JCG**
  - **Violent Crime JCG**
  - **Reducing Reoffending JCG**

- **95 Alive Partnership**

3.4 The following areas however, have been flagged as a concern and will be closely monitored by the relevant JCG, reporting to the Forum on progress made:

- **Domestic Abuse JCG:** the delivery of voluntary perpetrator programmes and the need to investigate specialist programmes for working with female perpetrators. These areas of work are being considered by the County-Wide Making Safe Programme but represent a lack of accredited perpetrator programmes nationally.
- **Reducing Reoffending JCG:** 'Seek to achieve sustainable CJS alcohol services to statutory and non-statutory offenders across the County'. It is to be noted that there is no provision in Scarborough after June 2012. Currently, negotiations are taking place with Lifeline in York with the view of offering Alcohol Treatment Requirements (ATRs). Numbers and details of the programme have not been agreed yet.

#### **4 Community Safety Funding for 2012/13**

4.1 The Local Services Support Grant for 2012/13 was £249,600 a significant reduction to that of 2011/12. This amount includes £16,600 of unallocated funding from 2011/12, of which £15,600 was agreed by the Forum to be ring fenced to undertake potential Domestic Homicide Reviews. To date no review has been undertaken.

4.2 £40,000 of the fund has also been allocated to other organisations in 2012/13 for countywide projects. This is referred to as 'top slicing' funding. This equated to £30,000 being allocated to the Police and £10,000 allocated to Independent Domestic Advisory Service (IDAS) to continue the provision of Independent Domestic Violence Advisors (IDVAs) and Multi Agency Risk Assessment Conferences (MARAC) across the county.

#### **5 Performance Reward Grant Funding (PRG)**

5.1 Through the former Local Area Agreement mechanism, the Forum was successful in securing Performance Reward Grant (PRG) funding for achieving two community safety stretch targets:

- **NI 47 (people killed or seriously injured in road traffic accidents) and**
- **L60 (reduce the incidence of violent crime).**

5.2 Based on performance against these two indicators the total grant received amounted to £1.2 million with an intention that this be allocated to further community safety initiatives over the period for 2011/12 to 2013/14 inclusive.

5.3 Consequently, the funds were allocated to the following initiatives in 2011:

- **Road Safety Initiatives £300,000**
- **Night Marshals Scheme £464,000**
- **Alcohol Treatment Requirement £150,000 (for one year)**
- **A & E Alcohol Link Worker (£76,000 jointly funded with Healthier Thematic Partnership)**
- **Domestic Abuse Coordinators £150,000**

5.4 Performance against targets, and spend against budget, are monitored closely through the Forum's own monitoring arrangements and more widely as part of the County Council's governance mechanisms. Both a 'Task and Finish' Group and a Steering Group meet on a quarterly basis to monitor performance for the Night Marshals Scheme and Accident & Emergency Link Worker project. These groups report directly to the Violent Crime Joint Coordinating Group.

**Alcohol Treatment Requirement (ATRs) £150,000**

5.5 A 12 month targeted provision of Non Statutory Alcohol Treatment Requirements (ATRs) between June 2011 and June 2012 was aimed at individuals who are not subject to statutory supervision and who are using alcohol problematically who also fit into at least one of the categories below:

- **Violent offenders**
- **Those who have committed, or are at risk of committing, public order offences**
- **Perpetrators of domestic abuse subject to MARAC**
- **Parents of young people causing antisocial behaviour who misuse alcohol**

5.6 This provision was secured through a range of statutory and non-statutory agencies who were commissioned to promote, maintain and improve the health, well-being and social inclusion of people who misuse alcohol and other substances. The service was commissioned for people aged 18 years and above; there was no upper age limit.

5.7 The table below outlines the Non Statutory ATRs delivered across the county between June 2011 & June 2012.

<b>District</b>	<b>Provider</b>	<b>Non Statutory ATR provision</b>	<b>Investment</b>
Scarborough	Cambridge Centre	120 NATRs	£64,000
Craven	CODA	36 NATRs	£20,000
Harrogate	CMHS -NHS	48 NATRs	£26,000
Hambleton & Richmondshire	HARCAS	36 NATRs	£20,000
Selby	Selby DAS	24 NATRs	£13,000
		<b>Total= 264</b>	<b>Total=£143,000</b>

5.8 The further provision of this service is part of future discussions between the Reducing Reoffending Board and the Substance Misuse Board.

### **Night Marshals Scheme £464,000**

- 5.9 This fund was allocated to Scarborough/Whitby/Selby to enable the continuation of the scheme. Two new schemes were set up for both Harrogate and Hambleton and commenced in November 2011.
- 5.10 The collation of data is currently being streamlined to ensure that there is the ability to compare geographically the impact of the scheme and 6 monthly performance reports will be collated and produced at both the Steering Group and the JCG meetings to coincide with financial returns. These reports will assist with the review of each scheme to ensure value for money in 2013.

### **Accident & Emergency Link Worker (Scarborough pilot)**

- 5.11 As the introduction of the service within the Accident & Emergency (A&E) Department did not commence until 9 September 2011, just 6 months of data collection had occurred at the close of the fourth financial quarter. Data is captured through a 'lifestyle questionnaire' which is undertaken at both 3 monthly and 6 monthly intervals following completion of the individual's programme. This questionnaire helps to ascertain if any positive 'lifestyle' change has been self managed and sustained by that individual. As a result of this, in terms of progress against project outcomes and milestones, it is difficult to provide a statistically relevant analysis of the service at this moment in time. However, it is worth noting that during this short period a total of 322 Scarborough Alcohol Tests (SAT's) were undertaken with 155 scoring positive and therefore triggering the 3 follow up sessions. The project outcomes on the approved project proposal detail that 250 positive SAT tests will be completed over the course of the project (3 years). The service is therefore already well ahead of the target. A draft annual interim evaluation report has been compiled (**Appendix 2**) outlining positive key findings regarding engagement with clients.
- 5.12 Although it is not possible to provide a statistical breakdown of progress against some outcomes and milestones at this time, initial performance shows, as expected, that the demand for the A&E Link service is going to be high and it is felt that the service, to date, has been a success. Further detailed analysis work is to be undertaken to help demonstrate outcomes for Community Safety and Health.

### **Domestic Abuse Coordinators (DAC)**

- 5.13 The DAC are funded on a tri-partite basis with £50,000 each being contributed by North Yorkshire Police; North Yorkshire County Council and the PRG. The PRG funding is secure until March 2014.
- 5.14 NYP and NYCC have confirmed their intention to continue their contribution until 31st March 2014. There are still on-going concerns from partners as to what will happen to this provision once the PRG funding ends. This matter is an on-going agenda item for the Domestic Abuse JCG and forms part of the Joint Commissioning Strategy for Domestic Abuse Services.

### **Road Safety Initiatives**

- 5.15 The 95 Alive Partnership has adjusted their delivery to accommodate changes in uptake and other variations i.e. lower numbers of young people taking their driving tests, lower than expected take up of the Children's Traffic Club as planned in the end of year report for 2011-12. Although the spend profile is seasonal and therefore is lower than 50% at the half year point, it is anticipated that full delivery and expenditure is met by the end of the current financial year.

- 5.16 The partnership is currently reviewing its casualty data on which the programme is based. There is still some more detailed work to be done but the partnership has identified that the involvement of younger drivers in collisions is slowing and plans are in place for further work with this audience for the rest of this year (in partnership with the Young Farmers Clubs). It has recently been identified that the number of adult cyclists being injured on our roads is now rising so there may be a need to revisit the priorities that were identified in the original bid two years ago and look to make some adjustment to enable them to address this growing area of concern, along with the existing subject areas.

## **6 Election of Chair for the Forum**

- 6.1 Following the election of the North Yorkshire Police and Crime Commissioner in November 2012, the Forum elected the PCC as its chairman with effect from the conclusion of the meeting on the 6<sup>th</sup> December. Nigel Hutchinson, Chief Fire Officer, stood down as chairman, however he will drive forward the work of the Forum's Task & Finish Group in relation to proposals for future delivery for Community Safety.

## **7 Future Developments - A proposal for a Single Strategic Board for Community Safety and Criminal Justice**

- 7.1 Due to recognition of the significant and growing need to review community safety partnership working arrangements to ensure a sustainable solution for the future, not least because of the funding pressures on individual partner agencies and the rapidly diminishing resources through grant from central government. Further, given the recent election of the Police & Crime Commissioner (PCC), a need was recognised to develop a proposition to move to more transparent, effective and efficient partnership arrangements which harnesses the combined capabilities of all agencies at a strategic level whilst maintaining a focus on local community needs. The intention was to develop a proposition for presentation to the newly elected Commissioner for consideration.
- 7.2 Following an extensive discussion, including an option to move to two strategic boards, one for community safety and one for criminal justice, the Forum agreed to support the development of a proposition for a single strategic partnership board covering both community safety and criminal justice, with several local delivery groups, the number and geographical configuration of which would be determined through development of the proposition, to serve the communities within the county and City of York areas.
- 7.3 In terms of taking the work forward, a Task & Finish group was established to undertake a scoping exercise and identify options for the future to be presented by way of a business case. The need for political awareness was recognised from the outset. Consequently, members were drawn from the corporate level of several partner organisations to ensure the content of the developing business case had regard to likely acceptability by senior professionals and political leaders. Without these perspectives there is a real risk of spending significant amounts of scarce time and effort, ultimately to no avail.
- 7.4 Following consultation with key partners there was an overall general support with regards to the proposed direction of travel outlined in the presented Outline Business Case. However there is an acceptance for more work needing to be done on the final solution and transition plan.

## 8 Next Steps

- Further develop the Outline Business Case in light of feedback received, the views of the PCC and Chief Executives (note that further discussion will be required with elected members to ensure that they are suitably involved in ensuring that local delivery is accounted for through the model) to have in place a final Business Case by 31st January 2013, together with a clear understanding of each agency's intentions.
- To take forward the proposals and develop a delivery plan for approval by March 2013.

## 9 Recommendation

- 9.1 For members to note the contents of the report and support the direction of travel as outlined in the Outline Business Case for the future delivery of community safety across York and North Yorkshire.

### **Report of Nigel Hutchinson (former Chair to the YNYSCF) Chief Fire Officer, North Yorkshire Fire & Rescue Service**

8 January 2013

Author of report: Lesley Dale, Corporate Development Officer  
North Yorkshire County Council

County Hall  
NORTHALLERTON

Contact Details:  
Tel: 0845 8 72 73 74  
Email: [lesley.dale@northyorks.gov.uk](mailto:lesley.dale@northyorks.gov.uk)

Background documents: None

#### Annexes:

Appendix 1 - Community Safety Agreement 2012/13

Appendix 2 – Accident & Emergency Link Worker (Scarborough Pilot): draft annual interim evaluation report



York & North Yorkshire Safer  
Communities Forum

# **Community Safety Agreement**

**2012/13**

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## FOREWORD

I am pleased to be able to present the 2012/13 Community Safety Agreement (CSA) for North Yorkshire on behalf of the York and North Yorkshire Safer Communities Forum.

The county of North Yorkshire remains one of the safest places to live in the country and it is our aim to maintain this through strong partnership working and by tackling the issues which matter to our local communities.

Protecting vulnerable people and reducing risk to communities, as well as ensuring safety and well-being, is still at the forefront of the Forum's work. Alcohol remains a cross cutting contributory factor to a number of community safety priorities and we have demonstrated our commitment by funding a number of countywide alcohol related projects, such as the 'Accident & Emergency link worker' in Scarborough and the provision of Non Statutory Alcohol Treatment Requirements. This therefore remains high on the Forum agenda, along with continuing to drive forward the reducing reoffending agenda.

Over the past 12 months we have been preparing for significant changes in community safety as preparations are made for the election of a Police & Crime Commissioner (PCC) come November 2012. The successful candidate will play a key role in future delivery of community safety across the police force area.

The pressures of significant budget cuts still continue across the public sector and this has led to number of partnership reviews being undertaken by both the Forum and each local community safety partnership (CSP). The aim of such reviews is to establish the best way of working until the election of the PCC, whilst ensuring sustainability of local delivery structures and continuously demonstrating value for money.

The CSA remains an integral partnership document that outlines our commitment to working together effectively both now and throughout the forthcoming year. The Community Safety vision and priorities provide a common purpose for us to work towards. This agreement provides the partners within North Yorkshire and York with a common framework on which to develop our joint strategies.

Together we are committed to achieving and maintaining community safety by working together. I look forward to yet another successful year of partnership working.

*Nigel Hutchinson, Chair, York and North Yorkshire Safer Communities Forum*

## EXECUTIVE SUMMARY

### Vision:

“Working together to ensure safer communities for all within North Yorkshire.”

### Introduction

Key partners in every council area have a duty with other partners to review and reduce crime and disorder and anti social behaviour. In two tier areas such as North Yorkshire there is a requirement to produce a county Community Safety Agreement. Its purpose is to ensure effective cross partnership working, taking advantage of economies of scale and informing the focus for performance.

The priority areas for 2011/12 were:

- Domestic abuse
- Anti social behaviour
- Alcohol related crime and disorder
- Road safety, in particular the numbers killed or seriously injured on our roads

Within 2011/12 approximately £138K of top slice funding was allocated to maintain service provision in the following areas:

- Domestic Abuse Temporary Accommodation £20,000
- Domestic Abuse Independent Advisors (IDVAs) £20,000
- Multi Agency Risk Assessment Conference (MARAC) Administrators £8,000
- Targeted Activities Programme for young people £56,360 (this includes £35,000 from 2010/11 due to late allocation)
- Domestic Homicide Reviews £15,563

New initiatives supported:-

- Risky Behaviour of Children and Young People (training) £6,000
- Harrogate Community Priority (Young Persons initiative) £7,764
- Ryedale Bridge House (Young Persons initiative) £7850

Overall performance outcomes shows a 9% reduction in crime (Police Performance figures for the last financial year -1 April 2011 to 31 March 2012)

- Anti-social behaviour has been reduced by 7% (3,065 fewer incidents) with a total of 39,891.
- The Crime Survey for England and Wales (formerly the British Crime Survey) results shows 60.5% of residents are confident that the “police and local council are dealing with crime and anti-social behaviour” compared to 53.9% last year.
- First time Entrants in the YJS: (From Oct 2010 to Sept 2011) reduced by 14.2% compared to the same period 12 months earlier
- North Yorkshire Integrated Offender Management (IOM) Reoffending (charged data) 12 months to December 2011 shows the number of charges for the North Yorkshire 2011 Cohort is 1,364 against a baseline of 2,200 for the previous year. This represents a total reduction of 855 charges (38.5%).

Some of the main drivers which are influencing community safety nationally are:

- Election of the Police Crime Commissioner in November 2012
- Reduction and consolidation of funding for all community safety related funds April 2013 (i.e. Drug Intervention Programme Youth Justice Board) being transferred to the Police and Crime Commissioner
- Introduction of the Police and Crime Panel
- Potential need for Domestic Homicide Reviews

### **Key objective 2012/13**

The key objective for the Forum remains to:

***“Reassure our communities that the agencies within the Forum are working together in order to tackle the crime and anti social behaviour issues which matter to the local areas”.***

To achieve this, the Forum will continue to address the issues which most commonly appear within each of the community safety partnerships (CSPs) across North Yorkshire.

For 2012/13, the common issue for the Forum is:

- **Protecting communities from incidents (including repeat incidents) of Anti Social Behaviour, Domestic Abuse, Violent Crime and Road Safety, in particular those considered to be vulnerable.**

The Local Service Agreement (Community Safety Grant Fund) for 2012/13 has been allocated to support the continuation of the following schemes:

- Independent Domestic Abuse Advisors (IDVAs), £30,000
- Multi Agency Risk Assessment Conference (MARAC) administrators, £10,000

**- END OF SUMMARY -**

## BACKGROUND

### **Statutory requirements**

In two tier areas such as North Yorkshire, there is a requirement to have a County Strategy Group (known locally as the York and North Yorkshire Safer Communities Forum, “the Forum”) whose function is to prepare a Community Safety Agreement (CSA) on behalf of the responsible authorities.

The CSA reflects the common local priorities for the community safety partnerships (CSPs) within the county of North Yorkshire, which would benefit from an element of coordination at a county level.

### **Community safety governance in North Yorkshire**

In light of emerging Government policy, reduced resources through the Comprehensive Spending Review and potential impact of local needs, the Forum undertook a review of the workflow and structures in June 2011. It was recognised that a countywide partnership needed to remain ie the County Strategy Group however the Forum’s structural arrangements and work flows needed to be rationalise inline with the principles agreed by the Local Government North Yorkshire & York (LGNYY) regarding partnership working across the board within the County.

In June 2011 following consultation with key partners the Forum agreed to continue to provide a strategic leadership and coordination on community safety issues by bringing together key stakeholders at a countywide level, whilst reducing its structural arrangements and workflows. As there has not yet been any direction given by the government on the future of the County Strategy Group there is still a statutory requirement for this function.

## PERFORMANCE IN NORTH YORKSHIRE

Based on iQuanta police statistics North Yorkshire has retained its position as the safest county in England with a crime per 1,000 resident’s rate of 48.265 – well below the national average of 64.665.

Overall performance outcomes show a 9% reduction in crime (Police Performance figures for the last financial year -1 April 2011 to 31 March 2012). This is the equivalent of over 3600 fewer offences.

This reduction should also be seen in the context of the continued reductions over the last five years which has seen crime reduce by 29% (15,500 offences) the equivalent fall from 149 crimes per day in 2006/07 to less than 106 in 2011/12.

### **Anti Social Behaviour**

Changes to the National Standard for Incident Recording (NSIR) on 1 April 2011 have led to the previous 14 categories of Anti-Social Behaviour (ASB) being replaced by three:

- Personal (which accounts for 25%),
- Environmental (8%)
- Nuisance (67%).

It is to be noted that there is no method for mapping historical categories into the new groupings and therefore ASB statistics are presented as an overall figure only.

- Anti-social behaviour has been reduced by 7% (3,065 fewer incidents) with a total of 39,891.

This continuing reduction in Anti-Social Behaviour is a reflection of the joined up working and co-operation between Safer Neighbourhood Teams, local councils and local communities.

### **The Crime Survey**

The Crime Survey for England and Wales (formerly the British Crime Survey) results shows 60.5% of residents are confident that the "police and local council are dealing with crime and anti-social behaviour" compared to 53.9% last year.

### **Reducing Reoffending**

North Yorkshire IOM Reoffending (charged data) 12 months to December 2011 shows the number of charges for the North Yorkshire 2011 Cohort is 1364 against a baseline of 2,200 for the previous year. This represents a total reduction of 855 charges (38.5%)

### **Youth Justice Service**

Performance reported by the Youth Justice Board (YJB) March 2012 was confirmed as follows:

**First Time Entrants (FTES):** performance remains strong and numbers continue to reduce. From Oct 2010 to Sept 2011 there was a reduction of 14.2% compared to the same period 12 months earlier. Although some other areas in the country have achieved a greater percentage reduction in this period, the rate of FTEs per 100,000 of the 10 – 17 year old population in North Yorkshire is significantly lower than in comparator Youth Offending Service areas and reflects the excellent partnership work undertaken to promote restorative diversions from the criminal justice system.

**Re-offending:** The way that re-offending of young people is calculated changed in 2011. The new measure is a binary count of re-offending i.e. the number of young people who re-offend. This is presented as a percentage of the total cohort of current young people in the criminal justice system and is measured over a rolling 12 month.. The most recent performance data relates to April 2009 to March 2010 which evidences a slight decrease in re-offending rates from the previous year. Performance in North Yorkshire at 32.2% is slightly higher than comparator Family YOTs (31%) but lower than national averages (33.1%).

**Use of custody:** this measures the rate of custodial sentences per 1,000 population of the 10-17 yr old.

Although there was a significant increase in custodial sentencing across North Yorkshire in 2011 (a rise from 0.33 the previous year to 0.58) - this relates to the number of disposals rather than young people, and was the result of a small number of individuals receiving multiple sentences for extremely serious crimes. This rate fell again in the first quarter of 2012.

The Forum wishes to ensure that partnership working continues to help sustain such performance and public confidence in services and such areas will be monitored closely through Joint Coordinating Groups.

## COMMUNITY SAFETY PARTNERSHIPS PRIORITIES 2012/13

The priorities identified in the CSPs Joint Strategic Intelligence Assessments (JSIAs) were as follows:

Theme	Hamb	Rich	Craven	H'gate	Selby	Scarb	Ryedale
ASB	x	x	x		x	x	x
Domestic Abuse	x	x		x		x	x
Violence						x	
Alcohol	x	x			x	x	x
Young people						x	
Vulnerable communities/People					x		
Road Safety	x	x	x	x	x	x	x
Burglary							
Theft							
Reducing Reoffending				x			
Substance Misuse			x				

## COUNTYWIDE PRIORITY

The key objective for the Forum is to:

**“Reassure our communities that the agencies within the Forum are working together in order to tackle the crime and anti social behaviour issues which matter to the local areas”.**

In order to achieve this, the Forum will seek to collectively address the most common issues found across the CSPs in North Yorkshire. For 2012/13, these are:

- **Protecting communities from incidents (including repeat incidents) of Anti Social Behaviour, Domestic Abuse, Violent Crime and Road Safety, in particular those considered to be vulnerable.**

CSPs continue to contribute towards the reduction of re-offending, thus remaining a priority. It is acknowledged that despite not featuring as a local CSP priority, the Forum, working alongside the CSPs and the Local Criminal Justice Board (LCJB) continues to tackle this area.

## FUNDING

Significant budget cuts continue to impact upon the Forum and the local CSPs.

The Area Based Grant and Single Capital Grant payments from the Home Office have been replaced by a single non ring fenced community safety grant to upper-tier local authorities, with the allocation for North Yorkshire reducing from £722k in 2010/11 to £233k in 2012/13.

In addition, the Home Office have indicated that no subsequent grants will be made; any remaining resources will instead be made available to the Police and Crime Commissioner from April 2013.

Previously the Home Office money has been supplemented by funding from North Yorkshire County Council, the police, police authority, and some district councils to support local CSPs. However this changed from 2011/12.

The funding position for CSPs for 2012/13 from partners can be summarised as:

- North Yorkshire Police Authority – £91,407
- North Yorkshire Police – no contribution in 2012/13.
- North Yorkshire County Council – no contribution in 2012/13
- Local Authority – variable in 2012/13

### **Changes to Youth Justice Funding**

Each of the statutory funding partners, except Health, are to maintain their 2012/13 pooled budget contribution at the same level as in 2011/12, although confirmation is still awaited from Probation. Health has advised their contribution will reduce by 1.8%. NYCC has included an increase taking account of inflation. The Police have advised that their funding contributions are to be reviewed prior to 1<sup>st</sup> April 2013. The Home Office element of the YJB for 2012/13 has been given to the Police Authority in preparation for the introduction of the Police and Crime Commissioner. The Police Authority have redistributed it back to the Youth Offending Teams.

Clearly there is a risk to future service delivery given the continued likelihood of reductions in funding over the next few years both in partner contributions and the Youth Justice Board Grant.

Youth Offending Teams nationally have been advised that from 1<sup>st</sup> April 2013 there will be a revised funding formula for the Youth Justice Board (YJB) grant allocation. The formula has yet to be confirmed but given that the YJB has advised that the new formula will focus on Indices of Multiple Deprivation and 10-17 population figures rather than rurality, a significant cut in funding is anticipated, phased in over a couple of years.

Perhaps one of the greatest challenges and indeed opportunities facing the YJS in terms of funding is the election of a Police and Crime Commissioner (PCC) in November 2012. The Home Office element of the YJB Grant will transfer to the PCC and the Youth Justice Service (YJS) along with other organisations will need to negotiate funding to maintain and improve service delivery. The PCC is an elected post whose manifesto and subsequent decision-making could have very real consequences for youth crime and the work of the YJS partnership.

The lack of clarity around the level of any potential cuts continues to make future service planning difficult. Nevertheless, the YJS is working closely with colleagues in Children's Social Care to seek to invest additional resources in meeting the needs of chaotic, high need, high risk young people on the edge of care and custody. Although custody numbers in North Yorkshire are relatively low, given changes relating to remands in secure accommodation proposed by the Government, there is a need to further develop both Bail and Remand and resettlement provision.

## COUNTYWIDE PROJECTS IN 2011/12

The Community Safety 'top slice fund' (£138K) for 2011/12 was allocated by the Forum to support the following countywide projects:

Lead organisation	Project	2011/12 Allocation £
Foundation Housing	Making Safe - Temporary Accommodation for perpetrators	20,000
Safer York Partnership	Independent Domestic Violence Advisor (IDVA)	20,000
Independent Domestic Abuse Services (IDAS)	MARAC Administrators	33,000 *25,000 from underspend in 2011
NYCC CYPS Youth Support Services	Targeted Activities Programme	59,396
North Yorkshire Safeguarding Children Board	Risky Behaviour of Children & Young People	6,000
Scarborough Borough Council	Train the Trainers Sessions/Sexual violence awareness raising/Rape Crisis support line	17,500
Harrogate District Council	*Harrogate CSP – Youth Project	7,764
Ryedale District Council	Ryedale CSP – Bridge House youth project	7,850
North Yorkshire County Council	Domestic Homicide Review	15,563

**\*to continue into 2012 financial year due to late allocation of underspend**

### **Making Safe (Temporary Accommodation)**

Making Safe (Perpetrator Element) is a programme which aims to improve the safety of victims and children through removing the perpetrator from the home and providing accommodation and support to address their offending behaviour. This is the only countywide perpetrator programme available but has been evaluated by Aberystwyth University as part of the award to the scheme in 2008 when it won the Butler Trust Award for innovative work with offenders. 'Making Safe' is a scheme that prioritises safety and adopts a multi-dimensional strategy aimed at helping domestic abuse victims and their children remain in the family home while re-housing perpetrators and offering support to manage their behaviour.

- The scheme received a total of 263 referrals 2011-12 (financial year)

**Case Study:** R is now 41 years of age. He was referred to the Making Safe scheme after he had been arrested and charged with a Section 39 Common Assault Offence and bailed to the local Magistrates Court. This was an offence against his wife and therefore fell under the Domestic Violence remit. Also present at the time of the offence were the 2 young children from the family.

R received a 2 year Community Order with Supervision.

Requirements of the Order were:

He must participate in the Integrated Domestic Abuse Programme (IDAP).

Live as directed by Foundation for 24 months



Attend appointments with a Probation Officer or another person as directed by his supervisor. Since being married, he has never lived away from his wife and family, which again placed stress on him. He was initially placed in the making safe crash pad if the crash pad had not been available R would have been sent to custody and probably not received the help that he really needed. Due to the fact that his 2 children were in the house at the time of the offence NYCC Social Services became involved R was allowed to see his children once a week at the crash pad as it was a safe environment social services were happy with this.

R has always engaged with me, even if it was just a phone call, due to the good engagement and some pre tenancy work we moved R into a fully support foundation property R has never looked back R has also been involved in an assessment of the Making Safe programme by Aberystwyth University. He completed his Community Order and at present, with about 3 months to go, he is well on his way to completing everything that the Court required.

He has completed the IDAP programme.  
He has not missed one probation appointment

R states that he will continue to work with all agencies that are available to him so that he can get his life back on track and return to the family home. But could not have managed without the help off the making safe scheme and if the crash pad had not been available R would have been sent to Prison and not been able to get the support and help which he needs

### **Independent Domestic Abuse Advisors (IDVAs)**

The IDVA service provides individual advice and support to victims of domestic abuse once a perpetrator has been charged with an offence, with a view to maintaining support for prosecution through the criminal justice process.

In 2011-12:-

- IDVA Service received 528 referrals from across North Yorkshire and York (427 North Yorkshire, 101 York).
- Police are the primary referring agency to this service, instigating 62% of all referrals in 2011-12.

### **Multi Agency Risk Assessment Conferences (MARAC) Administrators**

Multi Agency working is key to tackling the complex issues associated with domestic abuse and in particular those cases that are perceived as 'high risk'. Multi-Agency Risk Assessment Conferences (MARACs) are meetings where information on high risk domestic abuse victims is shared between local public agencies. By bringing all agencies together to share information, a coordinated safety plan can be put together to support the victim.

#### **Total Number of MARAC's North Yorkshire and York**

Financial Year	Total MARAC's	Repeat	% Repeats	National Average % Repeats
2008-09	296	75	25	21%-30%
2009-10	388	69	18	21%-30%
2010-11	465	132	28	21%-30%
2011-12	516	96	19	21%-30%

#### **MARAC County-Wide Overview**

Indicator (All figures relate to the 12 month period 1 <sup>st</sup> January 2011 – 31 <sup>st</sup> )	North Yorkshire (from 5 MARACs)	National Data

	December 2011)		
1	Number of cases	520	53,120
2	% non-police referrals	42.6%	36.9%
3	Number of children	678	70,126
4	% Repeat referrals	23.8%	22.4%
5	% B & ME referrals	Local B & ME population = 7.6%	
6	% LGBT referrals	0.4%	0.6%
7	% Referrals where the victim has a disability	2.1%	3.1%
8	% Referrals with a male victim	2.1%	3.6%

It must be noted that this data shows:

- All MARACs in England and Wales show low rates of referral from victims with a disability, male victims and LGBT victims. Rates of referrals from BME communities vary more.
- The figures demonstrate a growth of 43% in the number of cases being presented at MARAC's.

### **Young Persons Risky Business Initiative: Specialist assessment for children and young people who sexually harm others to prevent future sexual offending.**

A small, multi disciplinary "team" has been set up to assess children and young people who display sexually harmful behaviours at the point where they come to the attention of authorities. AIM2 is a nationally recognised specialist assessment model designed for use with boys between 10-18 years (the category into which the majority of the group fall). The team follows this model working within an interagency policy framework agreed by the North Yorkshire and City of York Local Safeguarding Children's Board (LSCBs).

To date four days training with GMap have been delivered and has accredited 24 staff from North Yorkshire and York and additionally handbooks and materials from GMap have been purchased to help support this assessment. Also a data collection process has been established to monitor every AIM2 assessment that has taken place and Children's Social Care has adjusted their computer system to record these referrals.

### **Targeted Activities Programme (TAP)**

During 2009 -11 £10,000 (Positive activities fund) was allocated to each of the top 15 'hotspot' wards in North Yorkshire as determined by levels of ASB and criminal damage and numbers of first time entrants (FTEs) into the YJS. Due to this funding ceasing in 2011 further funding was secured from the forum and this model continues to be applied with the added stipulation that a minimum of one ward per district council area should be included. As the cost of the programme is determined by the nature of the activities delivered, and as activities are developed in consultation with local young people, there have been some variations in the extent and nature of the programmes delivered in each area.

### **CASE STUDY Colburn Youth Café – Thursday and Friday:**

Continues to run very successfully with an average of 60 young people attending each week. The programme for this term has been full of activities, including sports, arts, cooking and targeted issue based work, including a big fat quiz of the year, targeting work around sexual health, drugs and alcohol in a very enjoyable and interactive format and the great Colburn bake off.

### **Ryedale Bridge House initiative**

Bridge House and the YMCA, in Norton, Malton provide supported accommodation for vulnerable homeless young people in Ryedale. The initiative offered a programme of alternative activities every week, in particular focusing on key times ie Friday and Saturday evenings. Residents were involved in choosing those activities which would attract them to take part and helped to develop the programme. Young people who take part in the positive activities received an additional credit towards their resettlement programme which will help them to be able to move on into independent living.

### **Rape Support Line**

The on-line resource provides education and information to a range of statutory and non- statutory agencies, helping to raise awareness and understanding of the prevalence, causes and effects of rape and sexual violence. It also identifies legal remedies that are available and national sources of help and support for victims and is one of the first resources of its kind in the UK.

To date the following has been achieved:

- All staff have received specialist training
- Supervision and on-going support is set up for staff and volunteers
- Procedures are in place outlining the role of the service and identifying other support available
- The line is functioning two evenings a week and on Saturday mornings
- Publicity has been developed and is in the process of being distributed
- The line was recently publicised on the radio and in the local press

The number of calls to the line has been low it is hoped however it is expected that numbers will increase once publicity has been fully distributed. The recent appointment of Independent Sexual Violence Advisors (ISVAs) across the county should also generate further referrals to the helpline.

### **Train the Trainer Sessions – awareness training for sexual violence**

“Train the trainer” sessions have provided statutory and non- statutory agencies with the skills and knowledge to enable them to deliver education within schools and colleges to children and young people as well as in communities, agencies and organisations.

To date the following progress has been made:

- A contract to deliver - 4 sessions across NY on level 3 training on sexual exploitation
- Leaflets purchased to advertise rape crisis line across North Yorkshire
- Purchased 4 x DVD resources for Sexual Exploitation Training
- Train the trainers pack on sexual exploitation has been developed, along with a Level 2 training pack for professionals
- Developing a education pack to include sexual exploitation, sexual violence and assaults into schools.
- Currently reviewing the gaps in level 3 training needed for Police, CSC and Health.
- A proposal to hold a Hidden Crime Event in North Yorkshire to raise the awareness of Sexual Exploitation, Domestic Violence, Stalking and Honour Based Violence.

### Young Persons Activities in Harrogate

Harrogate Borough Council received an additional £7,764 in January 2012 to allow the CSP to deliver activities for young people, linking with the Targeted Activities Programme. Due to the late allocation, which only left three months to spend the funding, the forum has approved for this to be included in Harrogate Borough Council's carry forward for 2012/13.

### COUNTYWIDE PROJECT FUNDING FOR 2012/13

The forum has agreed to allocate the 2012/13 Community Safety Grant 'top slice' funding of £40,000 to help maintain the countywide projects outlined in light of the current development and implementation of the Joint Commissioning Strategy for Domestic Services.

- Domestic Abuse Independent Advisors (IDVAs) £30,000
- MARAC Administrators £10,000

### PERFORMANCE REWARD GRANT (PRG) 2011 -14

In 2011 the Forum received £1.2million of PRG after achieving the Local Area Agreement stretch targets for NI 47 (people killed and seriously injured) and L60 (reduce violent crime).

This fund has been allocated to the following projects for the next 3 years (31<sup>st</sup> March 2014):

Initiative	Fund	Lead organisation
Domestic Abuse Coordinators	£150k, over a period of 3 years	North Yorkshire Police
Non Statutory Alcohol Treatment Referrals (ATRs)	£150k for a 12 month period	Primary Care Trust provision providing covers all areas,
Night marshals Scheme (Selby, Scarborough, Whitby, Harrogate and Hambleton)	£464k	Relevant Local Authority via Community Safety Partnership
Road Safety initiatives,	£300k	North Yorkshire County Council via 95 Alive Partnership
Accident & Emergency Link Worker (Scarborough pilot)	152,420 (jointly funded with the Health Thematic Partnership)	Cambridge Centre, Scarborough

### Night Marshals Scheme

This fund has provided the extension of the Night Marshal scheme to Harrogate and Hambleton, whilst also providing the continuation of provision at Selby, Whitby and Scarborough. This scheme has met with a positive response from police and other partners, each responding well to direction from the CCTV operatives and giving every indication of being a valuable partner to the districts.

A 'task and finish group' meets on a quarterly basis to ensure a consistent approach is undertaken and lessons are learnt from the more established schemes i.e. Scarborough and Whitby. The collation of data is being streamlined to ensure that there is the ability to compare geographically the impact of the scheme and a yearly review will be undertaken in September 2012 by the Task and Finish group on behalf of the Violent Crime JCG.

### **Non Statutory Alcohol Treatment Requirements (ATRs)**

The overarching aim of the Non Statutory Alcohol Treatment Requirement (ATR) is to provide specialist alcohol treatment to adult offenders with problematic alcohol use which is linked to their offending. Alcohol related violent crime and tackling antisocial behaviour are both key local and government targets.

The local provider in each district is:

- |                    |                                           |
|--------------------|-------------------------------------------|
| • HARCAS           | Hambleton and Richmondshire               |
| • CODA             | Craven and District                       |
| • CDAT             | Harrogate and District                    |
| • DAS              | Selby and District                        |
| • Cambridge Centre | Scarborough, Whitby and Ryedale Districts |

The schemes in each district were for a calendar year. Hambleton and Richmondshire, Scarborough, Whitby, Ryedale and Selby have completed their allocations. This leaves Harrogate which has yet to commence, and Craven which will end in August 2012. The outcomes are in line with the original bid in terms of additional people entering the programme and completing.

Some of the service providers have concerns about how alcohol treatment capacity will be managed in the future once Non statutory ATRs are completed. However there is some optimism that through involvement with the development of the local alcohol strategy the NY Substance Misuse Partnership may be able to support and influence opportunities to address this in the future.

### **Accident & Emergency Link Worker project**

The project is based within the Scarborough Accident and Emergency Department and managed by The Cambridge Centre Drug and Alcohol Service. The post facilitates the identification, (and support through brief intervention) of patients with moderate to severe drinking patterns.

Since the commencement of the project in September 2011 a total of 322 Scarborough Alcohol Test (SATs) have been undertaken with 155 scoring positive and therefore triggering the 3 follow up sessions. The project outcomes proposal detail that 250 positive SAT tests will be completed over the course of the project. This service is therefore already well ahead of the target.

Around 28% of cases are from out of area, the majority of which originate from Bridlington. This is not a commissioned service so patients get limited contact and linked in with East Riding

Demand is very high for the service and initial outcomes are good; the intervention is reducing people's drinking and anecdotally we believe that this is reducing people's admissions to A&E. Early indications seem to be that this cohort is responding to brief interventions and as an early intervention model this appears to be successful in this setting reducing the likelihood of further presentation to A&E and future admission to the hospital

**CASE STUDY:** Client J is a male in his fifties who is diabetic, has pancreatitis, blackouts and fits as a result of a chronic and enduring dependency on alcohol. J has been admitted to A&E 7 times for alcohol related issues in the last 6 months and has been treated by his GP on numerous occasions over the last few years. Client J lives with his dog in a housing association flat.

When client J left school he wanted to be a motor mechanic, a passion that developed whilst helping his dad work on the family car. J served his apprenticeship to become a mechanic at a local garage and soon became known to be a competent and professional worker.

Client J married in his early twenties and when his wife gave birth to a daughter J found himself in a job that he loved, a lovely family at home and the prospects of an exiting, satisfying and fulfilling future. At that time client J was an occasional drinker of alcohol, after work with work mates and socially with his wife.

When the service manager at the garage retired J was asked to take the role on and accepted with relish the new challenge and the increase in pay that came along with the new post.

Client J's reputation in the motor trade grew and he was approached by a large main dealership representing a quality car manufacturer to work for them as service manager in their large and very busy garage.

Client J describes this period in his life as challenging, exciting but full of stress. The stress was beginning to come from conflict with his family because of the hours he was now working and the pressure put on him by his employers and the customers.

Client J stated that he was unaware at the time that his alcohol use was increasing and that his irritability and anger were beginning to have a negative effect on his relationship with his wife.

When his wife left him and took his daughter with her J accepts that his alcohol use increased to unsafe levels and began to have a negative effect on his health and his work.

Client J became very skilled at hiding his developing dependency on alcohol from those he worked with and continued to maintain his reputation at work, however periods of absence were beginning to occur. When Client J met and married his second wife he hoped that his problem with alcohol could be controlled and reduced, and although he no longer had contact with his daughter, hoped that his relationship with her could be repaired.

The stress at work increased as a result of a number of manufacturing faults on the cars that J's garage sold and Client J acknowledges that his anger and his alcohol use increased at this time.

Client J was arrested around this time for hitting his wife and was convicted of assault and put on a community order with probation.

Client J states that he was now using alcohol daily, starting as soon as he woke up and estimates that he was using approximately 40 units per day.

At this time Client J's second wife had left him and his employer gave him an ultimatum to sort himself out. Client J took some holiday from work and went cold turkey, stopping using alcohol altogether but soon had serious problems with withdrawals, shaking, blacking out, and having fits. After being admitted to hospital and discharged client J began a period where he binged on alcohol and then had periods of abstinence resulting in regular attendances to A&E and visits to him by his GP. At no time did Client J accept the help of alcohol services that professionals tried to refer him to.

Client J now has no contact with his family, his ex wives, his daughter and has long since been unable to work. His health is now very poor and he is living on benefits in accommodation provided by a housing association. His dog is his only friend and attends to him when he blacks out or has a fit by pulling on his ear lobe gently until he comes round.

Client J has decided to give up using alcohol and after a recent visit to A&E accepted the help of alcohol services who have worked with him to plan a safe reduction programme.

Client J stated at my last visit with him that he was pleased with his progress but can't help wondering why he left it so long before asking for help.

### **Domestic Abuse Coordinators**

The funding of Domestic Violence Co-ordinator posts for 2011/14 is on a tripartite basis with a contribution of £50K each from North Yorkshire Police, North Yorkshire County Council and from the Performance Reward Grant. North Yorkshire Police and North Yorkshire County Council intent to continue their funding until 31<sup>st</sup> March 2014.

There are still ongoing concerns from partners as to what will happen to this provision once the PRG funding ends. This matter is an ongoing agenda item for the Domestic Abuse JCG and forms part of the Joint Commissioning Strategy for Domestic Abuse Services.

### Road Safety Initiatives

The packages outlined below are aimed at the identified high risk groups of road users that have formed a major part of the 95 Alive Action Plan during the last 2 years. These packages have successfully delivered casualty reduction and prevention elements of the Sustainable Community Strategy – achieving record reductions in casualties each year, to achieve and exceed the original stretched targets set by the 95 Alive Partnership. Each programme is already established and effective and the funding has enabled these programmes to continue beyond their planned closure when the Road Safety Grant expired (31 March 2011).

Package of programmes aimed at identified high risk groups of road users in North Yorkshire:

- **Young children and their parents/carers and care settings:** Children's Traffic Club
- **Motorcyclists;** funding of police enforcement, publicity campaign and additional assessment and training programmes e.g. BikeSafe
- **Older Drivers Programme** with funded individual refresher drives by specialist driving instructors
- **Fund 1 x Project Officer** to manage and deliver the above programmes
- **Young novice drivers;** Enhanced Pass Plus Programme – to be managed by NYCC Driver Training Officer

## JOINT COMMISSIONING STRATEGY FOR DOMESTIC ABUSE SERVICES

A North Yorkshire Domestic Abuse Joint Commissioning Strategy 2012 is being developed with multi-agency partners via the Domestic Abuse Joint Coordinating Group. This strategy will identify the opportunities for joint funding of Domestic Abuse Services based upon the cost benefits to various partners from commissioning early intervention and prevention services.

The purpose of this strategy is –

- **To improve the safety of victims and children who witness and experience domestic abuse and to reduce incidents of abuse.**
- **To enable the development of services based on evidenced need.**
- **To provide a funding framework for current and future domestic abuse services.**
- **To evidence our long-term commitment to reducing the impact of domestic abuse.**

This will be supported by a Domestic Abuse Training Strategy to ensure a consistent and equitable approach to training countywide.

To inform this strategy a Domestic Abuse Funding & Services Review has been undertaken to identify the security of our services. This review highlights the insecurity of our specialist services, gaps in services and our statutory services reliance on these services. This highlighted that future Independent Domestic Violence Advisors (IDVAs) and Multi Agency Risk Assessment Conference (MARAC) Coordination Provision for North Yorkshire & York for 2012-2013 was immediately at risk as from April 2012 no allocated funding exists for these posts. Multi-Agency funding has been agreed to continue this service until the Commissioning Strategy proposals are in place following a cost-based analysis demonstrated the local need to maintain IDVA provision and the recently agreed MARAC protocol.

A multi-agency Domestic Abuse Joint Commissioning Steering Group has been convened from January 2012 and will:

- Review existing services to consider planned provision post 2013 to reflect multi-agency investment.
- Deliver a proposal for future services based on a formula of identified funding for evidenced based outcomes.
- Consider alternative and new models of provision to secure future funding for services.
- Identify gaps in current service provision and solutions through new commissioning arrangements.
- Develop and progress a strategic commissioning strategy for domestic abuse services across North Yorkshire and York.

## **DOMESTIC HOMICIDE REVIEWS**

Government released guidance in April 2011 on Domestic Homicide Reviews which states that the responsibility for establishing a review and to initiate a Review Panel should lie with local Community Safety Partnerships (CSPs) because of their multi-agency design and locations across England and Wales.

Due to North Yorkshire being a two tier authority, having 7 district CSPs and one Unitary; a York and North Yorkshire model was established. The Chair of the Forum will undertake this function, in conjunction with the local CSP Chair and key partners.

As it is estimated that the undertaking of such a review costs approx £15 – 20K, the forum agreed for the Community Safety Fund underspend for 2011/12 to be ring fenced to support any potential review happening within York and North Yorkshire. This allocation is to be reviewed on an annual basis by the forum. To date, no review has been undertaken.

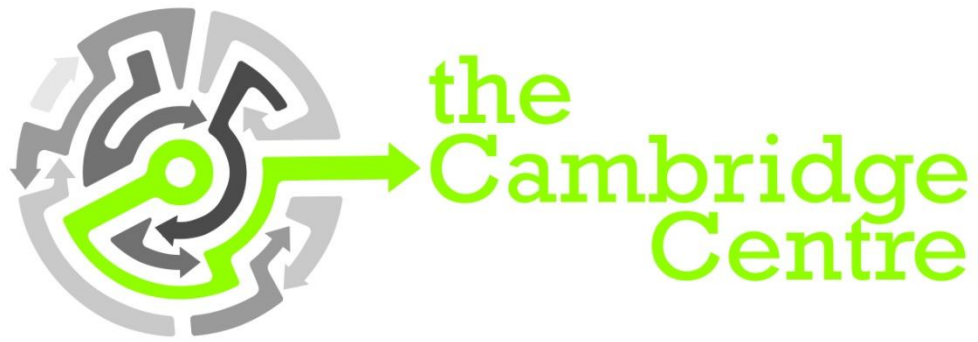
## **GOVERNANCE ARRANGEMENTS**

The Overview & Scrutiny Committee within NYCC has responsibility to scrutinise the work of the Safer Communities Forum and its key partners. The Councillor Call for Action gives a councillor the right to have a local crime and disorder issues affecting their constituency put on the agenda for review.



## Appendix A - DELIVERY PLAN for 2012/13

Responsible JCG	Strategic priorities for 2012/13
<b>Reducing Re-offending Board</b>	<ul style="list-style-type: none"> <li>• Integrated Offender Management</li> <li>• Youth Justice (including transition from youth to adult) Restorative Justice</li> </ul>
<b>95 Alive Partnership</b>	<ul style="list-style-type: none"> <li>• To deliver a coordinated, multi-agency programme of advertising, engagement and enforcement to reduce motorcyclist casualties</li> <li>• To deliver a programme of interventions, education, skills and attitudinal training to reduce the incidences of young, novice driver collisions and resulting casualties.</li> <li>• To fund and oversee the delivery of an early years safer road user education programme to children aged 3 – 4 years and their parents and carers in areas of higher risk where children are most frequently involved as road casualties– namely Scarborough, Selby and Harrogate.</li> <li>• To provide information, advice and practical support to older drivers and older road users with the aim of keeping older people driving and travelling independently for as long as they are able and wish to do so.</li> <li>• To monitor progress, trends and other relevant factors and undertake dynamic risk assessment and adaptation of programmes where required to maintain and increase effectiveness and targeted delivery.</li> </ul>
<b>Violent Crime JCG (including NTE)</b>	<ul style="list-style-type: none"> <li>• To monitor progress in respect of A &amp; E projects and to utilise data to inform development of future action plans</li> <li>• Monitor and review progress and PRG spend of Night Marshalls, A &amp; E Worker, Non Stat ATR through their respective steering groups</li> <li>• Establish well run and safe drinking establishments through robust targeted enforcement of licensing regulations with a particular focus on repeat premises (as highlighted in the Problem Profile)</li> <li>• Identify and promote effective campaigns and 'awareness raising' with a focus on the culture of preloading binge drinking that creates a negative impact of alcohol, linking to the AHRS.</li> <li>• Improve data recording to allow for better offender profiling</li> </ul>
<b>Domestic Abuse JCG</b>	<ul style="list-style-type: none"> <li>• Multi-Agency Risk Assessment Conference (MARAC)</li> <li>• Victims/Survivors of Domestic Abuse</li> <li>• Children &amp; Young People (CYP)</li> <li>• Perpetrators</li> <li>• Training</li> <li>• Organisations &amp; Agencies that resource Domestic Abuse Services</li> </ul>



**Accident & Emergency  
Alcohol Service**

**Year One Interim  
Evaluation**

**DRAFT**

**Presented by  
The Cambridge Centre**

## Accident & Emergency Alcohol Service Year One Interim Evaluation

### Context

The North Yorkshire Sustainable Community Strategy 2008/18 identifies that alcohol consumption for both men and women is above the national average and the county has significantly higher rate of hospital in-patient stays related to alcohol misuse. It also identifies that death attributed to alcohol is highest in the Scarborough Borough.

The Sustainable Community Strategy outlines a number of key targets to work towards in respect of addressing the problems of alcohol misuse and alcohol related crime within the Borough. Specifically, it states that we need to 'reduce alcohol related deaths and hospital admissions by improving services and co-ordination for the identification, treatment and support of people with alcohol related problems.' The Community Strategy states that we will know we are successful when 'we are able to reduce hospital admissions for alcohol related harm, increase capacity for dependent drinkers in North Yorkshire, and increase screening and treatment for people who drink above low harm levels'.

### Summary

The NTA document 'A Review in the Effectiveness of Treatment of Alcohol Problems (Heather et al, 2006) states that 'studies ...provide strong support for the effectiveness of brief interventions within A&E departments' and highlights a number of examples whereby screening and brief interventions within Accident & Emergency departments work to tackle the issues highlighted above.

The Accident and Emergency Alcohol Service, based within the Scarborough Accident and Emergency Department, aims to assist in addressing the objectives identified above in a number of ways, including to facilitate the identification (and support through brief Intervention) of patients with moderately to severely harmful drinking patterns. It also aims to provide a brief intervention service to support those drinking at less hazardous levels and offers a direct opportunity to increase the numbers of dependent drinkers accessing Tier 3 services.

The service aims to provide a link into Tier 3 community alcohol services for a large number of individuals, many of whom have never accessed structured support in the past. The Sustainable Community Strategy 2010-2013 states that there are around 16,200 people in North Yorkshire who are dependent upon alcohol and that these people are often repeat users of hospital services. A significant number of these people are also thought to likely be involved in offending behavior [related to their alcohol use].

In addition to offering structured brief interventions, harm reduction advice, and an opportunity to refer dependent drinkers into community treatment services the A&E Alcohol worker provides training for those working within Accident and Emergency on using the Scarborough Alcohol Test, a screening tool that is used to identify those drinking at harmful levels. Those identified are then offered an alcohol information pack and an appointment for follow up support at the hospital with the alcohol Worker. Follow up appointments are for one initial session with an option for a further two where appropriate.

## Outcomes & Milestones:

The outcomes and milestones for the Accident & Emergency Alcohol Service are as follows:

- A contribution to the reduction or no increase in alcohol related hospital admissions
- A reduction in alcohol related repeat presentations to Scarborough Accident & Emergency
- A reduction in alcohol use for those attending initial and extended brief intervention sessions
- A reduction in alcohol dependence for those accessing the service
- An amelioration of alcohol-related social problems
- Significant increases into referrals for Tier 3 alcohol treatment (To be measured against current rates of referral and through the follow up (TOP) evaluation
- Identify alcohol related assaults and refer into MARAC
- Identify Alcohol related assaults

## Key Findings:

The Accident & Emergency (A&E) Alcohol service within Scarborough's A&E department commenced in September 2011. The following data relates to the first year of service provision (01/09/11 – 31/08/12), including the initial training of the A&E staff in the use of the Scarborough Alcohol Test (SAT).

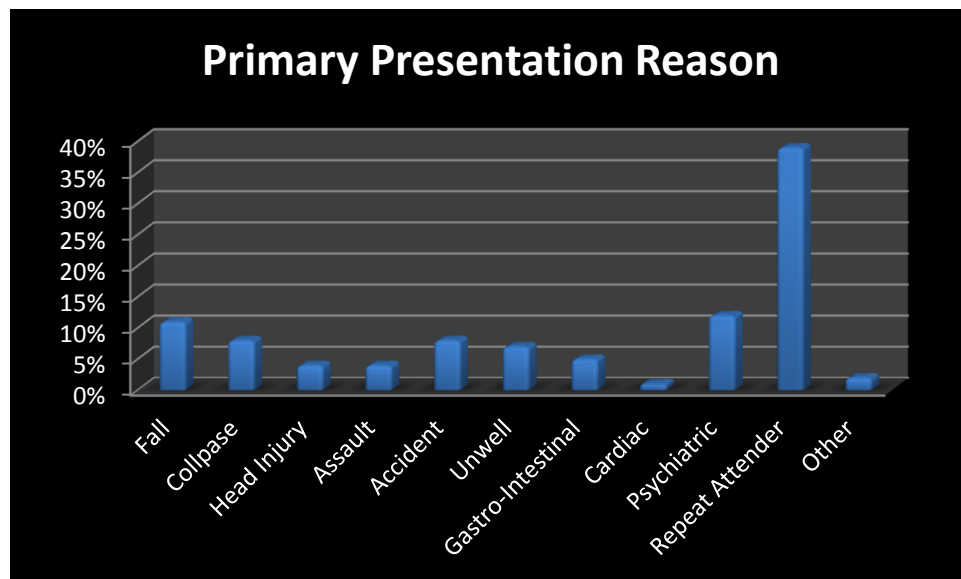
The data is taken from completed SAT assessments and initial assessments. Please see Appendix 1 for a further full breakdown of self-reported data.

### Key Findings:

- ➔ Over the course of the year 173 assessments have been carried out with patients who attended A&E with alcohol related presentations and who requested further support.
- ➔ The initial target set for completed Scarborough Alcohol tests (SAT) within the A&E department at Scarborough Hospital was 250 over the course of the year. During the first year a total of 475 SAT's were completed by the A&E staff team.
- ➔ Of this 475, 332 (70%) scored positively and were offered further brief Intervention and harm reduction advice from the Alcohol Worker.
- ➔ Of the 332 who scored positively, 231 consented to their information being shared.
- ➔ Of the 231 patients who scored positively on the SAT test and consented to their information being shared, 75% reported consuming alcohol on a daily basis, with a further 19% reporting consumption between 2 and 6 days a week.
- ➔ Of those who reported consuming alcohol between one and seven days per week, 87% reported consuming more than the weekly recommended limit.
- ➔ Of those who reported consuming alcohol on a daily basis, 54% reported consuming more than the weekly recommended limit each day. 28% of these patients also reported consuming over 50 units of alcohol on a daily basis.
- ➔ Of the 221 who requested further support, 173 received an initial assessment within this period.
- ➔ Of the 173 who underwent an initial assessment, 58% reported having previously received alcohol treatment, 44% reported having mental health issues, 9% reported currently receiving mental health treatment and 10% stated that they were currently within the criminal justice system.

## Demographics:

- ➔ **Gender:**
- ➔ Of the 475 SAT test carried out, 57% were completed by male patients, 43% by female patients.
- ➔ Of the 332 SAT positive tests carried out, 64% were completed by male patients, 36% by female patients.
  
- ➔ **Area of Residence:**
- ➔ Of the SAT positive tests with consent to share:
  - ➔ 59% were from Scarborough
  - ➔ 12% were from Rye dale
  - ➔ 3% were from Whit by
  - ➔ The remaining 26% were from Out of Area
  
- ➔ **A&E primary presentation:**
- ➔ The diagram below illustrates the primary reasons for presentation at A&E as reported by patients on the positive SAT forms.



- ➔ 39% of patients who completed the SAT forms identified themselves primarily as a 'repeated attenders'.

## Early Indication – A&E repeat presentation study

With regards the outcomes relating to the reduction in alcohol related hospital admissions and the reduction in alcohol related repeat presentations to Scarborough Accident & Emergency; the Cambridge Centre has been working closely with the Data Team at Scarborough Hospital to create a cohort study of patients who will be followed throughout the provision of the service.

The study will track data relating to the patients who presented to the service during the first three months of service provision. The study will track data for these patients over four years looking at their presentations within the A&E department for two years retrospectively and forward every 6 months for a further 2 year period. The final results of the study will be published at the end of the 4 contract.

As a result of the cohort being taken from those patients who presented to the service in the first three months of delivery it is only currently possible to draw comparisons between the initial presentation period (July – December 2011) and the following six month period (January – June 2012) and so reporting viable statistical data is not possible until further into the pilot study.

However, early indications would suggest that for those patients who reside within the Scarborough and Ryedale area:

- There has been a significant decrease in the number of visits to A&E by patients who have previously presented between 1 and 4 times within the control period - a decrease of 73%
- There has also been a decrease in the number of visits to A&E by patients who previously presented between 5 and 19 times within the control period – a decrease of 65%
- There has been a slight increase in the number of presentations by those who presented at A&E 20 or more times during the control period – 7%. It is agreed that positive results will not show for the most dependent drinkers within the service until they have been through longer structured treatment services.

Data has also been recorded for those patients who presented within the first three months of service provision but who resided out of area;

- Again the data indicated a significant decrease in the number of visits to A&E by patients who had previously presented between 1 and 4 times within the control period – a decrease of 79%, with a decrease of 50% for those attending both between 5 and 19 and also 20 or more times.

- It is important to highlight at this stage that continued impact is unlikely to be seen in this range as the patients are coming from out of area and may also attend other A&E departments. These patients also will not receive the full Brief Intervention service.

The initial indicative data provides a foundation for evidencing the success of the A&E alcohol service in terms of impact and provides a foundation for which a cost benefit analysis can be carried out for the service.

Further results will be published as the service continues.

Please see Appendix 2 for the cohort data received from Scarborough and Northeast Yorkshire Healthcare NHS Trust.

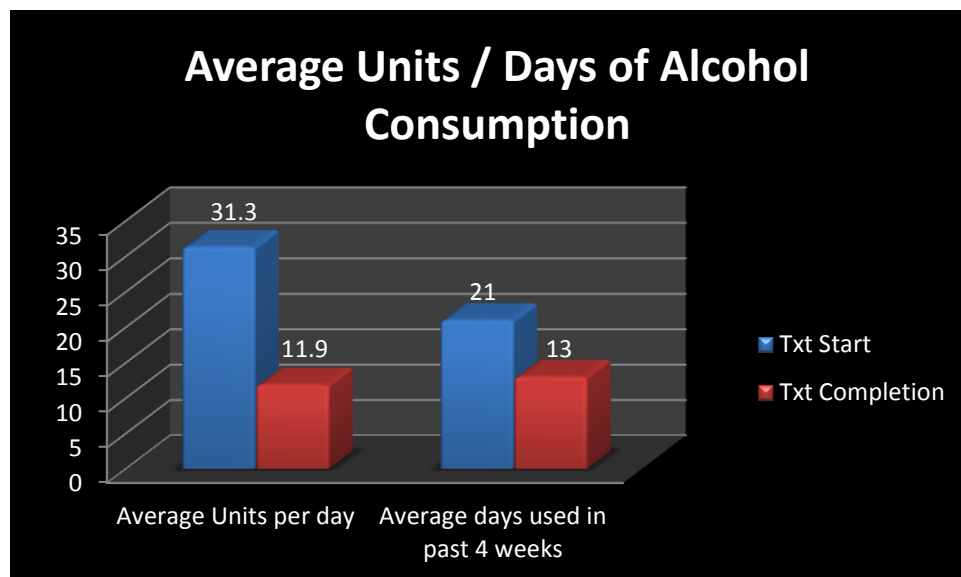


## Key Findings: Alcohol Consumption

In relation to the outcomes relating to a reduction in alcohol use, alcohol dependency and alcohol related social problems the data would suggest that there has been significant improvements for a number of the patients who have attended for initial assessment and completed treatment with the A&E alcohol worker.

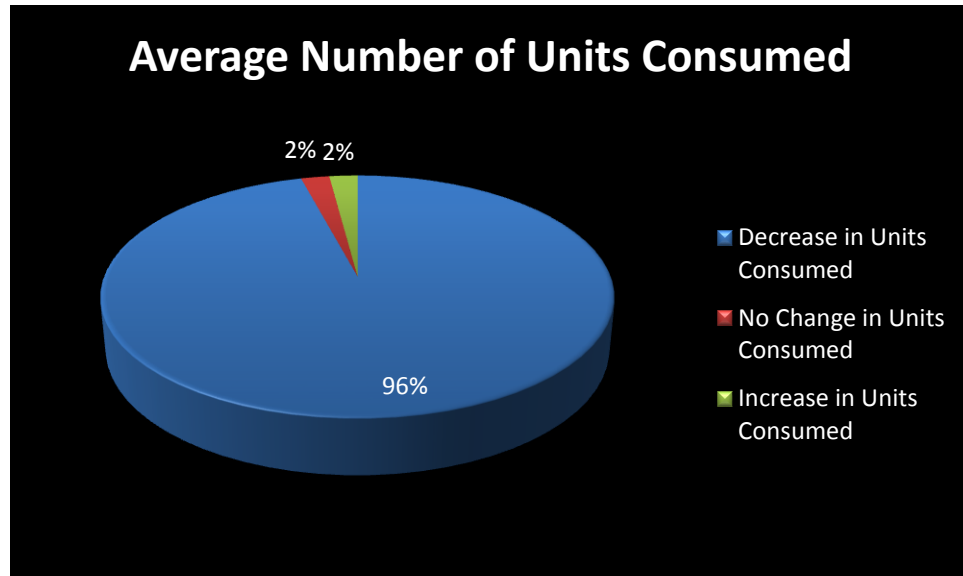
The following data is collated using self-reported evaluation forms with patients being asked to complete an evaluation at treatment start and treatment completion.

The illustration below details the decrease in self-reported alcohol consumption and drinking days between those reported by patients at treatment start and those at treatment completion.



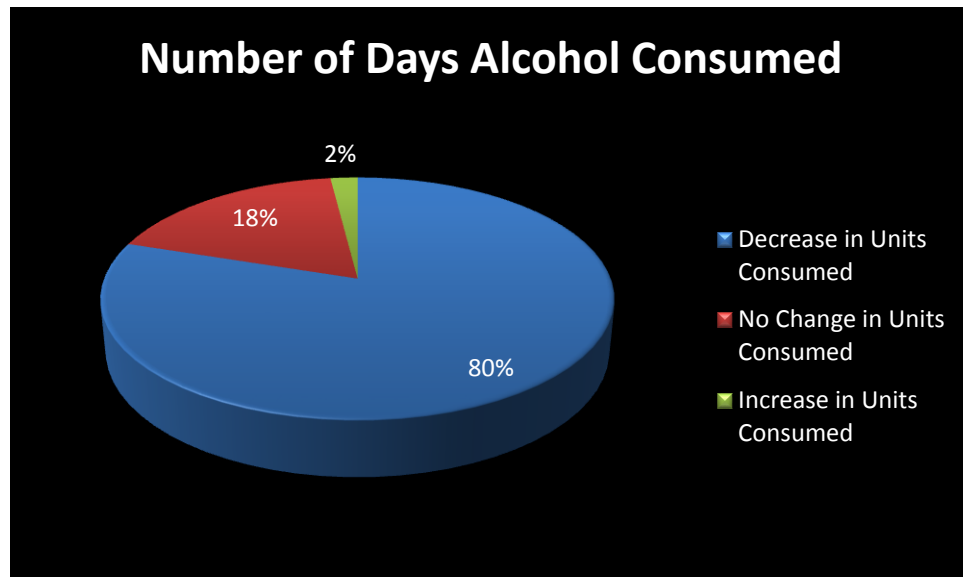
- The average number of units consumed per day decreased by a significant 19.4 units per person per day.
- The average number of drinking days (in the previous 4 weeks) decreased by 8 days per person per month.

The below illustration highlights the average number of units consumed prior to each evaluation completion. The chart shows the TOPS scores recorded at treatment start and treatment completion.



- At the start of treatment the number of units consumed on a daily basis ranged between 9 and 70 units – with an average of 31.3 units per person per day.
- At treatment completion the number of units consumed on a daily basis ranged between 0 and 40 units – with an average of 11.9 units per person.

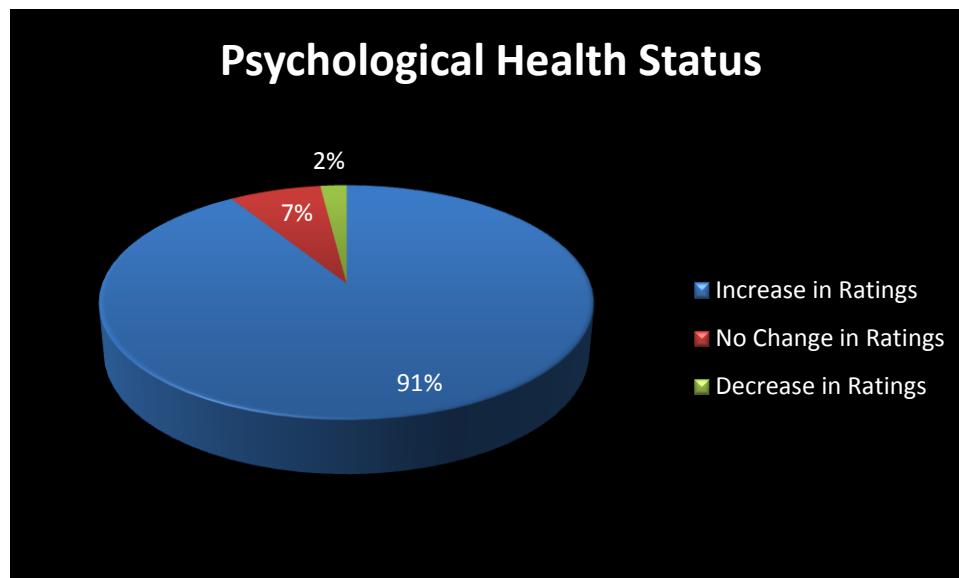
The below illustration shows the average number of drinking days in the four weeks prior to each evaluation completion. The graph shows the evaluation scores recorded at treatment commencement and treatment completion.



- At the start of treatment the number of drinking days recorded in the four weeks prior to the evaluation completion ranged between 28 and 6 – with an average of 21 days per person per month.
- At the end of treatment the number of drinking days recorded in the four weeks prior to the evaluation completion ranged between 28 and 0 – with an average of 13 days per person.
- The largest decrease in reported drinking days was a total of 28, with the average decrease being 8.1 days.
- Those patients who increase the number of drinking days averaged an increase of 6 days.

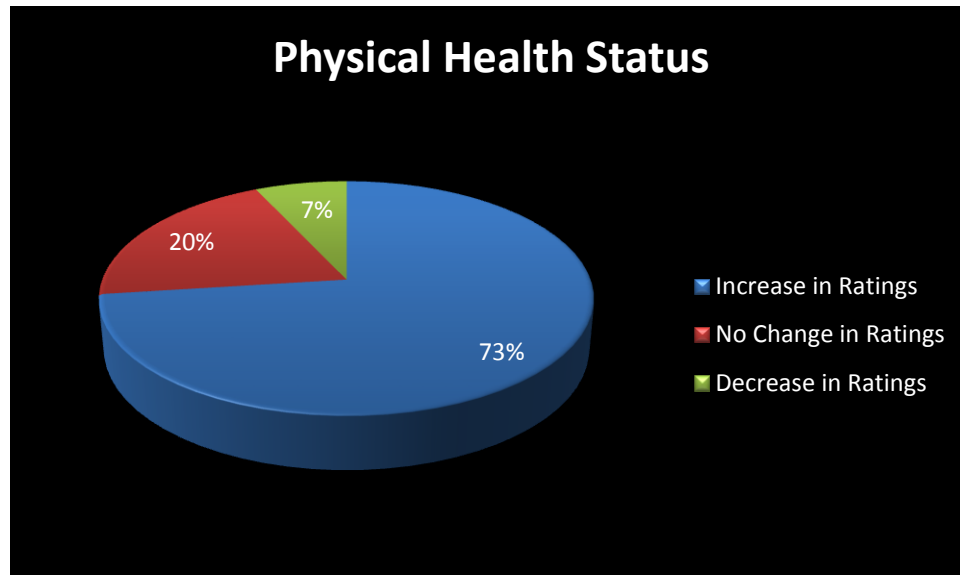
## Key Findings: Health Ratings

The following health ratings data has also been collated using self-reported evaluation forms with patients being asked to complete an evaluation at treatment start and treatment completion.



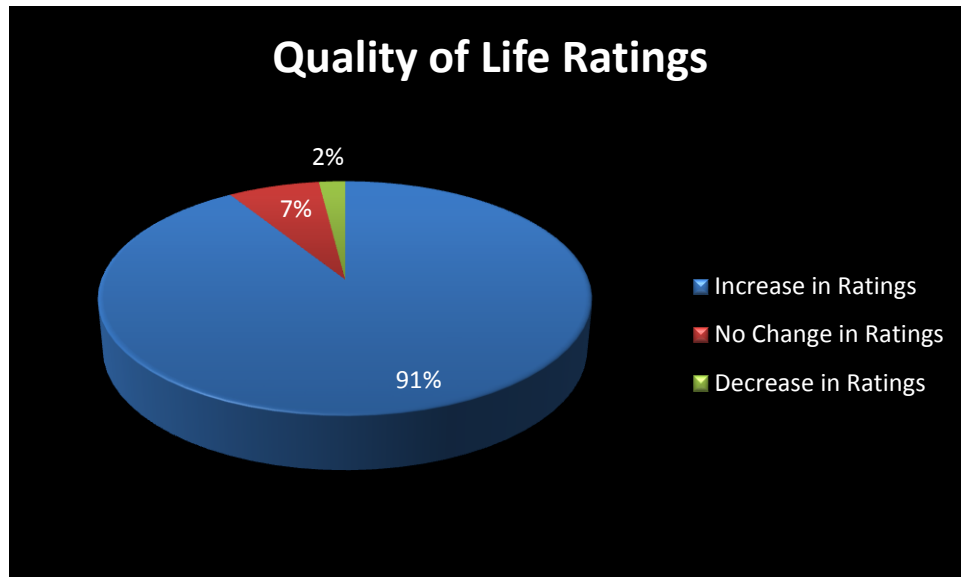
The above illustration shows the increase / decrease of psychological ratings reported by service users between the initial assessment and completion points of their treatment.

- At the start of the programme the psychological health status ratings ranged from 1 to 14 – with an average rating of 4.0 per person.
- At the end of the programme the psychological health status ratings ranged from 2 to 19 – with an average rating of 9.1 per person.
- The largest increase in reported psychological rating was 17 points, with an average of 5.0 points for those reporting an increase in score.
- One service user reported a decrease in score – the decrease totaled 1 point.



The above illustration shows the increase / decrease of physical ratings reported by service users between the initial assessment and completion points of their treatment journey.

- At the start of the programme the physical health status ratings ranged from 1 to 12 – with an average rating of 5.4 per person.
- At the end of the programme the physical health status ratings ranged from 4 to 18 – with an average rating of 9.2 per person.
- The largest increase in reported physical rating was 12 points, with an average of 3.7 points for those reporting an increase in score.
- 7% of patients reported a decrease in score. These were different patients to the one scoring a decrease in psychological health.



The above illustration shows the increase / decrease of 'Quality of Life' ratings reported by service users between the initial assessment and discharge points of their treatment journey.

- At the start of the programme the quality of life status ratings ranged from 1 to 14 – with an average rating of 3.4 per person.
- At the end of the programme the quality of life status ratings ranged from 1 to 16 – with an average rating of 7.5 per person.
- The largest increase in reported quality of life rating was 13 points, with an average of 4.0 points for those reporting an increase in score.

## Onward Referrals into Tier 3 Treatment:

- During the first year of service provision 48 referrals have been made into either Tier 3 or Tier 4 structured alcohol treatment via the Accident & Emergency alcohol worker.
- 38 referrals have been made into Tier 3 alcohol treatment within the Scarborough / Ryedale area
- 9 referrals have been made into Tier 3 alcohol treatment for patients from out of area.
- 1 referral has been made into Tier 4 Detox in the Scarborough area.
- Of the referrals made into Tier 3 treatment within the Scarborough area 89% of patients have attended for Tier 3 support after the initial referral had been made.

## Alcohol Related Accidents & Assaults

At the point of SAT completion each patient who attended Scarborough A&E as a result of an alcohol related accident or assault was asked to complete a questionnaire relating to the incident.

Of the 177 patients who attended A&E as a result of an alcohol related accident of assault:

- 166 reported their attendance as a result of an accident caused by themselves
- 2 reported an accident caused by others
- 9 reported attending A&E as a result of an assault.

Of the 2 patients who reported their A&E attendance as being a result of an accident caused by others;

- 100% were females
- 100% of the accidents occurred in public venues, with alcohol being obtained from either a supermarket or public house.

Of the 9 patients who reported their A&E attendance as being a result of an assault;

- 67% were male, 33% female
- 100% of male patients were assaulted by strangers who had also been drinking alcohol at the time of assault.
- Of the female patients who reported their attendance as a result of assault, 1 assault was reported as having been carried out by a stranger who had also consumed alcohol, 2 were reported to have been carried out by a relative in the patients home.

See Appendix 3 for a full breakdown of the above data.



## Interim Conclusion:

The Accident & Emergency Alcohol Service commenced in September 2011 and the preceding report details the data collated from the first 12 months.

During the first year key links have been developed with all local alcohol service providers including a direct transition of A&E service users in the Criminal Justice alcohol treatment (both generic and women's specific). Further partnerships and relationships have been forged with existing A&E service providers, carers resource GP's, CMHT and the crisis team and out of area alcohol service providers.

Within the A&E department the Alcohol worker has created excellent relationships with the departmental team and key hospital wards and has developed and implemented training for all staff on referral and process protocols and alcohol awareness. By the end of the first quarter all of the existing A&E staff had been trained in the referral and process protocols and the training package was implemented within the structured programme for new A&E staff. A key milestone.

Initial performance would indicate that the expected demand for the Accident & Emergency alcohol service will be high and the cohort study aims to evidence the success in terms of impact.

## Appendix: 4 Case Study:

Client M is a 36 year old woman who was admitted to A&E after taking an overdose of assorted tablets and 50 plus units of alcohol. A close friend of M had gone to see her at M's home and when she got no reply was immediately suspicious that all was not well. Apparently Client M had been behaving erratically for some time and had said to her friend that she did not want to live any more. When the friend found M she was unconscious on the floor. An ambulance was called and whilst M was receiving emergency treatment by paramedics she was taken to Scarborough Emergency Department. On arriving M was put in the resuscitation room and, although M's condition was critical, the medical staff persevered and finally client M began to stabilise and was moved from the resuscitation room into the hospital to continue her treatment.

Client M the previous week had contacted social services and told them that she was unable to cope any longer and asked them to move her children to a place of safety. All the children had been on a social service care plan for children at risk for some time. An interim care order was put in place and the children went to stay with their dad. After the children had been removed M had spent a few days trying to put her affairs in order, drinking large amounts of alcohol daily, until she finally decided that she could go on no longer and attempted suicide.

A&E staff contacted the Crisis team, M's GP and the A&E alcohol worker and they all began to engage with M. Client M stated at this time that recovering from the suicide attempt could be a massive turning point in her life as she began to focus on what she had to gain by living rather than on things that were going wrong in her life. M began to gain motivation to stop using alcohol, get her life in order and to get her children back. The GP, with support from the other professionals involved, arranged for an in patient detoxification programme at Scarborough Hospital. A home detox had been offered to M through ABS but she did not feel confident of managing the programme at home. Whilst the detox was taking place motivational work was done to empower client to maintain

abstinence from alcohol, improve her confidence and self esteem and begin to plan for the future.

When Client M left hospital the alcohol worker continued offering brief intervention sessions and made referral to the Cambridge Centre Engagement Team to ensure a seamless treatment transition. Client M has now begun to attend the Cambridge Centre and in particular is keen to join the recovery group and the health and well being group and is currently 24 days abstinent from alcohol.

At a recent child protection conference attended by Client M and the Alcohol Worker, other professionals attending remarked on the positive changes in M's appearance, engagement and general behaviour and discussion took place about increasing M's contact with the children and planning for them to return home with mum sometime soon.