





HARROGATE DISTRICT COMMUNITY SAFETY HUB EVALUATION

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1.0 BACKGROUND

On 19th September 2016 the Harrogate District Community Safety Hub (CS Hub) was established. The Hub is based on the second floor at Springfield House, Kings Road hosted by Harrogate Borough Council (HBC). It works alongside colleagues for Safer Communities (Environmental Protection, CCTV, Emergency Planning, Food, Licensing & Occupational Safety).

The CS Hub was set up as a pilot 12 month project to provide a multi-agency response to vulnerable people and victims of anti-social behaviour across the Harrogate district through the alignment of the operational services of Harrogate Borough Council (HBC), North Yorkshire Police (NYP) and partner agencies in order to improve customer satisfaction, reduce demand, improve the efficiency of all organisations and ultimately keep people safe.

The Hub principle has been mirrored elsewhere across North Yorkshire with different models of delivery to suit the needs of each locality.

2.0 PURPOSE OF THE REPORT

This report provides an overview and evaluation of the CS Hub through it journey over the last twelve months identifying pre start considerations, staffing, methods of working, information sharing, case management, IT, changes to working practices, partner engagement, obstacles and opportunities for the future.

The CS Hub was set up as a pilot project for a 12 month period and its future was to be determined based upon the evaluation.

3.0 COMMUNITY SAFETY SERVICE REVIEW

Funding for the Community Safety Team with HBC has changed significantly over the years and it was clear that the structure that was in place in 2016 was unsustainable due to a reliance on grant funding and partnership reserves. There was a need to establish a structure that was fit for purpose and embraced the new models of working.

HBC undertook a review of the Community Safety Team and following consultation a new structure was introduced and was implemented in early 2017.

4.0 COMMUNITY SAFETY HUB STAFFING

The quality of the staff in the CS Hub is high with staff being self-motivated, excellent problem solvers and communicators. Police staff have integrated well with HBC colleagues and a mutual respect exists.

The day to day supervision of the CS Hub is undertaken by the Council's Community Safety & CCTV Manager with support from the Harrogate Town Neighbourhood Inspector.

After careful consideration it was agreed that North Yorkshire Police would provide two Police Officers (PC's) and two Police Community Support Officers (PCSO's) as a direct resource to the CS Hub.

The vacancies were advertised and the PC's were identified quite quickly. The level of knowledge and expertise from the PC's from a policing and antisocial behaviour perspective was high and assisted greatly as the Team established itself and provided an excellent foundation. These officers work mainly office hours with flexibility to meet operational needs.

The identification of the two PCSO's was not as straight forward as it was identified that if a PCSO decided to join the CS HUB on a permanent basis they would lose their shift allowance. It was agreed that the PCSO's would be attached to the CS HUB on a six month rotational basis thus not affecting their shift allowance.

The workloads for the PCSO's does fluctuate and in view of the costs and making best use of the resource at this time it is felt that this resource should be reduced to one PCSO.

5.0 ADMIN SUPPORT

Having effective admin support is critical to the success of the CS Hub as it frees up specialist officers to undertake work. The Hub Joint Coordinating Group (JCG) that operates at a county level has worked hard to identify a solution that benefits all the districts. The proposed model sees match funding from the Council and NYP for a two year period. NYP will contribute £5,537 p.a. This model is acceptable to HBC as the funding has been identified through the restructure process and the existing resource.

6.0 PARTNER ENGAGEMENT

The success to the development of the CS Hub was the level of partner engagement. Historically a Multi-Agency Problems Solving Group (MAPS) meeting took place every six weeks with mixed attendance from partners and an emphasis on providing updates rather than seeing clear outcomes.

The model adopted for the CS Hub was to introduce weekly Hub Tasking meetings with a clear focus of identification of the issue and the action(s) that were required, offering challenge by all partners and holding partners to account. This was a new way of working and it took a few months to get it right and useful to all partners. Key actions included:

- Moved the meetings from Tuesday AM to Tuesday PM as this clashed with Probation Team and Mental Health Team meetings.
- Time slots on the agenda so that partners can come for their item making best use of their time
- Having the young people issues all together on the agenda
- Any HBC housing items at the beginning of the agenda
- Agreed that we did not need to have the meeting every week if not required. This
 gave partners more time to ensure their actions were completed.
- If a partner was not able to attend a written update was acceptable or they had the option to dial into the meeting.
- Did not have a meeting after a bank holiday as attendance was poor and there was little time to pull the agenda together.
- Agenda goes out the Friday before the meeting, anything sooner often resulted in late submissions
- Room availability has been a particular issue and this can change week by week.
 The Fire Service has helped with the free use of the community room however wi-fi access is an issue.

Partners have adapted to the new way of working and regular attendance by core professionals has helped. This has built trust and closer working relationships. Outside of the Hub tasking meetings officers visit and call colleagues to discuss cases, receive advice and support each other. A stronger network has been established with increased dialogue outside of the meetings and joint visits when required.

7.0 REFERRAL PROCESS & CASE MANAGEMENT

From the outset the CS Hub was clear that it would only adopt cases that required a multi-agency approach and that the lead must demonstrate that they had exhausted all other options. A criticism of the MAPS process was that cases were often placed on the agenda without a full assessment on whether it was appropriate resulting in it not being adopted yet time spent discussing. To assist partners we developed a simple referral form (Appendix A). The referral form was supported by a fact sheet (Appendix B) that outlined what we would or would not consider based upon the victim, offender, and location principle.

The CS Hub also utilised the scoring matrix template that was developed across the county. As this scoring matrix was developed with an individual person focus we also developed a matrix that was location based as this reflected our work.

These scoring matrices are a valuable tool as they assess a case from the outset. The Hub has also introduced a process of scoring at a mid-point to assess progress and at the point where the case is closed. This process assists with our case management evaluation.

In addition to using the referral form and the scoring matrix we have also developed a case management system in order that we can capture the outline to a case and the agreed actions using the traffic light system. Partner agencies will still update their own case management systems with the detail; we have the overview which is used on a screen at the CS Hub meetings. A blank copy of the case management template is available in **Appendix C**.

The Hub JCG is working on a case management solution for all CS Hub's across the county and will be interested in this solution when available. This would be available for all partners to access as it likely to be web based.

In addition to the referral process the CS Hub has always taken a proactive approach - it has not waited for cases to be referred. Police staff in the CS Hub review police systems each day to identify any repeat callers to service, receive instructions via the Daily Management Meeting (DMM) and review the incident log to cross reference with any live Hub cases.

8.0 CASE OVERVIEW

Since the CS Hub became operational in 2016 information has been captured to illustrate the number of cases, type of cases, partner participation etc. This information is included in **Appendix D**.

The CS Hub has dealt with 51 cases, 33 were person specific, 15 theme/location based and 3 for specific properties resulting in the closure of the premises.

Common themes include substance misuse (drugs and alcohol), drug dealing, mental health issues, homelessness, anti-social behaviour particularly young people and repeat callers to service.

9.0 INFORMATION SHARING

Partners need the confidence to share information in order that effective problem solving takes place. Partners work to the North Yorkshire Information Sharing Agreement and Section 115 of the Crime and Disorder Act 1998.

10.0 MAKING THE LINKS

Throughout the set up and on-going development of the CS Hub the interaction and connectivity with other Forums is crucial to avoid duplication and ensure where we have victims and perpetrators we are making best use of our resources.

The list below illustrates the links to other Forums/ meetings:

- York & North Yorkshire Community Safety Partnership
- Harrogate District Community Safety Group
- Joint Coordinating Group Community Safety Hub's
- Neighbourhood Policing Teams
- Adult and Children's Safeguarding
- Police Monthly Tactical Group
- Youth Intervention Project (YIP) Knaresborough & Prevention Team
- Child Protection case conferences
- MARAC (Multi Agency Risk Assessment Conference) Domestic Abuse
- Channel Panel & PREVENT Practitioner Group
- SAFE Steering & Practitioner Group
- Focus Mental Health Pathways
- No Second Night Out
- No Wrong Door

Mental health issues are a significant factor on many of the cases managed by the CS Hub. Engagement with mental health services is patchy despite a commitment to attend the Hub tasking meetings which were rearranged to accommodate their internal obligations. Mental health input is required not only on specific cases but to provide

general advice. What is clear is the overwhelming demands on mental health services and limited resources available to people in crisis and need.

Links to MIND the mental health charity are in place although this does tend to be case specific. They do however provide valuable advice and can be called upon where gaps in understanding exist.

A meeting has taken place with colleagues from Tees, Esk and Wear Valleys NHS Foundation Trust who are responsible for in-patient services exploring the links to the CS Hub and the Focus Pathway and how we can influence their patient assessment. This development is in its infancy but will look at how we can reduce repeat demand, support the referral process and have a clear pathway for assessment and treatment/support.

In August 2017 the SAFE (Services for Adult Facing Exclusion) Project commenced offering an innovative and flexible response to a core group of individuals that remain marginalised, face severe multiple and complex needs and exclusions, are resistant to engage in resettlement, and have ineffective contact with services. SAFE will use the following key delivery models; Personalised Approach, Personalised Budgets, Link Worker Model, Strengths Based Practice, Psychologically Informed Environment, Trauma Informed Care, Housing First.

During the development stage of the project led by Harrogate Homeless Project links have been established with the CS Hub with the referral and assessment process forming part of the CS Hub meeting rather than establishing a separate operational group as it was highly likely that some of the current cases held by the Hub would become SAFE cases. All agencies with existing involvement or knowledge of the client will be expected to provide information to contribute to the decision making process. It is early stages however this new approach to working with clients will potentially have a significant impact locally.

11.0 PROMOTION OF THE COMMUNITY SAFETY HUB

The CS Hub produced a newsletter in the autumn of 2016 outlining the role of the CS Hub and introducing team members.

Briefings have also been provided to HBC Councillors, staff at Harrogate College, at Neighbourhood Policing Team meetings and to Council staff. Continued awareness of the CS Hub is a priority to ensure partners are clear on the referral process and how the CS Hub can support their work.

Further work is planned to continue to raise awareness on the role and work of the CS Hub particularly with health partners. An awareness event is planned in the near future and is identified within the action plan.

12.0 TRAINING & DEVELOPMENT

All staff with the CS Hub have either undertaken or in the process of obtaining the Certificate in Neighbourhood Management Level 3 via Chartered Management Institute. This provides an excellent foundation for individuals with the ability to put theory into practice.

The CS Hub arranged for a half day workshop around mental health awareness. This was attended by a broad selection of partners and feedback was very positive. It is recognised that on-going training is required particularly around roles and responsibilities.

The CS Hub has led on the development of the Practitioner Toolkit that will be hosted on the NYCC website. The toolkit provides a one stop shop for relevant information for CS Hub staff across the county. An additional resource in the Anti-Social behaviour toolkit https://nyyasbpowers.tools developed by a colleague in Hambleton.

13.0 VISION FOR THE FUTURE

The Hub Team is now based on the third floor alongside existing Safer Communities officers where relationships have been developed but also alongside housing officers and the legal team. Where links have already been made these can be enhanced further simply through the co-location.

Being in the same building will open up the opportunity to develop other links/dialogue to services within the Council.

After careful consideration and the fact that PCSO's cannot be instructed to work in the CS Hub it is recommended the PCSO staff complement is reduced from two to one effective from the next rotation. The workload for the PCSO is not as great as that of the police officers and can fluctuate.

The Council is due to embark on a pilot project to deal with fly tipping including the development of policies and procedures. This environmental crime has a significant impact on communities and can link to organised crime groups and other criminal activity. Subject to the outcomes of the pilot there is scope for this investigation and enforcement to fall within the remit of the CS Hub. One particular case on fly tipping is currently in the final stages of enforcement / prosecution and once concluded will have a significant impact on the levels of fly tipping across the district resulting in substantial savings to HBC in clear up costs. Once concluded this will be evidenced through a case study.

Links exist with the HBC housing team and specifically with the Anti-Social Behaviour Officer. Specific work has included support around Closure Orders, ASB cases and sharing of information to support tenancy enforcement and support. Other joint visits and support have taken place with the Private Sector Housing & Housing Options and with Registered Social Landlords.

Mental health will undoubtedly remain one of the key factors for partner caseloads. Initial contact has been made with the Vanguard Project to see how this can assist the day to day activity of the CS Hub and the development of the Focus Pathway Project. Links have been made with the lead Inspector with NYP on Mental Health and Suicide Prevention in order. There is an appetite to explore alternative methods of partnership working and to develop best practice a round this are of work.

There would be benefits if other partner agencies were able to 'hot desk' and work out of the CS Hub on an informal basis. This would work well when they were attending for a meeting and follow up discussions were required or it would be effective time management to work in the CS Hub rather than return to their own place of work. This approach needs to be endorsed as an option that could be explored.

Continued CS Hub awareness amongst partner's agencies and professional is required. It is proposed to host a specific awareness session for all agencies with a particular emphasis on the health sector.

Legal support for CS Hub cases is determined on a case by case basis. Depending upon the area of work either HBC or NYP legal team would take the lead. If a lead legal agency is unclear from the outset the case will be discussed collectively to determine the most appropriate route.

Having a robust ICT link to NYP will alleviate some of the technical issues that currently exist and would allow NYP technical support to dial in to provide live assistance rather than staff having to dock at a NYP site or take equipment to Police HQ in Northallerton.

NYP staff are unable to use the HBC pool cars as they are not employed by HBC despite working on cases that are multi agency. As a result they have to book an operational police vehicle, arrange collection and return the vehicle and this can be time consuming.

CONTEST the national strategy to reduce the risk to the UK and its interests overseas from terrorism, so that people can go about their lives freely and with confidence is due to have an update. There are four work streams that are known within the counter-terrorism community as the 'four P's': Prevent, Pursue, Protect, and Prepare. It has been identified by the Home Office that partnership work is key to the success and it is envisaged that the CS Hub will be well placed to lead further on this developing area of work.

Appendix E provides a summary of the recommendations and will form the basis of the development action plan for the CS Hub.

14.0 CONCLUSION

The CS Hub has been developed without additional resources. Resources have been used in a different way demonstrating effective and efficient working practices. This includes colleagues who are based within the CS Hub and partners who are actively engaged through the cases that are dealt with and owned by the CS Hub.

As the CS Hub continues to evolve and embraces new ways of working there will be continued opportunity to grow and acquire new skills, knowledge and experience from a multi-agency perspective.

Making use of disposals available through legislation will be used where appropriate however the work undertaken by the CS Hub in the last twelve months has demonstrated that alternative joint approaches that are specific to a case are effective and have resulted in grater partner participation.

As new guidance emerges from the Home Office in relation to community safety, antisocial behaviour and terrorism threats and working practices there will be opportunities for the CS Hub and the partners already engaged to support and work within communities across the Harrogate district. The CS Hub has demonstrated that partnership working and a willingness to work in a different way has enabled a sound foundation to be formed and scope to develop further in the future.



REQUEST FOR HARROGATE DISTRICT COMMUNITY SAFETY HUB TO CONSIDER A CASE

Note: Cases are normally considered by the Community Safety Hub only after the relevant individual agencies have done all they can to resolve the issue and a multi-agency approach is required to tackle the causes of the problem

I. Who is referring this	case to the Community	Safety Hub?	
Name: Agency: Address:			The Community Safety Hub will consider your case based on the information contained in this form
			You do not have to attend the meeting, although this is often beneficial to all agencies involved
E-mail: Date of Referral:			but you may be asked to progress certain agreed actions proposed by the Community Safety Hub
2. Provide a brief descrineighbourhood:	ption of the problem an	d describe the effect	on individuals or the
2.a. Who are the victin	n(s)? Housing tenure, mental he	alth issues, etc. Repeat vio	rtim?
Willouic the victi	in(3): Flousing tenure, memarine	аштовиев, есс. — Переас ис	ain:
2.b. What do you know alcohol / drugs misuse, etc.	v about the offender(s)?	Housing tenure, known to Pr	obation / YJS, mental health issues,
2.c. Are there any safe	eguarding issues?		

2.d. Stat	What do you know about the location – specific problems?: Type of location: Dwelling / Pub/Bar / Rail ion / Shop / Bus station / Public Toilets / Sports Facility / Play Area / Public Park / Car Park / Public Highway / Private Street / Other
3. <u>V</u>	Vhat do you suggest might resolve the problem / issues?
	When completed, please return this form to community.safety@harrogate.gov.uk Or deliver to the Community Safety Hub, Springfield House, Kings Road, Harrogate, HG1 5NX

NOTE:

The Community Safety Hub has a weekly tasking meeting.
All completed referral forms should be with the Hub no later than 10am each Friday



Community Safety Hub

When does a Case come to the Community Safety Hub?

Appendix B

Cases should only be referred to the Community Safety Hub when the referring agency has done all that it can to resolve an issue, and a multi-agency approach needs to be considered.

The following provides a guide to what needs to be considered as part of the assessment and to aid your thought process. It may also form part of the discussion at a future Hub Tasking meeting.

OFFENDERS

- Clear offending history.
- Clear tenancy breaches.
- What positive disposals have been used e.g. Fixed Penalty, ABC, PND, Caution, Reprimand?
- If above has been successful or unsuccessful; explain why.
- What is the housing situation of the offender?
- Consider

SAFEGUARDING (VICTIM)

- Clear history of the issue.
- Is there a victim and / or perpetrator? What are the risks?
- What agencies are involved or not?
- What referrals have been made, to whom and when?
- What has been tried so far?
- Has it worked or failed? Why?
- Did the individual engage?
- What is the housing tenure of the victim?
- Has a VRA / multiple VRAs been completed? What was the score? Dates completed?

LOCATION SPECIFIC

- What is happening?
- How long gas it been an issue e.g. seasonal, repeat issue?
- Who / what is the victim?
- Level of impact e.g. graffiti, criminal damage, intimidating behaviour, no-go area?
- Do we know who is doing what?
- Are they subject to an ABC? Are they known to YJS, probation or other services such as Prevention Team?
- If attending school, which school or PRU?
 Full time or set hours?
- What has been done so far?
- Who owns the location where the problem is happening?
- Is there any CCTV?
- Is the location within a PSPO or ARZ?
- Who has been involved so far?
- Any PSPs in place?

RESTRICTED

Community Safety Hub - Case Management

Appendix C Case No: CSH.

Date	Opened	Date Closed		Matrix Score		revious terim	Current interim	Final score	
Nam	е			☐ Perpetrator	☐ Victim	Consent	Received	YES 🗌 N	0
Addı	ress				Housing Provide	er			
Lead	l Officer		Lead Agency		Contact details				
Grou	ıp Membership								
Sum	mary information					Date of I	Birth		
						Nic	che / M3 Ref		
	Agreed Acti	ons	Target Date	Action Owner	· A	ction Update)	Update Dat	e RAG
1									
2								·····	
3									
4 5									
6									
7									
8									
9									
10									

	Case No	Initial Matrix Score	Current Matrix Score	Date Opened	Key Issues	Age	Orders in place	Orders being considered	Date Closed	Person / Property / Topic	X-Ref CSH	
1	CSH.1	40	40	30-Jun-16	Homelessness, Rough Sleepers, Street Begging				29-Nov-16	Topic	CSH.14	
2	CSH.2	70	70	04-Aug-16	ASB, Alcohol, Drug use / dealing				29-Nov-16	Topic		
3	CSH.3	42	5	20-Sep-16	Alcohol, Mental Health, Shoplifting	53			01-Nov-16	Person		
4	CSH.4	32	20	20-Sep-16	Alcohol, Mental Health				15-Nov-16	Person		
5	CSH.5	45	30	20-Sep-16	Alcohol, Mental Health, Repeat Caller	44			15-Nov-16	Person		Re-opened 14/03/2017
5	CSH.5	55	30	14-Mar-17	Alcohol, Merital Fleatin, Nepeat Callel	45			12-Dec-17	1 613011		110-opened 14/05/2017
6	CSH.6	47	47	20-Sep-16	Alcohol, Mental Health, Hate Crime	60	CBO		20-Dec-16	Person		
7	CSH.7	30	10	20-Sep-16	Repeat Caller	64			25-Oct-16	Person		
8	CSH.8	47	10	20-Sep-16	Alcohol, Mental Health, Repeat Caller	61			15-Nov-16	Person		
9	CSH.9	32	32	20-Sep-16	Hoax Calls	18	ABC		13-Dec-16	Person		
10	CSH.10	37	37	20-Sep-16	Violence	35		СВО		Person		
11	CSH.11	42	10	20-Sep-16	Violence, Crime, ASB, Criminal Damage	15	CBO		12-Dec-17	Person		
12	CSH.12	47	60	20-Sep-16	Violence, Mental Health, Crime	37			13-Dec-16	Person		Re-opened 24/01/201
12	CSH.12	47	SAFE	24-Jan-17	Violence, iviental rieattii, Ciline	37			15-Aug-17	r el soli		Case under SAFE
13	CSH.13	37	37	15-Jan-15	Vulnerable, Drugs	37	CBO		13-Dec-16	Person	CSH.1	CBO expired
14	CSH.14	0	0	26-Sep-16	Begging				27-Sep-16	Topic	CSH.1	
15	CSH.15	32	77	22-Sep-16	Domestic Abuse, ASB	15			25-Oct-16	Person		
16	CSH.16	65	65	28-Sep-16	Intimidation, Drug Dealing, Theft, ASB	28		Gang Injunction		Person		
17	CSH.17	52	10	28-Sep-16	ASB		Closure Order		15-Nov-16	Property		
18	CSH.18	52	15	04-Oct-16	Alcohol, ASB, Street Drinker	52	CBO		12-Dec-17	Person		Case under SAFE
19	CSH.19	57	57	28-Sep-16	ASB, Graffiti				13-Dec-16	Topic		Re-opened 18/07/2017
19	CSH.19	57	57	18-Jul-17	AGD, Glaiiti				12-Dec-17	Торіс		The-opened To/O7/2017
20	CSH.20	52	20	18-Oct-16	ASB, Mental Health, Hate Crime	36			11-Apr-17	Person		Re-opened 24/01/2017
21	CSH.21a	52	52		ASB, Alcohol, Drugs, Violence					Topic		
21	CSH.21	95	52	01-Nov-16	ASB, Alcohol, Proxy Supply, Violence				12-Dec-17	Topic		
22	CSH.22	80	32	08-Nov-16	ASB, Alcohol/Drugs, Criminal Damage				25-Jul-17	Topic		
23	CSH.23	90	90	15-Nov-16	ASB, Alcohol/Drugs, Violence, Crime	17	СВО		31-Jan-17	Person		Re-opened 14/03/2017
23	CSH.23	90	90	14-Mar-17	ASB, Alcoholibrugs, Violence, Chine	17	СВО			1 613011		110-opened 14/03/2017
24	CSH.24	57	15	06-Dec-16	ASB, Mental Health	56			06-Jun-17	Person		
25	CSH.25	72	72	06-Dec-16	Mental Health, Criminal Damage, Erratic Behaviour	51			27-Jun-17	Person		Committed - secure unit
26	CSH.26	72	72	06-Dec-16	ASB, Violence, Criminal Damage	19		CBO	26-Sep-17	Person		In prison until 2022
27	CSH.27	67	10	17-Jan-17	Repeat caller, Alcohol, Mental Health issues	47		CBO	11-Apr-17	Person		
28	CSH.28	50	10	17-Jan-17	Prescription Drugs, Nuisance Caller	39		ABC	11-Apr-17	Person		

	Case No	Initial Matrix Score	Current Matrix Score	Date Opened	Key Issues	Age	Orders in place	Orders being considered	Date Closed	Person / Property / Topic	X-Ref CSH	
29	CSH.29	37	10	17-Jan-17	ASB, Theft	16		ABC	11-Apr-17	Person	CSH.21	
30	CSH.30	0	0	31-Jan-17	CSE concerns				27-Jun-17	Topic	CSH.21	
31	CSH.31	87	87	31-Jan-17	Drug Dealing, ASB, CSE concerns					Topic	CSH.21	
32	CSH.32	62	62	28-Feb-17	Persistent Fly-tipping	28			27-Jun-17	Person		EP prosecution pending
33	CSH.33	62	5	14-Mar-17	Mental Health, Criminal Damage, Erratic Behaviour	48			06-Jun-17	Person		
34	CSH.34	60	10	28-Mar-17	Drug Dealing, ASB	53	Closure Order		19-Sep-17	Property		Full Order granted
35	CSH.35	42	42	25-Apr-17	Victim of ASB	75			27-Jun-17	Person		
36	CSH.36	52	32	25-Apr-17	Repeat Caller, Mental Health	54	ABC		12-Dec-17	Person		ABC failed
37	CSH.37	65	65	25-Apr-17	ASB, Alcohol, Violence, Crime	14				Person		
38	CSH.38	85	85	02-May-17	ASB, Alcohol/Drugs, Criminal Damage				12-Dec-17	Topic	CSH.21	Split from CSH.21
39	CSH.39	52	52	06-Jun-17	False reporting	44				Person		
40	CSH.40	52	52	06-Jun-17	Encampment on HBC Land				16-Jun-17	Topic		
41	CSH.41	65	65	13-Jun-17	ASB, Alcohol/Drugs, Criminal Damage					Topic		
42	CSH.42	37	37	13-Jun-17	ASB, Alcohol/Drugs				27-Jun-17	Topic		Combined with CSH 21
43	CSH.43	65	10	15-Aug-17	Poss CSE offender, Alias, radicalisation	21			19-Sep-17	Person		
44	CSH.44	45	15	12-Sep-17	ASB, Crime, Mental Health	24		CPN	12-Dec-17	Person		
45	CSH.45	80	20	03-Oct-17	MISPER, Crime, CSE, Alcohol/Drugs	17		CBO	12-Dec-17	Person		
46	CSH.46	50	10	24-Oct-17	Victim of Exploitation, Mental Health	45			12-Dec-17	Person		
47	CSH.47	42	42	24-Oct-17	Boy racers, vehicle-related ASB				12-Dec-17	Topic		
48	CSH.48	52	52	31-Oct-17	Theft, Violence, Drugs	38		CBO		Person		
49	CSH.49	72	72	06-Feb-18	Arson, ASB					Property		
50	CSH.50	67	67	06-Feb-18	ASB, Alcohol, Drugs, Littering					Topic		
51	CSH.51	70	70	06-Feb-18	Hoarding	48				Person		

A total of 51 cases have been adopted by the Hub.

Of these 33 were person-specific, 15 themes / locations, and 3 for specific properties.

The key factors in cases are as follows:

33 cases involving ASB; 15x Alcohol; 15x Mental Health factors; 11x Drug use / dealing; 15x Criminal damage / graffiti; 8x Violent offenders; 6x Repeat / nuisance callers; 10x Theft; 3x Hate Crime; 1x Fly-tipping; 3x Exploitation.

Cases based on themes or locations involved the following factors:

15x ASB; 10x Alcohol; 9x Drug use / dealing; 2x Violent offenders; 2x Exploitation.

2 property specific cases resulted in full Closure Orders being granted, and the key factors involved were 2x ASB, and 1x Drug use / dealing; one case is still, open with the key factors being ASB and arson.

7 cases involved additional multi-agency meetings to agree scope of the issue and to agree action plans, as these discussions were too lengthy and involved to include within the normal Hub Tasking meetings.

A further 44 cases were referred to the Hub but were not adopted; 42 were person-specific and 2 for specific properties.

14 of these referrals resulted in ABCs being issued, 3 referrals to mediation, 11 required additional work by the referring agency and 17 had no further action taken by the Hub.

Acceptable Behaviour Contracts & Criminal Behaviour Orders

ABCs and CBOs are coordinated by the Hub, with day-to-day management remaining with the Neighbourhood Policing Teams.

- 6 ABCs were in place when the Hub pilot commenced, with a further 22 issued to 31 January 2018.
- 20 ABCs have now finished; 5 had positive outcomes, 5 had some good effect on the individuals' behaviours, 7 failed before expiring and 3 were abandoned due to non-engagement of the families.
- 1 ABC is currently awaiting issue.
- 3 CBOs were in place when the Hub pilot commenced, with a further 6 granted at Court.
- 1 application was dismissed at Court, as conditions were applied at sentencing, and 2 were not progressed as there were insufficient arrests for a CBO schedule.
- 3 CBOs have now finished; 1 had a positive outcome, and the other 2 had some good effect on the individuals' behaviours.
- 2 CBOs are currently under development, and another 1 is on hold as the individual is currently in prison (release imminent).

Public Space Protection Order

The current PSPO covering Harrogate town centre is managed by the Hub, including undertaking the 12-month review. A 3-year continuance was granted following the review.

Community Safety Hub Recommendations

REF	ACTION	TARGET DATE
1	To reduce the complement of PCSO's is reduced from 2 FTE to 1FTE effective from the rotation in October 2017	October 2017
2	To continue to develop methods of working around mental health issues including links to the Vanguard project	Ongoing
3	To work alongside the HBC Environmental Protection pilot project on fly tipping exploring working practices and opportunities	From Sept 2017 – 12 month pilot
4	To identify need based training and learning for Hub Staff and wider partners to support work streams	Ongoing
5	To continue to support the work of the York and North Yorkshire Joint Coordinating Group including case management systems, information sharing protocols, models of effective working etc.	Timescales determined by JCG
6	To undertake regular reviews of circulation / participation at partnership meetings, including identification of gaps	October 2017 April 2018 October 2018
7	To raise awareness with all agencies on the Community Safety Hub including input at team meetings with the aim of increasing appropriate referrals	Ongoing
8	To access additional funding to support project development	Ongoing
9	To utilise legislation to support enforcement action by all partner agencies	Ongoing
10	To explore how multi agency teams work outside of North Yorkshire and identify alternative methods of working – links to work around serious organised crime	April 2018

11	To continue to make best use of officer/agency time by adopting a joint approach – joint meetings	Ongoing
12	To explore how victims and family members can contribute to the effective case management including support. Links to victim services.	December 2017
13	To explore hot desking/co-location for partner agencies on an ad hoc / structured basis under a Service Level Agreement / Licence to Occupy	Once in the new Council Offices
14	To develop the Focus mental health pathway	Operational by October/November 2017
15	To explore additional practitioner mental health awareness training including roles and responsibilities	April 2018
16	To continue to develop in conjunction with partners an 'identify, record, respond, refer and review' approach to the cases managed by the CS Hub	Ongoing – planned to introduce case management system from April 2018
17	To continue to raise awareness with partners and professionals about the role and links to the CS Hub	Dec 2017
18	To support the national CONTEST strategy through effective partnership work and community engagement and intelligence sharing	Ongoing – CONTEST 3 Strategy due Spring 2018