


Health and Wellbeing Board Tuesday 18 October 2016	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Community Safety Partnership – developing a working relation with the HWBB	

Lead Officer	Shazia Ghani – Head of Community Safety, LBTH; and Chris Lovitt – Associate Director of Public Health, LBTH
Contact Officers	Shazia Ghani and Chris Lovitt
Executive Key Decision?	No

Summary

The Community Safety Partnership (CSP) is one of the borough’s Community Plan Delivery Groups and is responsible for the theme ‘A Safe and Cohesive Community’. It is also the borough’s statutory multi-agency strategic group responsible for community safety including crime, disorder, substance misuse and re-offending under the Crime and Disorder Act 1998.

It is chaired by the Police Borough Commander and the Cabinet Member for Community Safety and has representation from the five responsible authorities under the aforementioned Act, as well as members representing other key agencies and the third sector including Victim Support and the Council for Voluntary Services.

The CSP works across all agencies in the borough with a responsibility or a vested interest in community safety and has a series of subgroups responsible for the delivery against the priorities within its Community Safety Partnership Plan. It also works closely with other strategic boards in the borough including Safeguarding Adults, Safeguarding Children, Tower Hamlets Housing Forum and the Safer Neighbourhood Board.

The CSP would like to establish close working links with the Health and Wellbeing Board, to enable both boards and their subsequent partner agencies to work together to improve health and wellbeing outcomes for both victims and perpetrators of community safety issues (including crime and substance misuse) and to ensure appropriate support services are in place and accessed to prevent further offending/victims.

The CSP’s current Plan (due to expire on 31st March 2017) is attached as an appendix and has identified the following priorities for 2016/17:

- Gangs and Serious Youth Violence
- Anti-Social Behaviour and Arson
- Drugs and Alcohol

- Violence (including Domestic Violence and Violence Against Women and Girls)
- Prostitution
- Hate Crime and Cohesion
- Killed or Seriously Injured on our Roads
- Prevent

Cross-cutting Priorities

- Public Confidence and Victim Satisfaction
- Reducing Re-offending
- MOPAC 7 (key neighbourhood crimes)

The CSP has a series of subgroups responsible for the activity against each of the above priority themes and all are responsible for the cross-cutting priority themes in some part.

A scoping document (see body of report) has been produced on behalf of the CSP and identified areas where both the CSP and Health and Wellbeing Board have a joint interest and what each Board can offer in order to improve the wider partnership response and have a greater impact together.

The CSP has recently conducted a consultation with partners, community groups, third sector agencies and the wider general public who have an interest in the borough on what their top three community safety priorities are for the future. The findings of this public consultation, along with the findings of our next strategic assessment will be used by the partnership to set out the priorities in its new CSP Plan over the next few months. Partnership Boards and members were encouraged to take part in this public consultation which ran until 12th August, so that their priorities could be captured and taken into account.

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the contents of the report and support the partnership approach to meet the Community Safety Partnership Board and Health and Wellbeing Boards priorities to support safer communities.
2. Agree to offer permanent membership representation to the Community Safety Partnership from Health representatives (CSP) and in turn accept permanent membership of the CSP, nominating and confirming a named representative to attend all future quarterly CSP Meetings.
3. Note that a new Community Safety Plan is in progress and it is vital to ensure a lead from the board and NHS partners contribute to the priority setting with attendance at the CSP Board and workshops as scheduled.
4. Explore how the HWBB can prioritise and support the cross priorities listed in the document.

1. REASONS FOR THE DECISIONS

- 1.1 The CSP would like to establish close working links with the Health and Wellbeing Board, to enable both boards and their subsequent partner agencies to work together to improve health and wellbeing outcomes for both victims and perpetrators of community safety issues (including crime and substance misuse) and to ensure appropriate support services are in place and accessed to prevent further offending/victims.

2. ALTERNATIVE OPTIONS

- 2.1 Continue to work separately and miss the opportunity to explore synergies and co-ordinate/combine resources to have a bigger impact on the health and wellbeing of people in the borough especially in relation to those involved in community safety including substance misuse and victims of crime.

3. DETAILS OF REPORT

- 3.1 The Community Safety Partnership (CSP) works across all agencies in the borough with a responsibility or a vested interest in community safety and has a series of subgroups responsible for the delivery against the priorities within its Community Safety Partnership Plan. It also works closely with other strategic boards in the borough including Safeguarding Adults, Safeguarding Children, Tower Hamlets Housing Forum and the Safer Neighbourhood Board.

- 3.2 The CSP would like to establish close working links with the Health and Wellbeing Board, to enable both boards and their subsequent partner agencies to work together to improve health and wellbeing outcomes for both victims and perpetrators of community safety issues (including crime and substance misuse) and to ensure appropriate support services are in place and accessed to prevent further offending/victims.

- 3.3 The CSP's current Plan has just been reviewed for the final year of its term (2016/17) and was approved by the CSP on 18th July, it has identified the following priorities:

- Gangs and Serious Youth Violence
- Anti-Social Behaviour
- Drugs and Alcohol
- Violence (including Domestic Violence and Violence Against Women and Girls)
- Prostitution
- Hate Crime and Cohesion
- Killed or Seriously Injured on our Roads
- Prevent

Cross-cutting Priorities

- Public Confidence and Victim Satisfaction
- Reducing Re-offending
- MOPAC 7 (key neighbourhood crimes)

- 3.4 The CSP has a series of subgroups (12 in total) responsible for the activity against each of the above priority themes and all are responsible for the cross-cutting priority themes in some part.
- 3.5 The following scoping document has been produced on behalf of the CSP and identified areas where both the CSP and Health and Wellbeing Board have a joint interest and what each Board can offer in order to improve the wider partnership response and have a greater impact together.
- 3.6 The areas noted below are taken from the current CSP plan which is in its final year to 31st March 2017 and includes changes made following the strategic assessment carried out in 2015-16.
- 3.7 CSP priority areas as highlighted in the CSP Plan and sub categories where there are joint areas of interest have been separated out in the scoping document.

3.8 Scoping of joint areas of interest between CSP & HWBB

Current CSP Priority Area	Links to the HWBB	What could be the role of the HWBB
Gangs & Reducing violent crime	<ul style="list-style-type: none"> - NHS cost - major cause of mortality & morbidity amongst young people 	<ul style="list-style-type: none"> - work in A&Es - partnership work on ending gangs and violent crime work stream - sharing of intelligence with partners in real time especially that from A&E admissions regarding serious youth violence to Police
Acquisitive Crime (Robbery)	<ul style="list-style-type: none"> - Increased fear of crime, use/threat of violence leads to detrimental effect on mental health, physical activity, confidence - Significant proportions of acquisitive crime is carried out by offenders with substance misuse addictions, speedy entry into substance misuse services will impact on reductions in acquisitive crime 	
Acquisitive Crime (Doorstep distraction burglary of	<ul style="list-style-type: none"> - Increased fear of crime, reduced confidence, mental health impacts, reduced trust of agency workers to provide needed 	

elderly)	care, also could lead to reduced life expectancy due to shock or admittance to full time care facilities	
ASB & Arson	<ul style="list-style-type: none"> - fear of crime impacting on physical activity & mental well being - NHS cost of treatment - Links identified between persistent reporters of ASB and mental health, increased appropriate support has led to reduction in repeat victims/complainants of ASB 	- sharing of intelligence
Cycle thefts	<ul style="list-style-type: none"> - reduces physical activity - funds substance misuse addictions 	- promoting cycle safety training & awareness of how to secure cycles for staff; providing secure cycle parking areas in LA/ NHS areas
Drugs & alcohol	- maintaining treatment focus, major cause of health inequality, high NHS costs, high morbidity, alcohol and drug related violence admissions to A&E	- integrated treatment system with NHS
Crime & fear of crime	- fear of crime impacting on physical activity & mental wellbeing, particularly those of older people in the borough	<ul style="list-style-type: none"> - impact on wider determinants especially housing, educational attainment and substance misuse to reduce crime & reoffending - impact on older people requiring home based care or residential care facilities as they no longer feel safe living in the community
Prostitution	- sex workers have high rates of substance misuse and complex needs to exit sex working	- targeted outreach to sex workers to address sexual health need & drugs and alcohol treatment
Hate crime	<ul style="list-style-type: none"> - staff are victims - staff may receive reports of violence being hate crimes and not initially reported as such to Police - increases mental ill health 	<ul style="list-style-type: none"> - sharing of intelligence - effective treatment of victims

KSI	<ul style="list-style-type: none"> - major cause of mortality and morbidity - reduces physical activity 	<ul style="list-style-type: none"> - support on strategy - ensuring HGV deliveries comply with best practice - sharing of intelligence
Harmful traditional practices	<ul style="list-style-type: none"> - detrimental impact on health and well being 	<ul style="list-style-type: none"> - identification, referral and treatment
Reducing reoffending	<ul style="list-style-type: none"> - Offences against person & property have high impact on community cohesion and mental health, reduces physical activity of victims through fear of crime - offenders have poor mental and physical health - substance misuse/dependence is often driver of offending behaviour 	<ul style="list-style-type: none"> - ensuring treatment for substance misuse and mental health issues
Violence (violence with injury)	<ul style="list-style-type: none"> - Offences of violence in the street particularly related to night time economy lead to pressures on A&E and subsequent treatment including outpatients 	
Domestic abuse	<ul style="list-style-type: none"> - detrimental impact on health and wellbeing, mental impact on victim and close family members, increased visits to A&E and in some cases mortality - Domestic Homicide Reviews have made recommendations to improve partnership working and both partnership and individual agency responses to domestic abuse 	<ul style="list-style-type: none"> - identification, referral and treatment
Fire safety	<ul style="list-style-type: none"> - cause of mortality and morbidity - often smoking or alcohol related 	<ul style="list-style-type: none"> - identification, referral and treatment
Youth offending	<ul style="list-style-type: none"> - detrimental impact on health and well being 	<ul style="list-style-type: none"> - identification, referral and treatment
Sexual offences	<ul style="list-style-type: none"> - detrimental impact on health and wellbeing and fear of crime, mental 	<ul style="list-style-type: none"> - identification, referral and treatment

	health	
Prevent/ radicalisation	- detrimental impact on health and well being	- identification, referral and treatment
Substance misuse- illicit	- detrimental impact on health and well being - significant costs for treatment	- identification, referral and treatment
Substance misuse- alcohol, NPS	- detrimental impact on health and well being - links to violence	- identification, referral and treatment
Illicit trading- tobacco	- detrimental impact on health and well being	- funding of illicit tobacco work
Illicit trading of counterfeit – Alcohol	- Detrimental impact on health and wellbeing	
Illicit trading- other consumer goods	- detrimental impact on health and well being	
Licensing- alcohol	- detrimental impact on health and well being	
Licensing- gambling	- detrimental impact on health and well being	- identification, referral and treatment
Health and wellbeing of staff	- detrimental impact on health and well being	- make every contact count - access to health and wellbeing programmes - promotion of treatment
Health Leads (ELFT, CCG, MH) representation at CSP Board and at CSP sub groups	- Deliver the holistic and partnership and response to community safety agenda noted as points above (including troubled families)	

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. Whilst there are no direct financial implications emanating from this report. The report does present for noting and support the approach to be taken by both the Community Safety Board and the Health and Wellbeing Board to deliver the Community Safety Partnership Plan.
- 4.2. The scoping document in this report provides areas where both Boards have a joint interest and can offer improvements that achieve a greater impact together. Given the financial constraints faced by the Council and other partners, the extent to which funding at the levels previously seen will continue to be available must be a consideration of the Board and for the Council will be as part of the development of the Council's Medium Term Financial Strategy.

5. LEGAL COMMENTS

- 5.1 The Health and Social Care Act 2012 (**'the 2012 Act'**) makes it a requirement for the Council to establish a Health and Wellbeing Board (**'HWB'**). Section 195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.
- 5.3 There is a statutory requirement for such a Community Safety Partnership Plan as the Council is one of the responsible authorities for Tower Hamlets, within the meaning of section 5 of the Crime and Disorder Act 1998 (**'the 1998 Act'**). Other responsible authorities for Tower Hamlets include: every provider of probation services in Tower Hamlets; the chief officer of police whose police area lies within Tower Hamlets; and the fire and rescue authority for Tower Hamlets. Together, the responsible authorities for Tower Hamlets are required to formulate and implement strategies for: the reduction of crime and disorder; combating the misuse of drugs, alcohol and other substances; and the reduction of reoffending pursuant to section 6 of the 1998 Act. When formulating and implementing these strategies, each authority is required to have regard to the police and crime objectives set out in the police and crime plan for Tower Hamlets.
- 5.4 The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 require that there be a strategy group whose functions are to prepare strategic assessments, following community engagement, and to prepare and implement a partnership plan and community safety agreement for Tower Hamlets. The partnership plan must set out a crime and disorder reduction strategy, amongst other matters. The strategy group must consider the strategic assessment and the community safety agreement in the formulation of the partnership plan. The Community Safety Partnership Board (**'CSP'**) discharges these functions in Tower Hamlets.
- 5.5 Having due regard to with the statutory responsibilities of both the HWB and the CSP that there be a partnership approach to support safer communities and therefore that an offer permanent membership representation to the CSP and in turn to accept permanent membership of the CSP is consistent with those responsibilities.
- 5.6 When deciding whether or not to proceed with the proposals, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic

and those who don't (the public sector equality duty). Information relevant to the discharge of this duty is in the One Tower Hamlets Section of the report.

6. ONE TOWER HAMLETS CONSIDERATIONS

61. The Community Safety Partnership (Safe and Cohesion Community Plan Delivery Group) aims through its plan, to make Tower Hamlets a more cohesive place to live, work, study and visit. The work of the No Place For Hate Forum; Tension Monitoring Group and the Prevent Board, all subgroups of the CSP aim to carry-out this important part of work for the Partnership. Prevent, Hate Crime and Cohesion remain an important priority for the Partnership. Closer working between the CSP and the Adult Health and Wellbeing Board will ensure that both Partnerships consider community cohesion throughout the work that they do.
- 6.2 An initial Equalities Screening and full Equalities Analysis was produced as part of the original CSP Plan 2013-16 Report, which went through the Full Council approval process, culminating at Full Council on 26th March 2014. Recommendations were made for further considerations when supporting action plans are developed.
- 6.3 The Community Safety Partnership are in the process of producing a new Community Safety Partnership Plan for 2017 onwards, as part of this process, an updated Equalities Analysis will be conducted to support the New Plan based on the findings of its 2016 Strategic Assessment.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 Whilst difficult to quantify there are potentially significant efficiency gains from working in partnership to reduce crime and disorder and improve adult health and wellbeing in the borough. The Community Safety Partnership brings together key crime and disorder reduction agencies, the Adult Health and Wellbeing Board brings together key health and wellbeing agencies and closer working together between boards can exploit synergies and remove duplication, which can have a positive effect on best value by sharing partnership resources for shared priorities.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 The work of the Community Safety Partnership is expected to have a positive effect on the environment by helping to reduce anti-social behaviour. This will then reduce the amount of criminal damage, graffiti, fly-tipping and fly-posting and other environmental crimes in the borough, thus improving the quality of life in an environmental element for those who live in the borough.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 The Community Safety Partnership Plan sets out an overarching structure and framework of priorities within which management of risks will take place.
- 9.2 The Community Safety Partnership Subgroups identify and report on emerging threats and risks to partnership activity against its priorities in their Quarterly Performance Reports which are then reviewed by the Partnership at their Quarterly CSP Meetings. From September 2016 the CSP will be extracting those threats and risks and including them in a CSP Risk Register along with mitigating actions proposed by the partners.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 Closer working between both boards on Community Safety Partnership priorities will lead to a safer borough and reduced duplication of work by both boards.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE.

Appendices

- final draft Community Safety Partnership Plan (reviewed for Year 4 2016/17)].

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE .

Officer contact details for documents:

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