

NORTHAMPTON BOROUGH COUNCIL

**MINUTES OF SCRUTINY PANEL 1 SERIOUS ACQUISITIVE CRIME AND
VIOLENT CRIME/ COMMUNITY SAFETY**

Thursday, 10 January 2013

COUNCILLORS PRESENT: Councillor Danielle Stone (Chair), Councillors Mick Ford, Christopher Malpas, David Palethorpe and Brian Sargeant

CO-OPTED MEMBERS: Sharon Henley Northamptonshire Police
Chief Inspector Max Williams Northamptonshire Police

WITNESSES

Charlie Bell	Co Chair Youth Forum Item 5(A)
Councillor Anna King	Co Chair Youth Forum Item 5(A)
Monica Kelly	Youth Forum Member Item 5(A)
Joe Biskupski	Community Engagement Officer
Dr Olufunke Adedeji	Consultant in Public Health-Health Protection NHS – Item 5 (B)
Christine Thompson	Victim Support – Item 5 (C)
Ruth Austen	Environmental Health Manager NBC Item 6

OFFICERS

Debbie Ferguson	Safer Stronger Partnership Manager
Will Finn	Community Safety Data Analyst
Tracy Tiff	Scrutiny Officer
Joanne Birkin	Democratic Services Officer

1. APOLOGIES

An apology for absence from the meeting was received from Neil Bartholomey- Co-optee.

2. MINUTES

The minutes of the meeting held on 26 November 2012 were approved and signed by the Chairman.

3. DEPUTATIONS / PUBLIC ADDRESSES

There were none.

4. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

There were none.

5. WITNESS EVIDENCE

(A) NORTHANTS YOUTH FORUM

Charlie Bell and Monica Kelly, both from the Youth Forum attended the meeting to answer the core questions along with Joe Biskupski, Community Engagement Officer and Councillor Anna King, Councillor Co Chair of the Forum.

The main points of the discussion were as follows:-

The Forum had discussed the core questions and had responded to them from the point of view of the perpetrator and the victim.

Question 1

Some of the young people had experienced attacks in the street and the town parks. The impact depended upon the individual but it could affect their confidence and their willingness to go out.

Question 2

From the victim's viewpoint, the young people were aware that there were a number of counselling groups available but they did not know where to go to get in touch with them. They felt that support via the school would be more effective.

The perpetrator may not be ashamed of what they had done but consider it a badge of honour, sending a signal to other young people that they were not to be crossed. This could in some way lead them to being part of a gang and therefore gaining the support of a group of others. Some of the young people felt that the perpetrator then received support and advantages through agency involvement and received additional educational support and resources were diverted away from the victim.

Question 3

The Forum did feel that violent crime was a problem for young people. They considered that it was too easy to obtain alcohol- very often obtained from older siblings/friends. They felt that a minimum pricing policy for alcohol might make this harder to obtain.

The Forum felt that young people did feel vulnerable, but considered that fear of crime was widespread across age ranges because of the media portrayal.

However statistics do show that a high proportion of young people are victims of crime.

Question 4

They felt that the best place to obtain support would be through the schools as young people would be more likely to ask for help through that medium.

Members asked if they the Forum were aware of other youth facilities that were available outside of school. There are a lot of organisations providing help and facilities with the

Borough. There was a general awareness but most did not feel comfortable with the idea of approaching and using alternative organisations.

With regard to preventing crime the young people felt that there needed to be better access to recreation facilities to give young people something else to do rather than revert to crime. There also needed to be a confidence in further education and that that would lead to job opportunities in order to give young people an incentive to work hard at school.

Members also asked the Forum if they would go back and consider the question of prevention and how they felt that young people could help prevent themselves becoming a victim. The Forum to be provided with relevant statistics to show how young people specifically were involved in crime

The Panel thanked the members of the Youth Forum for attending the meeting.

AGREED:-

- (1)The Youth Forum's response on how to prevent crime and how to prevent themselves becoming victims of crime be reported to the next meeting of the Panel.
- (2)That a potential recommendation of the final report be that a further examination is needed of how the work done by different agencies on providing youth facilities is promoted and publicised to the young people.

(B) PUBLIC HEALTH

Dr Olufunke Adedeji, Consultant in Public Health – Health Protection NHS Northamptonshire attended the Panel to give answers to the core questions.

A written response to the questions had been included in the agenda. The main points of the discussion were as follows:-

The key aspects of public health are promoting health, prolonging life and preventing disease through organised efforts of society. These translate to our Health improvement, Health protection, and health care service commissioning functions or teams.

Public Health is therefore involved in monitoring trends - this is the focus of our public health analyses and epidemiology work, and involves trying to identify problems which are experienced by groups such as habitual drug users. Health protection work for example involves providing access to Hepatitis vaccinations and directing services for the rehabilitation of addicts and providing support to at-risk households and families.

Continuing with the theme, Public Health is also responsible for ensuring that prisoners receive the same range of health care services that they would have access to if they were living freely within the community, and the range of health care services commissioned for prisoners are specified through Public Health.

Health improvement aims to address lifestyle issues and equips individuals with the necessary tools to adopt healthier lifestyles and thus take better control of their health.

Public Health collaborate as partners in the Community Safety Partnership and contribute by helping to identify community needs or changes that are required to services to provide improvements in health and social outcomes. She considered that the Police and Crime Commissioner's role should be to develop better links across the newly re-organised public sector organisations in order to make sure that potential synergies and economies are tapped into, and there is continuous improvement and the best targeting of resources.

As part of the development of services by Public Health, over the last five years or so discussions, led by public health scoped the feasibility and commissioned the development of an Accident and Emergency department based alcohol nursing liaison project which has been providing activity data relating to alcohol attendances at Kettering and Northampton General Hospitals over the past couple of years, although the programme at Kettering has had slightly more success.

Members questioned whether it was felt that the information sharing regarding health service data was adequate. In particular information collected in Accident and Emergency departments could be used to inform partners about trends and enable more specific targeting of resources. Health departments are often the first point of contact for an individual and if they can provide the reports in a more timely manner, partners can pick up early signals and then there is a better chance of re-deploying scarce resources to achieve more effective impact from intervention. Members acknowledge that collection is made of alcohol related incidents in A& E but the value of this is limited because the data is either not shared with other partners or is not timely.

It is a statutory requirement that Accident and Emergency data is provided to the Community Safety Partnership and it was felt that data could be provided on a more regular basis.

The Panel noted that there appeared to be a gap between public health and housing services but realised that steps were in place to address in this respect. Members asked if there were any direct links between Public Health and Housing Officers. Each locality already has a Community Safety Partnership established, and will also be setting up local Health and Well-being Fora (similar to the County Health and Wellbeing board) and feed into it. Only a couple of HWB fora are up and running yet and the Northampton Health and Well Being board will be chaired by the Director of Housing.

Members felt that there needed to be a recommendation included that in order to ensure maximum use of resources the Health and Well Being Board should regularly exchange updates with the Community Safety Partnership to ensure that issues affecting partners are picked up at an early stage.

Members asked what services prisoners could expect to receive when they were released, given that a high proportion of them are ill and in particular have health problems related to addictions. Prior to release, each prisoner is expected to have their discharge planned,

including attention to their health needs and facilitated access to a GP. On discharge the probation service will act as a liaison for prisoners and help them to access health care required. However there will be some people who due to the sheer complexity of their needs or chaotic lifestyles, do not receive the required service, or are unwilling to participate in the system. These people tend to have re-occurring problems.

There is a newly commissioned -drug and alcohol service provider for Northamptonshire commencing in February 2013 and it is hoped that this service will make improvements in the range of specialist care provided, and improve access to care for the most complex cases. People with substance misuse issues will be assessed and signposted and given options. Services provided are structured into four tiers of complexity. If required they will be offered 12 weeks in a detox programme .The goal of intervention is that users would attain a state of "recovery" and then be able to function within society and contribute meaningfully, and drug service providers would aim to ensure problematic drug users can be given the appropriate supports to enable them to do this.

It was acknowledged that there were a range of pressures influencing the success of treatment within these programmes. There are cases where there are three generations within the same family who all have a history of drug abuse. These cases require multi agency intervention for the whole family, involving policing, education, profiling and training and support skills. Members agreed that for certain cases whole family intervention was vital.

The Panel thanked Dr Adedeji for her attendance at the meeting.

AGREED :-

- (3) That a potential recommendation of the final report be that the Panel welcomes an increased level of integration of data sharing from the Alcohol Nurse Liaison project based at both Accident and Emergency departments and the more timely sharing of this data with the Community Safety Partnership.
- (4) That a potential recommendation of the final report be that there needs to be a mechanism which ensures that the Health and Well being Board has feedback into the Community Safety Partnership.
- (5) That a potential recommendation of the final report be that the value of whole family interventions be emphasised.

(C) VICTIM SUPPORT

Christine Thompson, Senior Service Delivery Manager, Victim Support, attended the Panel to give a presentation of answers to the core questions. The presentation is attached to the minutes for information.

The main points of the discussion were as follows:-

Victim Support offers their services to everyone that has been affected by crime- not just victims but also families and friends.

It is a charity and all services are delivered free of charge and are confidential.

Most individuals are referred from the Police, and in certain defined areas 100% of victims of particular crimes are referred. Others are not.

Services are tailored to individuals. Some people prefer face to face contact, some want support via phone or E mail or text contact.

It was important to emphasise that there were no time limits and often people who had initially not wanted to use the support service wanted help much later, often after some additional event had triggered a need.

Direct support is offered to those people over the age of 16. For younger victims, consent from persons legally responsible for them is needed or competence assessed. There is no direct support offered to those under 12, but Victim Support does work with agencies that offer support to young people. Also, persons responsible can be supported, so they in turn can support the young person. There are no sub-groups, all support is offered on an individual basis. If a victim makes a request to change their supporter, eg if they feel they cannot relate to the person effectively due to age, that will be actioned if possible.

Victim Support offers a number of services including emotional support, practical help and advocacy. They work with many different agencies and have noticed a rise in the number of mental health services required by clients.

The impact of crime on individuals varies widely. In the case of an older person it may mean a resulting lack of confidence or reduction in their physical ability which means that they are no longer able to live independently. Other people may suffer financially if they lose items that they require for work, or the means to be able to get to work.

Victim Support also offers services to witnesses, including advice on procedures, support in court and specialised services to the most vulnerable.

Violence is a particular area which can impact the most on the wider family group leading to damaged relationships. More timely intervention will lead to more positive outcomes.

There was some discussion on which initial approaches were most effective and where possible the telephone is used for initial approach, this may encourage more people to engage with the service at the start, further contact is tailor made to individual preferences, but depending on risk assessments.

Central Government funding for Victim Support is ending in March 2014, reduction in funding means that it is of vital importance that partnerships are used to their maximum capacity. Whilst there are some funds to resource victims' practical requirements, these will only be used if there are no other sources of funding available.

Members asked if the statistics concerning the number of people supported could be broken down by age, ethnicity and location.

With regard to the role of the Police and Crime Commissioner it was felt that it would be a positive step if all victims were offered some form of support and a victim centred programme of restorative justice was developed.

Members also questioned why all victims were not referred to Victim Support, but just certain crimes. It is a matter of priority. Priority crimes are serious acquisitive crimes and violent crimes. In general vehicle crimes are not referred although the Police will refer vulnerable people. Not all referrals are from the Police, they may come through other agencies or the victim may refer themselves and do not need to report the crime to the police. If victims of other crimes were to contact Victim Support then they would not be refused help.

The Panel thanked Christine Thompson for her attendance at the meeting.

AGREED:

1. Christine Thompson forward demographic data on the Victim Support client base to the Scrutiny Officer for the Panel's information.

2 Christine Thompson be asked to make contact with the Northampton Youth Forum regarding the work of Victim Support.

6. NEIGHBOURHOOD WARDENS

Ruth Austen, Environmental Health Manager, NBC, attended the Panel to discuss the Neighbourhood Wardens response to the core questions.

The main points of the discussion were as follows:-

Members expressed concern that the Neighbourhood Wardens were being expected to take on a much wider role. Whilst they have received some training they are not crime prevention professionals and should not be giving advice on that basis. The role of the wardens should be about sign posting the public to the correct service and not actually solving issues directly.

The wardens are very visible and Members questioned whether there was a public perception that they were replacing Police Community Support Officers. Members were concerned that there were pressures on wardens to perform duties which they should not be expected to cover.

It was agreed that there was a high level of public expectation and anything that could be done to educate the public in the role of the Neighbourhood Wardens would be useful. Training was key and the Panel feedback on the training needs of the Neighbourhood Wardens was welcomed.

The Panel considered that there was a need to set realistic expectations around the role of the Neighbourhood Wardens. It was confirmed that the Neighbourhood Wardens sit on a number of sub groups and feed into the overarching process.

Members also asked if wardens were duplicating roles that were being undertaken by other professionals- for example going into schools. They were advised that these visits were undertaken alongside other partners and often carried out jointly.

Members queried how the knowledge of the wardens was being forwarded on to partners and were advised that the Neighbourhood wardens did sit on Community Safety Partnership sub groups.

It was generally felt that members of the public would often speak to wardens when they would otherwise be reluctant to engage with the Police. The fact that the wardens were in regular contact with an area meant that they were generally trusted.

The Panel thanked Ruth Austen for her attendance at the meeting.

AGREED:

1. That a potential recommendation of the final report be that the Panel considered that there was a need for clarification of the role of the Neighbourhood Wardens.
2. That a potential recommendation of the final report be that evidence should be provided of the benefit which is gained by the Neighbourhood Wardens sitting as members of various sub groups and their role in feeding general issues into the over arching process.

7. DEMOGRAPHICS

The Panel received an update on census material, which now showed the data released from the 2011 census. This provided an update on the ethnic profile of the population of Northampton.

The data showed that the estimated proportion of White British population reduced by 3.8%, but the estimated proportion of White: Other increased from 4.2 % to 6.5%. This group is the BME group most likely to be affected by crime, as both the victim and the perpetrator. Most migrants are also in the age group which is most likely to be affected by crime. Therefore it is most important to be able to identify who these people are and what factors affect their experience of crime. There also needs to be an analysis of whether there are other factors that need to be taken into consideration for example are there language or cultural barriers to be overcome.

The ethnic group is not definitively Eastern European, although it does include them. There may be public perceptions of cultural differences which lead to different interactions which in turn may have an impact on the behaviour and outcomes affecting the group.

It is also important to see how the victims from these groups are supported and whether they are subject to repeat offences. There are also more people from this category who are attending places such as the Hope Centre with alcohol and or mental health issues. Members felt that the most effective way of dealing with this would be if volunteers could be found from within the community to help liaise with people who had been victims of or convicted of committing crimes.

AGREED:

1. That a potential recommendation of the final report be that consideration be given to more evaluation of the “White: Other “ group and that these findings are highlighted to the Police and Crime Commissioner.
2. That a potential recommendation of consideration of how better education on domestic violence issues could be targeted to the Eastern European population.

8. BACKGROUND DATA

Members noted the Background data on the Serious Acquisitive Crime problem profile.

AGREED: The background data be included in the agenda for the next meeting of the Panel to allow consideration of any questions from Councillors.

The meeting concluded at 7:50 pm