



# Place Scrutiny – 24 October 2019 Cabinet – 5 November 2019 Council – 21 November 2019

## Community Safety Annual Report

Date of Meeting: Place Scrutiny Committee - 24 October 2019; Cabinet - 5 November; Council - 21 November

Portfolio Holder: Cllr G Carr-Jones, Housing

Local Member(s):

Director: Mathew Kendall, Executive Director of People - Adults

### **Executive Summary:**

Place Scrutiny Committee is the Council's formal Crime & Disorder Committee (as required under The Police & Justice Act 2006).

The committee is responsible for scrutinising the work of the Dorset Community Safety Partnership (CSP) and partners' delivery of their community safety functions.

Partners must develop and implement three-year community safety plans (that are reviewed annually), reducing reoffending strategies and substance misuse strategies. These plans and strategies should be formally adopted by Dorset Council.

This report sets out work undertaken by the Dorset CSP, for consideration by members of the committee, and statutory plans and strategies for adoption by the Council.

### **Equalities Impact Assessment:**

Equality Impact Assessments (EqIAs) have been completed on the Community Safety Plan 2017-2020 (2019 refresh) and Reducing Reoffending Strategy 2018-2021 (2019 refresh). Both highlighted positive impacts for many protected characteristics.

An EqIA screening was undertaken in February 2016 when the Bournemouth, Poole and Dorset 2016-2020 Alcohol and Drugs Strategy was first written. The assessment concluded that a full EqIA was not needed. A new EqIA will be completed as part of the development of the new strategy.

**Budget:**

The Dorset CSP does not receive any funding, however partners' plans and strategies clarify where they will focus their time and effort and their broad activity to meet priorities.

A funding agreement is in place with partners to meet the costs of conducting Domestic Homicide Reviews (DHRs).

**Risk Assessment:**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk LOW

**Climate implications:**

It is not anticipated that partners' work to tackle community safety and substance misuse, including through the Community Safety Plan, Reducing Reoffending Strategy or Alcohol & Drugs Strategy, will have an adverse effect on the environment or climate change.

**Other Implications:**

Partners work closely with both the Adults and Children's Safeguarding Boards on areas of mutual interest, including joint approaches to learning lessons and good practice in relation to serious case reviews and domestic homicide reviews.

**Recommendations:**

1. Members of the Committee consider and comment on partners' community safety work.
2. That the Community Safety Plan 2017-2020 (2019 refresh), Reducing Reoffending Strategy 2018-2021 (2019 refresh) and Bournemouth, Poole and Dorset 2016-2020 Alcohol and Drugs Strategy be recommended to Dorset Council for adoption.

**Reason for Recommendations:**

To ensure Dorset Council meets its duties as set out in relevant legislation.

**Appendices:**

1. Partnership Structure Chart

2. Crime Trend Information
3. Community Safety Plan 2017-2021 (2019 refresh)
4. Reducing Reoffending Strategy 2018-2021 (2019 refresh)
5. Bournemouth, Poole and Dorset 2016-2020 Alcohol and Drugs Strategy

**Background Papers:**

Dorset CSP web pages - [click here](#)  
Dorset CSP Terms of Reference – [click here](#)  
Equality Impact Assessments – [click here](#)  
Domestic Homicide Reviews - [click here](#)

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**1. The Dorset Community Safety Partnership (CSP)**

1.1 The Dorset CSP is a statutory partnership under The Crime & Disorder Act 1998. It brings together the following responsible authorities who must work together to understand and address community safety issues in their area:

- Dorset Council
- Dorset Police
- Dorset Clinical Commissioning Group
- Dorset & Wiltshire Fire & Rescue Authority
- National Probation Service (Dorset)
- Dorset, Devon and Cornwall Community Rehabilitation Company

1.2 There are a number of other organisations who attend the CSP and contribute to its work but are not under the same statutory duty. They include:

- The Dorset Combined Youth Offending Service
- Public Health Dorset
- The Office of the Police & Crime Commissioner
- The Dorset Association of Parish & Town Councils
- Dorset & Wiltshire Fire & Rescue Service

- Dorset Domestic Abuse Forum
- 1.3 The terms of reference for the Dorset CSP describe its role, working practices and the duties the partnership is required to carry out. They include:
- Producing an annual Partnership Strategic Assessment (PSA) that pulls together information, provides an analysis of community safety issues and sets out the matters that partners should prioritise.
  - Developing and implementing a three-year community safety plan that is updated annually.
  - Engaging and consulting with communities about community safety issues in the area.
  - Having in place a protocol to allow partners to share relevant information to tackle issues.
  - Developing and implementing a Reducing Reoffending Strategy for the area.
  - Conducting Domestic Homicide Reviews.
- 1.4 There is also a requirement to have a strategy in place to tackle substance misuse. In Dorset, this work is led by Public Health.
- 1.5 To organise and deliver the work, partners put in place a structure that allowed functions and tasks to be delivered at the most appropriate level, from specific neighbourhoods to across the pan-Dorset area (see structure chart at Appendix 1). They are currently reflecting on that structure in light of local government re-organisation.
- 1.6 Every local authority must have a Crime & Disorder Committee that scrutinises partners' community safety work (including statutory duties). Dorset Council decided to meet this requirement by making Place Scrutiny Committee its formal Crime & Disorder Committee (many other councils have also incorporated the function into the remit of other scrutiny committees).
- 1.7 Crime & Disorder Committees should receive a report at least once a year setting out progress with community safety work. This first annual report sets out progress generally and against statutory duties and includes three statutory plans for the Committee to recommend to the Council for adoption.

## **2. Community Safety Work**

## Duties

- 2.1 Legislation places a number of statutory duties on CSPs. Although the Dorset CSP retains accountability for these, it utilises the pan-Dorset Community Safety & Criminal Justice Board (CSCJB) to deliver some of them on its behalf.
- 2.2 The table below lists the various statutory duties and how they are implemented by partners:

<b>Duty</b>	<b>Implementation</b>
Annual Partnership Strategic Assessment (PSA)	Completed for 2018/19 and signed off by the CSCJB in February 2019. Priorities have been used to update partners' Community Safety Plan. The next PSA will be undertaken towards the end of the 2019 calendar year and will be used to inform the new Community Safety Plan covering 2020-2023.
Community Safety Plan	Partners' current Community Safety Plan runs from 2017-2020 and is updated annually. The most recent update (for 2019/2020) was agreed by the Dorset CSP at its meeting on 17 June 2019. It is included in this paper for the committee to recommend to the Council for adoption.
Community Engagement and Consultation	Partners sought to incorporate the views of the public in the development of the most recent PSA and refreshed Community Safety Plan, including through the findings of consultations undertaken locally and nationally.  The CSP has agreed to further develop its community consultation work to inform the next version of its community safety plan.
Information Sharing Protocol	The CSP works under the Dorset Information Sharing Charter (DISC). In addition to this, the Partnership has Personal Information Sharing Agreements (PISAs) in place for specific pieces of work.
Reducing Reoffending Strategy	Partners' current Reducing Reoffending Strategy runs from 2018-2021. It has been updated for 2019/2020 and is included within this paper for the committee to recommend to the Council for adoption.

Domestic Homicide Reviews (DHRs)	<p>In line with statutory guidance, the CSP has completed four DHRs (two of which have been closed because all actions associated with the recommendations from the reviews have been completed), is in the process of conducting two reviews and is undertaking scoping work for a further review. The Partnership has also engaged in two reviews led by other CSPs.</p> <p>Progress against DHR recommendations is formally monitored by the CSP at its quarterly meetings.</p>
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### General Progress

- 2.3 The CSP uses crime statistics and other information every quarter to understand issues and assess performance. A summary of information is provided at Appendix 2 along with a short explanation of trends.
- 2.4 A range of statistical information is also used to assess progress against the Reducing Reoffending Strategy by the theme group that leads this work.
- 2.5 Although police statistics help guide partners' discussion and response, they do not, in themselves, provide a completely accurate picture of issues. Changes in Police recording practices impact figures significantly making it difficult to assess trends over a long period of time. Positive action taken by partners can also influence trends. For example, the increase in domestic abuse crimes is likely to be partly due to work undertaken to raise awareness and encourage and enable victims to report issues.
- 2.6 Given these factors, rather than take crime statistics at face value, the CSP aims to undertake further research and analysis, within the resources available to it, to develop the best possible picture of what's happening so it can put the most effective solutions in place.

### Actions and Impact

- 2.7 Behind their formal plans and strategies sit a number of actions that partners take to deliver their priorities. Details of the actions being taken to deliver Partners' Community Safety Plan can be found on CSP's web-pages (follow link in background papers section above).
- 2.8 As far as possible, actions are based on the best available understanding of issues to have the biggest impact. However, due to the wide range of factors that influence crime, it is often difficult to make a direct correlation between completion of a specific action and a change in performance.

## Partners' Actions

### 2.9 Examples of actions taken by partners to address priority issues include:

- To meet statutory duties, 160 officers from across Dorset Council have received training in relation to Modern Slavery. There have been two known cases where staff knowledge of Modern Slavery has informed the Council's response.
- Changes to practice based on learning from DHRs include changes to safeguarding policy and practice for children who are experiencing neglect, changes to non-school attendance procedures to improve monitoring of children not attending school, development of a multi-agency domestic abuse training framework, changes to front line police practice including provision of mobile phones to victims of domestic abuse and renewed focus on the bail conditions and the need to safeguard victims and improved screening of referrals to the high risk service for victims of domestic abuse.
- A cross partnership approach has been taken to address 'County Lines' (the term used when criminals from major cities expand their drug networks to other areas of the country) which has involved using partners' intelligence and evidence to map vulnerable locations and groups vulnerable to exploitation, working with Bournemouth University to develop screening and assessment tools for adults at risk of exploitation and close working across partnership bodies to develop joint understanding and responses to avoid duplication and ensure clear governance.
- Partners created a local policy which sets out a common approach to dealing with long running neighbour disputes.
- Work has been undertaken to better manage situations involving dual diagnosis (alcohol / drugs and mental health issues) by developing the use of Multi Agency Risk Management (MARM) meetings.
- Partners have continued to develop the Rural Crime Project, which focuses on working closely with rural communities and tackling crimes specific to them.
- A comprehensive domestic abuse training framework has been developed for staff to ensure they know how to spot the signs of domestic abuse and respond appropriately.
- A communications plan for domestic abuse has been implemented ensuring the timely provision of awareness raising and information including promoting the 16 days of action which is supported by Public Health England.
- Ensuring that each GP practice has a domestic abuse lead in place.
- Successfully securing grant funding to enhance and develop domestic abuse services.

### 2.10 Actions relating to the Alcohol & Drugs Strategy are highlighted at 3.19.

## The Role of Council Services

2.11 The Council not only plays a key role in helping co-ordinate partnership effort to tackle crime, through its services, it directly impacts on addressing priority community safety issues. Examples include:

- Regulatory and Housing services investigating the use of licencing schemes for Houses of Multiple Occupation and ensuring minimum security standards are being met.
- The Council's Community Safety Team based in the Place Directorate, further developing the Community Safety Accreditation Scheme in Melcombe Regis and exploring the development of a community safety hub in Weymouth.
- Licencing and Trading Standards working to ensure licenced premises are complying with their responsibilities.
- The Community Safety Team based in the Place Directorate exploring the feasibility of a 'reducing the strength' campaign to tackle issues of street drinking and serving to those already intoxicated.
- Commissioners based in the People – Adults Directorate commissioning domestic abuse support services that meet needs and provide flexibility around future provision.
- Children's Services working with partners to identify and respond to vulnerable children at risk of exploitation including getting drawn into County Lines activity.
- Learning and Organisational Development teams working with the Community Safety Team based in the People – Adults Directorate to ensure staff training is in place for key issues including domestic abuse, preventing violent extremism and modern slavery.

### **3. Statutory Plans and Strategies**

3.1 The Crime & Disorder Act 1998 lists three plans and strategies that must be developed and implemented by partners. Collectively they are known as 'The Crime & Disorder Reduction Strategy'. They are:

- The Community Safety Plan
- The Reducing Reoffending Strategy
- The Substance Misuse Strategy (in Dorset this is called the Bournemouth, Poole and Dorset 2016-2020 Alcohol and Drugs Strategy)

- 3.2 The plans and strategies should be formally adopted by the local authority's full council and the most recent version of each plan / strategy is appended for the Committee to recommend to Council for adoption, via Cabinet. A summary of each plan / strategy is provided below.

Community Safety Plan 2017-2020 (2019 Refresh) – Appendix 3

- 3.3 The Dorset CSP is required to produce three-year Community Safety Plans that are revised annually in light of the findings from their latest PSA.
- 3.4 Partners' current plan runs from 2017-2020. The 2019/20 refresh of the Plan was agreed by the Dorset CSP and its meeting on 17 June 2019.
- 3.5 The Plan sets out partners' community safety priorities and how they will address them in broad terms. Priorities for 2019/20 include:
- Domestic Abuse and Sexual Violence
  - Serious Violence and Criminal Exploitation
  - Acquisitive Crime
  - Public Order and Anti-Social Behaviour (ASB)
  - Non-Domestic Violence Against the Person
- 3.6 Partners have also agreed to monitor and address hate crime, tackle rural crime, address priority locations including Melcombe Regis in Weymouth and support work to address modern slavery and preventing violent extremism.
- 3.7 The Plan is supported by a number of actions and activities which are set out in partners work plans. The CSP monitors progress against issues and the completion of actions every quarter.
- 3.8 Work to produce a new Community Safety Plan for 2020-2023 will begin in the autumn with the production of an updated PSA. In producing the new plan, partners will draw on information and intelligence from a range of organisations and seek the views of members of the public about community safety issues.

Reducing Reoffending Strategy 2018-2021 (2019 Refresh) – Appendix 4

- 3.9 Partners' Reducing Reoffending Strategy runs from 2018-2021. It has been updated for the current year and was agreed by the Dorset CSP at its meeting on 10 October 2019.
- 3.10 The Strategy sets out partners' vision for reducing reoffending which is:

*'To cut crime, reduce harm and protect victims by reducing re-offending through joint working and rehabilitation'.*

3.11 It contains information on the reasons for reoffending and the services and programmes operating in Dorset to address issues.

3.12 The Strategy is based around a number of strategic principles and includes the following objectives:

- Promote joint working and assess the effectiveness of services
- Develop the Integrated Offender Management (IOM) approach
- Reduce the number of prisoners being released with no suitable accommodation
- Monitor the supervision and rehabilitation of Dorset offenders

3.13 Partners use a series of measures to assess progress against their objectives.

Bournemouth, Poole and Dorset 2016-2020 Alcohol and Drugs Strategy – Appendix 5

3.14 The Bournemouth, Poole and Dorset 2016-2020 Alcohol and Drugs Strategy was developed and agreed by a range of partners and launched in June 2016. The strategy identified three key themes and outcomes:

- Prevention: *“The wellbeing of communities and people affected by alcohol and other drugs is improved”*
- Treatment: *“People achieve real sustained recovery from drug and alcohol misuse”*
- Safety: *“Communities and people affected by alcohol and other drugs are safer”*

3.15 This structure was based on the 2010 Drug Strategy published by the Home Office and other partners, which was maintained in the subsequent 2017 document, with the addition of a fourth theme – ‘Global Action’ – which has less relevance to local activity.

3.16 The challenges we face as a local community are broadly the same as in 2016 when the current strategy was approved.

Alcohol

- Alcohol-related harm is concentrated in the poorest areas, even though people living there drink less on average than the wealthiest groups in society.
- Only a small proportion (about 10%-15%) of people who could benefit from alcohol treatment are accessing it at any given time.
- Hospital admissions related to alcohol continue to rise, particularly in Bournemouth, Christchurch and Poole.

## Heroin and Crack Cocaine

- An ageing cohort of people who use heroin and crack cocaine remain engaged in treatment, but often without making significant progress towards recovery – and whether in treatment or not are at increased risk of dying from complications related to their substance use.
- In addition, crack use appears to be rising locally (in line with national trends), and the phenomenon of ‘County Lines’ – whereby dealers from large cities target more outlying areas, often exploiting children and vulnerable adults – has been more clearly identified and is being more directly addressed locally than when the strategy was drafted, where the focus was more on child sexual exploitation.

## Other Established Drugs

- Support is generally accessible for people who need it, but there may be people who need brief interventions for illicit substance use who are reluctant to access mainstream treatment services traditionally designed for people who use heroin and crack cocaine.

## Emerging Substances

- While the use of specifically ‘new’ psychoactive substances (such as mephedrone) does not appear to have expanded since 2016, and the 2016 Psychoactive Substances Act has changed supply routes, use of online markets and peer-to-peer selling, particularly in relation to alprazolam (Xanax) remains an issue.

3.17 In addressing issues associated with the use of alcohol and other drugs, partners agreed to work to the following four principles:

- Build services around the need of the service user, their families and the wider community.
- Focus on areas of demographic and geographic need.
- Work in partnership to make the best use of all resources in our communities.
- Share appropriate information for the benefit of service design and service user support.

3.18 At the time of its development, the governance mechanism for the strategy was the pan-Dorset Drug and Alcohol Governance Board, which replaced the three Drug and Alcohol Action Team boards, and included membership from the local authorities, Public Health Dorset, Dorset Clinical Commissioning Group (CCG), Public Health England, Dorset Police, Police and Crime Commissioner, National Probation Service, Community Rehabilitation Company. The Governance Board last met in January 2018, with the Joint Public Health Board (to which it previously reported) taking on its responsibilities from June 2018.

3.19 Action plans were developed jointly by all partner organisations, and monitored through the Governance Board. Successes include the following:

- All acute hospitals now have alcohol liaison teams as recommended by Public Health England and the National Institute for Health and Care Excellence.
- The Pan Dorset area now provides Naloxone to all service users (Naloxone is the emergency antidote for overdoses caused by heroin and other opioids such as methadone, morphine and fentanyl). Drug services can supply it without a prescription. This process has saved many lives across Dorset.
- Smoking cessation has been introduced to drug and alcohol treatment services, tackling the significant level of COPD (chronic obstructive pulmonary disease) amongst this vulnerable cohort that is a key factor in the rising rate of drug-related deaths.
- A review of opiate services across the Pan Dorset area has improved the quality of pathways and clinical care of patients, and led to significant increase in the numbers of people accessing treatment in Bournemouth.
- Risk processes for young people have a clear and strong link to the Children at Risk of or Linked to Exploitation (CAROLE) Tactical Group. Commissioned young people services participate in local multi-agency information sharing arrangements and meetings to identify and protect children at risk of exploitation.
- The case management system used by drug and alcohol treatment providers now operates as a Pan Dorset model, with available appropriate access to the Multi-agency Safeguarding Hub (MASH) and the three acute trusts.

3.20 Monitoring of action plans has proved more challenging in the absence of the Board and with the focus on local government reorganisation within the local authorities. The key objectives within each aim, however, remain applicable:

#### Prevention

- Young people and adults have a better understanding of the risks of using alcohol and other drugs.
- For those who do use alcohol and other drugs, they do so in a way that reduces risks of immediate or long-term health damage, including death.
- Young people and adults at risk are identified through the use of appropriate screening tools by frontline workers in all relevant settings.
- Where young people and adults are identified as being at risk, appropriate interventions and onward referrals are made to ensure the individual and those around them, including family and carers, receive the support they need.

#### Treatment

- Ensure people are able to access appropriate treatment and harm reduction interventions at times and places fitting their needs.
- People move through the full range of local services smoothly as appropriate for their changing age and needs.
- Improve treatment outcomes, particularly amongst those who have been engaged for 2 or more years.

- Establish recovery as a hope and ambition for people to be both free of dependence on substances and living lives independent from support services.

### Safety

- Any adult or child who is vulnerable through their own or others' substance use is assessed, prioritised and managed through appropriate safeguarding procedures in line with established local guidelines.
- There is a coordinated and consistent approach to licensing and other forms of local regulation across the area regarding alcohol.
- There is a clear and consistent approach to addressing supply of emerging substances.
- Activity is coordinated to ensure that enforcement actions are effective in reducing substance misuse and related crime and disorder.

3.21 Despite this continuity, a full review and consultation would be required to support the development of a new, relevant strategy by the end of 2020.