

COVENTRY COMMUNITY SAFETY PARTNERSHIP
14th July 2008

MINUTES

Present:

Jos Parry (Chair)	Asst Chief Executive, Coventry City Council
Dr Peter Barker	Primary Care Trust
Georgie Carrington	Primary Care Trust
Sara Roach	Community Safety Team, Coventry City Council
Paul Hargrave	Community Safety Team, Coventry City Council
Lesley Sigston	Community Safety Team, Coventry City Council
Mandie Watson	Community Safety Team, Coventry City Council
Alison Quigley	Community Safety Team, Coventry City Council
Barry Eveleigh	Community Safety Team, Coventry City Council
Denise Kellam (Minutes)	Community Safety Team, Coventry City Council
Karen Buttle	New Deal for Communities
Liz Strain	Swanswell Trust
Baiju Panchmatia	West Midlands Fire Service
Sarah Chand	Probation Services
Angie Parks	Youth Offending Services
Jan Nichols	Neighbourhood Management, Coventry City Council
Chief Supt Steven Glover	West Midlands Police (M1)
Inspector Jo Floyd	Police Partnership Liaison Officer
Nigel Cavendish	GOWM
Tim Coleman	Coventry Partnership
Paul Wells	Community Drugs Team
Malcolm Walls	Federation of Small Businesses
Jill Ayres	Safeguarding Adults, Coventry City Council
Eamon Lynch	Whitefriars Housing Group
Jacqueline Jones	West Midlands Fire Service
John Forde	Primary Care Trust
Simon Brake	Community Services, Coventry City Council
Malcolm Emmerson	Connexions

Apologies:

Chief Super Deb Harrod	West Midlands Police (M2)
Mark Taylor	West Midlands Fire Service
June Morley	Coventry Partnership
Sheila Bates	Community Empowerment Network
Annabel Wrangles	Community Empowerment Network
Cllr Andrew Williams	Coventry City Council
Nigel Gumley	Crown Prosecution Services
Cheryl Rosser	HM Courts
Andy Pepper	Neighbourhood Services
Alethea Fuller	West Midlands Police
Brendan Connor	Police Authority

1. Welcome & Introduction

Jos Parry welcomed everybody to the meeting and apologies were accepted. Jos introduced Georgie Carrington and Dr Peter Barker from the Primary Care Trust.

2. Minutes of Last Meeting & Matters Arising

Sara Roach confirmed a letter had been produced on behalf of the Chair to the Chief Execs of the PCT requesting that shared care arrangements be considered in contracts for the three new practices in Coventry.

Nigel Cavendish confirmed that although there is a degree of inconsistency with the different criteria for drug types within crime and drug LAA targets, the National Treatment Agency (NTA) did not consider this to cause any significant difficulties for delivery.

Nigel confirmed that there was no particular definition of 'face the people' sessions and suggested the range of meetings/groups, etc that existed in Coventry would satisfy National Standards.

The minutes were agreed as a true and accurate record with no matters arising.

3. Health Needs Assessment – Accidents and Unintentional Injury

Georgie Carrington presented a report on the findings of the 'Health Needs Assessment' in Coventry.

The aim of the Health Needs Assessment is to provide information that will help to develop preventative strategies and campaigns.

The availability of good quality data is a key issue and it is likely that the data collated underestimates the true frequency of accidents and unintentional injuries.

Findings and conclusions of the assessment included:

The main causes of accidental deaths are falls, road traffic accidents and poisonings. (Nearly 25% deaths from accidents are caused by falls).

Coventry has shown an increasing overall death rate from accidents over the last 10 years, but not significantly different to regional comparators.

Death rates for people over 75 years in Coventry are significantly higher than the national average.

Mortality from accidents and A&E attendances are associated with deprivation. Foleshill, which is the highest area of deprivation in Coventry, shows significantly higher and increasing mortality rates from accidents than

other wards in the city.

Coventry's rate of traffic casualties for people killed or seriously injured is lower than the national average and in 2006 there were 927 personal injury road traffic accidents involving 10 fatalities.

Over the last 4 years to 2006/07 the number of collisions associated with alcohol has been reducing and the highest number of casualties in road traffic collisions associated with alcohol has been in the 21-30 year age band.

The proportion of accidental poisoning admissions was very high in Coventry compared to other Primary Care Trusts in the West Midlands, and requires further investigation.

Despite a rise in property and vehicle fires causing deaths in 2006/07 when Coventry had the highest rate in the West Midlands, the 3-year total rate was still lower than the regional total rate (Coventry had 8 fire related deaths).

Foleshill and St Michael's wards had the highest number of fires resulting in injuries.

Accident prevention is being addressed locally through a number of campaigns and strategies undertaken by different organisations and services, co-ordinated through the Coventry Partnership. Continued monitoring of deaths and injuries from accidents is recommended to develop existing and new prevention strategies and campaigns.

Dr Peter Barker recommended the group to view the full report at:

<http://www.coventrypct.nhs.uk/subpage.asp?pageID=137>

The group discussed the findings of the Accident Health Needs Assessment, and members were advised to contact Georgie Carrington for further information, or to send Georgie any suggestions on materials/links that can be used for the Public Health web-based Annual Health Promotion Calendar for September on Accidents (which also focuses on alcohol and other drug abuse).

Georgie Carrington's contact details are:

Tel: Direct Line: 024 7624 6084 (or 6060)

Office Mobile :07880 555851

E-mail: georgina.carrington@coventrypct.nhs.uk

4. Performance Management of the New National Indicator Set

Sara presented an update on the delivery of the crime LAA indicators, where available.

The performance framework that has been developed will be a key part of the overall performance management process that is being developed for the LAA.

The intention is to develop the framework further to include the costs of crime, which will enable the Partnership to evaluate actions in terms of value for money.

Information will be reported quarterly to the Partnership and the Joint Commissioning Group to ensure that all agencies are aware of current performance and related activity and remedial action is taken where appropriate.

Barry Eveleigh suggested that the colour coding be amended so that it is the same as that used for delivery of the drug treatment plan.

4.1 Violent Crime Update

Sara updated the group on recent developments regarding the delivery of work to reduce violent crime. As agreed at the last meeting, Chief Supt. Glover is taking a citywide lead and had called a meeting of a number of officers/agencies to discuss actions that need to be taken. This was followed by a half day meeting with the Priority Crime Group where an action plan was developed.

The table below demonstrates the reductions expected over the next 3-year period in 'serious violence' and 'assault with injury':

	2007/8 Baseline	Rate Per 1,000	2008/9 Target	Rate Per 1,000	2009/10 Target	Rate Per 1,000	2010/11 Target	Rate Per 1,000	Annual Percentage Reduction	Total Percentage Reduction After 3 Years
NI 15 Serious Violence	383	1.24	368	1.2	353	1.15	339	1.11	4%	11%

	2007/8 Baseline	Rate Per 1,000	2008/9 Target	Rate Per 1,000	2009/10 Target	Rate Per 1,000	2010/11 Target	Rate Per 1,000	Annual Percentage Reduction	Total Percentage Reduction After 3 Years
NI 20 Assault with Injury	4206	13.7	4122	13.44	4039	13.17	3958	12.91	2%	6%

Sara presented the draft action plan and asked for comments to be e-mailed as soon as possible to: sara.roach@coventry.gov.uk

The draft plan focuses on short-medium term tactical interventions, which have been developed around the victim, offender and location.

The Partnership will receive regular updates on the delivery of the plan.

5. Alcohol Harm Reduction Strategy & Action Plan

Lesley presented the draft alcohol action plan, which will form the key areas of delivery of the Alcohol Harm Reduction Strategy.

The Alcohol Harm Reduction Programme Delivery Group will have responsibility for overseeing the delivery of the individual actions and regular performance reports will be presented to the Partnership.

Lesley requested comments on the action plan by 1st August 2008.

Action: Comments on the Draft Action Plans to Lesley Sigston by 1st August 2008.

6. Substance Misuse

6.1 Targets 2008/09 and Treatment Plan

Paul Hargrave informed the group that the National Treatment Agency (NTA) had formally approved Coventry's Adult Treatment Plan 2008/09.

The treatment plan commits the Partnership to increasing the number of Problematic Drug Users (PDU) into effective treatment by 6% in 2008/09 (compared to 2007/08) with 1% annual increase in subsequent years.

However, since the targets had been agreed, there had been 2 significant changes, one is a change to the baseline figures which has resulted in the actual number of PDUs required in effective treatment being increased from 836 to 957. In spite of this, the revised higher figure is still considered achievable.

The other change is the new definition of clients in 'effective treatment', this now only includes:

- Clients retained in treatment for 12 weeks or longer.
- Clients successfully completing treatment in the first 12 weeks of a treatment episode.

Therefore the change to the definition excludes those clients that are 'referred on' to other agencies outside the region or have entered prison or rehab, and as a result cannot be considered to be in 'effective treatment'.

The impact of this change means 15% of clients that were referred on last year would not have been recognised as a planned treatment completion.

Discussions are on going with the NTA re. the possibility of including the onward referrals particularly those clients who go into prison.

6.2 Quarter 1 Performance

Paul presented the first quarter performance management report. In order to achieve the partnership target an average of 31 drug users should be entering treatment per month. 19 of these will need to be Problem Drug Users (PDU) local data indicates we are on target to achieve this.

For information: **PDU** = drug users taking heroin and crack only.

Non-PDU = drug users taking other substances e.g. powder cocaine, cannabis, amphetamines.

A key threat to performance is the reducing number of clients referred through the criminal justice system. Activity is underway to increase the number of clients into treatment including:

- Crack and Black and Minority Ethnic (BME) outreach carried out by Coventry Drugs Team (CDT).
- Involvement in the MARAC domestic violence case management arrangements.

- The piloting of incentive payments to pharmacists referring clients to treatment.
- Improved links with GPs through the creation of locality clinics and expansion of shared care.
- Piloting the use of clients to refer other clients to treatment.
- Improved links between CDT and Registered Social Landlords to ensure drug-misusing tenants are referred to treatment at an early point in any tenancy enforcement intervention.

A locality clinic is being established in the north east of the city and is due to be operational in August. Three further locality clinics are proposed for around the city, and it is anticipated that this will increase the confidence of GPs to engage in shared care arrangements and help to provide a local access point for initial assessment for GP referrals.

6.3 Local Treatment Service Re-design

The Joint Commissioning Group (JCG) have been working very closely with the Street Outreach Service (SOS) and giving them maximum support in order to increase performance improvement, however, recent information demonstrates that the number of drug users contacted and referred into treatment via the service is low. The JCG agreed that the service is neither an effective or efficient way of achieving the number of referrals into treatment that is required to achieve Partnership targets, therefore the JCG agreed not to re-commission the SOS at the end of the service's contract in September 2008.

The JCG requested further analysis of alternative ways of working, specifically a dedicated non-PDU drug treatment service and improved joint working with vulnerable and homeless individuals.

The group discussed the possibility of a dedicated non-PDU Drug User service.

Currently there are limited services in Coventry for non-PDUs and they account for approximately 29% of all referrals, which translates into 185 clients.

The creation of a non-PDU service would amend the existing CDT service to provide an end-to-end treatment for PDUs only. The non-PDU service could specialise in non-medical interventions, but to be effective the service would need to operate accessible opening times in line with the client profile e.g. significant coverage at evenings and weekends.

The Partnership receives approximately £720 per non-PDU in effective treatment; therefore the cost of the service would be around £133,000 (185 clients x £720). Additional set-up costs would be required to establish the service, so this could prove to be a financial strain.

It was also acknowledged that many non-PDUs do not recognise they have a problem, and therefore having an effective service in place may still not attract referrals.

Jo Floyd suggested that increased use of conditional cautioning could increase referrals.

The group asked Paul to undertake some more research on what happens in other areas and to conduct some work with users re. their views.

Action: Paul to report back to the group in October the findings of the further research and focus groups re. the potential of creating a non-PDU Drug User service.

7. Drug Treatment Care Pathway Process

Paul Wells presented a flow-chart which outlined the treatment journey for a drug user attending the Community Drugs Team.

8. Update of AIMS Review

Inspector Jo Floyd updated the Partnership on the outcome of the 'Active Intelligence Mapping System' (AIMS) Review meeting, which took place on 5th July 2008.

The event reviewed strengths of the AIMS process as well as opportunities for improvement/development. AIMS delivers a range of multi-agency activities and overall there was strong support for AIMS to continue with this role. However, areas identified for development included:

- Balancing volume against risk/harm
- Strategic Assessment process
- To have a more city-wide approach (so less reliant on OCU boundaries)
- Improve planning and evaluation and develop more flexibility in approach
- Better use of intelligence to be able to work more strategically in order to be more pro-active, rather than re-active.

Work to take the development ideas forward will shortly commence and will link to the further development of Safer Neighbourhood Groups (SNGs) and the 2009 Strategic Assessment, etc.

9. Preventing Violent Extremism (PVE)

Sara updated the Partnership on recent discussions with GOWM re. PVE.

A Coventry PREVENT Strategy is currently being prepared which will outline the range of work that is ongoing in Coventry in response to the Home Office PREVENT STRATEGY.

The draft strategy will be brought to the next Partnership meeting in October.

Action: The draft PVE strategy to be presented to the October meeting.

10. Communications Update

Tim Coleman tabled copies of the draft publications of the 'Community Safety Plan' and 'Alcohol Harm Reduction Strategy' and requested comments on the layout and design by 18th July.

Tim also updated the group on the current Partnership communication activities including:

- Neighbourhood Watch awareness day
- Continued publicity on 'It's Your Call' anti-social behaviour reporting line.
- Domestic Violence and Abuse campaign with Coventry Blaze
- Planning 'Face the People' conference
- Preparing community safety messages for new autumn term students
- Developing key messages around violent crime for publicity

11. Report back from the Coventry Partnership

The Partnership noted the briefing note re. update from the Coventry Partnership.

12. Any Other Business

Jos informed the group that Dawn Ford had been appointed as the new Coventry Partnership Manager. Dawn will take up post in September.

Sara updated the group on a recent meeting that had been held to discuss business crime. In addition, 2 representatives from Business, Enterprise & Regulatory Reform (BERR) are visiting Coventry on 22nd July to understand better the work that is going on locally with businesses and how the private sector are involved in the Coventry Partnership and the Coventry Community Safety Partnership (CCSP). A local business crime strategic assessment is currently being produced and will be presented to the CCSP at their meeting in October.

Sara will provide a report to the next meeting re. the Policing Green Paper.

Jos Parry, on behalf of the group, expressed gratitude for all of Mark Taylor's work and contributions to the CCSP and the City, and wished him well in his future role in Birmingham.

13. Next Meeting

Date: Wednesday, 22nd October 2008

Time: 2.00 pm – 5.00 pm.

Venue: Corporate Training Centre (Elm Bank), Maple Room, Mile Lane, Coventry.