

Appendix 1

This appendix provides an additional briefing note on Sunderland's current position in relation to crime, disorder, health and wellbeing and is to be used as a supplementary aid to the main paper.

The Safer Sunderland Partnership

The Safer Sunderland Partnership (SSP) brings together the public, private, community and voluntary sectors to deliver the Safer Sunderland Strategy. There are currently six 'responsible authorities' who form the SSP which are Sunderland City Council, Sunderland Teaching Primary Care Trust (TPCT), Northumbria Probation Service, Northumbria Police, Northumbria Police Authority and Tyne and Wear Fire and Rescue Service. Collectively each member has a legal duty to work in partnership, to carry out an annual strategic assessment and implement a partnership plan to tackle crime, disorder, substance misuse and re-offending.

The Partnership Strategic Intelligence Assessment (PSIA) process gathers, examines and analyses quantitative and qualitative data from a wide range of key agencies including data on victims, vulnerable groups, offenders, and hot spot locations. It also considers the findings from public consultations and resident surveys.

The SSP and links to the Sunderland Partnership and the historic links to the Healthy Delivery Theme

The SSP has responsibility for implementing the Safer Sunderland Strategy and ensuring the long-term outcome of people being and feeling safe and secure is delivered. This is supported by a number of other outcomes including being free from harm including, violence, alcohol, and substance misuse. The SSP is one of a number of significant partnerships under the Sunderland Partnership and manages the safe theme on their behalf. The SSP's role is to deliver added value partnership activity to support the Sunderland Strategy priority for Sunderland being "a city which is, and feels, safe and secure". In achieving this outcome the SSP contributes towards the Sunderland Partnership's intention to improve quality of life for Sunderland residents.

There are established links with other LSP delivery partnerships and the SSP, particularly with the Healthy Partnership. The Director of Public Health is the identified Alcohol Champion for the SSP and also a board member of the Healthy Partnership and is able to address alcohol related issues across the partnerships. This included the delivery of the old national indicator 39, alcohol harm related hospital admission rates. Whilst this indicator was overseen by the Healthy Partnership, the SSP was able to provide added value through it's working on reducing alcohol related harm.

Previous links between community safety and health and wellbeing

Sunderland TPCT is a statutory partner of the SSP and play a critical role in helping to reduce the health inequalities associated with crime and disorder, for example health services have a role in community safety in relation to;

- Tackling the misuse of alcohol and drugs through the commissioning and provision of appropriate health services (utilising world class principles)
- Providing health advice or treatment for people who put themselves or others at risk (i.e. drugs & alcohol)
- Identifying and providing advice and support for victims of domestic or sexual abuse
- Working with local partners to help prevent health related problems occurring in the first instance
- Sharing funding arrangements with the National Treatment Agency or pooled budgets to tackle health & community safety
- Producing Joint Strategic Needs Assessments (JSNA) with the Local Authority (taking into account those with additional vulnerabilities i.e. drug & alcohol problems, mental health issues, offenders or ex-offenders)

Health, Wellbeing, Alcohol Misuse and Alcohol Related Crime & Disorder

Alcohol misuse is a considerable challenge and dealing with these problems is costing Sunderland up to £150.7m annually and for the north east over all £1.29 billion on a yearly basis.

The Local Alcohol Profiles for England (LAPE) which compares areas on alcohol related measures, shows Sunderland is classed as 'significantly worse' than the national average in ten out of the twenty-four measures, with an additional nine areas classed as performing below the national average. The five remaining measures in which Sunderland is classed as better than the national average are generally crime related measures. However alcohol related health indicators for Sunderland are amongst the worst nationally; this includes being ranked;

- 9th worst nationally (from 151 PCTs) for males and 12th worst for females for direct alcohol related hospital admission rates during 2009/10,
- 13th worst nationally and 4th worst regionally, for admissions to hospital with alcohol attributable conditions (previously NI39) and has shown a growing year on year increase since 2005,
- 15th worst nationally and 3rd worst regionally for alcohol specific mortalities for males and 42nd worst nationally and 9th worst regionally for females (for an update from ONS figures please see below),
- 25th worst nationally (in the highest national quartile) and 6th worst regionally for males and 51st worst nationally and 8th worst regionally for females for mortalities caused by chronic liver disease.

The most recent alcohol-related death figures from the Office of National Statistics shows Sunderland had the highest rates nationally of alcohol-

related deaths with 36 deaths in 2010. Newspaper coverage of this issue is available at the following web links;

<http://www.dailymail.co.uk/news/article-2114944/Britains-drink-death-capital-How-people-die-alcohol-Sunderland-else.html?ito=feeds-newsxml>

<http://www.thesun.co.uk/sol/homepage/news/4193030/Sunderland-worst-for-alcohol-deaths.html>

<http://www.sunderlandecho.com/news/local/sunderland-worst-for-booze-deaths-1-4345309>

There is strong evidence that this trend in increasing ill-health is likely to continue to develop over the coming years with confirmed increases in alcohol-attributable conditions recorded for both males and females every year since 2005. Most alarmingly there was a 39% increase in Sunderland in male alcohol related hospital admissions during 2009/10. This is obviously a significant issue to address now but also indicates the forthcoming problems which could reveal themselves in the coming years, creating an excessive burden not only on healthcare but also social care, the criminal justice system and communities. Providing appropriate acute healthcare for individuals under the influence of alcohol is costly. For example, it is estimated that the average cost of a zero to one day admittance for City Hospital Sunderland is £750. The average cost of a standard attendance at the Emergency Department is £59. Additionally there are costs incurred by North East Ambulance Service and the Police and estimates of these are currently being calculated. In comparison investing in one full time alcohol worker will provide a net saving of £85,000 for an acute Trust (ERPHO, 2011).

There are clear links between alcohol use and wellbeing as demonstrated via Balance's North East Big Drink Debate which surveyed the levels and frequency of consumption of alcohol, motivations and attitudes to drink, experiences of risky situations as a result of drinking too much alcohol and social and personal concerns about alcohol. Sunderland residents stated they are more likely to agree that they drink alcohol to forget worries and concerns, more likely to agree that they drink alcohol to relieve boredom and are less likely to be influenced by information about the health risks of drinking too much alcohol. LAPE figures show Sunderland is ranked 24th worst nationally and 2nd worst regionally for the number of Incapacity Benefit (IB) Claimants whose main medical reason is alcoholism. This creates a challenge for Public Health interventions and the role of the HWBB in addressing these underlying issues of why people drink in Sunderland and how wellbeing can be improved through addressing alcohol misuse issues.

There are a range of alcohol interventions currently in place and 567 people were receiving structured alcohol treatment in Sunderland at the end of March 2011 with a cumulative year to date total of 1090 between April 2010 and March 2011. These figures show fairly consistent numbers in treatment at any one time during 2010-11 with an average caseload size of 532. Demand on

these services is significant and requires specialist workers to meet need and to move people towards alcohol free lifestyles.

Whilst the treatment of alcohol related conditions creates challenges so too does issues of prevention and early intervention. When considering young people's consumption of alcohol in Sunderland the National TellUs 4 Survey (2010), which surveyed young people between the ages of 10 and 15, found in Sunderland 18% of young people said they had been drunk at least once in the last 4 weeks, compared to 15% nationally. When asked if they had ever had an alcoholic drink, 52% of Sunderland respondents said they had compared with 42% nationally. The synthetic estimate of binge drinking by Sunderland residents aged 16 years and over shows the area has a very high level of binge drinking (29%) and is the 11th worst nationally and 8th worst regionally, demonstrating a need to provide effective early interventions to residents to prevent further problematic alcohol issues.

Alcohol is now readily available and as of 2009/10 there were more than 5,800 licensed premises in the North East and 169 24-hour licensed premises, many of them in Sunderland. The availability and affordability of alcohol means many individuals are able to consume alcohol at pocket money prices and as a consequence are sometimes in need of health interventions with acute or chronic conditions.

There have been a range of operations in place to challenge the inappropriate sales of alcohol between Sunderland City Council and Northumbria Police in both on and off licensed premises. However there will be additional opportunities for health to influence licensing policy as PCT's are to be classed as a responsible authority under the review of the Licensing Act 2003. This will carry an additional burden for the Director of Public Health who will be expected to represent health concerns as part of the Licensing Committee. The Government did not include the prevention of health harms as a licensing objective, however there are additional powers that the SSP and the HWBB may like to progress with the Licensing Committee from this review. This includes the use of a Late Night Levy in Sunderland which could be used to generate finances to meet the costs incurred as part of the night time economy or the introduction of an Early Morning Restriction Order which could limit the hours licensed premises serve alcohol and therefore potentially reduce the burden on health services.

There are a range of current interventions in place to address alcohol related crime and disorder and health related harms, these include;

- A comprehensive alcohol treatment system including an alcohol specific hospital treatment service, in-patient and community based detoxification programmes, improved access to recovery based services, alcohol treatment requirement orders (made available via the Courts) and residential rehabilitation placements
- An alcohol worker based within Wearside Women in Need Services to identify alcohol misuse issues linked to domestic violence

- A range of workers trained in Identification and Brief Advice who can offer an alcohol intervention as part of their core work, for example via nursing staff, GP's, Police, Housing Officers, etc
- An SOS place of safety scheme is also currently being developed by TPCT with support from the SSP. This scheme is intended to reduce the need for ambulance call outs, A&E attendances and police support for individuals who are drunk and / or vulnerable on a Friday or Saturday night
- Work with Balance, the North East Alcohol Office to raise the public's awareness of the risks of excessive alcohol consumption and to reduce the availability, affordability and accessibility of alcohol.

Health, Wellbeing, Drug Misuse and Drug Related Crime & Disorder

The Risk and Resilience Board has led on the development of substance misuse treatment for young people across the city. In 2010/11, Sunderland had 116 under 18s in drug treatment and the main substance used was alcohol at 52%, followed by cannabis misuse at 44%, there were also four amphetamine users and one cocaine user in treatment. From an adult's perspective between April 2010 and 2011, 1309 individuals who use illicit drugs accessed treatment for a period of twelve weeks or more, 916 of which were people who misuse heroin and / or crack, known as problematic drug users (PDUs). The main illicit drug used is heroin with approximately 50% of the treatment population using this substance, followed by cocaine, other opiates and cannabis. As well as accessing treatment for their primary drug use as detailed above, many service users are poly-drug users and use a number of substances, including alcohol, cannabis and crack. The SSP's PSIA demonstrated that generally heroin use had reduced slightly, however cocaine use had increased, in some regards these substances require a different approach in treatment and demonstrates the need to have a flexible and responsive treatment system to meet the different needs of illicit drug users.

People who misuse drugs may make themselves vulnerable to significant health risks, for example they are more likely to expose themselves to blood borne viruses, for example 28% of clients in treatment in 2010/11 stated they had previously injected and 15% declared they were currently injecting. It is worth noting these statistics should be treated with some caution as individuals will often under report on their injecting activity and the behaviour may actually be higher than that which is reported. This presents a significant health challenge in reducing the levels of blood borne viruses such as Hepatitis B and C. The most recent figures show that 41% of individuals who are offered hepatitis B vaccinations from their treatment providers refused them, similarly 62% offered treatment for Hepatitis C refused treatment. This leaves a significant risk to the individual and potentially to other family and community members.

An analysis of drug related deaths was completed for all inquests held in 2009 and 2010 which found of the 340 inquests held in 2009, 20 (6%) were

the result of drug related deaths. From the 2010 inquests there were 25 recorded drug related deaths, 11 of these individuals were known drug users.

In addition to physical health issues, many drug users are identified as having co-morbidity issues with mental health concerns. Data for 2010/11 demonstrates 18% of those people who present for structured treatment also had mental health issues.

Many drug users also experience accommodation problems, with 5% of those in treatment defining themselves as having urgent housing needs and a further 12% describing their housing status as problematic. This indicates many individuals who present for treatment have a complexity of needs that they require support with in order to achieve the most effective outcomes and ultimately a reduction in substance misuse. The move of public health to the local authority may allow opportunities regarding the accommodation of people who misuse drugs.

There are a range of current interventions in place to address health and wellbeing for drug users which includes the following;

- A comprehensive treatment system offering prescribed maintenance medication, in-patient and residential detoxification, psychosocial interventions, harm reduction advice and drug related criminal justice services from arrest and throughout the criminal justice system
- A Carer network for those who provide support to people who misuse substances
- A website dedicated to providing up to date and accurate information on illicit drugs, healthy lifestyle choices and help available (www.hiwecanhelp.co.uk)
- A dedicated housing officer to provide support to drug users with accommodation issues

A high proportion of funding for drug treatment is made available to the SSP as part of the Adult Pooled Treatment Budget (PTB) via the National Treatment Agency (NTA). Currently the proportion of money awarded to each area is based on the number of individuals who are sustained in effective drug treatment however the NTA are currently overseeing the pilot of eight payment by result areas with the intention to have a full national roll out of the most effective model of payment by results. This model will embed an outcome based approach to delivery of treatment, with emphasis on the number of people successfully exiting treatment. There is also current ongoing consultation on the 'Building Recovery in Communities' (BRIC), which will replace the Models of Care for Treatment of Adult Drug Misusers, which will provide a framework for effective treatment and detail a performance monitoring framework, again all of which will be based on recovery.

The Government's Drug Strategy 2010 identifies a clear aim to ensure treatment is delivered based on recovery outcomes, which includes reduced substance misuse / abstinence, improved health and wellbeing, successful treatment completions and sustained reductions in the number of individuals

who re-present for treatment as well as reduced offending. In order to implement this approach in Sunderland with likely decreasing resources the Safer Sunderland Board, in conjunction with Sunderland TPCT's Executive Board and support from the Clinical Commissioning Group, have agreed a full treatment redesign for both drug and alcohol treatment. This is to allow the partnership to develop an outcomes based model of treatment with recovery as the ultimate outcome and greater financial flexibility to better meet any increasing or decreasing budget demands.

This is a significant piece of work and is likely to take 12 months to complete. A new system is expected to be in place by April 2013.

Health, Wellbeing and Domestic Violence (and other violent crime)

The Safer Sunderland Partnership uses the Government's definition of domestic violence which is 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality'. This also includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings'.

Work to address domestic violence in Sunderland is led by the Domestic Violence Partnership (comprising of a range of voluntary and statutory partners) overseen by the Safer Sunderland Partnership Board. Nationally the cost of providing public services including health, and social services to victims and the lost economic output of women affected runs to billions of pounds. An indicative figure for the minimum and overlapping cost of violence against women and girls is £36.7 billion annually (Home Office).

Domestic violence is a significant challenge in Sunderland in terms of the number of incidents reported to Northumbria Police. Figures for the period 2010/2011 for Sunderland show the number of domestic violence incidents as 6,227 with 720 of those classified as high risk cases. Research suggests that less than half of domestic violence incidents are reported so the 'real' picture could be significantly higher.

There are very clear linkages between health and domestic violence as increasing numbers of victims present to services with a variety of complex needs ranging from alcohol and drugs misuse to mental and physical health problems. Alcohol-related domestic violence has shown an increase in recent years with a rise of 17% or 46 incidents between 1/12/2010 and 30/11/2011 when compared to the previous 12 months. Between April and December 2011 almost 50% of DV perpetrators arrested were assessed as having an alcohol misuse need.

The emotional impact of domestic violence is also well documented and equally as damaging to the victim as physical violence. The very nature of such a hidden crime increases the social isolation of victims and their ability to approach services for help. As part of a consultation on preventing suicide,

NHS South of Tyne and Wear revealed that domestic violence victims and their children were at risk of suicide if the necessary support measures were not put in place for example psychological therapies and specialist counselling. As a result a series of recommendations have been suggested for multi-agency action and progress.

The far reaching effects of domestic violence are also recognised within the family unit and especially on children. Safeguarding Children have recently identified that up to 30% of the 16,000 social care services contacts in the last year (to September 2011) related to domestic violence and this proportion is rising. In two thirds of cases where a Child Protection Plan was needed, domestic violence also played a role in the abuse of children. The recent gathering of evidence for the Health Joint Strategic Needs Assessment (JSNA) also highlighted tackling domestic violence as an area for improvement for safeguarding children in Sunderland. In the year up to the end of September 2011, 77% of families attending Initial Child Protection Conferences were displaying concerning behaviour in one or more of the vulnerable areas including domestic violence, mental health, and substance misuse.

Sunderland Domestic Violence Partnership has produced a local multi-agency action plan in response to the recommendations from the Home Office's 'Violence Against Women and Girls Strategy, 2010'. As a result a number of initiatives have been highlighted to address the impact of domestic violence on health nationally with a view to partnerships progressing the issues at local level. These include the following;

- Multi-Agency Risk Assessment Conferences (MARAC) protecting the health, well-being and safety of high risk victims and their children,
- Further research around the prevention of mental health impairment associate with exposure to violence,
- Review of NHS current responses into sexual assault, human trafficking and self-harming,
- Improving the knowledge and identification of domestic violence through the role of Health visitors,
- Improving the commissioning and provision of Sexual, Advice, Rape and Counselling Services (SARC),
- E-learning for GP's to improve the competency level around the impact of violence on victims and appropriate referral pathways for support.

There are also clear links between health and wellbeing and the wider violent crime agenda, for example in relation to violent assaults. The 2011 PSIA highlighted there were a total of 3293 assaults reported via the Emergency Department of Sunderland Royal Hospital during the two-year period Oct '09 – Sept '11 with a peak time of presentation between 8pm and 4am. The main presenting conditions individuals presented with were head injuries, soft tissue injuries, fractures and lacerations. There is a strong link between these occurrences and alcohol, in fact 46% (1508 from 3293 attendances / admissions) of all assaults presenting to Emergency Department during 09-11 were linked to alcohol. Many of individuals presented over the weekend

(61%) and almost half of the patients were in the 16-25 year old age range, suggesting strong links between the night time economy and alcohol related violence.

These assaults place a pressure on Sunderland Royal Hospital and in terms of follow-on care can also have repercussions for GP surgeries and the Walk-In Centres. They also impact on other partners from a crime and disorder perspective, most obviously the police but also Victim Support.

Health, Wellbeing and Anti-Social Behaviour (ASB)

The issue of anti-social behaviour (ASB) remains a significant concern for the public and a strategic priority for the Safer Sunderland Partnership. Perceptions in relation to crime and disorder are gathered through the quarterly safer communities survey, which consistently reports concerns from the public in relation to young people drinking and causing anti-social behaviour. ASB encapsulates a wide range of behaviours and what can seem like a low level problem can have a major impact on the victim particularly if they have suffered repeat victimisation.

Action to address ASB related issues are addressed at locality level through Local Multi-Agency Problem Solving Groups (LMAPS) which take a victim, offender, location approach to solving neighbourhood problems. Victims that are identified as high risk, perhaps due to additional vulnerabilities such as poor mental health or learning disability, are now prioritised by organisations including Northumbria Police through a risk assessment matrix. Similar to domestic violence this process enables swift access into a range of appropriate support and aims to intervene at the earliest opportunity.

In light of the high profile Pilkington case in 2007 (where Mrs Pilkington and her daughter were subjected to repeated incidents of anti-social behaviour over a seven year period & subsequently committed suicide) agencies are now more alert to the devastating effects of ASB can have particularly on the health and well-being of vulnerable adults. The SSP and Safeguarding Adults Board have strengthened their relationship through a number of joint initiatives to protect those affected by crime, anti-social behaviour, mental health and learning disability issues.

There are currently a range of health related interventions to address vulnerable victims affected by ASB which include;

- A specialist ASB Victims Support Worker who is employed by Victim Support and based within the Council ASB Team
- Victim Focused interventions within Gentoo Housing (Registered Social Landlord)
- Implementation of the Risk Assessment Matrix (RAM) which includes questions on physical and mental health
- Extra-ordinary Local Multi-Agency Problem Solving Groups to fast track vulnerable victims into health and social care services

- Continued awareness campaigns on where to access support and how to report ASB related problems
- Targeted Police Operations focusing on hotspot areas
- Youth related support and resources to divert young people into positive activities and improve wider feelings of safety

Health, Wellbeing, Safety & Feelings of Safety for High Risk Groups & Vulnerable Victims

The SSP's PSIA breaks down community safety problems into the three key elements of offenders, victims and locations. This enables a holistic approach to not only address criminal activity & hotspots, but the safety and feelings of safety of victims and vulnerable groups. Crime and perceptions of crime can have a significant impact on the health and well-being of communities especially individuals who feel victimised in relation to their age, ethnicity, faith, gender or disability. As a result the SSP has agreed addressing the needs of victims as a new headline strategic priority.

There are a number of interventions that help improve feelings of safety and contribute to improved health and wellbeing which includes;

- Sunderland Street Pastors who have supported hundreds of people who have been vulnerable and / or drunk after a night out in the city centre,
- The Safer Homes Initiative which has provided additional home security to over around 7,000 victims of burglary, domestic violence, hate crime and ASB since 2007 and 97% of those receiving the service say they feel safer as a result of the scheme,
- Targeted approaches to youth related anti-social behaviour on Friday and Saturday nights.

The following initiatives have contributed to the above successful reductions in crime across the city but reduced budgets and new commissioning arrangements regarding Police and Crime Commissioners will pose challenges in the future. As a direct result the SSP will need to re-assess the support it provides to high risk victims of crime and those most vulnerable and there is an opportunity to review the impact on victim's health and wellbeing.

Health, Wellbeing and Re-Offending

Adults and young people who are socially excluded, have a high proportion of health inequalities and are in contact with the criminal justice system, are more likely to experience mental health problems, learning disabilities or to have difficulties with drugs and alcohol. For many offenders the criminal justice system leads to their first contact with health and social care professionals whose support is vital to addressing their needs demonstrating the need for joined up thinking and approaches to address re-offending.

The links between offending, re-offending and health are widely recognised and currently being reviewed as part of a national delivery plan overseen by

the Government's Health and Criminal Justice Board. This cross-government board was established to take responsibility for the overall development and implementation of a national approach to the health and social care needs of offenders. The delivery plan contributes to key Home Office initiatives and other reports (including the Bradley Report, 2009 review of people with mental health problems or learning disabilities in the criminal justice system) on protecting the public, reducing health inequalities, reducing re-offending and health improvement and protection.

Although health care in prisons is now a mainstream NHS service more work is still required to improve the pathways in accessing health provision both in the community and custody. Whilst Sunderland will not provide direct health interventions into any of the North East prisons there are a number of residents who will be imprisoned and released back to the local area. It is therefore critical that interventions such as the Integrated Offender Management (IOM) scheme take account of not only the individual's offending behaviour, but also the complexity of needs they may have, including improving their health and well being.

Evidence suggests that there are now more adults with mental health problems in prison than ever before. In some cases custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide. Again there is a potential opportunity to link this work to the Clinical Commissioning Group with their responsibilities for commissioning appropriate mental health interventions to meet local need.

Women offenders in custody are more than five times more likely to have a mental health concern than women in the general population. A study into women offenders undertaken by the Department of Public Health, University of Oxford revealed that 78% of women in custody exhibited some level of psychological disturbance and 75% had taken illicit drugs in the six months prior to prison. The Baroness Corston Report, 'Review of women with particular vulnerabilities in the criminal justice system', highlighted the health complexities of women offenders and the need to protect their children, given that a significant proportion in custody have children under the age of 5 years old. As a result two additional areas have been introduced to the re-offending agenda nationally and adopted locally by the SSP these include; support for women who have been abused, raped or experienced domestic violence and support for women who have been involved in prostitution.

Studies suggest that around three quarters of prisoners have taken illegal drugs before entering prison; of these more than one-half reported that they had committed offences connected to their drug taking. Schemes such as the Drug Interventions Programme (DIP) go some way to assisting offenders into treatment and keeping them there to recover. Alcohol misuse also has a significant impact on offending behaviour; findings from research carried out by Robin Moore University in 2007 revealed one in four offenders perceived alcohol to be a problem and linked to their offending. Tackling alcohol related offending is part of the SSP's broader approach to addressing the key problems linked to alcohol misuse building on the Government's 'Safe,

Sensible Social' Alcohol Strategy. The Integrated Offender Management Unit in Sunderland established in 2010 is the overarching framework or strategic umbrella that brings together agencies to tackle offenders causing the greatest damage to communities, ensuring that they are prioritised for appropriate interventions. This multi-disciplinary team brings together professionals from Northumbria Probation, the Prison Service and drug and alcohol treatment services to meet the diverse needs of offenders to reduce the likelihood of offending and keeping communities safe.

Effective interventions for children and young people at the earliest stage have the potential to impact positively on immediate offending and re-offending rates, but also to influence children and young people away from an adulthood of offending behaviour. Early intervention in the criminal justice process provides the best opportunity for improving how young people with mental health problems or learning disability are managed. In Sunderland services are now being configured to address the needs of the 'whole family' and improve the transitions between the youth and adult justice system given the linkages between parental offending and intergenerational offending, with a particular focus on young males. Families can also be an important factor in helping offenders to reduce their offending behaviour. Intensive family interventions that focus on improving relationships and parenting skills within the family have been found to reduce the chances of re-offending, there are opportunities to link the work of the SSP with the HWBB in contributing to the Strengthening Families work in Sunderland.

There are a number of current initiatives and well established projects driven by the SSP's Reducing Re-Offending Delivery Network to improve the overall health and well-being of offenders which include;

- Integrated Offender Management (IOM) Unit
- Integrated Drug Treatment Services (IDTS) delivered in prisons settings
- Drug Interventions Programme (DIP) which engages offenders in the community with the aim of reducing drug related crime
- Strengthening the pathways for offenders to access physical and mental health services
- Improving the overall transitions and access to services for young offenders in respect of mental health, learning disability, drugs and alcohol
- Strengthening access to substance misuse services within custody
- Working with the Prison Service to ensure offenders have comprehensive packages of support around health and social care needs when integrating back into the community
- Ensuring the needs of women offenders are considered as part of all pathways out of re-offending

The benefits of investing to prevent

Investing in drug and alcohol treatment can be seen to have significant benefits in both the short and long term from both a patient and provider perspective. As mentioned the number of individuals presenting with alcohol

related health concerns has increased and mirrors a national problem which has seen the number of hospital admissions due to alcohol misuse incur a 100% increase since 2002/03 up to 1.1 million in 2009/10. If the rise continues unchecked, by the end of the current Parliament, 1.5 million people will be admitted to hospital every year as a result of drinking (Alcohol Concern, 2011). Alcohol misuse is now estimated to cost the NHS £2.7 billion a year, almost twice the equivalent figure in 2001. Unlike most areas Sunderland's TPCT have invested in alcohol treatment and it can be observed from national research there are significant advantages in this approach, the National Treatment Agency found that for every £1 invested in specialist alcohol treatment £5 is saved on health, welfare and crime costs. Similarly for drug treatment, research recently published by the Home Office, the Drug Treatment Outcomes Research Study (DTORS) evaluated the long-term effectiveness and cost effectiveness of drug treatment. It concluded drug treatment reduces the harm caused to communities from drug addiction; is effective for the individual seeking treatment in improving their physical and mental health; and has around an 80% chance of being cost-effective for that individual. It also estimated the benefit: cost ratio for drug treatment at 2.5 to 1 meaning for every £1 spent on drug treatment society benefits to the value of £2.50.

The introduction of Clinical Commissioning Groups will also contribute to the effective delivery of community safety interventions linked to health. This includes the commissioning of mental health services for offenders and / or people who misuse substances to ensure their complexity of needs are addressed in order to reduce their offending and substance misuse. Additionally identification, brief advice and brief interventions are a vital source of quick wins in reducing the cost burden of alcohol to the NHS. Research from the Department of Health shows GPs tend to under-identify alcohol use disorders, finding and offering support to only one in 67 male and one in 82 female hazardous or harmful drinkers. Less than a third of GPs use an alcohol screening questionnaire, and those who do only did so for an average of 33 patients in the last year. However rigorous evidence shows that alcohol brief advice in primary care leads to one in eight people reducing their drinking to within sensible levels. There is an opportunity for the CCG to prioritise the commissioning of Identification and Brief Advice in order to reduce the levels of alcohol misuse throughout Sunderland.

