

**SUNDERLAND EARLY IMPLEMENTER
HEALTH AND WELLBEING BOARD**

30 March 2012

COMMUNITY SAFETY AND HEALTH AND WELLBEING

Report of the Chief Executive

Purpose

1. The purpose of this report is to provide the Health and Wellbeing Board (HWBB) and its advisory bodies with an overview of the linkages between health and wellbeing and community safety through the work of the Safer Sunderland Partnership (SSP).

Background

2. The SSP includes six 'responsible authorities' 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. Each authority 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.
3. 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".

Current position

4. The Safer Sunderland Board have identified six strategic priorities to focus on during 2012/13 which are:
 1. Alcohol misuse and alcohol-related crime and disorder
 2. Drug misuse and drug related crime and disorder
 3. Domestic violence (including other violent crime)
 4. Anti-social behaviour
 5. Safety and feelings of safety for high risk victims/vulnerable groups
 6. Re-offending
5. The next section of this paper will highlight the key linkages between these priorities and their impact on health and wellbeing for residents of Sunderland, as well as highlighting current initiatives to address these joint issues. Further information on these priorities, the scope of the problem and what is in place to address them is included as appendix 1.

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

6. Tackling alcohol misuse is a considerable challenge and dealing with these problems is costing Sunderland up to £150.7m annually, with approximately £24.6m incurred by the NHS, £71.3m by the criminal justice system and local authorities dealing with crime and licensing and £54.9m to the workplace and wider economy. Many of Sunderland's residents experience alcohol-related health harms and as a result Sunderland performs poorly in relation to numerous health indicators in comparison to nation averages including alcohol related hospital admissions, alcohol related deaths, binge drinking rates and the levels of young people who drink alcohol.
7. Research with Sunderland residents shows they are more likely to agree that they drink alcohol to forget worries and concerns, 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. Sunderland also has high numbers of individuals claiming incapacity benefit whose main medical reason is alcoholism.
8. 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 including 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 challenge not only on healthcare but also social care, the criminal justice system and communities.
9. Alcohol is now readily available and as of 2009/10 there are around 500 licensed premises in Sunderland. Alcohol is also considerably cheaper than ever before. Evidence has shown a man can consume his weekly recommended limits for just £2.52 (£1.68 for a woman). There have been a range of joint operations to challenge the inappropriate sales of alcohol between Sunderland City Council and Northumbria Police in both on and off licensed premises. There will be additional opportunities for health to influence licensing policy as PCTs are to be classed as a 'responsible authority' under the review of the Licensing Act 2003. This will carry an additional role for the Director of Public Health who will be expected to represent health concerns as part of the Licensing Committee.
10. There are a range of current interventions in place to address alcohol related crime and disorder and health related harms. This includes a comprehensive alcohol treatment system including an alcohol-specific hospital treatment service, in-patient and community based detoxification, recovery based interventions and residential rehabilitation placements.

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

11. There are significant overlaps between illicit drug misuse and health and wellbeing and to date, the SSP has led on the development of a drug treatment system to meet the needs of adults who misuse substances, including links into health interventions, employment, training and housing.

12. In 2010/11, Sunderland had 116 under 18s in drug treatment and the main substances used were alcohol and cannabis. There is an opportunity to better embed effective early interventions with young people in order to prevent them moving on to use other illicit drugs and this may be an opportunity the HWBB would wish to explore with the Early Intervention Board. In terms of adult drug treatment there were 1309 individuals in treatment during 10/11, of which 916 were misusing heroin and / or crack. Many service users are poly-drug users and use a number of substances, including heroin, cocaine, alcohol, cannabis benzodiazepines and crack. In addition to illicit substances the harm reduction service in Sunderland have reported a large upsurge in activity relating to the use of performance and image enhancing substances representing over 50% of the individuals accessing the harm reduction service. This activity is funded from mainstream PCT monies and the HWBB may wish to consider how this activity can be met after the move of public health to the local authority.
13. 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, with many individuals refusing access to vaccinations or treatment. This leaves a significant risk to the individual and potentially to other family and community members. Also unfortunately some individuals ultimately die because of their drug use and local research, via information from Sunderland's coroners' inquests, shows 20 recorded drug related deaths in 2009 and 25 in 2010.
14. In addition to physical health issues, many drug users are identified as having co-morbidity issues with mental health concerns. Whilst there are current linkages in place with mental health services, consideration could be given to exploring joint commissioning opportunities between the SSP, HWBB and the Clinical Commissioning Group. The move of public health to the local authority may also allow opportunities regarding the accommodation of people who misuse drugs which is a contributing risk factor for a number of drug users.
15. There are a range of current interventions in place to address health and wellbeing for drug users which includes 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 and websites providing information and advice on drugs.

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

16. 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). The SSP uses the Government's definition of domestic violence and from the number of reported incidents to Northumbria Police it can be seen that domestic violence is a significant challenge in Sunderland. Figures for 10/11 show there were 6277 domestic violence incidents, with 720 of those classified as high risk cases in

Sunderland. Research suggests that less than half of domestic violence incidents are reported so the 'real' picture could be significantly higher.

17. 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. There is local concern about the significant rise in the number of reported alcohol-related domestic violence incidents in the last year. 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.
18. The far reaching effects of domestic violence are also recognised within the family unit and especially on children. Safeguarding Children has 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.
19. 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. The proportion of Child Protection Plans where one of the Toxic Trio of domestic violence, substance misuse and parental health have been issues within the family has stayed relatively stable at 85%, although this is higher than the national average of 75%. Within individual concerns domestic violence is the most prevalent at 66%, and parental mental health affecting 46% of families. Although most families have at least one of these issues, 22% have all 3 of the toxic trio.
20. The Safer Sunderland Partnership has produced a local plan in response to the requirements from the Home Office's 'Violence Against Women and Girls Action Plan. This work has been joint with the Adult and Children's Safeguarding Boards. Action to support the plan includes further development of the Multi-Agency Risk Assessment Conferences (MARAC) to protect the health, well-being and safety of high risk victims and their children, research around the prevention of mental health impairment associated with exposure to violence, a 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 and E-learning for GP's to improve the competency level around the impact of violence on victims and appropriate referral pathways for support.
21. There are also clear links between health and wellbeing and the wider violent crime agenda, for example in relation to violent assaults. There were a total of

3293 assaults reported to the Emergency Department of Sunderland Royal Hospital during the two-year period Oct '09 – Sept '11, with a high proportion linked to the night time economy. These assaults place a pressure on Sunderland Royal Hospital, GP surgeries and the Walk-In Centres, as well as agencies such as the Police and Victim Support.

Health, Wellbeing and Anti-Social Behaviour (ASB)

22. The issue of anti-social behaviour (ASB) remains a significant concern for the public and 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.
23. In light of the high profile Pilkington case in 2007 (Mrs Pilkington and her daughter were subjected to repeated incidents of ASB over a seven year period and 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, ASB, mental health and learning disability issues. 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. This process enables swift access into a range of appropriate support and aims to intervene at the earliest opportunity.
24. There are currently a range of health related interventions to address vulnerable victims affected by ASB which includes: a specialist ASB Victims Support Worker who is employed by Victim Support and based within the Council ASB Team; implementation of the Risk Assessment Matrix (RAM) which includes questions on physical and mental health; and extra-ordinary LMAPS to fast track vulnerable victims into health and social care services

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

25. Sunderland has demonstrated positive reductions year on year in the number of victims of crime with over 1600 fewer victims of crime for the period 2010/11 (and a longer term trend of over 19,000 fewer victims since 2002/03). This is replicated for higher risk victims, for example repeat victimisation in relation to high risk domestic violence cases presenting at MARACs have also fallen from 34% to 16% in 2011/12 and there has been a 28% reduction in hate crime reported to the police (the majority of these still relate to race crime). However it is acknowledged that 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 to 'improve the safety and feelings of safety of high risk victims and vulnerable groups'.

26. The quarterly Safer Communities Survey revealed whilst the majority of residents in Sunderland feel safe in their local neighbourhood (95%), fewer believe Sunderland as a whole is safe (77%) compared to the Northumbria Police Force average. Wider concerns around feelings of safety together with current initiatives and any gaps identified in provision will form the basis of local plans to address the needs of victims as part of a Victims Task and Finish Group.
27. There are a number of interventions that help improve feelings of safety and contribute to improved health and wellbeing such as: Sunderland Street Pastors who have supported hundreds of people who have been vulnerable and/or drunk after a night out in the city centre; a Safer Homes Initiative which has provided additional home security to victims of burglary, domestic violence, hate crime and ASB; and targeted approaches to youth related anti-social behaviour on Friday and Saturday nights. These initiatives have contributed to successful reductions in crime and improved feelings of safety across the city. However, reduced budgets and new commissioning arrangements regarding Police and Crime Commissioners will pose challenges in the future. As a direct result the SSP is currently re-assessing the support it provides to high risk victims of crime and those most vulnerable and with this there is an opportunity to review the impact on victim's health and wellbeing by working with the HWBB.

Health, Wellbeing and Re-Offending

28. Adults and young people who are in contact with the criminal justice system are often socially excluded, have a high proportion of health inequalities and 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.
29. In terms of drug use and offending behaviour there were 240 individuals who accessed the Drug Interventions Programme (DIP) in 10/11 and a further 44 on Alcohol Treatment Requirement Orders. These schemes operate under the Integrated Offender Management (IOM) Unit in Sunderland which is the overarching framework bringing together agencies to tackle offenders causing the greatest damage to communities and ensuring they are prioritised for appropriate interventions. This multi-disciplinary team brings together professionals from Northumbria Probation, the Prison Service, nursing staff, representatives from Job Centre Plus and drug and alcohol treatment services to meet the diverse needs of offenders to reduce the likelihood of offending and help keep communities safe.
30. Evidence suggests 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. Women offenders in custody are more than five times more likely to have a mental health concern than women in the general population. As the IOM unit identifies people pre-release, there are opportunities to link in with mental health provision and at a strategic level there is a potential opportunity for the SSP, HWBB and the CCG to

work collectively to identify and commission appropriate mental health interventions to meet local need.

31. There are additional concerns for women who offend. Baroness Corston's 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 and adopted locally by the SSP which are 'support for women who have been abused, raped or experienced domestic violence' and 'support for women who have been involved in prostitution'.
32. 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 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.

Current and Future Opportunities

33. There are a number of current key developments in the commissioning of community safety interventions. The commissioning of substance misuse services is now overseen by the SSP's Joint Commissioning Group (JCG). The Government's Drug Strategy 2010 identifies a clear aim to ensure treatment is delivered based on recovery outcomes such as 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, the SSP Board alongside the TPCT's Executive Board and with support from the CCG, have agreed a treatment system 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 goal and greater financial flexibility. There is currently £6.5million invested in treatment in Sunderland and during 2011/12 nearly 1900 residents accessed the structured treatment provided and therefore this redesign will be a significant piece of work and is likely to take up to 12 months to complete. A new system is expected to be in place by April 2013. As the Director of Public Health will assume responsibilities for future commissioning of drugs and alcohol at that time, this will potentially have significant implications for the HWBB and as the process is developed by the TPCT and SSP there are opportunities to link in with this work in the interim.
34. Whilst there will be an element of ring fencing associated with drug treatment monies through Public Health England there will be greater flexibility on how this money can be spent and an opportunity to ensure the treatment system best

meets the needs of the people misusing substances at a local level. 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. Research shows for every £1 invested in drug treatment £2.50 is saved on health, welfare and crime costs, and this rises to £5 for alcohol treatment. This invest-to-prevent approach is critical in Sunderland as part of the re-commissioning of the drug and alcohol treatment system. The CCG could also support this process by ensuring they consider drug, alcohol and offender health issues as part of their commissioning process, for example by commissioning mental health services to meet offenders needs or providing identification and brief advice in their surgeries to reduce the prevalence of alcohol misuse. Whilst the central financial investment will likely reduce in coming years, by continuing to invest in drug and alcohol treatment there is scope to improve the outcomes for individuals, families and communities. The SSP, HWBB and the CCG can all contribute towards this in helping ensure the re-commissioning is undertaken in a timely fashion and by continuing to prioritise tackling drug and alcohol misuse and the harms they cause. It is recommended the HWBB support the SSP to progress with the system redesign and the Board to receive progress reports as the system is developed. The HWBB may also wish to consider, alongside the SSP, how to develop closer links with the Early Intervention Board to ensure the needs of young drug and alcohol users are also met.

35. There is also an opportunity for the SSP, HWBB and CCG to help contribute towards the implementation of the national 'Troubled Families' scheme to help with Sunderland's 'Strengthening Families' approach. The Government estimate nationally £9 billion is being spent annually on the 120,000 most troubled families (based on government data collected in October and November 2011), equating to £75,000 per family per year. £8 billion of this is spent on reacting to the troubles of these families with just £1 billion being spent trying to turn around their lives in a targeted, positive way. Many of the criteria the government has included in this work has links to health and wellbeing including: at least one parent has a longstanding illness, disability or infirmity; mother has mental health problems; and an inability to afford a number of food or clothing items. There is an opportunity to help shape the criteria for identifying the families in Sunderland by overlaying additional criteria, such as parental substance misuse and / or domestic violence. By tackling these issues collectively it is hoped this will help improve outcomes for children, getting parents into work, improve family's health and reduce crime and anti-social behaviour. It is recommended the HWBB and SSP work collectively with the Strengthening Families and Safeguarding Boards to progress this work.
36. The Police Reform and Social Responsibility Act 2011 poses many challenges for Community Safety Partnerships (CSPs), especially from a funding and commissioning perspective. The new Police and Crime Commissioners (PCCs) will be elected on 15th November 2012 and the Home Office Community Safety Grant the Council receives on behalf of the SSP will ultimately be passported to the PCC from April 2013. It won't become clear until the Northumbria PCC is in post how they will re-allocate this funding. PCCs may commission all services themselves, offer grants to providers or pass funding back to CSPs to commission, which in turn could mean a new line of accountability for

partnerships. Initiatives currently funded will need to evidence delivery and quality if they stand any chance of being re-commissioned once PCCs are elected. It is possible some services could end up being merged for efficiency across boundaries.

37. There are a range of key interventions in Sunderland which this transfer of grant (following a 60% Home Office cut) to the PCC will affect: i.e. Safer Homes Initiative has ceased and a new approach is being developed to meet only the needs of the most high risk victims. This means previous provision for medium and standard risk victims, which increased feelings of safety, is now not possible. In addition, the Home Office financial contribution towards the IOM scheme will also be given over to the PCC. Given Department of Health monies also make up the funding of this scheme, which will become the responsibility of the HWBB from April 2013, it is recommended the HWBB link in with the SSP in the run up to the appointment of the PCC to produce any necessary evidence base and business case for the continuation of funding.
38. As previously mentioned, there will be additional opportunities to influence licensing policy as PCTs are to be classed as a responsible authority under the review of the Licensing Act 2003. Whilst the Government did not include the prevention of health harms as a licensing objective, there are additional powers that the SSP and the HWBB may like to progress with the Licensing Committee from this review including the use of a Late Night Levy or the introduction of an Early Morning Restriction Order which could contribute to improving the health and wellbeing of Sunderland residents or visitors to the city.
39. The Government's Call to end Violence against Women and Girls – Taking Action – the next chapter sets out the importance of Health and Wellbeing Boards are equipped with the right knowledge so they can work with communities, women sector, and victims themselves to ensure the right response is provided at a local level.
40. Underlying any joint working to tackle community safety and health and wellbeing priorities should be robust evidence and effective performance monitoring of existing and emerging issues. There are opportunities to better integrate the JSNA and SSP's PSIA process in order to demonstrate a robust evidence base for the review of current services and development of future initiatives.

Recommendations

41. The Health and Wellbeing Board are asked to:
 1. Note the contents of this report
 2. Highlight any areas which they feel they require further information on; and
 3. Support the key development opportunities identified within the report including the following recommendations;
 - a) The HWBB to support the SSP to progress with the treatment system redesign and for the Board to receive progress reports
 - b) The support the CCG in commissioning appropriate services to meet the needs of drug and alcohol users as well as offenders and vulnerable individuals in primary care

- c) The HWBB and the SSP to consider developing closer links with the Early Intervention Board to ensure the needs of young drug and alcohol users are met
- d) The HWBB and SSP work collectively with the Strengthening Families Board to progress the underlying linked community safety and health and wellbeing elements of this work
- e) The HWBB to link in with the SSP before the appointment of the PCC to produce business case for the continuation of funding for existing schemes.
- f) The HWBB and SSP to support the Licensing Committee to implement new powers to tackle alcohol related harms associated with the night time economy
- g) The HWBB and SSP to work collectively to tackle violence against women and girls, in particular ensuring clear referral and needs assessment arrangements.

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