

# Safer Neighbourhoods

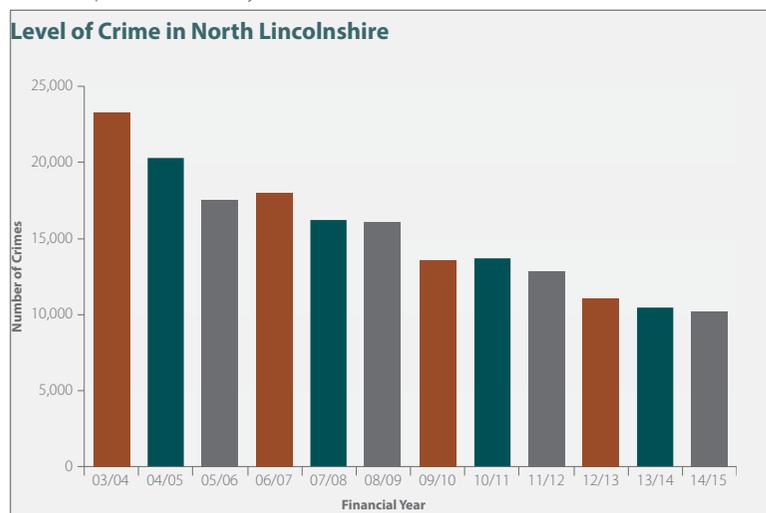
## Vision

Progress against The Partnership Mission Statement: "To reduce crime, disorder and substance misuse in North Lincolnshire through effective partnership working" continued to be maintained in 2014/15 with reductions in most crime categories and achievements in re-offending rates.

## Crime Reduction

### Priorities

- Target crime reduction/problems in the priority wards of Ashby, Brumby, Crosby & Park and Town.
- Reduce Prolific and Priority offending and reoffending utilising the Integrated Offender Management (IOM) approach.
- Reduce Alcohol Related Violent Crime
- Reduce Repeat Domestic Abuse Victimisation
- Respond to locally identified crime and ASB issues.



## Positive trends

Reported crime in North Lincolnshire fell slightly during the latest JSIA period. There were 265 fewer crimes over the period October 2014 to September 2015 compared to the same period in 2013-14, a decrease of 2.5%.

However, for some recorded crime types, rates remain higher than in similar crime partnerships.

The targeted approach to reducing crime in priority wards has been successful, with reductions in 3 of the identified wards over the last year:

- No change in Brumby ward
- 7.6% reduction in Crosby & Park ward
- 1.8% reduction in Frodingham ward
- 13.7% reduction in Town ward
- The latest Humberside Criminal Justice Board data for the 12 month reoffending rate has North Lincs at 23.9% - this is our lowest figures ever. The England and Wales average is 26.41% , Hull is 32.2 % and North East Lincs 35.2 %.

We have also seen the following:

- 18.1% increase in domestic abuse related crime across North Lincolnshire
- 20.4% increase in domestic abuse related crime in the priority wards of Brumby, Crosby & Park, Frodingham and Town
- 12.6% reduction in alcohol related violence against the person across North Lincolnshire
- 12.8% reduction in alcohol related violence against the person in the 4 priority wards
- 16.4% reduction in ASB incidents

## Challenging trends

- 10% increase on number of cases referred to MARAC within North Lincolnshire
- 60% increase in number of children in the household where the family have been referred into MARAC
- The repeat referral rate for North Lincolnshire MARAC during the period from April 2014 to March 2015 is 33% compared to the national rate of 24%; an increase of 9% from the previous year. SafeLives, the national charity dedicated to ending domestic abuse recommend a repeat rate of between 28% and 40%.
- Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population) (ONS (2015), Crime Survey England and Wales 2013-14)
- In North Lincolnshire, for both males and females, the age of greatest risk for reporting repeat victimisation was between 26 and 35 years.



## Target areas

- 8.0% reduction in criminal damage
- 12.7% reduction in criminal damage in the 4 priority wards
- 16.5% reduction in ASB in the 4 priority wards
- 30.4% reduction in calls to Humberside Police from repeat victims of ASB (repeat victimisation = 4 or more calls for service in a 12 month period)
- 28.7% reduction in calls from repeat victims of ASB in the 4 priority wards (repeat victimisation = 4 or more calls for service in a 12 month period)

The primary crime hotspot in North Lincolnshire remains in the Scunthorpe town centre/Crosby area.

The night time economy impacts on the level of all types of crime in Scunthorpe town centre.

The wards of Ashby, Brumby, Crosby & Park and Town were identified as priority areas. The difference between levels of violent crime with injury, dwelling burglary, non dwelling burglary, other thefts and criminal damage experienced in these wards remains, in most cases, above the levels experienced in the whole of North Lincolnshire.

- **Ashby** - all offence types, with the exception of other thefts, were above the rate for North Lincolnshire. Compared to the previous JSIA period the only offence types to see increases were violent crime with injury and non dwelling burglary.
- **Brumby** - all offences types are above the North Lincolnshire rate. The only offence type to see an increase when compared to the previous JSIA period was non-dwelling burglary.
- **Crosby and Park** - all offence types remain above the rate for North Lincolnshire. Compared to the previous JSIA period the only offence types to see an increase were violent crime with injury and non-dwelling burglary.
- **Town** - all offence types are above the North Lincolnshire rate. Compared to the previous period the only offence type to see an increase was violent crime with injury.

## Local and national trends

The latest figures from the Crime Survey for England and Wales (year ending June 2015) suggest a continuing fall in incidents of crime against individuals and households across the country, with an 8% decrease compared to the previous year with estimated crime at its lowest level since the survey began in 1981.

Police recorded crimes showed a 5% increase compared to the previous year. It is suspected that a large part of this is due to improved recording standards by the police in the last year.

## Key points

- Crime continues to fall, but we still have disproportionate levels of crime in some wards, namely Ashby, Brumby, Crosby and Park and Town.
- By tackling crime in the priority wards we will see crime fall across the whole of North Lincolnshire.
- Most offenders are male and are in the 16-24 age group and continue to be targeted by local services for offender management.
- Most victims of Domestic Abuse are female and there are higher rates of Domestic Abuse in the priority wards.
- Reported domestic abuse related crime increased in North Lincolnshire. Alcohol is a key factor in domestic abuse incidents.
- A small number of offenders commit a large amount of crime and a targeted approach to managing those offenders through IOM will be the most effective way to reduce re-offending.
- Work with perpetrators and victims is central to reducing violence overall in North Lincolnshire and improving services for victims and their families.



# Safer Neighbourhoods

## What are our key strengths/assets?

- Extremely well embedded partnership processes, with co-located teams working together.
- A well-established network of 17 Neighbourhood Action Teams led by Ward Members engaged in local consultation and problem solving in each Ward.
- Specialist Substance Misuse staff co-located with Probation and Police staff in Council Building.
- Specialist recovery services being delivered from community venues
- Targeted specialist interventions delivered from Police premises, e.g. screening and diversion.
- Supervision and support for women offenders being delivered from Children's Centres
- Prison Partnership Project, involving in-reach to offenders in prison from Health and Police staff improving pre-release planning and re-settlement.
- Women's Centre providing support and preventative work with women experiencing domestic abuse through delivery of the Freedom Programme.

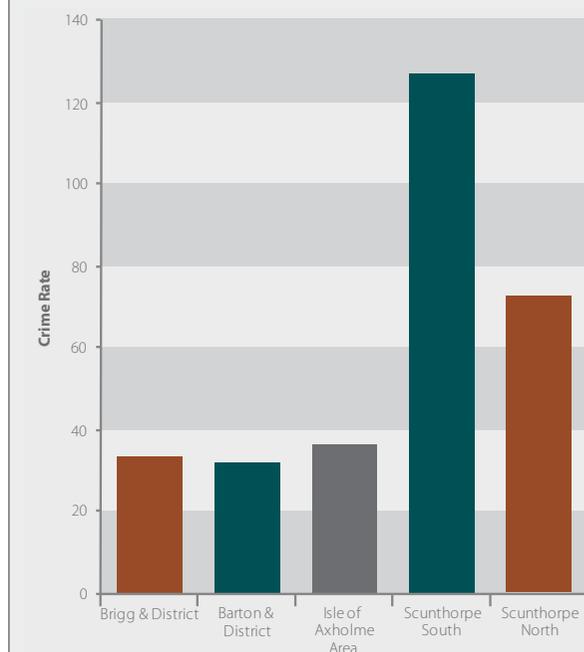
## Future needs

- Ensuring that partnership activities are 'evidence led', concentrating efforts on those places, people and issues that are causing the most harm to our communities.
- Engaging with communities in a meaningful way through the operation of the Safer Neighbourhoods Action Programme (SNAP).
- Making best use of available information and intelligence sources to direct operational activity.
- Employing a stringent performance management framework.
- Increasing partnership effectiveness by removing barriers to 'joined up' working.
- Supporting the voluntary and community sector in helping to reduce crime, disorder, substance misuse and domestic abuse.
- Researching, identifying and disseminating recognised 'best practice' to our partners and the public.

## What's changed since 2014?

- Crime and re-offending have both decreased slightly.
- The Anti-social behaviour, Crime and Policing Bill came into effect in October 2014 and has reformed anti social behaviour powers, putting the victim at the heart of responses to anti-social behaviour.
- A change to the operating model of Humberside Police from a geographic to a thematic approach.
- The Serious Crime Act 2015 introduced the new offence of 'controlling or coercive behaviour in an intimate or family relationship' which came into force on 29th December 2015.

**Crime rates per 1000 population by locality**



## Substance Misuse

### Positive Trends

- New presentations and numbers in treatment for all drug users in 2014-15 have increased compared to 2013-14.
- Successful treatment completions for non-opiate drug users are up 2% compared to 2013-14. Successful treatment completions for non-opiate and alcohol drug users are up 10% compared to 2013-14.
- Of the estimated 1196 opiate and/or crack users (OCU) in North Lincolnshire local treatment services have accessed 61%, higher than the national average of 55%.
- The percentage of people in structured treatment completing a course of hepatitis B vaccinations is higher than average helping to prevent avoidable deaths amongst a high risk group.
- A higher than national average number of people who inject drugs receive a hepatitis c test helping to prevent liver disease which is one of the top causes of death in England
- The under 75 mortality rate from alcoholic liver disease (2012-14) is similar to average and has decreased from 2011-13.

### Challenging trends

- Successful treatment completions for opiate drug users are down 4% when compared to 2013-14.
- According to latest prevalence estimates (2011/12) the number of people who inject drugs, when

expressed as a rate per 1000, is similar to regionally but higher than nationally. These people have a significant impact on crime, unemployment, safeguarding and long-term benefit reliance in the locale.

- When entering treatment half of all drug clients are unemployed/ economically inactive, another quarter are on long term sick or disabled. The length of time clients have been on benefits is higher than the national average.
- Alcohol related hospital Admissions (Narrow, PHOF indicator) / Alcohol-specific hospital admissions continue to increase but we are similar / better than average.
- Admissions episode for alcohol related conditions (Broad measure) indicates higher harm levels where alcohol is identified as a causal factor. This suggests work is required on early prevention.
- The latest LAPE profile 2015 indicates a significantly worse than average admission rate for alcohol related malignant neoplasm and cardiovascular disease conditions.
- When compared to our nearest neighbour group months of life lost due to alcohol amongst males is causing higher levels of harm. This is likely to be caused by a significant population who have been drinking heavily and persistently for years and who also suffer from chronic health conditions.

### What are our key strengths/assets?

- Safer Neighbourhoods is a partnership that can work better and smarter with its partner agencies towards shared Public Health and Criminal Justice Outcomes.
- Local Integrated drug and alcohol services that deliver prevention, treatment and recovery interventions deliver Value for Money by helping reduce crime, blood-borne viruses and other illnesses in the local community. The Adult Drug and Alcohol Social Return on Investment (SROI) tool produced by PHE will be available soon.
- Waiting times for treatment remain low which plays a vital role in supporting recovery in the local community.
- A high proportion (94%) of clients are engaged in effective treatment meaning people use less illegal drugs, commit less crime, improve their health and manage their lives better – benefitting both their families and local community.
- Effective criminal justice pathways into treatment help people who commit crime and misuse substances get help. A quarter of referrals into drug treatment are referred through the Criminal Justice System.
- An increasing number of clients receive psychosocial and recovery support interventions to help them achieve their recovery outcomes. Recovery orientated drug treatment systems play an important role in preventing deaths.
- Opiate users are generally the most complex client group who present with the most significant harms that place most financial burden on the local community. In North Lincolnshire complex cases are managed and formally coordinated across a multi-agency arrangement helping to reduce this burden.

# Safer Neighbourhoods

## Key points

### Drugs

- Sustain effective treatment engagement (retain clients in treatment for 3 months or more, particularly non-opiate clients). Reduce early unplanned exits as a marker for efficiency and effectiveness of the treatment system.
- Improve community access to treatment increasing the number of drug users who self-refer and develop effective pathways increasing those referred through health & social care services, GP's and Hospital/A&E.
- Maintaining close working with Job Centre Plus and work programmes providers will help improve employability and keeping people off benefits which is the key to sustaining recovery. 40% of client's successfully completing drug treatment work ten or more days which is significantly higher than the national average, 29%.
- Locally 1% of the treatment population have been to residential rehabilitation compared to 3% nationally. Continue provision of Residential Rehabilitation for those seeking active change
- Although the rate of homelessness in North Lincolnshire is comparatively low safe and secure housing has been identified as a major local concern, particularly for those with complex needs or those within the criminal justice system. Local service providers should engage with housing and homelessness agencies to ensure that clients housing needs are met as best as possible. Adults successfully completing treatment no longer reporting a housing need are 100%.

- Work with injecting opiate users still using at treatment review. Client still using are less likely to achieve their recovery goals
- Increase access and engagement with new and emerging drug users, including IPEDS, stimulant and NPS users.
- Ensure effective safeguarding is in place for drug users in treatment who live with children.

### Alcohol

- Alcohol misuse is a widespread problem. Nearly 20% of the local population are estimated to be drinking at levels that increase the risk of harm to their health, a further 6% are estimated to be drink at very heavy levels which significantly increases the risk of damaging their health and may have already caused some harm to their health (Alcohol Concern).
- Alcohol misuse damages people's health, including heart disease, stroke, high blood pressure, liver cirrhosis, reduced fertility, depressions and anxiety, various cancers, pancreatitis and harm to unborn babies. These harms place a burden on the local healthcare system and in order to address these harms effective prevention needs to take place including action to reduce binge drinking.
- Alcohol misuse harms families and communities: almost half of all violent assaults; causes domestic violence and marital breakdown; is mentioned in 27% of serious case reviews; causes physical, psychological and behavioural problems for children of parents with alcohol problems, and is involved in 15% of road fatalities. These harms can be addressed by implementing health improvement interventions and linking in treatment and recovery services that

## What are our key strengths/assets?

- Peer led initiatives are strong and ingrained within service delivery. Peer mentors are visible within services and involved within case management
- Strive Recovery Cafe continues to deliver user led recovery
- Needle and Syringe programmes benefit the wider society by reducing the prevalence of blood-borne viruses and bacterial infections. Needle Exchanges in North Lincolnshire continue to be delivered across a good geographical spread and deliver equitable service to all types of injecting drug users, including those using stimulants and Image and Performance Enhancing Drugs (IPEDs) who represent a quarter of those using needle exchanges.
- Outreach for street workers is consistent and delivered in partnership with all key agencies, including 3rd sector, Police and CYP services.

address these problems not just the substance misuse.

- Reducing the harm caused by alcohol can be improved by improving awareness, reducing people's intake, targeting those most at risk (in healthcare and criminal justice settings) and by helping those who have already developed problems.
- A number of population wide preventative measures can be employed including: effective use of licence powers, managing town centre drinking, running behaviour change campaigns such as dry January and working with employers and the local industry.
- Targeted prevention measure can also be used such as working more effectively with the Hospital, delivering brief interventions in healthcare settings, involving alcohol screening in the NHS health check and delivery prevention programmes to young people.
- Improving the quality of specialist treatment services ensuring they comply with NICE guidelines, meet people's needs, be regularly reviewed and deliver evidence based interventions including support for behavioural change.
- The key to achieving the above is by working in partnership and continued investment which saves money and leads to better public health outcomes.

## What's the local picture and how do we compare?

- In 214/15 overall numbers in drug treatment were up 9% however, overall successful completions are down 1%.

- The local estimated prevalence of opiate and/or crack users (OCU's) is, as a rate per 1000, higher than nationally. Un-treated this would have a significant impact on crime, unemployment, safeguarding and long-term benefit reliance. However, the local treatment penetration rate for OCU's is higher than nationally which contributes to fewer crimes and fewer victims of crime.
- Although alcohol related hospital admissions (Narrow) continue to increase we are better than the region and similar to nationally. Admissions episodes for alcohol-related malignant neoplasm conditions (or cancer) have decreased but we are worse than the regional and national average.

## Priorities

### Drugs

- Improve successful treatment completion amongst opiate users, supported by delivery of aftercare to minimise relapse and representation.
- Work with long term benefit claimants who are engaged in treatment.
- Engage with local housing and homelessness agencies to ensure those with housing issues are dealt with efficiently and effectively
- Deliver more prevention work, particularly around families/hidden harm by developing bespoke packages of care for families in addiction and educate families around the dangers and threats of addictions. Develop the partnership workforce in terms of the hidden harm agenda and revise s best practice.
- Identify clients more likely to achieve recovery, optimising the recovery interventions that are delivered and prioritise resources to achieve recovery outcomes.
- Address illicit heroin use on top of opiate substitute therapy (OST).
- Improve the quality of treatment by reviewing treatment more frequently, co-production and effective contract management.
- 13% of the treatment population cite Prescription only (POM) or over the counter (OTC) medicines as problematic compared to 16% nationally. A pilot, supported by the CCG, will be used to identify patients at risk of opioid analgesic dependence increasing the number in treatment and recovery outcomes for opiate clients.
- The number of Novel Psychoactive Substances (NPS) and club drug users new to treatment is relatively low (less than 10% of all new treatment entrants) with people being treated for Mephedrone, Ecstasy and other NPS. Treatment providers need to maximise opportunities to engage with people using NPS through engagement work in the community, police cells and hospital.
- Develop strategies and pathways to support people with Dual Diagnosis. Increase the partnership work with mental health services and develop the workforce skills in managing people with mental health problems.

## Alcohol

- The number of adults in alcohol only treatment in 2014/15 is 333. With no accurate up-to-date estimate of local prevalence it would be safe to say there are still a significant number of people that could be targeted who would benefit from specialist alcohol treatment.
- Only 3% were referred into treatment from Hospital/ A&E compared to 8% nationally. Local A&E data indicates over 300 people with an alcohol related diagnosis attend A&E every year, a quarter of these are admitted to hospital and over half are discharged not requiring follow-up and it is currently unknown if these were given a brief intervention. Work with hospital staff to help reduce the burden on the NHS.
- In 2014/15 there were no referrals into alcohol services from social services. Social services work with some of the most vulnerable people in society who might benefit from local services particularly with regards early intervention.
- Maximise the opportunities to engage with non-opiate users who are a burden on our criminal justice system.
- Less than half of clients in treatment receive recovery support interventions. The newly commissioned service can improve access to support that promotes and sustains recovery, such as mutual aid and other positive social networks.
- Provide interventions for chronic heavy drinkers in the higher risk and dependent drinkers groups. (also known as blue light patients).
- Address alcohol related crime including violence in the night time economy.

- Take action to reduce binge drinking and the harm caused by binge drinkers and deliver health and harm campaigns
- Provide effective prevention (IBA) and health improvement interventions for those at risk
- Improve referrals into treatment from A&E/Hospital and GPs.

## What's new in 2015?

- A newly commissioned integrated substance misuse service which delivers prevention and structured treatment services to those individuals who are in treatment for drugs and/or alcohol that may have particularly complex issues and where extra consideration needs to be taken on what additional support is required.
- A pilot based in primary care to identify and review individuals at risk of developing a dependency, or who have undiagnosed dependency on opioid analgesics.
- Introduction of a provider led 'detox club' using local recovery workers to increase the number of successful opiate completions.
- Introduction of the Westcliffe Engagement Project designed to improve access into treatment within a particularly deprived neighbourhood and engage with a group of people who are traditionally difficult to engage in structured treatment.
- Work with those on Community Orders to implement Rehabilitation Activity Requirements (RAR) giving probation providers flexibility to use local treatment services to deliver innovative rehabilitative interventions.

- Partnership commitment to investment in community and out of area detoxification, including residential rehabilitation packages, for those seeking active change.
- Improvements in the alcohol offer, particularly hospital liaison, delivery of Identification and Brief Advice (IBA) and targeted prevention work in local community health and well-being hubs. Provision of training to street pastors, NiteSafe and library staff in the delivery of IBA.

