

Community Safety Partnership

Date and Time: Wednesday, 29 March 2023, 10:00 am - 1:00 pm

Venue: Meeting held virtually via MS Teams

Chair: Stuart Bell, EA BCU Commander Stuart Bell

AGENDA

1.	Introductions and Apologies for Absence	Presented by Chair	Pages
2.	Declaration of Interests	Chair	
	Members of the Board are asked to declare any personal or prejudicial interest they may have in any matter which is to be considered at this meeting.		
3.	Minutes	Chair	
4.	Barking and Dagenham 5-year Substance Misuse Strategy	Amolak Tatter & Clare Brutton	1 - 27
5.	Victim Support Update	Alexandra Joseph	29 - 30
6.	Serious Violence Duty Update	Chris Lyons	31
7.	Violence Reduction Unit Action Plan end of year updates and new plan sign off	Chris Lyons	33
8.	Independent Serious Further Offence Review and next steps	Steve Calder	35 - 45
9.	Community Payback Update	Matthew Chapman	47 - 55
10.	Community Safety Partnership Plan Update	Chris Lyons	57
11.	Woman's Safety Group Update	Jeta Buzoku	59 - 72
12.	Domestic Abuse Update	Angela D'Urso	73 - 76

13.	Domestic Homicide Review Update	Chris Lyons	77	
14.	Prevent Update	Simon Cornwall	79 - 80	
15.	Forward Plan	Chair	81	
16.	Any Other Business	Chair		
	(a) Subgroup Update Reports			
Chil	dren and Young People			
Hate	e, Intolerance and Extremism and Tension	n Monitoring		
Tasl	Task and Finish Group			
Red	Reducing Offending			
Violence Against Women and Girls				
	(b) Safer Neighbourhood Board Update		103	
	(c) Safeguarding Boards Update Report	t	105 - 107	
17.	Date of Next Meeting	Chair		
	Community Safety Partnership Board, Wednesday 28 th June, 10:00am-14:00pm			

Wednesday 28th June, 10:00am-14:00pm Venue: Barking Learning Centre Chair: Cllr Syed Ghani

Membership

Name	Post title	Organisation
Cllr Syed Ghani (Chair)	Cabinet Member for Enforcement and Community Safety	London Borough of Barking and Dagenham (LBBD)
Stuart Bell (Interim Chair)	Detective Superintendent East Area BCU	Metropolitan Police Service (MPS)
Fiona Taylor (Deputy Chair)	Acting Chief Executive and Strategic Director, Law and Governance	LBBD
April Bald	Operational Director, Childrens' Care and Support	LBBD
Alexandra Joseph		Victim Support
Steve Calder	Head of Service, Barking, Dagenham and Havering	The Probation Service
Matthew Cole	Director of Public Health	LBBD
Jennie Coombes	Head of Service	Be First
Narinder Dail	Borough Commander	London Fire Brigade (LFB)
Angie Fuller	Head of YOS, Missing and Exploitation, Childrens' Care and Support	LBBD
Cllr Elizabeth Kangethe	Cabinet Member for Educational Attainment and School Improvement	LBBD
Chris Lyons	Community Safety Partnership Team Manager	LBBD
Kevin Makambe	Head of Triage Lifecycle	LBBD
Sarah Robertson		Barking and Dagenham Council for Voluntary Service (BDCVS)
Gary Jones	Operational Director Enforcement Regulatory Services and Community Safety	LBBD
Pip Salvador-Jones	Director	Barking and Dagenham Citizens Advice Bureau (CAB)
Nathan Singleton	CEO LifeLine Projects	BD Collective
Steve Thompson		Safer Neighbourhood Board (SNB)
Zahid Iqbal		North East London Foundation Trust (NELFT)
Cllr Maureen Worby	Cabinet Member for Adult Social Care and Health Integration	LBBD
Matthew Feather	<u> </u>	MET Police
Amolak Tatter	Commissioning Manager	LBBD
Clare Brutton	Head of Commissioning Disabilities	LBBD
David Lingard	Community Safety Operation Manager	LBBD
Daniel James	Senior Intelligence and Analytics	LBBD

Officer

LBBD Advisers

Name	Post title	Organisation
Jo Roebuck	Programme Manager (London	
	Alcohol, Drugs and Tobacco)	

Non-LBBD Advisers

Name	Post title	Organisation
Isabelle Kennedy	MOPAC Link Officer	Mayor's Office for Policing and Crime (MOPAC)

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COMMUNITY SAFETY PARTNERSHIP

REPORT

Subject: Barking and Dagenham 5-year Substance Misuse Strategy

Date: Wednesday 29th March 2023

Clare Brutton

Head of Commissioning – Disabilities

Author:

Amolak Tatter

Commissioning Manager

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Security: Unprotected

1. Purpose of Presenting the Report and Decisions Required

- 1.1 The Government 10-years drug strategy, "From harm to hope: a 10-year drugs plan to cut crime and save lives," which was launched in December 2021. The theme within this strategy to tackle chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime, these key themes will be included within Barking and Dagenham 5-year drug and alcohol strategy, to ensure that we:
 - Delivering world-class treatment and recovery services
 - Rebuilding the professional workforce
 - Ensuring better integration of services
 - Improving access to accommodation alongside treatment
 - Improving employment opportunities Increasing referrals into treatment in the criminal justice system
 - Keeping prisoners engaged in treatment after release
- 1.2 The Office for Health and Improvement and Disparities (OHID) has significantly uplifted the baseline budgets in 2023/24 for substance misuse services, which has afforded the opportunity to redesign services to better meet local demand.
- 1.3 It is evident that the number engaging in treatment services do not reflect the borough, therefore in addition to the needs assessment a cultural competence review will be undertaken which will inform the commissioning strategy. This will ensure that all communities will have access to drug and alcohol services, delivered in ways that have resonance with someone's cultural background, faith, language, traditions, and respecting differences in families' home lives, to ensure inclusivity in service redesign.

2. Recommendation(s)

- 2.1 It is recommended that the Community Safety Partnership Board:
 - (i) Consider and note the Executive Summary of the Strategic Plan
 - (ii) Consider and note the key strategic priorities as set out in the 5-year Strategic Plan
 - (iii) Agree that the 5year Plan and the Cultural Competency Report are brought back to the Community Safety Partnership in May 2023 for discussion.
 - (iv) Agree that commissioners use the 5-year Plan and Cultural Competency Report to write the procurement strategy and specifications for the CSP to consider in May 2023

3. Summary of 5-year Barking and Dagenham Substance Misuse Strategy

- 3.1 The purpose Barking and Dagenham Substance Misuse Strategy of the is to set the strategic direction and vision for substance misuse for the next 5-years, and establish the nature and extent of its impact across Barking & Dagenham with a focus on:
 - Access to treatment and outcomes for those with protected characteristics and if there is a suggestion of unmet need for these individuals or those from criminal justice/ mental health background.
 - Identifying and assessing efficacy and efficiency of existing service provision.
 - Current and future challenges that substance misuse presents to people who
 misuse substances, their carers, friends and families, the NHS, and Barking &
 Dagenham Council services.
 - Assessing whether services are adequately meeting the needs of individuals affected by substance misuse and those experiencing multiple disadvantages.
 - Identifying any cross-cutting themes that emerge during the process.
 - Identifying the synergies and interconnections between services to determine if these can be maximised.

3.2 What is substance misuse?

According to World Health Organisation (2018), substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The Chief Medical Officer's (CMO) alcohol guidelines³ state that drinking any level of alcohol comes with health risk for everyone and people should limit their intake to no more than 14 units a week to keep the risk of illness like cancer and liver disease low.

3.3 The Impact of Covid-19 on substance misuse

Like many other services, substance misuse treatment agencies were affected by the need to protect their staff and service users during the Covid-19 pandemic, especially in the early stages. Most services restricted face to face contact which affected the type of interventions that service users received. These interventions included:

- Supervised consumption of opioid substitution prescription (switched to take home doses).
- Fewer service users were able to access community and inpatient detoxification.
- Testing and treatment for blood borne viruses (BBVs) and liver disease greatly reduced
- 3.4 These restrictions will impact the outcome data recorded for this period and the data analysed in this report, trend data dating back to 2016/17 is included to mitigate this.
- 3.5 Effect of Covid-19 on alcohol consumption at a national, regional, and local level Figures based on YouGov surveys show

- 8.1% of adults in England were drinking at "increasing or higher risk" in the three months to the end of October 2021, which equates to 8 million people.
- That is much higher than in February 2020, before the pandemic, when 12.4% or about 6 million people drank at these levels.
- Across London, consumption data suggests that higher risk drinking increased significantly during the pandemic, and alcohol-specific deaths rose by 23% in London in 2020

3.6 National and Local Drivers

Summary of the new National 10-year Drug Strategy

In December 2021, the government published a new 10-year drug strategy From harm to hope: A 10-year drugs plan to cut crime and save lives, the first ever drug strategy to commit the whole of government and public services to work together in a new longer-term approach to reverse the worrying upward trajectory of drug use, drug related deaths and drug related crime.

3.7 Underpinned by the two whole-system reviews by Dame Carol Black, this joined up approach is one that recognises the complexity and entrenched nature of the issues involved that cannot be addressed by one government department or sector. This new strategy comes with significant new funding, over £3 billion over the next three years, to reduce drug related crime, death, harm, and overall use, alongside a requirement to strengthen national and local accountability.

It sets out three core priorities:

- Break drug supply chains.
- Deliver a world-class treatment and recovery system and
- Achieve a shift in the demand for recreational drugs.

3.8 What does this mean for Barking & Dagenham?

Over the next three years Barking & Dagenham Council will receive approximately £9m enhanced funding to contribute towards achieving the outcomes that are described in the new drug strategy and Dame Carol Black's vision for drug treatment and recovery systems, with the aim of both improving the quality and capacity of local drug and alcohol treatment.

As part of the terms of agreement of the funding all local authorities in England are now required to:

- Create a multi-agency Combatting Drug Partnership with a nominated Senior Responsible Officer and Terms of Reference by September 2022.
- Conduct a needs assessment, underpinning a local Drug Strategy delivery plan by December 2022.
- Ensure all partners agree a local performance framework to monitor the implementation and impact of local plans by December 2022.
- Regularly review progress, reflecting on local delivery of the strategy and current issues and priorities from April 2023 then every 12-months thereafter.

4 Please refer to Executive Summary (attached to papers)

The executive summary sets out the key findings, strengths and areas for partnership development.

- The 6 strategic priorities for this Substance Misuse Strategy, as set out in the Executive Summary are:
 - 1. Integrated partnership working between services, partners, communities, and service users.

- 2. Strengthening of a robust multi-agency information sharing and information governance system.
- 3. A stronger prioritisation of Prevention and early intervention.
- 4. Commission and deliver effective, evidence-based treatment and recovery services.
- 5. Target individuals or groups e.g., young people experiencing ACES, homeless and CJS cohort known to be higher risk with tailored interventions.
- 6. Strong supportive safer communities.
- 5.1 Proposed key priority developments for the partnership. Further priorities will come from the Cultural Competency consultation, which will be developed with a suite of KPIs and measures to ensure that the professional network and partners, thoughtfully consider access to care and services for all communities and religious groups within Barking and Dagenham.

	Integrated partnership working between services, partners communities and service users
What we will do	Working together with services, partners, communities, and service users
What it will mean	Ensure services and pathways are clearly communicated to partners.
	Work through the Barking & Dagenham Combating Drugs Partnership to jointly plan and deliver the Strategy and use collective influence to raise the profile of the impact of substance misuse, making it a shared responsibility to address it across the council and wider partners and increase numbers accessing treatment Continue to engage with service users in all service redesign, pathway and
	service review and ongoing service improvement
	Formalise processes for engagement of family, friends, and carers of substance misuse service users
Measure	 Increase the number (and quality) of referrals to specialist treatment Reduce unmet need for drug and alcohol cohorts
Lead	TBC
Agency	

	Strengthening of a robust multi-agency information sharing and information governance systems
	Develop a multi-agency information sharing agreement using locally agreed data/ information sharing protocols to identify, plan, implement action and review effectiveness to address local drug and alcohol issues.
mean	Close working relationships and routine information sharing fostered between local authority departments, the Police, Probation, the NHS, the Voluntary sector (including the substance misuse treatment services and homelessness support) and community/faith groups.
Measure	A multi-agency information sharing agreement
Lead Agency	TBC

Priority 3	A stronger prioritisation of early intervention/ prevention
will do	Increase awareness and understanding of substance misuse among professionals and communities to support those who are most vulnerable to it and address unmet need
mean	Support workforce development that focuses on making drugs and alcohol everybody's business. Roll out training opportunities to frontline staff across local authority departments, CJS, Health and Voluntary sector partners and community/faith groups and parents/carers. Identification and Brief Advice (IBA)Training for alcohol should be embedded within this (IBA definition - enable frontline workers to identify those drinking above lower risk levels, give simple brief advice and make referrals to appropriate services)
	Ensure full use of Alcohol Licensing powers to manage alcohol availability including managing hot spots of street drinking
	Ensure funding is maintained/increased for hospital based/in reach model Alcohol Care Team (ACT) identifying inpatients and A&E attenders with alcohol problems and providing specialist care
	Review the range of evidenced based population-wide and targeted prevention for drug users being utilised in Barking & Dagenham e.g., harm reduction services; needle and syringe programmes and services to test for and treat blood borne viruses and widespread provision of naloxone
	Work closely with communities to understand and tackle substance misuse and the stigma associated with it, empowering communities to feel part of the solution
	Apply a targeted approach to identify young people, vulnerable adults, and families most as risk of drug/alcohol use; drug dealing; gang involvement/County lines or (sexual/other) exploitation at an earlier stage
	Co-design drug and alcohol campaigns and messages that are credible with communities, these should ensure individuals and communities know about the risks associated with drugs and alcohol and where to get help locally
	Consider reviewing the age at which drug and alcohol awareness is offered to schools to ensure it's not too late and offering an age-appropriate programme to 9–10-year-olds (Year 5-6)
	Ensure all mainstream schools in the borough offer credible drug and alcohol awareness training to pupils and staff including risk of involvement in drug dealing; gang involvement/County lines or (sexual/other) exploitation
Measure	 Increase the number (and quality) of referrals to specialist treatment Increase the number of community engagement opportunities Reduce unmet need for drug and alcohol cohorts Increase the numbers of families impacted by substance misuse accessing structured support
	 Increase the number of substance misuse awareness training programmes and Identification and Brief Advice (IBA) training rolled out within the borough

Priority 4	
	services that are accessible to all who need them
What we	Provide holistic support that is accessible and meets the needs of the
will do	community
What it will mean	Ensure structured and unstructured treatment is accessible to all clients in both adults and young people's service to achieve harm reduction, successful completion of treatment and prevent substance related deaths
	Understand and reduce barriers to accessing treatment (paying special attention to protected characteristics highlighted within this Strategy and the potentially underserved cohorts)
	Review the logistics and opportunities for co-location of specialist adult and young people's services in alternative community hubs (such as Family hubs) or statutory services (Primary care) or commissioned services
	Strengthen pathways across the substance misuse system e.g., with primary care and secondary care and mental health partners
	Improve engagement and treatment of drug and alcohol using offenders who attend the adult treatment service in order to reduced local rates of drug and alcohol related crime and reoffending
	All partners will play a part in ensuring there is meaningful wrap around support e.g., ETE, accommodation and lifestyle/aftercare services for drug and alcohol users to support them to maintain recovery through strengthened links with local voluntary sector organisations.
	Improve the mental and physical health of those with substance misuse problems
Measure	Increase the number (and quality) of referrals to specialist
	treatment Reduce unmet need for drug and alcohol cohorts
	 Increase rates of successful completions Reduce numbers of drug and alcohol related deaths
	 Reduce numbers of drug and alcohol related deaths Increase referrals from the CJS (young person and adult
	services)
	Successful completion of community sentencing interventions for
	those engaged in criminal justice, for both adults (drug rehabilitation
	(DRR) and alcohol treatment requirements (ATR)) and young people
	(youth restorative interventions)
	 Increase referrals from cohorts with protected characteristics
	Increase access to ETE, accommodation and lifestyle/aftercare
	services
	Increase physical health checks, ensure service users have
	access to GP services and increased engagement/joined up working with mental health services
Lead	TBC
Agency	
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Priority 5	Target individuals or groups e.g., young people experiencing ACES, homeless and CJS cohort known to be higher risk with tailored interventions
What we will do	Identify those cohorts most likely to be at higher risk of substance misuse, at an earlier stage and offer them evidence-based support before the harm escalates for themselves, their families, or communities.
What it will mean	Consider and strengthen the offer of support to families and carers and young people affected by substance misuse
	Ensure offenders with substance misuse have clear pathways into treatment
	Ensure rough sleepers with substance misuse have clear pathways into treatment
	Strengthen working relationships with mental health services to ensure those with co-occurring mental health and substance issues have clear pathways to treatment and there is 'no wrong door'
	Ensure there is understanding of the risks of exploitation, gang membership, drug dealing, violence and County lines for young people and their parents/carers
	Review and increase the 'diversionary activities' for young people identified as at risk of using substances/ dealing drugs
Measure	 Increase referrals to specialist substance misuse treatment (and additional services where required) from the following cohorts: Families and carers and young people affected by substance misuse Drug and alcohol using offenders Rough sleepers
	 Those with co-occurring substance misuse and mental health diagnoses
	Those experiencing multiple ACES and at risk of exploitation
	 Reduce unmet need for drug and alcohol cohorts Increase referrals from the CJS (young person and adult services) Successful completion of community sentencing interventions for those engaged in criminal justice, for both adults (drug rehabilitation and alcohol treatment requirements) and young people (youth restorative interventions) Increased local diversionary activities/ interventions
Lead Agency	TBC

Priority 6	Strong supportive safer communities
What we will do	Tackling substance misuse related crime/ASB and the stigma that is attached to substance misuse to build supportive communities that facilitate recovery and feel safe
	Maximise every opportunity to address offending behaviour that is driven by the use of drugs and alcohol via use of Police custody drug testing and increased use and completion of Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs)
	Tackle the stigma that is attached to substance misuse to build supportive communities that facilitate recovery
	Tackle substance misuse related ASB
	Disrupt drug markets and reduce the visibility of open drug markets and open drug use
	Identify at an early-stage vulnerable persons being exploited by substance misusers and drug dealers
	Improve public confidence through collaborative problem solving and community based multiagency campaigns which address drug paraphernalia, open use of drugs, and drug and alcohol related anti-social behaviour and their knowledge of where specialist support is available
	Work with criminal justice partners to ensure that responses to young people's drug and alcohol related offending are appropriate to their needs.
Measure	 Reduce resident concerns about people using or dealing drugs/about street drinking Increase the number of people entering and completing treatment through the criminal justice route and through use criminal orders Reduce drug-related activity in and around local hotpots leading to an increase in residents' perception of safety Increase in arrests and charges for drug offences and drug Increases in the amount of Class A and B drugs seized Reduce drug and alcohol related re-offending rates
Lead Agency	TBC

4.

List of Appendices: Appendix 1: Executive Summary of the 5-Year Substance Misuse Strategy



Executive Summary

Key points for Barking & Dagenham, Young People & Substance Misuse (General Population)

National Young Person's Substance Misuse

- 1.1 The Dame Carol Black review reiterated that preventing drug use is more cost-effective and socially desirable than dealing with its consequences and one of the priorities within the new national drug strategy is on preventing the onset of substance misuse in young people.
- 1.2 Evidence suggests certain groups of young people, particularly those who have suffered adverse childhood experiences (known as ACEs), are more likely to develop drug and alcohol problems that will accompany them into adulthood. These include using multiple substances (poly-drug use); having a mental health treatment need; being a Looked After Child (LAC) and not being in education, employment, or training (NEET)

Barking & Dagenham Young Person's Substance Misuse

- 1.3 Indicators of risky substance misuse in the wider under 18 population in Barking & Dagenham outlined in the OHID 2020/21 Young people substance misuse support pack suggests:
 - Substance misuse hospital admissions do not appear to be an issue in Barking & Dagenham in 2020/21 with the local rate (68) below the national rate (85) however trend data dating back to 2016/17 suggests the rate has matched the national rate for 3-out of the last 5-years so this measure is worthy of close monitoring.
 - Alcohol related admissions are much lower than the national rate.
 - There is a significantly higher rate of first-time entrants to the youth justice system 320/100,000 in Barking & Dagenham than for the rest of England 169/100,000, as this rate has been in excess of the national rate since 2016/17, it is essential diversionary activities are in place to reach these vulnerable young people (and identify substance misuse) as early as possible before their offending escalates.
 - In 2020/21 of the 264 Looked After Children in Barking & Dagenham (for at least 12 months), none of them were identified as having a substance misuse problem compared with 3% nationally. This may imply substance misuse need is being missed and there is a training need within children's social care workforce.
 - Numbers of drug and alcohol related suspensions and exclusions from school are so low for these measures making trend analysis based on percentages meaningless, especially for the exclusions. Consideration should be given as to how this is measured/reviewed more accurately locally to ensure the suspensions do not exceed 3% and the exclusions do not exceed 10% and then how it is addressed if they do. It may imply a training or awareness gap in the schools, a zero-tolerance policy may be in place, it could be cultural and there is a need for substance misuse professionals to offer training and awareness packages to mainstream and alternative schools and ensure there is a referral pathway to specialist drug and alcohol support.

1.4 What works

 There is little evidence that drug and alcohol education consisting solely of information giving can affect behaviour, however it is nationally recognised that good quality interventions designed to build confidence, resilience and effective decision-making skills can have a preventative impact.

Barking & Dagenham Young People & Young Adults (Treatment Population) 2020/21

1.5 Numbers in and starting treatment

- In 2020/21 there were 155 young people in specialist substance misuse treatment, 26 of these were young adults (aged 18-24), comprising 17% of the total treatment population compared with 23% nationally. Trend analysis dating back to 2016/17 does not back this up as a significant trend.
- 103 young people presented to specialist services during 2020/21, 90 of these were under 18 and 13 were aged 18-24. The age groups are broadly similar to those already in treatment.
- Trend data dating back to 2016/17 suggests a significant decrease for both numbers of young people and young adults in specialist substance misuse services (-54%) and new presentations (-55%) (bar 2018/19). This is a steeper reduction trajectory than the rest of the country and therefore requires review.

1.6 Primary reported substance

- The most common primary substance cited is (overwhelmingly) cannabis (82%) then alcohol (11%) matching the national picture, then ketamine (3%)
- There is a relatively narrow range of drugs cited beyond these top three 2% nicotine; 1% cocaine; 1% crack; 1% amphetamine.

Tobacco use

- 27/129 (21%) of the young people in treatment in Barking & Dagenham were smoking at the start of treatment compared with 27% nationally.
- This figure has fluctuated in the past 4-years it has been measured (2019/20 30% locally compared with 32% nationally; 2018/19 20% locally compared with 52% nationally; 2017/18 33% locally compared with 53% nationally).
- The partnership will wish to ensure young people are asked about their smoking status and offered support to quit. Also, anecdotal evidence suggests young people locally are vaping (often not to give up smoking) which may require specialist input from the stop smoking lead as to how to address locally.

Drinking levels

• 78% of the young people in treatment stated they had consumed no units of alcohol in the 28-days prior to entering treatment (compared with 50% nationally) and 21% drank 1-199 units (compared with 44% nationally).

Routes into treatment

• The data suggests an emphasis on referrals from the Youth Justice System-the top referrer - with 40% of referrals in Barking & Dagenham compared with 22% nationally, followed by 28% from Education setting comparable with national rates (25%) and Children & Families 20% locally, also comparable with national rates (22%).

- Two areas that deviate from the national picture are self-referrals and health referrals.
- As both trends date back to 2017/18 this is worthy of review as may indicate an
 increase of the marketing of the young person's service and strengthening the
 pathway from health settings.

1.8 Protected characteristics of those in and starting treatment

Ethnicity

- Of the young people referred to specialist young people's substance misuse service in 2020/21 over half (54%) were White, recognising the diverse multicultural nature of the borough this diverges from the national picture where it is 77%.
- Using the GLA prediction data for 2022 as a crude comparator as the borough's ethnicity profile for under 18's it suggests there is an underrepresentation of:
 - Black young people (comprise 15% of the treatment population compared with 30% of the GLA prediction data)
 - Asian young people (comprise 17% of the treatment population compared with 25% of the GLA prediction data)

This requires review.

Gender

• The gender split in treatment in 2020/21 is 70% male and 30% female, which differs to the rest of England where it is 64: 36 and the GLA 2022 prediction data (male 52%: female 48%) and therefore may be worthy of focus.

Age

- The age profile in 2020/21 is slightly younger with 43% under 15 locally, compared with 33% nationally but granular analysis of trend data dating back to 2016/17 does not support this as a trend
- The majority of young people (45%) in treatment in Barking & Dagenham were 16-17 years old, comparable with the national picture (43%).

Parental status

• The majority (53%) were not a parent or living with children compared with 59% nationally, 45% were however, more likely to be 'not a parent but living with children' (someone else's children) compared to 36% nationally.

1.9 Additional support needs

Co-occurring mental health and substance misuse issues

- 17% of young people in treatment had a mental health need compared with 42% nationally, it is positive to see 77% of those were getting treatment for this (compared with 55% nationally).
- This is hard to ascertain if this is significant and worthy of review as the 'lower rate
 of identification but better proportion in treatment' trend dates back to 2017/18 but
 numbers have been decreasing to below 10 hindering statistical analysis with
 percentages.

Housing and homelessness

• The majority of young people in substance misuse services 114 (88%) locally are living with their parents (82% nationally) and 10 (8%) are living in supported housing (compared to 4% nationally).

Education and employment

• Young people in treatment in Barking & Dagenham are more likely to be in mainstream education (65%) than their national counterparts (56%). Although this may reflect the fact that Education Services are the second highest referrer to treatment in the borough.

Length of time in treatment

 This data suggests the majority of young people (42%) exit between 13-26 weeks in Barking & Dagenham compared with 33% nationally, however trend data back to 2016/17 does not suggest this is a trend worthy of investigation.

Interventions delivered

- All (100%) of the young people in Barking & Dagenham received psychosocial support and 96% compared with 66% nationally received harm reduction support, which is positive.
- No one was recorded as requiring inpatient or residential rehabilitation.

Vulnerabilities of young people in specialist substance misuse services

The data for wider vulnerabilities for Barking & Dagenham under 18's in substance
misuse treatment is similar to the rest of the country, with antisocial behaviour the
most cited vulnerability for both, and in both cases is more likely to be cited by
males, compared with self-harm which is more likely to be cited by females.

Planned exits

 Young people are more likely to leave substance misuse treatment in a planned way in Barking & Dagenham than the rest of England, rates have been in excess of, or similar to the national rate since 2016/17, this is also the case for representation rates. This is positive.

2 Key points for Drugs: Barking & Dagenham (General population)

National Drugs

- Latest ONS data suggests as a nation our recreational drug use has increased in the past decade with cannabis the most commonly used drug followed by powder cocaine.
- The annual costs of illicit drug misuse in the UK are £10.7bn.
- Statistics suggest addiction to opiates and/or crack cocaine is linked to around half of all acquisitive crime (including theft, burglary, and robbery) to fund a drug habit.

Barking & Dagenham Drugs Profile

- It is estimated that Barking & Dagenham adults committed 62,000 offences before accessing treatment and the social and economic costs saved for the borough as a result of the protective nature of drug treatment is £6.8m
- The latest data from Drug Crime statistics for England and Wales (2021) suggests that police recorded drug crime in Barking & Dagenham increased by 45% between 2019/ 20 (1,183) and 2020/21 (1,711) with the most prevalent crime being Possession. This is the 4th greatest increase in London.
- There were 20 drug related deaths between 2019-2021 in Barking & Dagenham which equates to a rate of 3.2/100,000, comparable to the London rate of 3.4/100,000 and below the England rate of 5.1/100,000.
- The rate of hospital admissions due to drug poisoning was 26.16 compared with 50.22 nationally, although much lower than the national rate, these are noted as poisoning admissions can be an indicator of future deaths.

2.2 What works

- There is a strong evidence base for local population wide Prevention interventions
 for drugs such as needle and syringe programmes and services to test for and treat
 blood borne viruses are evidence-based and reduce the risk of transmission. They
 can also act as a point of engagement with drug users where they can access
 pathways to other treatment and health services. Provision of naloxone can reduce
 the risk of death from opiate overdose.
- Partnership working is needed to provide a strategic response to cross-cutting issues. Drug and alcohol misuse affects every agency, and each agency has a role to play in a coordinated response

2.3 Barking & Dagenham Adult Drug Users (Treatment Population) 2020/21

Rates of unmet need

- The rate of unmet need gives the proportion of those currently not in treatment. Given the protective factor of treatment, the higher the rate of unmet need the more significant the impact on areas such as crime, BBVs, unemployment, safeguarding etc.
- There are an estimated 1,293 opiate and/ or crack users in the borough (known as OCUs), the met need rate (29%) is significantly below that of England (47%) and even worse for opiate users (39% compared with 53% nationally), the rate for crack users is also below the national average (30% compared with 42% nationally).
- Unmet need has been higher than the national rate in Barking & Dagenham for all drug groups since 2016/17 and getting worse and therefore requires focus for improvement.

Numbers in treatment and substances used

- There was a total of 634 Barking & Dagenham residents in substance misuse treatment for drug use at the end of 2020/21, with 316 starting treatment during the year. Overall, since 2016/17, numbers in treatment and new people starting drug treatment have both decreased by 28%. This decrease can be seen in all substance types bar the opiate cohort.
- Numbers in treatment and new presentations have both been on a downwards trajectory since 2016/17 and ticked up in 2019/20

 Of the 634 clients in treatment for drug use in Barking & Dagenham, over a half (56%) were in for opiate use. Compared to England, in 2020/21 in Barking & Dagenham a lower proportion of clients (56%) were in for opiate treatment (70% nationally) and the remainder were almost equally split to non-opiate 24% locally compared with 14% nationally and Alcohol & non-opiate 20% locally compared with 15% nationally.

Tobacco use

- The proportion of adult drug users identified as smoking tobacco at the start of treatment for drug misuse in Barking & Dagenham (85%) is much higher than the national average (65%) and this higher rate is reflected across the three drug groups.
- Given the relatively high figures, and the fact that rates have been in excess of the
 national average since 2017/18, services should offer (or be able to refer people
 into) stop smoking support (access to effective stop smoking products combined
 with behavioural support), and harm reduction approaches for people unable or
 unwilling to stop smoking in one step. Smokers who access this support are 3 times
 as likely to quit as those who try to quit unaided.

Prescription Only Medicine (POM) and Over The Counter Medicine (OTC)

• There were 36-individuals presented for drug treatment citing POM/OTC adjunctive to other drug use. This makes up 6% of the total treatment population comparable to the national average (10%). 14 individuals (2%) were using POM only, also comparable with 4% nationally, these local/national proportions have been consistent since 2016/17.

New Psychoactive Substances (NPS) and Club drugs

 No individuals presented to community treatment in 2020/21 citing club drug use and opiate use, however 9-presented with any club drug use. These low numbers have been the trend since 2016/17. Low numbers of this cohort are also often the case in outer London boroughs with heavy users preferring to use the central London specialist services, however pathways should be considered between treatment services and sexual health services (for those engaging in chemsex).

Referral source into treatment

- Analysis of the sources of referrals into drug treatment in Barking & Dagenham in 2020/21 reveal that the most common source is self-referral, followed by All other sources, this follows the national picture. Referrals come in from a broad variety of sectors (Hospital/ A&E, GP etc) at a similar or better rate than the rest of England,
- Social services are noteworthy as a strong referrer with 10% of referrals coming from this source compared to 3% nationally.
- The only area deviating from the national picture is the CJS route (13% locally compared with 19% nationally), however, trend data dating back to 2016/17 suggests this has fluctuated over the past 4 years so is not statistically significant.
- Granular analysis of the breakdown of CJS referrals in 2020/21 suggests the main source is Prison 40% locally compared with 56% nationally, which requires strengthening. This is explored further in the Criminal Justice Section below.

Waiting times

 Waiting times have historically not been an issue for Barking & Dagenham, with 99-100% of clients meeting the target time for entry into treatment of 3-weeks or less since 2016/17.

Treatment engagement (preventing early drop out before 12-weeks)

- When engaged in treatment, people use fewer illegal drugs, commit less crime, improve their health, and manage their lives better - which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes.
- These rates have been better than the national rate for all drug cohorts since 2016/17, when broken down to drug using cohorts' rates are also similar to or better than the national average, which is particularly positive for opiate users who will be adjusting to their Opiate Substitute Treatment (OST) dose and vulnerable to overdose if they drop out of treatment.

2.4 Protected Characteristics of those in drug treatment

Gender & Ethnicity

The data suggests a potential under-representation of the following cohorts in drug treatment, which requires culturally sensitive focus (where appropriate) as to potential barriers and how they can be mitigated:

- Female (comprise 25% of the Drug treatment population in 2020/21 compared with 51% of the general 2018 borough profile)
- Black African (comprise 4% of the Drug treatment population in 2020/21 compared with 18% of the general 2018 borough profile)
- Indian (comprise 1% of the Drug treatment population in 2020/21 compared with 6% of the general 2018 borough profile)
- Focus should be given to the recording of ethnicity as the cumulative figure for Other/not stated/ missing/unknown/Incomplete is 7%

Age

• From 2016/17 to 2020/21 there was an increase in the proportion of those 50+ in treatment (12%-> 19%). This is in line with national and regional trend of ageing opiate user cohort.

Sexuality

• The proportion of service users identifying as gay/lesbian (2%) was similar in Barking & Dagenham compared to England (2%), although London has the largest LGBTQ community in the UK (estimated 3.8% compared with 2.7% nationally) so access and pathways may be worth reviewing.

Disability

• A similar proportion (65%) of new clients in Barking & Dagenham had no disability compared with the rest of England (65%) and 6% (n=18) cited a Learning disability as a need compared with 3% of clients nationally. This is positive as it implies there are no barriers to disabled clients however the partnership may wish to ascertain what additional support clients citing a Learning disability are offered.

Parental status

- Whilst the majority of clients were not parents/no child contact 53% in Barking & Dagenham, this is lower than the national percentage of 60% and 18% were parents living with children compared with 13% nationally.
- Overall, the data suggests drug users locally are more likely to be parents and living with their children than nationally, if child safeguarding practices are robust this is a positive as it suggests no barriers to treatment for this cohort and evidence suggests that being a parent is a protective factor for retaining substance misusers in treatment.

2.5 Additional Support Needs

Housing

38 clients were homeless with an urgent housing problem (12%) and a further 40 (13%) had housing problems comparable with 14% nationally. Therefore, interventions and pathways need to be in place to support clients with housing issues. However, the majority (75%) of new clients in 2020/21 did not have a housing problem.

Employment

- Most clients (57%) were unemployed yet almost 1 in 4 (23%) were in regular employment (compared with 21% nationally).
- 14% of new presentations were long-term sick or disabled, lower than the national figure of 21%. Although this may reflect the fact that this data is from the Covid-19 pandemic year when those termed vulnerable may have been more likely to be shielding and not presenting to services, this trend of a lower proportion of long-term sick/disabled service users has been present in the data since 2016/17 and therefore requires review as it may be that there are individuals that require support with their benefits status

Co-occurring & Mental health needs

- The data suggests mental health treatment need was identified for under half of all drug only clients (49%, compared with 63% nationally), among these (70%) were getting treatment, comparable with 71% nationally)
- Lower rates of identification of co-occurring mental health and substance misuse have been an issue since 2017/18 and therefore require review.
- This requires prioritising, especially given these numbers are likely an underestimate of need among clients in substance misuse treatment due to potential underdiagnosis, eligibility thresholds for accessing mental health services, and underdeveloped care pathways

Measures of recovery - Successful completions

 Successful completion rates are better locally for all drug cohorts than the England average since 2017/18

Reduced use

• In 2020/21 abstinence rates at 6-month review, in the last 12-months for all drug groups were comparable to, or better than, national rates except for crack users

(39% abstinent locally compared with 48% nationally), however when trend data is examined dating back to 2016/17 this is not significant.

Time in treatment

 In 2020/21 the proportion of opiate users in treatment for six years or more in Barking & Dagenham was 23%, which was comparable to the national average (27%). Adults that have been in treatment for long periods of time (six years or over for adults with opiate problems and over two years for adults with non-opiate problems) will usually find it harder to successfully complete treatment so this is positive.

3 Criminal Justice pathway

Treatment population with prior convictions

• The proportion of adults in drug treatment in Barking & Dagenham with a prior conviction is 25% comparable with 29% nationally.

Substance misuse and prison – rates of Continuity of Care

- Continuity of care refers to the percentage of individuals who at the point of release from prison were transferred to a community treatment provider for structured treatment interventions and other support and were successfully engaged. This is the same as the Public Health Outcomes Framework (PHOF) indicator C20
- In 2020/21 17.2% successfully engaged following release compared with 34.5% nationally. Rates have been fluctuating and below the national average since 2016/17 and therefore require focus, however caution must be applied to these inferences given the relatively low numbers and the impact of Covid-19 in the secure estate during this period.

Residential rehabilitation

 A total of 3 (0%) of drug clients were referred to residential rehabilitation from Barking & Dagenham compared with 2% nationally. These lower rates have been evident since 2016/17 and therefore require review as to the potential underutilisation of residential rehabilitation as a treatment option for drug users locally.

Overdose death prevention

- Naloxone is an antidote drug (administered via injection or nasally) which can reverse opiate overdose, it is used by paramedics and given to opiate users and their friends and family.
- In 2020/21 69% (n=243) of opiate adults in treatment in Barking & Dagenham were issued naloxone compared with 28% nationally, this is positive as it will be mitigating opiate overdoses and deaths and has been a trend dating back to 2017/18 (when this data began).

Deaths in treatment

- Deaths in treatments are not necessarily drug related, it means that someone died whilst engaged with community substance misuse treatment.
- In 2020/21 7-people died whilst in substance misuse treatment in Barking & Dagenham- all opiate users. Neither the local rate for total deaths nor per drug group is in excess of the national rate.
- A review of historical data dating back to 2016/17 suggests the proportion of deaths in treatment (for all drug groups) locally was below the national rate for all years dating back to 2018/19 and in excess of it between 2016/17-2017/18.

4 Key points for Alcohol: Barking & Dagenham (General population)

National Alcohol

- Nationally nearly 20% of the population drink at levels that increase their risk of harm and nearly 600,000 (2.8 x the entire population of Barking & Dagenham) are thought to be dependent drinkers.
- The annual costs of alcohol related harm in England are around £21.5bn.
- Parental alcohol misuse is strongly correlated with family conflict and with domestic abuse.

London Alcohol

- Across London, consumption data suggests that higher risk drinking has increased significantly during the pandemic, whilst alcohol-specific deaths rose by 23% in London in 2020.
- The rate of Alcohol related mortality in Barking & Dagenham is 37.2/100,000 comparable with the London rate (32.2/100,00) and the England rate (37.8/100,000). It is the 4th highest rate in London.

Barking & Dagenham Alcohol

- Barking & Dagenham residents are far more likely to abstain from alcohol than the
 rest of England and fewer (15.1%) are drinking over 14 units per week compared
 with the rest of England (22.8%). This is likely to be linked to its multicultural nonwhite demography who are less likely to drink alcohol/binge drink alcohol.
- Despite these lower rates, other proxy indicators of alcohol related harm in Barking & Dagenham, such as alcohol related hospital admissions, alcohol related mortality and alcohol related conditions such 'Admission episodes for alcohol-related cardiovascular disease' which is the 3rd worst in London, suggest 'hidden harm' and individuals that need specialist support not accessing it.

What works

• There is a strong evidence base for local population wide prevention interventions for alcohol, such as exercising full licensing powers to manage the availability and accessibility of alcohol and Identification and Brief Advice (IBA) can help individuals reduce their alcohol consumption, which reduces risks of ill health and deaths. Hospital based Alcohol Care Teams: identify inpatients and A&E attenders with alcohol problems and provide specialist care. These services save money by reducing length of stay, re-admissions, A&E attendances, and ambulance callouts.

4 Barking & Dagenham Adults Alcohol Users (Treatment Population) 2020/21

Rates of unmet need

There are an estimated 2,105 dependent drinkers in the borough of which 377 are in specialist treatment (described further in the Barking & Dagenham Treatment Population Profile). This equates to 18% of the potential alcohol dependent population which matches the England average. This rate has been comparable with/or better than the national rate since 2016/17.

Numbers in treatment

- There was a total of 251 Barking & Dagenham residents in alcohol only treatment at the end of 2020/21, with 178 starting treatment during the year. Since 2016/17 both numbers in treatment (-43%) and new presentations (-16%) have significantly decreased.
- The trend data in the graph below shows numbers in treatment and new presentations have both been on a downwards trajectory since 2016/17 and ticked up in 2019/20

Monthly alcohol units drank by alcohol clients in treatment in Barking & Dagenham 2020/21

 42% of clients drank <400 units in Barking & Dagenham in the 28-days prior to commencing treatment compared with 35% nationally, but 23% were drinking in excess of 1000+ units compared to the rest of England, and these will be extremely vulnerable complex individuals

Tobacco use

- The proportion of adult alcohol users identified as smoking tobacco at the start of treatment for drug misuse in Barking & Dagenham (57%) is much higher than the national average (43%),
- Given the relatively high figure, and the fact it has been in excess of the national average since 2017/18 (bar 2019/20), services should offer (or be able to refer people into) stop smoking support (access to effective stop smoking products combined with behavioural support), and harm reduction approaches for people unable or unwilling to stop smoking in one step. Smokers who access this support are three times as likely to quit as those who try to quit unaided.

Referral source into treatment

• Analysis of the sources of referrals into alcohol treatment in Barking & Dagenham in 2020/21 reveal that the most common source (44% of all referrals) is self-referral (63% nationally), followed by Social Services (17% compared with 4% nationally) and All other referral sources (16% locally compared with 13% nationally). Referrals come in from a broad variety of sectors (Hospital/ A&E, CJS etc) at a similar or better rate than the rest of England which is positive.

Waiting times

 Waiting times have historically not been an issue for Barking & Dagenham, with 100% of clients meeting the target time for entry into treatment of 3 weeks in 2020/21.

4.2 Protected characteristics

Gender & Ethnicity

- The data suggests a potential under-representation of the following cohorts in alcohol treatment, which requires culturally sensitive focus (where appropriate) as to potential barriers and how they can be mitigated:
- Female (comprise 43% of the Alcohol treatment population in 2020/21 compared with 51% of the general 2018 borough profile)
- Black African (comprise 8% of the Alcohol treatment population in 2020/21 compared with 18% of the general 2018 borough profile)
- Bangladeshi (comprise 1% of the Alcohol treatment population in 2020/21 compared with 6% of the general 2018 borough profile)

Age

 In 2020/21 the age profile is younger in the Barking & Dagenham treatment population with 39% under 40 (compared with 31% nationally) and 5% 60+ (compared with 12% nationally) and 13% in the general 2018 borough profile). This may require focus to ensure older adults are not facing barriers to accessing alcohol treatment.

Sexuality

• The proportion of service users identifying as gay/lesbian (2%) was similar in Barking & Dagenham compared to England (3%), although London has the largest LGBTQ community in the UK (estimated 3.8% compared with 2.7% nationally) so access and pathways may be worth reviewing.

Disability

• A comparable proportion (69%) of new clients in Barking & Dagenham had no disability compared with the rest of England (68%) and 4% cited a learning disability as a need compared with 2% of clients nationally.

4.3 Additional support needs

Parental status

The majority of clients were not parents/no child contact 40% in Barking & Dagenham, significantly lower than the national percentage of 55%. Over a third (37%) were parents living with children compared with 22% nationally, which implies there are no barriers to parents accessing alcohol treatment which is positive.

Housing & Employment

- 4% (8) clients were homeless with urgent housing problem (compared with 2% nationally) and a further 19 (11%) had housing problems compared to 7% nationally. Therefore, interventions and pathways need to be in place to support clients with housing issues. Having said that, the majority (85%) of new clients in 2020/21 did not have a housing problem.
- Although over a third (35%) of alcohol clients are employed, matching the national figure (36%), nearly half, the majority, (48%) are unemployed or long-term sick/disabled (12%) compared to 41% and 18% respectively. Similar to the drug using cohort this trend of a significantly lower rate of long-term sick clients/disabled

clients locally compared with nationally this requires review to ascertain if there is a need for additional benefits support or a need to strengthen pathways to/from Job Centre Plus.

Co-occurring and Mental health needs

- The data suggests mental health treatment need was identified for over half of all alcohol only clients (52%, compared with 65% nationally), among these (79%) were getting treatment, compared with 80% nationally).
- Lower rates of identification of co-occurring mental health and substance misuse have been an issue since 2017/18 and therefore require review.
- This requires prioritising, especially given these numbers are likely an underestimate of need among clients in substance misuse treatment due to potential underdiagnosis, eligibility thresholds for accessing mental health services, and underdeveloped care pathways.

4.4 Measures of recovery

Successful completions

 Rates of successful completion for alcohol users have been consistent since 2016/17 (bar 2017/18), and latest data for 2020/21 suggest that rates of alcohol only users successfully completing and not re-presenting is now 37% comparable with the national rate of 35%.

Treatment engagement (preventing early drop out before 12 weeks)

 Rates of treatment engagement have been consistently better than the national average since 2016/17 and in 2020/21 7% of alcohol clients dropped out before 12 weeks compared with 13% nationally (although numbers are low ranging from 1-17).

Leaving treatment abstinent

- Abstinence rates at planned exit for alcohol clients were 61% in 2020/21, higher than the national rate of 53% and females more likely to become abstinent than males. Performance has been in excess of the national average since 2017/18
- For those who do not become abstinent there is an average reduction in drinking days from 18 to 8 (better than the national picture (20-days to 12-days respectively).

Time in treatment

- NICE Clinical Guideline CG115 recommends that mildly dependent and some higher risk drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should usually receive treatment for a minimum of six months while those with higher or complex needs may need longer in specialist treatment. The length of a typical treatment period is just over 6 months, although nationally 12% of adults remained in treatment for at least a year.
- 68% of clients in Barking & Dagenham leave treatment between 1- 6 months compared to 65% nationally and there are no other outliers of concern.

Residential rehabilitation

• In 2020/21 3 people (1%) of alcohol clients were referred to residential rehabilitation from Barking & Dagenham compared with 2% nationally. As this is a

historically underutilised pathway (0% versus 2% in 2019/20;0% versus 3% in 2018/19; 2% versus 3% in 2017/18 and 1% versus 3% in 2016/17) the partnership may wish to review its use.

Deaths in treatment

- In 2020/21 3 people died whilst in treatment for alcohol use in Barking & Dagenham the rate for this cohort (1.20%) was comparable with the national average of 1.39.
- Rates have been lower than, or comparable with, the national average since 2017/18

5 Key points from the Stakeholder Consultation

Throughout October and November 2022, the Consultant interviewed 37 local professional stakeholders, in groups/individually, online and face to face, from the following areas:

Adult support

- Local Authority Staff (Community Safety team, Public Health team, Specialist intervention service, Family support and Safeguarding/ Family Drug & Alcohol Courts (FDAC), Core adult in-take team, Adults social care (Adult Safeguarding) and Community solutions (housing and homelessness)
- The adult substance misuse treatment service (Change Grow Live CGL)
- Mental Health Services (North East London NHS Foundation Trust NELFT)
- Criminal justice partners- The Metropolitan Police and National Probation Service (NPS)
- Domestic abuse support services (Refuge and Cranstoun)
- Department of Work and Pensions (DWP) Job Centre Plus

Young person's support

The young persons and young adults' substance misuse treatment provider (Subwize-WDP)

- Local Authority staff (Youth Offending Service (YOS), Community solutions, Family hubs, Early help, Children's Care and Support)
- Spark2Life (young person's peer mentoring project)
- Mayesbrook Park School (Pupil Referral Unit)
- Children and Adolescent Mental Health Services (CAMHS)

The purpose of these interviews was to ascertain:

- What's working in Barking & Dagenham in relation to substance misuse
- What's not working in Barking & Dagenham in relation to substance misuse/perceived gaps in provision and support/ barriers/underserved communities.
- What partnership working needs strengthening
- Solutions and recommendations.

The transcripts were qualitatively analysed for common themes which suggested the following, they have been split between adult and young people. The themes and suggestions regarding gaps have been used to underpin a set of recommendations (seen in the Recommendations section)

Adult

What's working well/ strengths in the system

- The interviews suggested a fairly well-resourced borough, working in a joined-up way with the following assets:
 - o a robust adult substance misuse treatment provider- CGL,
 - o Family Drug and Alcohol Courts (FDAC),
 - o Pause Project,
 - o Family hubs coming online,
 - o a newly funded complex criminal justice team,
 - o a robust Integrated Offender Management (IOM) model
 - homeless day centre (The Source) which allowed for substance misusing rough sleepers to access a primary care and CGL via satellite services.

Partnership working

- Partnership working between substance misuse partners was broadly described as robust in this small borough, with the monthly Tier 4/mortality/ criminal justice operational meetings cited alongside the tenacious spirit of the commissioner-Amolak Tatter- who was described as a connector, strengthening joined up working across the partnership.
- Whilst largely described as strong, one interviewee described partnership working as 'passive' overly reliant on the Local authority to lead.
- One weakness that came through time and time again was the Police who it was
 perceived do not share data/intelligence at the right level or at the right time (and
 at their own admission 'we need to reinvigorate buy in for the substance misuse
 agenda'). Partners felt this had been exacerbated by a high turnover of leadership
 and the Police going into a tri-borough arrangement with Redbridge and Havering
 resulting in a lack of specific B&D level data. The need for a Police Drug Strategy
 was suggested, outlining their approach regarding drugs (and associated drug
 supply, gangs, and violence).
- Other suggestions to strengthening substance misuse related joined up working included building stronger working links with Faith groups and the Voluntary sector.

What's not going well/weaknesses in the system

- It was observed that clients had become increasingly complex, with co-morbidities, requiring a more resource heavy multi-agency approach.
- A strong theme that emerged was the perennially complicated issue of cooccurring substance misuse and mental health problems, although this is not specific to Barking and Dagenham but a chronic issue across the whole of England, exacerbated by the rise in demand for mental health services, raising of thresholds and loss of staff.
- A theme that came up regarding the challenges that the care sector is facing is the 'recruitment crisis' within substance misuse and mental health providers. This is not exclusive to Barking & Dagenham or even London but will be exacerbated by the number leaving the sector post Covid-19, the new roles created by the additional funding, the escalating cost-of-living pressures for London.
- A strong local theme that emerged with both the adult and young people's stakeholders was that the borough is not 'intelligence led' there is a lack of data/intelligence sharing by the Police which means that the borough has not got a strong enough understanding of the following and how they interlink:

- Drug supply
- o Violence
- Gangs (need mapping)
- County lines
- o Child exploitation/missing children

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- This blended into a theme that arose describing a 'thriving' drugs market in Barking & Dagenham, interlinked with the 'normalisation' of cannabis use.
- A complex theme that emerged was given the shift in the past 10 years in the borough's demographic profile to become increasingly ethnically diverse, (between 2001 and 2016, the population increased by 25% and the proportion of White British residents fell from 90% of residents to less than 50%), respondents questioned if they are reaching all members of the community and if the council need to reconsider how services are delivered via community hubs or services communities DO engage with such a Primary care, rather than labelling these communities as 'hard to reach' or 'nonengagers'.
- A strong theme to emerge was the need to shift the focus with substance misuse to early intervention/ prevention and this could be achieved by much requested drug and alcohol workforce training. This would need to be delivered on a rolling basis with a focus on case studies to embed contextual understanding and ensure the ethnically diverse workforces had a strong understanding of drug and alcohol issues which overcome cultural norms.

Perceived gaps in service provision and focus

Cohorts needing to be identified and offered interventions included (in order of citation):

- Eastern European cohort
- Black and Minority Ethnic (BAME) communities
- Women
- LGBTQ cohort and those with No Recourse To Public Funds (NRPF)
- Parents/ carers

Services and resources identified as potentially missing from Barking & Dagenham

- Were identified as:
 - o an over reliance on short term funding,
 - a need for stronger awareness of domestic abuse and its links with substance misuse,
 - o a lack of assertive outreach workers in the borough,
 - o a need to embed substance misuse within Primary care,
 - o the need for more robust links with the voluntary sector to support post treatment recovery and a Drug and Alcohol Policy for the Local Authority.

5 Young People

What's working well/ strengths in the system.

It was felt the borough has a good young person's substance misuse provider-Subwize WDP- with excellent leadership from their manager Tariq Musinguzi (who was cited frequently throughout the consultation).

Both Tariq and Subwize were felt to be embedded within the borough and an active participant on a number of multiagency panels (Crime exploitation group (CEG)/Multi-

agency Sexual Exploitation Group (MASE) and Multi-Agency Safeguarding Hub (MASH) and offering drug and alcohol training. Subwize was described as adaptive, responsive to emerging needs and working at the root causes/drivers of substance misuse for young people.

As with adult, a theme of robust partnership working emerged, facilitated by regular multi-agency Boards and Panels (see above).

A spirit of innovation emerged within the young people's consultation with a number of pilots being rolled out, not necessarily exclusively aimed at those using substances but cohorts whose use had emerged as a result of the pilot. However, these pilots and support organisations were often on precarious year on year grant funding which threatened their continuity.

Hidden harm is the term used to describe the potential impact of parental substance misuse on children and families, there are Hidden Harm workers within Subwize supporting this cohort, which emerged as a strength for the borough. In addition, it was felt there was a robust offer for the Transition cohort (18–24-year-old) via a Transition worker within the newly created complex CJS team, a Transition Panel and a DWP Pathfinder pilot working with this cohort.

What's not working/ weaknesses

Themes to emerge were

- The need to intervene earlier for young people with substance misuse, ideally in Primary school before problems emerge and it's too late.
- Need more focus and understanding regarding what works for girls around substance misuse, exploitation, and risk.
- The need to work in a more intelligence-led way via a data sharing agreement.

Perceived gaps in service provision and focus

 Gaps were highlighted as the need for more diversionary activities for young people and a need for drug and alcohol awareness training for the professional workforce and parents and the need for a focus on young people at risk of exclusion (as substance misuse may be an additional vulnerability for this cohort in both using and involved in dealing).



COMMUNITY SAFETY PARTNERSHIP

REPORT

Title: Victim Support Update

Date: Wednesday 23rd March 2023

Author: Alexandra Joseph Senior IDVA

Contact: Alexandra.Joseph2@victimsupport.org.uk

Security: Unprotected

1. Brief Update

Victim Support cover 3 Borough's within the BCU, Barking & Dagenham, Havering and Redbridge. I manage 4 IDVA's that work across the 3 boroughs and most of the referrals that are received are from the police, they take up 90% of the referral pathway with some referrals coming directly from MARAC.

The Service is funded by MOPAC as an uplift to any existing IDVA Services already funded by the locale authorities. The IDVA's work with high risk victims on domestic abuse, we have one IDVA based in Romford Police and one IDVA in Romford Magistrate Court, we also have a MOJ funded IDVA who is currently hybrid working. We have a dedicated IDVA that attends the Barking & Dagenham MARAC weekly and updates on cases that is open to the service.

2. Key Challenge(s)

The different way in which the three borough's work with regards to the referral pathways, all of the referrals from Barking & Dagenham come via the police.

3. Emerging Trends

We are seeing more victims present with other underline issues such as mental health and substance misuse and trying to link these other services in can prove difficult.

4. Support required from CSP Board

To get all partners around the table to share good practises and to looking at building better relationships with the aim of more joint working to support victims of domestic abuse and crime.

5. List of Appendices:

5.1 **N/A**

COMMUNITY SAFETY PARTNERSHIP

REPORT

Subject: Serious Violence Duty Update

Date: Wednesday 29th March 2023

Author: Chris Lyons, Community Safety Partnership Manager, London

Borough of Barking and Dagenham

Contact: Chris.Lyons@lbbd.gov.uk

Security: Unprotected

1. Purpose of Presenting the Report and Decisions Required

1.1 N/A

2. Recommendation(s)

2.1 It is recommended that the Community Safety Partnership Board:

N/A

3. Main Text

N/A

4. List of Appendices:

Appendix 1:

N/A

Report will be delivered verbally.



REPORT

Subject: VRU Violence Reduction Unit Action Plan end of year updates and

new plan sign off

Date: Wednesday 29th March 2023

Author: Chris Lyons, Community Safety Partnership Manager, London

Borough of Barking and Dagenham

Contact: Chris.Lyons@lbbd.gov.uk

Security: Unprotected

1. Purpose of Presenting the Report and Decisions Required

1.1 N/A

2. Recommendation(s)

2.1 It is recommended that the Community Safety Partnership Board:

N/A

3. Main Text

N/A

4. List of Appendices:

Appendix 1:

N/A

Report will be delivered verbally.



REPORT

Subject: Community Safety Partnership Plan 2023-26

Date: Wednesday 29th March 2023

Author: Chris Lyons, Community Safety Partnership Manager, London

Borough of Barking and Dagenham

Contact: Chris.Lyons@lbbd.gov.uk

Security: Unprotected

1. Purpose of Presenting the Report and Decisions Required

1.1 N/A

2. Recommendation(s)

2.1 It is recommended that the Community Safety Partnership Board:

N/A

3. Main Text

N/A

4. List of Appendices:

Appendix 1:

N/A

Report will be presented verbally and circulated afterwards.



Document is Restricted



Document is Restricted



Document is Restricted



REPORT

Title: Contextual Safeguarding & Exploitation Subgroup

Update

Date: Wednesday 29th March 2023

Author: April Bald – Operations Director – Children's Care & Support

Contact: April.bald@lbbd.gov.uk

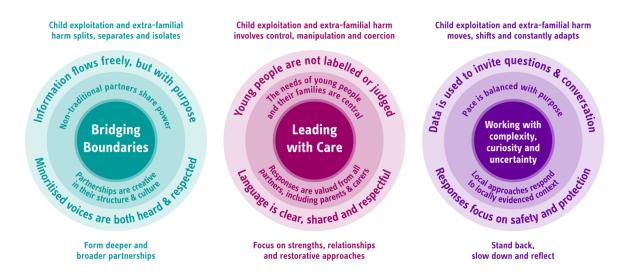
Security: [UNPROTECTED]

1. Brief Update

- 1.1 The Cotextual Safeguarding and exploitation sub-group continues to work to ensure coordinated multi-agency responses to reduce experiences of significant harm such as child criminal & sexual exploitation and serious youth violence that tends to happen in contexts outside the family home i.e. within peer groups, schools settings, online and neighbourhoods.
- 1.2 Since the last Community safety Board a workshop was called on 10 January 2023 with members of the sub-group and additional partners to develop our Exploitation strategy and agree our principles and priorities over the next three years. The workshop ,held in person ,was well attended with a cross section of partners from social care, police, education, health, commissioned partners, Community safety, Early help and the voluntary sector. The workshop reflected on our journey over the last 3 years with focus on our embedding a contextual safeguarding approach to working with vulnerable adolescents. The meeting heard feedback from children and their carers about "what worked", what made the positive difference that impacted on risks being reduced. In summary the key themes centred around sustainable relationships with people who don't give up on the young person. We shared the lessons from audit activity, feedback from the children's contextual safeguarding summit, data analysis and Ofsted & HMIP findings on practice
- 1.3 Agreement was made in respect of our practice principles that would frame what we would call our Adolescent safety & well-being strategy 2023-2036



- 1.4 The workshop included table top sessions focussing on making decisions about our priorities with the aim of aligning them with the three themes as identified by the Tackling Child Exploitation (TCE) Support Programme: Bridging Boundaries, Leading with Care, Working with Complexity, Curiosity, and Uncertainty. Known as **Joining the Dots** this is our preferred framework to support the development of cross cutting strategic approaches that are capable of responding to the complexity of tackling child exploitation
- 1.5 https://tce.researchinpractice.org.uk/joining-the-dots/



- 1.6 The discussions were rich and contributions evidenced a spirit of collaboration and care for our young people and their outcomes .The task is to now pull the information and discussions from the day together and produce the written Adolescent safety & well-being strategy by April 2023 when the next Contextual safeguarding and exploitation sub-group is due .
- 1.7 A smaller workshop was held on 6 February 2023 with specific focus on the tiered offer for adolescents in the borough ranging from those with universal needs through the continuum of those with early help, targeted early help and specialist needs. By properly mapping the current offer and considering this against the need in the borough we would be better

placed to identify the gaps in provision and ongoing commissioning needs . The meeting agreed there was a capacity issue with having someone to drive forward this important programme of work , especially since we have struggled to fund a replacement for the previous Step up stay safe project lead who provided additional capacity . The meeting also needed to consider the impact of re-purposing some of the YARM workers in order that they can focus on the young people with more specialist needs – this would have an impact on the school offer .Agreed actions focussed on re-shaping the YARM offer and schools to consider it's alternative and sourcing additional capacity to lead this area of improvement .

- 1.8 MASE (Missing and sexual exploitation group) and CEG(Criminal exploitation group) have continued to meet on a monthly basis. These tactical and strategic meetings continue to be well attended by most partners, with CAMHS absence being appropriately escalated.
- 1.9 There was a recent London wide peer review of the various arrangements that boroughs across London had in place to oversee exploitation work . The findings found great variations across London in how boroughs had interpreted the Met Exploitation Protocol. Terminology was varied, high levels of police turnover with poor consistency of chairing. A gap in data being provided by partners outside of the local authorities, no agreed framework re collection of data or measurement of impact. Cross borough working remains problematic with under developed transitions work. Every borough has its own risk assessment tools and muddled funding streams without realistic options to make services business as usual . In response a meeting was held with London wide MACE Chairs and it was agreed this cohort of chairs would continue to meet on a regular basis and feed into a task and finish group which would focus on 4 key themes: protocol compliance and implementation, Tools and templates for effective practice, families moving across boroughs ,using data to measure practice and outcomes .As chair of MASE and CEG I will be representing LBBD at this ongoing MACE Chairs meeting and our Exploitation and missing manager Linda Hellier will join one of the 4 workstreams to ensure learning and contribution to a London wide single agreed approach

2. Support required from CSP Board

2.1 For the Board to note the content of the report .



REPORT

Title: Youth Justice Service Board Subgroup Update

Date: Wednesday 29th March 2023

Author: Angie Fuller, Head of Service, Adolescent and Youth Justice

Service

Contact: Angie.fuller@lbbd.gov.uk

Security: UNPROTECTED

1. Brief Update

- 1.1 The Youth Justice Service Sub Group met in person Dec 12th 2022 where the focus was on Looked after children and young women and girls in the criminal justice and some of the themes that may exist for these more vulnerable children that the board needs to be aware of.
- 1.2 The service looked at those children who were care leavers who were currently in custody as adults to look at possible learning that could be taken for the youth justice service to improve outcomes for these children. Findings were:
 - children that had been known to the youth justice service were those predominantly who became looked after due to being remanded to custody.
 - ➤ Issues of domestic abuse, criminality, substance use, involvement in gangs and bereavement as well as deprivation were common themes for these children.
 - ➤ The majority of these children had poor experiences of education and only one of the six children known to the YJS was engaged in any form of education, training or employment.
 - Missing or absconding were also common features for these children.
- 1.3 With regard to young women in the youth justice service a sample of 30 girls was used spanning over the last three years to identify any themes or trends and areas of focus for the service. The findings were:-
 - Young women committed more assault based offences that were reactive to a particular situation rather than any premeditated plan

- Themes of social care involvement, mental health issues, CSE and substance use, were common for these young women.
- They were more likely than the males to be engaged in some form of education, training or employment.
- Missing or absconding were also common features for these girls.
- 1.4 The board also had a refreshed look at disproportionality across the service compared with local population data. This was done using the YJB disproportionality tool but also local data with updated population composition which gave a different picture. The findings were:-
 - Overall, the latest YJB disproportionality shows there is no statistically significant disproportionality amongst the Barking and Dagenham YOS cohort.
 - There is evidence of some disproportionality of the Mixed and Black ethnic groups when compared to the White group coming to the attention of the YOS for Drugs offences, robbery offences and Violence Against the Person offences.

2. Key Challenge(s)

- 2.1 An external audit completed in December 2022 gave some disappointing results for the youth justice service with key areas needing further focus:-
 - Timeliness of completion of assessments, ensuring that reviews are completed as necessary.
 - Identification and assessment of future behaviours and risk of harm to others
 - Better evidence of risk and safety judgements
 - Plans needing to focus on keeping children and others safe as well as being clearer about how objectives will be achieved.
 - Victim's views need to be better integrated into the assessments and plans.
 - Recording and evidencing of the work of partner agencies within the system needs to be improved.
 - Management oversight needs to improve underpinned by professional curiosity.

3. Emerging Trends

3.1 None in addition to the findings outlined in the previous section.

4. Support required from CSP Board

- 4.1 Continued focus as a board on the scheduled improvements and learning from previous inspections. Agency representatives ensuring that the themes that are highlighted in inspection reports are considered and good practice identified is replicated.
- 4.2 Partner agencies need to ensure that the work of seconded staff is evident within the youth justice recording system as part of the recommendations from the audit.



REPORT

Title: TMHIE Subgroup Update

Date: Wednesday 29th March 2023

Author: A/Insp Matt Feather

Contact: matthew.feather@met.police.uk

Security: RESTRICTED

1. Brief Update

1.1 The last meeting was held on 27/01/2023. 11 members of the group were in attendance.

The topics discussed were:

The Crime Data

Graffiti/Vandalism

Tension Log

School Incidents

Comms Updates

Forward Plan

Belong Network

The terms of reference for the next year were discussed and signed off.

Craig Ling was given widespread praise for his delivery of the hate crime statistics and knowledge around the subject.

Borough crime statistics were discussed. It was agreed going forward that the group would focus on 3 month data rather than yearly figures in order to be able to identify emerging trends.

2. Key Challenge(s)

2.1 Identifying key emerging trends and agreeing joint plans in order to deal with them.

3. Emerging Trends

3.1 Dorothy Barley Junior Academy has been reporting a relatively large number of racial incident within the school. Unknown if this is due to underreporting from other institutions or a significant problem within the school. PS Byford making enquiries to see if training/presentation can be given within the school.

WLM (White Lives Matter) graffiti found spray painted in Dagenham. There is currently only one recent incident of this however it was more widespread in Summer of 2022.

4. Support required from CSP Board

Nothing required at this time.

5. List of Appendices:

5.1 **Appendix 1:**



TMHIE Jan 2023.docx

REPORT

Title: Task and Finish Group

Date: Wednesday 29th March 2023

Author: David Lingard

Contact: David.lingard@lbbd.gov.uk

Security: UNPROTECTED

1. Brief Update

1.1 Our new teams the community safety enforcement team which is the more visible team being out on patrol has been fully trained and embedded. We have seen a reduction of around 57% street drinking and begging in and around our commercial centres of Barking Town centre and Dagenham Heathway. The neighbourhood policing teams have embraced the contribution the officers bring with proactively engaging on joint patrols in enforcing the closure orders around Millard Terrace and others. They also support key emerging and problem areas raised at the monthly TTCG and the weekly tasking.

1.2 Specialist Anti-Anti Social Behaviour Team

Again a new team which has recently recruited 8 officers with specialisms in housing related interventions which have secured two evictions in March. Two partial closure orders. We have seen significant improvements in partnership working largely due to Inspector Azam and Sgt David Bredemer who have really embraced how the science around crime reduction through Partnership oriented problem solving has contributed to closer more effective partnership working. Operation Beaton, a project developed by myself, our team manager Karen Bryan and Inspector Azam has set the scene for more proactive partnership problem solving, In essence we have developed principles of sharing problems, sharing skills and sharing ladders of interventions. It is a nonsense we expect our police officers to continually embark on chasing suspected offenders as it is a nonsense we have gang members committing crime then returning home to one of council houses or languishing in prison for crimes in our community while expecting their home will be available when they are released. Operation Beaton aims to bring the use of respective tools and powers to change from what is, for example going to prison to the muti track consequence of losing ones home. This is not a new approach indeed it is taken from an award winning paper I wrote which can be downloaded from the Arizona State University which is the international centre for partnership oriented policing.

2. Key Challenge(s)

- 2.1 The obvious challenge is the availability of CSEO's more and more this finite resource (we have Ten officers over a 7 day period which means we have two officers on duty at any one time from 8 until 21:30). We cannot be everywhere.
- 2.2 Partnership working on reducing ASB in the town centre has seen minor challenges with availability of policing teams to support and likewise joint patrols. In the new Met Police turnaround plan where the focus seems to be on reducing ASB. We recently held an away day with town centre police team which, we hope has improved partnership working and clarity on priorities. We are hopeful that by working together we can help break the link between ASB and more serious crime.

3. Emerging Trends

Alas knife crime is a problem with robberies involving knifes on buses. Recently our Gorsebrook park area has been a hot spot for robberies. We, in partnership with our SNT and funded task force has seen a reduction by robust and proactive policing with joint patrols. Taskings are considered in line with priorities and problem areas identified by way of reports from customers, SNT teams and the TTCG monthly meeting.

4. Support required from CSP Board

Open to suggestions

5. List of Appendices:

5.1 **Appendix 1:**

1. Gang Activity in the Gascoigne ward. Predominantly ASB gang, who has at least 10 known members who live in the borough. They carry knives, frequently commit robberies and one their source of income is drug dealing. They cause tensions with other gangs in Newham and other areas.

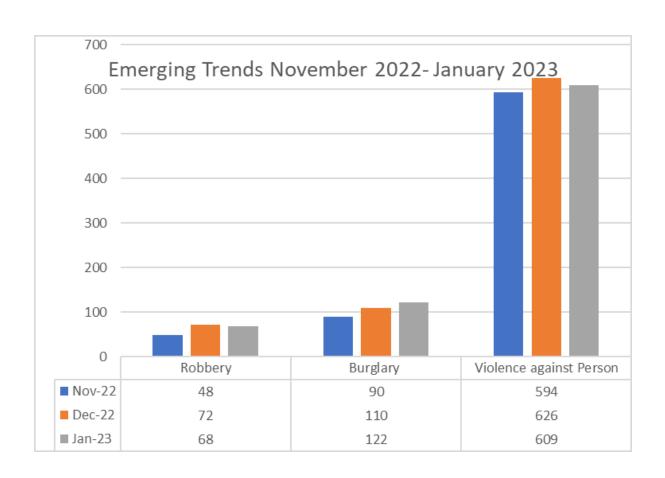
There were number of offences committed by them in the last three months.

- 2. Robbery. Total 204 offences reported last three months, between November 2022 and January 2023. Slight decrease in Summer last year and gradual increase since September 2022.
- 3. Burglary rate is gradually increasing in the last three months with a total report of 322 burglaries. The overall Burglary rate between November 2022 and January 2023 was 8.4 offences per 1,000 population. Since April 2020, we had the highest number of burglaries reported in January 2023 (January total is 122)
- 4. Violence against person The most common crimes in LBBD. During the last 3 months (November 2022- January 2023) Total 1788 offences reported, which makes the offences Per 1000 population =8.4

Violence against Person in LBBD are relatively high comparing to our neighbouring boroughs.

Redbridge has 1829 offences, Per 1000 population =6.0

Havering had 1522 offences, Per 1000 population =5.8





REPORT

Title: Reducing Offending Board

Date: Wednesday 29th March 2023

Author: Steve Calder

Contact: Steve.Calder@justice.gov.uk

Security: UNPROTECTED

- 1. Brief Update
- 1.1 N/A
- 2. Key Challenge(s)
- 2.1 N/A
- 3. Emerging Trends
- 3.1 N/A
- 4. Support required from CSP Board
- 4.1 N/A
- 5. List of Appendices:
- 5.1 **Appendix 1:**

This report will be delivered verbally.



REPORT

Title: Violence Against Women and Girls Subgroup Update

Date: 29 March 2023

Author: Angela d'Urso, Domestic Abuse Improvement Programme Lead

Contact: angela.durso@lbbd.gov.uk

Security: UNPROTECTED

1. Brief Update

- 1.1 The Violence Against Women and Girls Strategic Group (VAWGSG) was reestablished by the Community Safety Partnership Board in June 2022. The Terms of References for the VAWGSG and the Multi Agency Risk Assessment Conference Steering Group (MARACSG) were also agreed at this meeting. The MARACSG was agreed to be a sub-group of the VAWGSG.
- 1.2 Since the Community Safety Partnership (CSP) Board in June 2022 Chairs and Vice-Chairs of the VAWGSG and MARACSG were identified and secured. Both groups have since met for their inaugural meeting.
- 1.3 The VAWGSG met in March 2023. Agenda items included:
 - i) Domestic Abuse Improvement Programme 2022/23 end of year performance
 - ii) Domestic Abuse Improvement Programme 2023/24 plan
 - iii) MARAC (Multi Agency Risk Assessment Conference) Steering Group update
 - iv) Domestic Homicide Review update
 - v) VAWG (Violence Against Women and Girls) Strategy update
- 1.4 The VAWGSG noted the significant amount of work undertaken as part of the Domestic Abuse Improvement Programme (DAIP) in the second half of 2022/23, following on from the agreement of the DAIP by the council, Safeguarding Children Partnership and Community Safety Partnership in July 2022.
- 1.5 Achievements in 2022/23 include:
 - i) A full multi agency learning and development package has been designed and delivered, including:
 - At a glance and in detail domestic abuse guidance and toolkits, available on the council's intranet and internet sites, and the Safeguarding Children Partnership internet site.
 - A domestic abuse learning and development lead a range of courses have been agreed (based on the findings of the Safeguarding Children

Partnership's Practice Week in September 2022) and the content developed. The courses will be available to the multiagency workforce and go live in 2023/24.

- Colocations of commissioned services have increased, with colocations in universal, triage and statutory service settings - supporting practice and learning
- ii) New services have been commissioned, responding to the needs identified within the Domestic Abuse Commission and the diagnostic phase of the Domestic Abuse Improvement Programme. New services include:
 - A vulnerable adults / complex case IGVA (Independent Gender-based Violence Advocates) – working with older people, people with disabilities, people with multiple complex needs e.g., substance misuse and mental health
 - The Reset programme for young people affected by domestic abuse, including those engaged in child and adolescent to parent violence and abuse CAPVA (Child and Adolescent to Parent Violence and Abuse)
 - A domestic abuse community outreach (Family Hubs) service, providing early help to victims of domestic abuse and building community links across localities, and an aligned service focused on perpetrators and challenging behaviours
 - An information, advice and guidance and wellbeing and therapeutic service for children and young people affected by domestic abuse
- iii) New pilot multidisciplinary teams have been created and launched. Support 2 Safety (S2S) was agreed by the Children's Improvement Board in November 2022 and was soft launched in January 2023. The team aims to:
 - Get victims the right help at the right time to minimise the impacts for them and their children
 - Embed a whole family approach and create new perpetrator pathways
 - Improve timeliness, with support offers made within a working day of referral
 - Improve oversight and management of risk
 - Improve victim confidence in our services and interventions creating a new front door
 - Reduce repeat victimisation rates for domestic abuse

Learning has been gathered during the soft launch. Feedback from service users has been positive, particularly in relation to perpetrator pathways.

- iv) Secured additional resources to support the DAIP ambitions, including:
 - Becoming a pilot borough for the AVA (Against Violence and Abuse) two-year programme, which will focus on building safe housing pathways and tackling violence against women facing homelessness. AVA is currently recruiting women with lived experience to form part of our codesign and coproduction panel.
 - Submitted bids to MOPAC (Mayor's Office for Police and Crime) for the Home
 Office Perpetrator Intervention Fund, working with other London boroughs to
 do so. Our bids with EA BCU (East Area Borough Command Unit) boroughs
 and the VRU (Violence Reduction Unit) were unsuccessful, and we are
 awaiting the outcome of a bid to deliver more Safe and Together training and
 support for implementation and practice change.

- 1.6 The VAWGSG also agreed the DAIP 2023/24 project plan. It was noted that activity across partners, particularly health and education partners, will increase in focus in 2023/24. Key projects will include:
 - i) Pathways and links across mental health services, including for children and young people
 - ii) Reviewing opportunities within the 0-19 service recommissioning in 2023
 - iii) Working with schools to ensure effective learning about healthy relationships
- 1.7 The MARACSG updated the VAWGSG on recent performance within the MARAC, a newly developed performance report which was informing the work of the group, and agreements made in relation to the interface between S2S and the MARAC, with S2S becoming a daily 'mini' MARAC and a pathway to perpetrator interventions. There was a discussion on multiple complex issue cases coming to the MARAC that needed joint working across a range of risk management meetings e.g., Integrated Offender Management, criminal justice meetings and MAPPA (Multi Agency Public Protection Arrangements). EA BCU police have also introduced strategy meetings for multiple complex issue cases to support this (adults). The MARAC will also introduce a 'flag and tag' approach for these multiple complex issue cases. The MARACSG also agreed on improvement projects to form part of the DAIP 2023/24 plan, including securing funding to implement a Triborough MATAC (Multi Agency Tasking and Coordination).
- 1.8 The VAWGSG also agreed to extend the current VAWG Strategy a further year to include 2023. This will allow for the development of a new VAWG Strategy alongside the development of the new statutory duty to produce a Serious Violence Strategy as there is significant cross over and priorities need to be aligned. It will also allow both strategies to benefit from the serious violence needs assessment being undertaken. The London wide definition of serious violence has been agreed as:

'Any violence and exploitation affecting young people under the age of 25, domestic abuse and sexual violence. Within the context of these types of violence, it encompasses homicide, grievous bodily harm, actual bodily harm, rape, assault by penetration, sexual assault, personal robbery, threats to kill and violence against property caused during the commission of one of these offences.'

- 1.9 An update was provided on the Domestic Abuse Homicide (DHR (Domestic Homicide Review)). The VAWGSG approved officers review an alternative Triborough approach for the provision of independent DHR Chairs.
- 1.10 The VAWGSG also agreed the forward plan for 2023/24, including deep dives into key areas. These include rape and sexual offences and criminal justice processes and modern slavery.

2. Support required from CSP Board

2.1 The VAWGSG will require support from the CSP Board in ensuring the DAIP 2023/24 plan is delivered. Of particular relevance to the CSP board will be the conversations required relating to the longer-term resourcing of the DAIP and the commissioned support services once current funding has ended.

3. List of Appendices:

3.1 None.



REPORT

Title: Safer Neighbourhood Board

Date: Wednesday 29th March 2023

Author: Steve Thompson

Contact: steve@daggers.co.uk

Security: UNPROTECTED

- 1. Brief Update
- 1.1 N/A
- 2. Key Challenge(s)
- 2.1 N/A
- 3. Emerging Trends
- 3.1 N/A
- 4. Support required from CSP Board
- 4.1 N/A
- 5. List of Appendices:
- 5.1 **Appendix 1:**

Report not received.



REPORT

Subject: Updates from the Safeguarding Children's Partnership

(SCP) and the Safeguarding Adults Board (SAB).

Date: March 2023

Joanne Kitching, Safeguarding Adults Board Business Manager

Author: Jemma Breslin, Safeguarding Children's Partnership Business

Manager

Contact: <u>Joanne.kitching@lbbd.gov.uk</u> and <u>Jemma.breslin@lbbd.gov.uk</u>

Security: PROTECTED

1. Brief Update

- 1.1 The four partnerships and boards work closely to share information and strengthen priorities across Adults, Children, Community Safety and Health and Wellbeing partnerships.
- 1.2 The table below provides a brief outline of the key items of business discussed at the last Safeguarding Children Partnership (SCP) Delivery Group and the Safeguarding Adults Board (SAB).

SCP Delivery Group date:	Key issues
Feedback from Practice Week Domestic Abuse (Sept 2023) & DAIP	Quality Assurance leads feedback the findings and shared the report from the Domestic Abuse Practice week that took place 26-30 Sept 22. Agreements needs to happen around which group will hold action plan and progress of recommendations. 3 keys areas were identified around skills and knowledge, training and strategic alignment and triangulation. Please contact jemma.breslin@lbbd.gov.uk if you would like to see a copy of the report.
SCP Priorities	Agreed for 23-25 Partnership Safeguarding Workforce, Mental Health, SEND and Complex needs, Neglect and Child Sexual Abuse.
Safeguarding Adults Board – 25 th January 2023	Key agenda items
LeDeR Annual Report	The LeDeR Programme was established to understand and critically review the inequalities faced by people with learning disabilities and their families when accessing the health and care systems and to recommend ways to improve the quality of care for people with learning disabilities.
	The LeDeR Annual Report has been written by the NHS North East London (NHS NEL). It provides the progress of the LeDeR programme activities between 1st April 2021 and 31st March 2022. This report covers summary activities from completed reviews from people with learning disabilities aged 4 to 89 years who have died during this reporting period.
	Research findings indicated that people with learning disabilities are four times more likely to die of preventable causes compared with the general population. People with learning disabilities and autistic people have greater and complex health needs than the general population. They experience higher levels of unrecognised and unmet physical and mental health needs. They are more likely face multiple barriers accessing health and social care services; including problems with communication, inadequate facilities, inflexible procedures and lack of accessible health promotion information.
CQC Inspection Readiness	The Care Quality Commission (CQC) are due to begin inspection of local authorities from April 2023. They will be assessing the systems and relationships between partners and we are bringing an update to the SAB to ensure a consistent dialogue relating to what we know and how we are preparing for the assurance regimes.
. Cost of Living Report	Rhodri Rowlands, as Director of Community, Participation and Prevention in Community Solutions gave an update on what the Council has been doing to support the community in the current cost of living crisis.

[Unprotected]

Safeguarding Adult Partnership Audit Tool (SAPAT)	The London Safeguarding Board, representing LGA, London ADASS, London NHS and London Boroughs have endorsed the Safeguarding Adults Partnership Audit Tool (SAPAT) document (attached). This audit tool can be used by SABs to gather information that can feed into work planning and priority setting. The main 4 areas that it covers area are as follows:
	 Achievements and Challenges Making Safeguarding Personal Covid 19 Pandemic Learning from Safeguarding Adults Reviews
	The Board agreed to undertake the audit for calendar year 2022, which would involve all individual agencies completing the audit tool.
NHS NEL Integrated Care Board Safeguarding Strategy 2022-25	The NHS NEL Quality, Safety and Improvement Committee requested that the NHS NEL integrated safeguarding strategy document is shared with safeguarding partners for engagement and system assurance purposes. This is because NHS NEL as a statutory body has a footprint of three Metropolitan Police Basic Command Units (BCUs), seven Local Authorities and the City of London. Collectively with the ICB these organisations are safeguarding partners under the new arrangements which have led to the establishment of eight Local Safeguarding Children partnerships and membership of Safeguarding Adult Boards (SABs)s. Suggestions and comments were incited from the SAB and it's partners.
Performance and Quality Assurance Committee	The Board received the quarter 2 data and analysis which highlighted key areas for discussion.
NELFT CQC Inspection	The Board received a report and update on the NELFT CQC Inspection. Between April and June 2022 NELFT underwent a CQC Well Led inspection, short notice announced inspections of acute wards for adults of working age and psychiatric intensive care units and mental health crisis services and health-based places of safety.

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