



City of Westminster

# Committee Agenda

Title:

**Adults, Health & Public Protection Policy & Scrutiny Committee**

Meeting Date:

**Wednesday 1st February, 2017**

Time:

**7.00 pm**

Venue:

**Rooms 6 and 7, 17<sup>th</sup> Floor, City Hall, 64 Victoria Street, London, SW1E 6QP**

Members:

**Councillors:**

Barbara Arzymanow  
Susie Burbridge  
Jonathan Glanz  
Patricia McAllister  
Gotz Mohindra  
Jan Prendergast  
Glenys Roberts  
Barrie Taylor



**Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda**

**Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.**



**An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Andrew Palmer, Senior Committee and Governance Officer.**

**Tel: 7641 2802; Email: [apalmer@westminster.gov.uk](mailto:apalmer@westminster.gov.uk)  
Corporate Website: [www.westminster.gov.uk](http://www.westminster.gov.uk)**

**Note for Members:** Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

## **AGENDA**

### **PART 1 (IN PUBLIC)**

#### **1. MEMBERSHIP**

1. To note any changes to the membership.
2. Appointment of Chairman.

#### **2. DECLARATIONS OF INTEREST**

To receive declarations by Members and Officers of the existence and nature of any personal or prejudicial interests in matters on this agenda, in addition to the standing declarations previously made.

#### **3. MINUTES**

To approve the Minutes of the meeting held on 23 November 2016.

**(Pages 1 - 8)**

#### **4. CABINET MEMBER UPDATES**

To receive an update on current and forthcoming issues within the portfolios of the Cabinet Member for Public Protection and Cabinet Member for Adults & Public Health. The briefings also include responses to any written questions raised by Members in advance of the Committee meeting.

**(Pages 9 - 30)**

#### **5. STANDING UPDATES**

##### **I) TASK GROUPS**

To receive a verbal update on any significant activity undertaken since the Committee's last meeting.

##### **II) WESTMINSTER HEALTHWATCH**

To receive an update on the delivery of current priorities, and on the future Work Programme.

**6. MOPAC FUNDING & PROPOSALS FOR METROPOLITAN POLICE BASIC COMMAND UNIT CHANGES** (Pages 31 - 82)

To consider the outcome of discussions with the Mayor's Office for Policing & Crime (MOPAC) about the future funding trend for the Safer Westminster Partnership, and for initiatives such as the Integrated Gang Projects; together with proposals for changes to the Metropolitan Police Basic Command Unit.

**7. COMMITTEE WORK PROGRAMME AND ACTION TRACKER** (Pages 83 - 98)

To consider the Committee's Work Programme for the remainder of the 2016-17 municipal year, and to note progress in the Committee's Action Tracker.

**8. ITEMS ISSUED FOR INFORMATION**

To provide Committee Members with the opportunity to comment on items that may have been previously circulated for information.

**The Notting Hill Carnival - update on activity and options for Scrutiny.**

Briefing paper for Committee Members on options for how the Carnival can be scrutinised. Issues raised by residents had included safety, and the clean-up operation afterwards.

**9. ANY OTHER BUSINESS**

To consider any other business which the Chairman considers urgent.

**Charlie Parker**  
**Chief Executive**  
**24 January 2017**

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CITY OF WESTMINSTER

## DRAFT MINUTES

### Adults, Health & Public Protection Policy & Scrutiny Committee

#### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Wednesday 23 November 2016**, Rooms 6 & 7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

**Members Present:** Councillors Antonia Cox (Chairman), Barbara Arzymanow, Paul Church, Patricia McAllister, Jan Prendergast, Glenys Roberts, Ian Rowley and Barrie Taylor.

**Also Present:** Councillor Rachael Robathan.

#### 1. MEMBERSHIP

1.1 No apologies were received. All Members were present.

#### 2. DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from Members and officers, in addition to the standing declarations previously tabled.

2.2 Councillor Jan Prendergast and Councillor Barrie Taylor each declared a non-prejudicial interest in that they were outpatients at St. Mary's Hospital. Councillor Jan Prendergast also declared that she was a member of the Friends of St. Mary's Hospital.

#### 3. MINUTES AND ACTION TRACKER

3.1 **RESOLVED:** That the Minutes of the meeting held on 21 September 2016 be approved.

## **4. CABINET MEMBER UPDATES**

### **4.1 Cabinet Member for Adults & Public Health**

- 4.1.1 Councillor Rachael Robathan updated the Committee on issues relating to her portfolio, which included Key Service Performance Indicators of Adults Social Care and Public Health programmes; and responses to actions that had been requested at the previous meeting. In addition to acknowledging the challenges that lay ahead, Councillor Robathan highlighted the successes that had been achieved while she had been Cabinet Member, which included the Homecare Service; the provision of specialist housing at Beachcroft; and strengthened links and partnership working between health and social care.
- 4.1.2 The Committee discussed progress in the development of the North West London Sustainability & Transformation Plan (STP), and noted that Westminster was leading on the work stream relating to finance and estates. The Committee noted that of the six local authorities that were included, two had agreed with most of the priorities of the STP but had withdrawn in response to the proposed reconfiguration of acute care at their hospitals. The Cabinet Member acknowledged the need for the STP to secure ongoing funding for sustainability and transformation in Adult Social Care.
- 4.1.3 The Committee also commented on the front door and demand management programme which would seek to offer a better digital solution to people who wanted to access services, and to make preventative services more targeted.
- 4.1.4 Other issues discussed by Committee Members included the need for care workers to have appropriate housing; hospital discharge and after care; the involvement of the police in mental health cases; and the review and recommissioning of Public Health Advice Services.

### **4.2 Cabinet Member for Public Protection**

- 4.2.1 The Committee received a written briefing from Councillor Nickie Aiken on key issues within her portfolio, which included the increase in drug issues in the West End; serious youth violence; and the Licensing Standard. Committee Members noted that the new London Police and Crime Plan would now not be available until May 2017.
- 4.2.2 The Committee discussed future funding from MOPAC, and noted that 70% of the budget for public protection projects such as Westminster's Integrated Gang Unit (IGU) would be allocated by MOPAC automatically, with the remaining 30% having to be bid for on a co-commissioning basis. Committee Members commented on the potential role of Scrutiny in establishing a bidding strategy, and suggested that this issue could be included in the work programme when MOPAC was to be considered at the forthcoming meeting in February. Members also commented on

the potential impact of the reduced funding, and agreed to seek clarification of what had been established when the IGU had been recently considered by the Children, Sports & Leisure Policy & Scrutiny Committee.

- 4.2.3 Committee Members highlighted concerns raised by the Human Trafficking Foundation over a recent raid on sex work premises by the police that had been conducted in violation of the Association of Chief Police Officers' rules, and agreed to raise this issue with the Police. The Committee noted that the Human Trafficking Foundation had also raised concerns over child trafficking in Westminster, and agreed to raise the issue with the Interim Tri-Borough Director of Children's Services.
- 4.2.4 The Committee also discussed public safety concerns arising from the forthcoming 50<sup>th</sup> anniversary of the Notting Hill Carnival, and agreed that a cross-portfolio scrutiny examination should take place; which could focus on the impact the event could have on local residents, and which would include representation from the police and the community.
- 4.2.5 It was noted that Westminster's Rough Sleeping Strategy had been considered by the Housing, Finance & Corporate Services Policy & Scrutiny Committee.

## **5. STANDING UPDATES**

### **5.1 Air Quality Task Group**

- 5.1.1 The Committee discussed the progress of its Task Groups, and received an update on the meeting of the Air Quality Task Group on 10 November which had focussed on emissions from buildings and their contribution to air quality. The meeting had received expert evidence from the City Council, the GLA and the Westminster Property Association, and had noted that up to 50% of the emissions in Westminster were produced by buildings. The next meeting of the Task Group would focus on transport.

### **5.2 Healthwatch Westminster**

- 5.2.1 Christine Vigars (Chair of Healthwatch Central West London) presented a summary of the principal areas of activity and development of Healthwatch Central West London, which included planning, strategic development and local delivery. The Committee noted progress in an ongoing programme in which Dignity Champions undertook visits to hospitals and care homes, with subsequent reports being sent to providers to enable them to respond through action plans. The Healthwatch website and social media profile were also being revised, and would seek to improve communications and numbers of volunteers.
- 5.2.2 Committee Members discussed mental health issues in Westminster, and highlighted the need for Healthwatch to take into account data and statistics

relating to aspects such as gender, ethnicity, and the role of the police. Members also commented on the need for people who provided input or responded to consultation to be generally representative of residents and service users.

5.2.3 Healthwatch sought the views of the Committee on two priority areas for work in Westminster:

- Service reconfiguration, and the inclusion of the experience of service users in the assessment and design of local services which included the Care Co-ordination Service.
- Monitoring the impact of changes to services, and informing the design of mental health day care services.

The Committee recognised that mental health was a major issue in Westminster, and agreed that Healthwatch should focus on the two priorities that had been suggested.

## **6. PROPOSED PHASED REDEVELOPMENT OF ST. MARY'S HOSPITAL**

6.1 The Committee received an update from Michele Wheeler (Director of Redevelopment – Imperial College NHS Trust) and Dr William Oldfield (Deputy Medical Director), on progress in the plans for the proposed phased redevelopment of St. Mary's Hospital. The Committee also received comments on transport issues relating to the redevelopment from Justin Sherlock (Associate Director, AECOM Limited).

6.2 Outpatient services were currently provided from 40 different locations at St. Marys Hospital with multiple access points, and the first phase of the redevelopment would benefit patients, staff and Westminster's residents by bringing together the majority of these services into one building, co-located with supporting departments and a pharmacy. As all outpatient services and ambulance access would continue to be in operation while the changes were taking place, the phased approach had been proposed. Once the first phase had been completed, the second phase would commence and would focus on A&E services. Consultation had taken place in a number of public events, which had involved service users and statutory and voluntary groups.

6.3 The Committee discussed the timing of the redevelopment and associated risks, and noted that Phase 1 was anticipated to take two years, during which the existing outpatient buildings would be taken down to provide for an access road and the residuary land sold for commercial development. The NHS Trust acknowledged that decanting ongoing services while building within a very congested area would be a challenge.

6.4 Committee Members sought clarification of the costs of the redevelopment and public investment that would be needed, and the NHS Trust acknowledged the



need to utilise capital receipts from land disposals within the site. Work was in progress to develop a robust business case for receipts from the sale of the three outbuildings to be reinvested into the new building, and alternative sources of funding would be sought if needed.

- 6.5 The Committee discussed the traffic proposals for the redeveloped site; and commented on the objection to the planning application for the Paddington Cube made by the London Ambulance Service (LAS), on the grounds that the new configuration would offer worse access to St. Mary's Hospital than that which currently existed. The NHS Trust acknowledged that good ambulance access was integral to the Hospital, and confirmed that their submissions about the proposed access road in the Cube application were to be given on 24 November.
- 6.6 The Committee discussed the provision for car parking and taxis at the redeveloped site, and suggested that consideration was given to making the ground floor a transport area, with the reception being sited on the first floor. The Director of Redevelopment commented that the height and depth of the new building were constrained by planning considerations, cost, and underground railway tunnels. Committee Members suggested that it could be beneficial if a Planning Officer were to be seconded by the NHS Trust to assist during the development and delivery of the proposal.
- 6.7 The Committee agreed that a clear Project Management Plan would be of benefit to residents.
- 6.8 The Committee endorsed the overall plans for the phase 1 development in principle, subject to the transport issues being resolved. The Committee also asked to receive details of the proposals for phase 2 at an early stage in order that it could contribute.

## **7. DEVELOPING THE WESTMINSTER JOINT HEALTH & WELLBEING STRATEGY 2017-21: POST-CONSULTATION DRAFT AND NEXT STEPS**

- 7.1 Sarah McBride (Tri-Borough Director for Partnerships) and Mike Robinson (Tri-Borough Director of Public Health) provided the Committee with an update on progress in the development of Westminster's Joint Health & Wellbeing Strategy, which would seek to respond to local challenges; and act as the local delivery plan for the North West London Sustainability & Transformation Plan.
- 7.2 The draft Strategy had focused on prevention, early intervention, and in ensuring a sustainable high quality, person-centred health and care system for everyone who lives in, worked in and visited Westminster. The four headline priorities in the Strategy were:
1. Improving outcomes for children and young people;
  2. Reducing the risk factors for, and improving the management of, long term

- conditions such as dementia;
3. Improving mental health through prevention and self-management; and
  4. Creating and leading a sustainable and effective local health and care system for Westminster.
- 7.3 The Strategy focussed on intentions for Westminster rather than West London, and had been updated following an extensive engagement period, during which key messages had included generally good support for the four priorities; and consistent support for the preventative approach, and the better use of data to target services to people who most needed them. A key piece of work in the revised Strategy had been the development of a performance management matrix around key performance indicators, which could measure progress. The Strategy had been considered by the Westminster Health & Wellbeing Board (HWB), and would be submitted to Cabinet at its forthcoming meeting on 12 December prior to anticipated publication by the end of the year.
- 7.4 The Committee discussed the draft Strategy and highlighted the need for the funding and delivery of social care to be taken into account and developed; and for the remit of what the Health & Wellbeing Board could do to implement its decisions being clearly set out.
- 7.5 The Committee suggested that greater emphasis should be given to dementia related services, such as home care and respite. The Tri-Borough Director for Partnerships informed the Committee that a Joint Strategic Needs Assessment for Dementia had been carried out by the Health & Wellbeing Board, and acknowledged that this would need to be referred to in the Strategy.
- 7.6 Committee Members commented on the need for the early diagnosis of physical and mental health issues for children and young people to be highlighted in the Strategy; and suggested that the reference to 'homeless households' be removed.
- 7.7 The Tri-Borough Director of Public Health confirmed that there would be limits on what could be spent on preventions, and that investment would only be made in preventions that were value for money and offered cost benefits.
- 7.8 The Committee endorsed the draft Strategy, subject to the comments that had been made at the meeting.
- 8. SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2015-16**
- 8.1 Helen Banham (Strategic Lead – Professional Standards & Safeguarding) presented the Annual Review of the Safeguarding Adult Executive Board, which included achievements during the year and learning from safeguarding reviews.
- 8.2 The Committee noted that in the coming year the Executive Board would continue

to work on three key areas:

- Providing opportunities for people to be involved in safeguarding adults work, and the work of the Board;
- Working together to ensure local services were safe, respectful, and of a high standard; and
- Developing better information-sharing.

8.3 The Committee commended the Annual Report, and endorsed the strategic direction and priorities adopted for 2016/17.

## **9. COMMITTEE WORK PROGRAMME**

9.1 Muge Dindjer (Policy & Scrutiny Manager) presented the latest version of the Committee's Work Programme for 2016-17, together with the Committee's Action Tracker.

9.2 The Committee discussed the report on MOPAC funding which was to be included in the Agenda for the next meeting in February 2017, and agreed that the Borough Commander should be invited to attend, together with representatives from MOPAC. Consideration would also be given to inviting a representative from the Home Office. Other reports on the February agenda would be the Review of Licensing Policy; and a report on progress in the Urgent Care Centre and A&E services at St. Mary's Hospital.

9.3 It was agreed that the scheduled report on End of Life Care would move to the meeting in March 2017; and that the review of the Better Care Fund would be dealt with by way of a separate briefing.

## **10. PUBLIC PROTECTION DATA**

10.1 The Committee noted that Public Protection data would now be circulated in an expanded format which would provide a more accessible strategic assessment.

The Meeting ended at 9.10pm.

CHAIRMAN: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>Actions Arising</b>	
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The potential role of Scrutiny in establishing a bidding strategy for MOPAC to be included in the discussion on future funding at the forthcoming meeting in February.
<b>Item 4 Cabinet Member Updates: Public Protection</b>	Clarification of the outcome of the discussion on future funding for Westminster's Integrated Gangs Unit by the Children, Sports & Leisure Policy & Scrutiny Committee to be obtained.
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The concerns of the Human Trafficking Foundation over a recent raid on sex work premises by the police that had been conducted in violation of the Association of Chief Police Officers rules to be raised with the Police.
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The concerns of the Human Trafficking Foundation over child trafficking in Westminster to be raised with the Interim Tri-Borough Director of Children's Services.
<b>Item 4 Cabinet Member Updates: Public Protection</b>	Consideration be given to convening a cross-portfolio scrutiny examination of public safety concerns arising from the forthcoming 50 <sup>th</sup> anniversary of the Notting Hill Carnival, which would include representation from the police and the community.
<b>Item 9 Committee Work Programme 2016-17</b>	The Borough Commander to be invited to attend the meeting in February 2017 to participate in the discussion on MOPAC funding. Consideration to also be given to inviting a representative from the Home Office.
<b>Item 9 Committee Work Programme 2016-17</b>	The report on End of Life Care to be rescheduled to the meeting in March 2017.
<b>Item 9 Committee Work Programme 2016-17</b>	The review of the Better Care Fund to be dealt with by way of a separate briefing.



## Adults, Health & Public Protection Policy & Scrutiny Committee

**Date:** 1<sup>st</sup> February 2017

**Briefing of:** Councillor Aiken, Cabinet Member for Public Protection and Chairman of Licensing

**Contact Details:** Joe Penny x 5772  
[jpenny@westminster.gov.uk](mailto:jpenny@westminster.gov.uk)

### 1 Spice

- 1.1 Following extensive lobbying to Government, Spice and other similar synthetic cannabinoids have been classified by the government as a class B drug, an amendment backed by the City Council since October 2016. The police will now be able to stop, search and arrest individuals in possession of Spice. The police will also be able to seize the drug, without arrest, to protect vulnerable individuals from its dangerous effects, without the need to criminalise them.
- 1.2 Currently, police operations are focusing on arresting dealers and as a result, a large quantity of Spice has been removed from the streets. This is a lengthy process, as the drug has to be submitted to Home Office for testing before any charge can be considered. Additional police resources are being used to increase visibility and reassure businesses and residents.
- 1.3 Officers in the Rough Sleeping team are working to map those sleeping on the streets and ensure their social care action plans are appropriate. All those found on the streets have been offered immediate routes off the streets but unfortunately, some refuse this support. Treatment services have developed a training package for staff who works with this client group, with trained outreach workers, in an attempt to engage these individuals. This will help establish a hybrid social care and enforcement response. So far, this approach has resulted in Criminal Behaviour Order bundles, which are currently being prepared for court.

- 1.4 Towards the end of 2016, reports from our accommodation services highlighted an alarming amount of overdoses and incidents of psychosis, caused by excessive use of Spice. These incidents have led to many frontline workers experiencing violent behaviour amongst habitual users. However, more recent feedback suggests less of these incidents are now occurring, particularly since police activity targeting Spice had been increased. Incidents are concentrated in the south of the City, with very few users in the North. Officers will continue to work with our accommodation services to respond to these incidents and monitor the number of Spice related issues.

## **2 Fatal Stabbing in Adelaide Street**

- 2.1 In response to the fatal stabbing in Adelaide Street on 27 December 2016. Two 19 year-old men, both of no fixed address, have been arrested and were subsequently both charged with murder.
- 2.2 In response, a collaborative effort is being made with partners to reassure the local community. In addition, the Police are increasing their presence and have arranged for a specific operation to take place, which will be supported by City Inspectors, Rough Sleeping and Cleansing services. So far, there have been eight further arrests for a variety of offenses linked to activity in this area.

## **3 Notting Hill Carnival**

- 3.1 On the 15<sup>th</sup> December 2016, I chaired a roundtable discussion on the future of Notting Hill Carnival with Commander Dave Musker of MPS Gold Command for Carnival, Cllr Tim Coleridge and Cllr Robert Freeman of RBKC, Victoria Borwick MP, Cllr Connell and Cllr Holloway. During the meeting, attendee's discussed the current issues and challenges concerning Notting Hill Carnival.
- 3.2 As a result of the roundtable, a letter was drafted to the Deputy Mayor for Policing and Crime, Sophie Linden, which was co-signed by Victoria Borwick MP, Karen Buck MP, Cllr Nicholas Paget-Brown and Cllr Tony Devenish. In the letter, myself and the signatories highlight our intention to support the event organisers in managing a safe and entertaining event and ultimately, preserve the future of Notting Hill Carnival for many years to come. However, to truly achieve this, we ask that the Mayor and MOPAC clarify who is ultimately responsible and accountable for Carnival. In addition, we also ask that the Mayor and MOPAC provide immediate support to the Notting Hill Carnival Trust, in order to make them a viable and sustainable event organiser.
- 3.3 On the 17th January 2017, the Police and Crime Committee at the GLA published its report after launching an investigation into Carnival. The Council

submitted a response to this investigation and many of the points raised in our submission, have been reflected in the final report, i.e. the call for clear accountability, the need to support the Notting Hill Carnival Trust.

#### **4 London Police & Crime Plan**

- 4.1 The Police & Crime Plan is currently out for consultation and officers are working through the plan, in detail, to prepare the Council's response. Initial considerations are mixed, but we welcome a move towards local priority setting and the removal of the MOPAC 7 crime targets. The Plan also discusses new Basic Command Unit (BCU) pathfinder sites and the One Met Model 2020, which will introduce a series of 12 proposed BCU's across London. This includes the proposal to merge Westminster's BCU, with Kensington & Chelsea and Hammersmith & Fulham.
- 4.2 Officers will continue to analyse the detail of the London Police & Crime Plan and any subsequent announcements made by MOPAC and the Police. I will ensure that Westminster's unique experience is highlighted and firmly put forward; our submission to the consultation will be made by the 23<sup>rd</sup> February 2017.

#### **5 Licensing Charter**

- 5.1 Significant progress has been made with the development of the Licensing Charter and particularly the Leicester Square pilot area, following discussions with the Heart of London Business Alliance and Members (HOLBA). A draft proposal is currently being worked on, which will later be presented to a full range of licensed premises in the coming months. The feedback from this proposal will then be used to finalise the draft proposition.
- 5.2 On the 30th of November 2016, the Licensing Committee agreed to endorse proposals for the Council and its partners to explore innovations in policy, for example:
- Draw in and coordinate support from voluntary schemes, such as Drinkaware Crew and Street Pastors.
  - Provide training to premises on how to deal with potential dangerous or damaging situations e.g. major security incidents and managing vulnerability through intoxication, drugs or other factors.
  - Identify problem premises through the use of a wider range of factors, rather than crime data solely.
  - An enhanced compliance support offer, which will enable premises to address issues in partnership with authorities, rather than the need for expensive enforcement action.
  - Flexibility and exemptions for compliant premises, in the event of any future implementation of the Late Night Levy.

## **6 Begging & Street-based ASB**

- 6.1 In the run-up to the busy holiday period in December, a series of operations were arranged to target begging and street-based ASB across the City, including; Oxford Street, Mayfair, Strand and Whitehall, Covent Garden, Marylebone High Street, Queensway and Victoria. These have been joint deployments with the Police and local City Inspectors. Victoria BID security has also been joining teams on operations, which fall within their footprint. The operations have been intelligence-led and enforcement-focussed, utilising Community Protection Notice (CPN) and highways legislation, with a view to making arrests for those found breaching.
- 6.2 Approximately 30 rough sleepers have been engaged by City Inspectors, alongside Safer Neighbourhood Teams. Eight contacts have resulted in social care and signposting interventions and City Inspectors are working with Veolia to remove any associated waste.
- 6.3 A new protocol agreed with the Police, whereby those breaching CPNs would be subject to targeted arrests, has proved successful during a deployment in Marylebone. During an operation on the 8<sup>th</sup> December, one prolific individual continued to beg despite being subject to a CPN. The offender was consequently arrested for breach of CPN, then detained and deported back to Romania. During the first 2 weeks of the operations, there have also been:
- 2 verbal warning
  - 11 CPN formal warnings
  - 1 CPN
- 6.4 The team is also working closely with hostels and day centres, should any of their clients be found to be engaged in crime or ASB. This is to ensure that social care is balanced with enforcement and care plans can be adjusted accordingly.

## **7 New Year's Eve**

- 7.1 The City Inspector service provided a significant presence during the New Year's Eve celebrations, working in conjunction with the Police. Inspectors focused on tackling illegal street trading at the event and saw 6 unlicensed forecourt interventions and 10 seizures at the event. Goods seized included a peanut trolley, 3 hot dog trolleys and 2 trolleys containing soft drinks. The City Inspectors also dealt with ticket touts, prosecuting three individuals. Lastly, City Inspectors participated in the cleansing operation, by acting as a liaison between Veolia, the event organiser and the police. This ensured a smooth re-



opening of the roads after the event and the safety of road users during the cleansing operation.

- 7.2 There was also an incident at the Rah Rah Rooms, Piccadilly, over the festive period. Three individuals were stabbed at the premises and as a result, the police called for an expedited review of their licence, which has subsequently been suspended pending a full review.

## **8 Westminster Cathedral Piazza**

- 8.1 There have been concerns raised by residents and members regarding the increase in rough sleeping and ASB in the Cathedral Piazza area. A neighbourhood meeting was held at the Passage on 6<sup>th</sup> December to discuss these concerns and agree an approach to tackling the issues identified. As a result of this meeting, the following steps are being taken to reduce problematic activity in the area:

- An agreement by a local hostel to disqualify anyone who is found bedding down in this area from access to its services.
- Regular patrols, by City Inspectors, who have been advised to use community protection warning notices to individuals behaving in an anti-social manner.
- Implementation of a section 35 dispersal power under the Crime and Policing Act, 2014 for when the police deem this power necessary.
- Agreement for additional cleansing of the Piazza on Mondays, Wednesdays and Fridays.
- The passage has delivered a Spice Awareness week to highlight the dangers of taking psychoactive substances.
- The council is also working with landowners to redesign some of the areas around the Piazza to reduce the levels of anti-social behaviour, for example, increased lighting.

## **9 Street Entertainment**

- 9.1 On the 24<sup>th</sup> November 2016, I chaired a roundtable discussion with street entertainers and local business representatives on the future vision for Street Entertainment in Westminster. The meeting helped identify key issues regarding the current status of Street Entertainment in the City and find an agreeable way forward that had the broad support of all stakeholders. After constructive discussions, prominent street entertainers agreed to set up Street Performers Associations (SPA) in the locations of Leicester Square and Trafalgar Square. As in Covent Garden, SPA's would provide the best forum for the local authority, businesses and street entertainers to work together and improve the provision of street entertainment in Westminster.

- 9.2 In addition to SPA's, the roundtable reached broad agreement from attendees that crowds gathering to watch street entertainers, at Oxford Circus, often lead to increased public safety issues. It was stated by street entertainers themselves that reasonable buskers would not seek to perform there. On the back of this mandate, we have implemented a more robust enforcement procedure, using CPNs to specifically target problematic buskers in the area.

## **10 Soho**

- 10.1 Following on from the community meeting held in November, a Soho ASB 'drop in' surgery was held on 6<sup>th</sup> December and attended by residents and local businesses. As a result, a number of actions are underway and a number of arrests have been made. In addition, changes to problematic phone boxes and lighting issues are being action, whilst further options are being considered to design these issues out.

## **11 Seasonal Health Interventions Network (SHINE)**

- 11.1 It has been confirmed that funding has been made available from Ofgem for Westminster to be involved in a pilot of a fuel poverty and health network. The Seasonal Health Interventions Network (SHINE) provides a holistic service that aims to reduce fuel poverty and seasonal mortality and morbidity amongst vulnerable residents. SHINE has been operating in Islington since December 2010 and in Hackney since February 2012. In that time, 13,500 referrals have been received, leading to around 60,000 interventions. It is one of the most extensive referral networks of its kind. SHINE works with partners to locate and assist such residents, with a wide range of interventions at its disposal. Most of the interventions are evidence-based and focus on: people's home environment, their financial status, seasonal health and general social support.
- 11.2 A number of organisations such as the London Fire Brigade, Thames Water, UK Power Networks, energy suppliers are already in a position to make referrals immediately. Advisors are also in a position to make referrals for Warm Home Discount, Priority Services Registers and supplier energy efficiency schemes.
- 11.3 This partnership will tie in with the Public Health related work carried out by Residential Services and complement the Warm Homes Healthy People project. The pilot is due to run until the end of May 2017.

## **12 Review of Operation Unite**

- 12.1 Operation Unite is a partnership between the City Council, Metropolitan police, Home Office Immigration Enforcement Service (HOIE) and other stakeholders to tackle key issues affecting Westminster. Operation Unite aims to tackle

longstanding issues, where previous operations and tactics have proven to be unsuccessful in delivering a long term reduction.

12.2 As a result of Operation Unite, there has been a measured success in protecting vulnerable people, reducing anti-social behaviour, criminal offences and improving the look and feel of Westminster. A full report is due in February, but key highlights to report so far are:

- There has been a 50% reduction in the number of foreign nationals sleeping rough on Westminster Streets
- With the increased focus on aggressive begging, there has been an increase of 18% in arrests for begging.
- A reduction of 23% in crime reports for theft person, combined with a 130% increase in arrests for this offence over the summer.

### **13 Halloween and Autumn ASB**

13.1 Autumn Nights is a partnership response to address the firework related ASB during the Halloween and Bonfire night period. This has increasingly become a concern during this period, with the levels of CAD (Crime and Disorder) calls received in 2015 being more than double that of 2014 (+117% ). The partnership includes officers from PPL, the Police, London Fire Brigade, Children's Services and City West Homes.

13.2 Unfortunately, despite significant preplanning and proactive patrols, Halloween and Bonfire Night saw between 50-100 youths congregating in the Lisson Green Estate and Church Street, firing fireworks at police officers, police cars, members of the public and traffic on the public highway. This activity saw a total of three police officers injured, as well as two police cars and two civilian cars put out of service. At least 25 arson attacks on City West Homes bin chambers were also recorded over this period.

13.3 This has obviously been taken very seriously and the partnership has worked together to identify the individuals involved in this incident. Utilising footage from the new police body cameras, 33 of the individuals involved have been identified. A multi-agency case conference was convened to agree activity for each individual.

The interventions now put in place are as follows:

#### **Police & Probation Interventions**

- 1 charge of Violent Disorder
- 1 charge of Assault on a Police Officer
- 1 Criminal Behaviour Order
- 3 referrals for enhanced Probation engagements

**Children's Services Interventions**

- 1 referred to Children's Services triage for targeted intervention
- 1 subject to continuing intervention due to vulnerabilities

**Housing Enforcement**

- 10 served Notice of Seeking Possession (pending legal clearance)
- 1 served Seeking Possession Order (pending legal clearance)

**Legal Letters**

- 24 City West Homes warning letter about Tenancy jeopardy if behaviour continues
- 8 City West Homes banning letter from Estates

**Joint Agency Home visits**

- 4 Police, Children's Services, City West Homes
- 2 Police, Integrated Gangs Unit, City West Homes
- 2 Police, City West Homes
- 10 to attended parenting and young person workshops

- 13.4 This highlights the potential for the partnership to tackle this type of behaviour in the future and thus, it is intended that this new partnership will have a positive impact on the levels of fireworks related ASB for 2017.

# Adults, Health & Public Protection Policy & Scrutiny Committee Briefing

**Date:** 1 February 2017

**Briefing of:** Cabinet Member for Adults & Public Health

**Briefing Author and  
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## **1 Actions requested by the Committee**

- 1.1 The most recent KPI analysis of Adult Social Care (ASC) and Public Health programmes, submitted to the Audit and Performance Committee is attached in Appendix A of this report for the Committee's reference.

## **2 Adults**

### **Better Care Fund (BCF)**

- 2.1 Continuity of the Better Care Fund Programme into 2017/18 has now been confirmed by the Department of Health (DoH); further detailed guidance is awaited. Planning for a further two years of the programme (from 2017 – 2019) is underway with national submissions expected to be returned by the end of the financial year. The BCF will need to align with the Westminster Health and Wellbeing Strategy and the wider Sustainability and Transformation Plan.
- 2.2 The mobilisation phase for the Community Independence Service, led by Central and North West London NHS Trust (CNWL) has now been completed. The Trust took up the role from the 1<sup>st</sup> November 2016 and the overall Head of Service is a now a Trust employee.
- 2.3 There has been continued progress rolling out the hospital discharge model across the West London Alliance (WLA) region, supported by funding from the DoH and participating boroughs. Following completion of Phase 1 of the programme that co-located ASC staff from Westminster, K&C, H&F, Brent, Ealing and Hillingdon across 7 hospital sites, Phase 2 of the Programme has now started and will run through 2017. This phase is focused on establishing common processes and is being supported by £300k of Department of Health funding.

- 2.4 The ASC Department has been successful in two major bids to support workforce development. Funding of £498,000 to be shared across North West London to establish a Social Work Teaching Partnership across Children's and Adults for the next two years has been awarded by the Department of Health and the Department of Further Education. This will deliver closer collaboration between Royal Holloway and Kings College (Social Care Research Unit) and University of London to improve the quality of practice and learning, including integrated working with health. The Department has also led a successful bid to become a 'fast follower' pilot to establish Nursing Associates – a new assistant level nursing role. £270,000 has been awarded to develop 20 local employees working as health care assistants, rehabilitation carers and home carers to become nursing associates. This pilot is aligned to our wider ambitions for hybrid working and to develop career pathways for front line carers. The pilot will be delivered alongside a second successful bid led by Imperial NHS Trust and our joint education partner Buckinghamshire New University.

### **Christmas Events**

- 2.5 On Christmas Day, the Council supported and promoted a Christmas lunch hosted by our partner organisation Everyone Active Events. Local people who would be alone at Christmas were invited to the free event at Porchester Hall in Bayswater. The entertainment included a 3 course meal, followed by Christmas carols, films and a raffle. Priority entry was given to people aged over 65 or unpaid carers in Westminster and some 250 people attended on the day.

### **Home Care**

- 2.6 100% of customers have now transferred to the new home care providers in the first 3 patches. The recently awarded final patch has 334 customers, of which approximately 125 customers still need to be transferred over - the rest will be moved over between January 2017 and March 2017. Therefore, overall transfer of customers within Westminster (for all 4 patches) is currently at 80.2% and it is expected that all customers (100%) will have been transferred by March 2017.
- 2.7 Comprehensive monthly contract meetings are being undertaken with all 4 providers who are reporting on a weekly basis to the Commissioning and Contracts Team.
- 2.8 So far there are 488 customers (7,614 hours) out of 1,165 customers (17,831 hours), who have opted for a Direct Payment in Westminster; this accounts for 41% of total customer hours.

### **Inter-generational Initiatives**

- 2.9 We are continuing to explore the feasibility of developing an intergenerational facility as part of the SHSOP new build programme and early discussions have been held with the Chief Executive of the London Early Years

Foundation. More detailed work, including the development of a full business case, will be required before any decision can be made.

2.10 The Council encourages intergenerational initiatives across all of our older people's homes. Examples include:

- Athlone has good links with St Peters junior school with regular activities for Easter, Christmas and National Day of Older People.
- Garside has a Befriending Service set up with both Westminster and Greycoat schools. 15 students come in for an hour at a time throughout the week to have a cup of tea and chat with residents.
- Carlton Dene has an Education Business Partnership which offers work experience placements. This includes students both under and over 16 years old. Schools involved include St George's, St Augustine's, Westminster Academy, Quintin Kynaston, Grey Coat, Paddington Academy and Adelheid Gymnasium; Garden Parties and Winter Parties with students from the Minerva Academy a regular adult interactions with representatives from a range of faith providers including St Augustine's, Emmanuel Church and Legion of Mary Theresa.
- Westmead and Butterworth have a range of activities with adults and older adults (e.g. faith groups, art groups, pet therapy) and are working on establishing activity with younger adults.

### **Mental Health Day Services Consultation**

2.11 Following our joint consultation about changes to our mental health services, officers and health colleagues are continuing to develop a specification for the new service that integrates with secondary and primary care mental health provision within the borough. This is a highly critical service and work is ongoing with service users and stakeholders to design the new service. A number of co-design workshops have taken place about developing the new service with further co-design events including a second market day taking place during January and February 2017. Through the proposals, we aim to reach more people, achieve better outcomes and create efficiencies.

2.12 The proposals are to replace underused existing day centres with a more flexible and tailored support service which focuses more on early intervention and recovery. Assurance has been provided to current service users that no change will be made to current arrangements until other services are in place. A provider has been appointed to support current service users' transition to a more personalised service and to support their on-going needs. This will include providing peer support groups and "safe space drop-ins". This will ensure that people who have had multiple relapses and who find accessing mainstreams services very challenging or are transitioning from hospital to GP care can easily access support; at different times, in the community and at a range of locations. The proposals also give people increased choice and control of their mental health services through use of personal budgets.

## **Specialist Housing Strategy for Older People (SHSOP)**

- 2.13 The Council is progressing with the redevelopment of Beachcroft House to provide 84 bedrooms suitable for a variety of types of care for older people and 31 private residential units that will be sold on the open market to cross fund the development.
- 2.14 The design of the care home has progressed well and resulted in a planning application being submitted in November 2016. Residents were consulted prior to the submission of the planning application and further consultation events are proposed for early 2017.
- 2.15 The SHSOP work will remain in Cllr Robathan's portfolio following the Cabinet re-shuffle.

## **3 Public Health**

### **0-5 Health Visiting and Family Nurse Partnership (FNP)**

- 3.1 The current contract with Central London Community Healthcare (CLCH) runs until 30<sup>th</sup> September 2017. The Health Visiting and FNP services are part of a collaborative commissioning programme and key officers from Public Health, Children's Service Commissioning and procurement teams are working together for the effective re-commissioning of services for children aged 0-5 (Health Visiting and Family Nurse Partnership) from 1<sup>st</sup> October 2017. This collaborative approach is enabling whole system planning in the context of the development of the Family Hubs and the restructure of the Public Health Directorate.

### **5-19 School Health Service**

- 3.2 The contract for the school health service has been awarded to a new provider Central and North West London NHS Foundation Trust (CNWL). Public Health and Children's Services are working closely together on the mobilisation of the service with the current and new providers to ensure safe transfer and continuity of service for schools, children and families. The new service will commence on 1<sup>st</sup> April 2016.

### **Advice Services**

- 3.3 The review of Public Health advice services is still underway, with a view to bringing the remaining services under the scope of Corporate Advice services or where, and if relevant, under the Voluntary Sector Support Service or the provision of services for Older People under the umbrella of Older People Hubs.

### **Childhood Obesity**

- 3.4 The Tackling Childhood Obesity Team (TCOT) is looking to further develop and strengthen its engagement with other council areas to accelerate progress



on the programme. Proposed activities such as an increase in providing drinking water and a social supermarket are still being proposed but the aim of the partnership is to establish an on-going relationship with specific areas of the council alongside targeted activities to reduce childhood obesity.

- 3.5 An additional 13 businesses have been signed up to the health catering commitment which aims to educate businesses in the nutritional property of food and offer simple changes to make the food they serve healthier.
- 3.6 The team is working with the NHS to design and facilitate My Time Active training for non-clinical workforce members, a GP surgery and on neighbouring estates.
- 3.7 18 primary schools are participating in the MEND in schools programme from September 2016.
- 3.8 One year on the family healthy weight services provided by My Time active are making great progress in engaging the population and are highly rated by residents. The food growing and gardening project is engaging further schools and estates in order to set up new plots. Westminster successfully took part in the pan-London initiative, The Great Weight Debate. The initiative encouraged residents to get involved with local events and to complete a survey to tell us how families and children can lead healthier lives.

### **Community Champions**

- 3.9 The Community Champions programme comprises 5 Community Champions projects and a Maternity Champions pilot project. All 5 projects are delivering well. There has been good collaborative work with housing, particularly with City West Homes, Peabody and Sanctuary housing.
- 3.10 In quarter 2, 85 Champions have delivered over 30 weekly activity sessions and have involved 9,385 residents in activities, health campaigns and fun days.
- 3.11 The Community Champions conference, on the theme of Ways to Wellbeing, took place on 24<sup>th</sup> November. 230 people attended and discussed different approaches to wellbeing, highlighting joint and individual actions to be taken in the coming year. A film on the conference will be available shortly.
- 3.12 All the projects have been actively engaged with winter warmth campaigns, reaching out to residents about how to stay healthy and warm in winter, running activity groups for older people and working closely with City West Homes and housing associations to support residents to improve their health.

### **Integrated service design update**

- 3.13 Work continues on redesigning the behaviour change services into a single more integrated healthy lifestyle service. The services in scope include the Health Improvement and Exercise Referral services. A needs assessment has been completed, literature reviews on digital services and integrated services

have been completed, and best practice models of integrated services have been collected from other areas. Providers have been consulted about their experience of integrated services and a business case is being developed. Social Impact Bonds are being explored, as well as the Life Chances Fund.

### **Oral Health Campaign**

- 3.14 Tooth decay is the leading cause of hospital admission for 1-9 year-old children in Westminster, so the council is actively exploring ways that we can make the oral health campaign much more effective. Cllr Iain Bott has agreed to continue working with the new Cabinet Member on this after the reshuffle.

### **Prioritisation Framework**

- 3.15 Going forward, if the Council is to achieve significant improvements in population health outcomes in the current economic climate, choices need to be made about how best to allocate Public Health resources to specific programmes or work/ services. In order to support these decisions, the Public Health team is in the process of developing and testing a prioritisation framework. If successful, the prioritisation framework will enable the following:
- i. A comparison of services (including existing and proposed services) across a range of dimensions (including health impact; finance; implementation; population coverage and strategic fit);
  - ii. Identification of gaps in service provision for prioritised Public Health outcomes. In order to identify gaps in service provision each service/ programme can be 'tagged' to a list of priority health outcomes (determined by national guidance, Council strategy, Health and Wellbeing Board strategy, STP etc.). An assessment of how each borough is performing against each of these priority health outcomes forms another element of the prioritisation framework;
  - iii. Prioritising collaborative programmes of work across Council departments (e.g. obesity prevention, healthy homes etc.)
- 3.16 If the tool is successful, this will be used to inform 2018/19 resource planning.

### **Sexual Health**

- 3.17 The award of contract of the re-designed Adults Community Sexual and Reproductive Health Services is now being progressed with the successful providers. Exit planning is being progressed and a series of service user and stakeholder meetings are taking place to ensure a smooth transition to the new services. The new HIV and sexual health support services (Lot 1) will be provided through a consortium called "WISH" and the community based clinical sexual and reproductive health services will be provided through CNWL NHS Foundation Trust.
- 3.18 There are ongoing delays to finalising the procurement of the integrated Genito Urinary Medicine (GUM) Sexual and Reproductive Health (SRH) service. As previously reported, the delays are linked to the London Sexual

Health Transformation Programme and the interdependencies across London, including the procurement of the London wide web based sexual health screening initiative. These services are mandatory for us to provide and although we are still focussed on achieving successful completion prior to the end of this financial year we will need to make a direct award of contract for part of 17/18 to ensure we can manage the transition to a new service model. There continues to be interest in this very high profile procurement as we host the busiest units in London that attract the most high risk and vulnerable cohorts from outside the borough.

### **Staff Re-Structure**

- 3.19 Public Health's operating model needs to be re-designed to ensure the three Councils can maximise impact on population health whilst also meeting its savings targets for the medium term.
- 3.20 The re-structure will deliver a new service operating model and culture that provides more visible leadership and governance for each programme of work and a more collaborative model of working with other Council departments, particularly Children's and Adult Social Care.
- 3.21 The new structure will be in place from 1 April 2017, following a formal consultation period with staff and unions which began in November.

### **Substance Misuse**

- 3.22 The number of individuals entering residential detox and rehabilitation has continued to rise following improvements in the referral pathways. Parental Substance misuse training is being offered and is being provided as a joint initiative between Children's and Public Health. This has supported increases in referrals to formal treatment and rehabilitation. This training programme will be developed further as trends change.
- 3.23 The annual survey of stakeholders was carried out during October through to mid-November. The outcome was positive about aspects of the new model, most notably the regular work in hostels being a real benefit. Areas of further improvement were also raised with a clear message that the new service started out with a too rigid approach and not accommodating requests for more proactive and nuanced engagement dependent on an individual needs and circumstances. Action plans are being monitored closely to ensure that area that require improvement are being addressed
- 3.24 The evaluation of both the specialist Group Work Programme and Primary Care Support Service is near completion and the initial recommendations indicate that significant changes are needed to both. It is intended to recommend that those elements of both programmes shown to have demonstrated positive impact on outcomes be embedded into the main core provision. It is also intended that we work jointly with GPs and CCGs to identify improvements we need to make in the way primary care services are

supported to deliver to those service users that continue with their treatment from within primary care settings.

### **Supported Employment**

- 3.25 Through the Specialist Employment Broker based in Cross River Partnership, 33 individuals have progressed closer to employment this financial year. 16 people have been supported into employment opportunities with a further two pending for January 2017. A further 10 people have been supported into paid employment.
- 3.26 Recent employer developments include:
- Café in the Crypt, St Martin-in-the-Fields – The Specialist Employment Broker is now the first contact for any recruitment needs. Screenings and preparation sessions are running regularly for a variety of roles and hours.
  - Royal Opera House – Regularly recruiting for Front of House positions and engaging the employer in discussions regarding changes to their recruitment process to make it more accessible to those with health barriers. Recently secured first paid ‘back of house’ position, widening the types of roles available to the cohort.
  - Westminster Council – two IT work placements have been arranged within the council. Further discussions have been held with Legal services.
- 3.27 Of the 33 people supported, the average length of unemployment is 2 years although there are residents who have been out of work for ten years plus. Common issues faced by the cohort supported include mental ill health such as anxiety and Schizophrenia, and also learning disabilities (dyslexia, dyspraxia and on autism spectrum).

## **4 Health and Wellbeing Board**

- 4.1 The Health and Wellbeing Board held an extraordinary meeting on 13 December to review and approve the commissioning intentions of NHS Central London and NHS West London Clinical Commissioning Groups (CCGs) for services in Westminster. It is the statutory responsibility of Health and Wellbeing Boards to approve CCG commissioning intentions and provide a statement confirming that they take the Health and Wellbeing Strategy into account. Following extensive feedback from the Board, the two CCGs circulated a revised document for Board member to review. The Board approved the commissioning intentions as properly taking into account the Health and Wellbeing Strategy for Westminster 2017-2022. The approved document, with a minute that states this approval, will be shortly posted on the Health and Wellbeing Board webpages.
- 4.2 The Health and Wellbeing Board is next meeting on 2 February and will be discussing the implementation of the Health and Wellbeing Strategy, Health and Wellbeing Hubs and delegated primary care commissioning powers to local Clinical Commissioning Groups.

## **Health and Wellbeing Strategy for Westminster 2017-2022**

- 4.3 The Health and Wellbeing Strategy for Westminster 2017-2022 was published on 15 December 2016. An underpinning joint implementation plan, which will link the sub-regional STP work to the local strategy, is currently being developed by Westminster City Council and Central and West London Clinical Commissioning Groups. The plan will be reviewed by the Health and Wellbeing Board at its meeting on 2 February. The delivery plan will draw in external partners and providers such as Citywest Homes and Westminster voluntary and community sector organisations and will be set out by themes and delivery areas rather than by organisations.

### **Hubs**

- 4.4 The Health and Wellbeing Hubs Programme was born out of a desire to develop new models of care that provide better access to preventative services and make more effective use of our assets to improve people's quality of life and reduce reliance on costly public services.
- 4.5 The Health & Wellbeing Board has initiated three areas of work within the programme which focus on older people (Older People Hubs), children and young people (Family Hubs) and adults with complex needs (Newman Street) to test new models of care for these groups with a view to informing the wider strategic intentions and planning underway through the North West London Sustainability and Transformation Plan (STP).
- 4.6 Regular updates are brought to the board on the progress made delivering these areas of work.
- 4.7 Since the last update to the Health & Wellbeing Board a key area of focus for the 'hubs' work has been the interplay with the council's Corporate Property estate and our future strategy for use of those assets. Building on the initial thinking presented to the Board in December, the emphasis is now on understanding how we can develop future proposals for use of space which are operationally fit for purpose and meet local need, while also delivering efficiencies – not just financially but also in process terms, with more integrated delivery models and improved access to preventative services.
- 4.8 Following an initial audit of existing assets the council's commissioned provider, BNP Paribas, is beginning work on its final report which will generate specific proposals for reconfiguring and rationalising the physical space used by our services. Officers from Policy, Performance and Communications are working together with Corporate Property colleagues and BNPP themselves to shape this piece of work and support the identification of specific opportunities in the areas of service at the heart of the 'hubs' agenda (i.e. services for families with children 0-19, to be provided via Family Hubs, and services for Older People).
- 4.9 Alongside this, work continues on developing the Family Hubs model with key work streams around design, communications, partnership development and

monitoring/evaluation now defined. Health Visitors will have a central role to play in the integrated Family Hubs model, so the council's commissioning approach for this contract is being looked alongside and in context with hubs vision. Progress also continues on optimising the existing Older People's hubs, with a meeting scheduled to move forward joint work with City West Homes. Attention is also shifting to the re-procurement of the older people's services contract, which comes to an end in July. A strategic approach is being taken to this, with a multi-stakeholder group involving ASC, Public Health, Housing and Libraries, as well as CCG partners, being convened to work collaboratively on the specification and tender process. The intended result is a contract which enables a blended service offer which makes the most of council, VCS and health partner contributions.

- 4.10 The Hubs work will remain in Cllr Robathan's portfolio following the Cabinet re-shuffle.

## **5 Health**

### **The North West London Sustainability and Transformation Plan (STP)**

- 5.1 In December 2015, NHS England outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward vision of better health, better patient care and improved NHS efficiency. This will help drive genuine and sustainable transformation in patient experience and health outcomes over the longer-term. Westminster City Council and our health partners, the Central London and West London Clinical Commissioning Groups, are part of the North West London locality.
- 5.2 The Health and Wellbeing Strategy for Westminster 2017-2022 (published on 16 December 2016) was developed in parallel with North West London STP since January 2016. The Health and Wellbeing Board agreed in January 2016 that the strategy would act as the local delivery plan for the STP and accordingly the main themes of both documents have been linked – specifically on the themes of prevention, early intervention, developing and maintaining high quality service for people, and improving mental health and wellbeing for adults and children. Westminster has also been leading on the finance work stream of the STP for North West London.
- 5.3 In June, the North West London STP leaders submitted a 'check point' document on behalf of the health and local authority signatories to NHS England to obtain feedback on the content and direction of the STP. The document received positive feedback and it is hoped that it will attract transformation funding to help implement the STP. The second iteration of the STP was published on 21<sup>st</sup> October 2016 and can be accessed here:<https://www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps>.

- 5.4 On 6 December 2016, the NHS published the North West London Implementation Business Case (ImBC) for the capital investment needed to effectively deliver high quality health services for residents across primary care, the community and acute hospitals. The ImBC is primarily a technical document which sets out the capital investment will help to close the three “gaps” (health and wellbeing, clinical and financial) which the STP aims to close. The ImBC and will now be subject to a scrutiny and approvals process involving NHS England, NHS Improvement and the Treasury before any decision is made.
- 5.5 Work on shaping the North West London STP and the out of hospital strategy continues, particularly around estates and finance.

**If you have any queries about this report or wish to inspect any of the background papers please contact Lucy Hoyte x 5729 [lhoyte@westminster.gov.uk](mailto:lhoyte@westminster.gov.uk)**






## Appendix A – KPI analysis of Adult Social Care and Public Health programmes

### Key Service Performance Indicators

The table provides an assessment of the Key Service Performance Indicators. Detail has been provided for all indicators failing to meet targets. Please note figures reported are for April to September 2016, unless otherwise indicated.

Performance Indicator	2015/16 Performance	2016/17 Target	Quarter 2 position*	RAG Rating	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Jul 16 – Sep 16</i>	<i>Red, Amber, Green</i>	<i>Perf vs. last year</i>
<b>Performance Indicators flagged for attention:</b>					
<b>Adult Social Care</b>					
 Percentage of carers receiving an assessment or review	<b>87%</b>	90%	<b>33%</b>	<b>Amber</b>	Improving
<b>Reason for underperformance and mitigation:</b> Carers assessments are slightly behind target for August (38%) because many assessments carried out in the previous year were carried out in the latter part of the year, hence too soon to carry out another review. Performance is greatly ahead of performance this time last year. The percentage will rise faster over time					

<b>Performance Indicators on track to achieve targets</b>					
<b>Adult Social Care</b>					
Proportion of adults with a learning disability known to ASC in paid employment	7.4%	7.5%	<b>6%</b> (25/392)	<b>Amber</b>	Stable
Proportion of adults in contact with Mental Health services in paid employment	6.6%	6.6%	<b>7%</b> (66/919)	<b>Green</b>	Stable
Percentage of people completing re-ablement who require a long-term service	28%	28%	<b>25%</b> (87/347)	<b>Green</b>	Stable
Total number of new permanent admissions to residential care of people aged 65 years and over	46	46	<b>14</b>	<b>Green</b>	Stable
Total number of new permanent admissions to nursing care of people aged 65 years and over	53	53	<b>17</b>	<b>Green</b>	Stable
Adults receiving a personal budget to meet their support needs	92%	90%	<b>90%</b> (1483/1634)	<b>Green</b>	Stable, same as last year
Delayed transfers of care, acute days attributed to social care (cumulative)	1,002	924 (308 Apr - Jul)	<b>260</b> (Apr-July)	<b>Green</b>	Improving on last year

Performance Indicator	2015/16 Performance	2016/17 Target	Quarter 2 position*	RAG Rating	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Jul 16 – Sep 16</i>	<i>Red, Amber, Green</i>	<i>Perf vs. last year</i>
<b>Public Health</b>					
<b>Service Commentary:</b> Public Health performance indicators all have a lag reporting time of between 2 months to a year. However all indicators have been reported as being on track and to achieving their targets. The most up to date figures have been provided within the table.					
<b>Percentage of children who received a 2-2.5 year review</b>	53.1% (in Q1 15/16)	Q1 Target: 390 (69%)*	<b>70%</b>	<b>Amber</b>	Improving
<b>Number of residents reached through community champion activities</b>	13,228 (global figure for all activity)	Target to be confirmed	<b>3059</b>	<b>Green</b>	Improving
<i>* Annual data</i>					
<b>Number of NHS health checks taken up by eligible population</b>	7,784	8,330	<b>1,637 (Qu1)</b>	<b>Green</b>	Stable
<b>Stop Smoking Services – number of 4 week quits</b>	1,467 (full year)	345 (at end Qu 1)	<b>314 (Qu1)</b>	<b>Green</b> (based on profile)	Stable



## Adults, Health & Public Protection Policy & Scrutiny Committee

<b>Date:</b>	January 2017
<b>Classification:</b>	General Release
<b>Title:</b>	MOPAC funding & Proposals for Metropolitan Police Basic Command Unit changes
<b>Report of:</b>	Sara Sutton: Director Public Protection & Licensing
<b>Cabinet Member Portfolio</b>	Public Protection and Licensing
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Community Safety
<b>Report Author and Contact Details:</b>	<b>Report Authors</b> <b>Mick Smith x4252</b> <a href="mailto:msmith@westminster.gov.uk">msmith@westminster.gov.uk</a> <b>Head of Community Safety</b>  <b>Angela Lambillion x5753</b> <a href="mailto:alambillion@westminster.gov.uk">alambillion@westminster.gov.uk</a> <b>Commissioning Manager</b>

### 1. Introduction

- 1.1. The new London Police & Crime Plan and our own Strategic Assessment make a number of proposals to shift the focus of the Safer Westminster Partnership over the next two – four years.
- 1.2. The plan has shifted from setting crime reduction targets to working closer with police and local authorities to set priorities that are relevant to local communities whilst ensuring that the highest harm crimes are prevented and the most vulnerable people are protected.
- 1.3. Alongside this MOPAC have announced a fresh approach to allocating London Crime Prevention Funding (LCPF), which to date we have relied heavily upon to commission services in support of our priorities.
- 1.4. The Police & Crime Plan discusses new Basic Command Unit (BCU) pathfinder sites and the One Met Model 2020 introduces a series of 12 proposed BCU's across London, including the proposal to merge Westminster with Kensington & Chelsea and Hammersmith & Fulham.

- 1.5. This paper will focus on MOPAC funding and potential BCU mergers.
- 1.6. The Police & Crime Plan is currently subject to consultation and officers are working through the plan in detail and preparing a draft council response that will need to be submitted prior to the 23<sup>rd</sup> February 2017. Initial considerations are mixed but we welcome a move towards local priority setting and removal of the MOPAC 7 crime targets.

## **2. Key matters for the Committee's Consideration**

- 2.1. That the committee notes proposals submitted to MOPAC for spending the allocated LCPF funding.
- 2.2. That the committee notes and discusses proposals for new Metropolitan Police BCU's and their impact on Westminster.
- 2.3. The committee notes the Police & Crime Plan consultation timeline response.

## **3. Strategic Assessment recommended priorities**

- 3.1. With the current SWP Strategy coming to an end in 2017, a full Strategic Assessment has been produced to analyse a variety of data sources to identify the key crime and anti-social behaviour issues affecting the borough. The assessment as attached in the appendix to this paper.
- 3.2. The Strategic Assessment recommends that the new SWP Strategy focuses resources on the following priorities:
  - 3.2.1. **Early intervention** – evidence shows young people are at an increased risk of becoming victims or offenders of crime and early intervention has had a significant impact upon reducing the number of first time entrants into the criminal justice system. Expanding the remit of the Integrated Gangs Unit could include work done with both under and over 18's who are leaving custody and returning to the community, specifically young people 25 and under who are at an increased risk of becoming both victims and offenders of crime through serious youth violence and / or drugs offences.
  - 3.2.2. **Repeat Victims** – reducing repeat victimisation should be at the heart of any action taken to work with victims, as we know previous victimisation is the single best predictor of victimisation. Whilst we provide support for some victims, i.e. domestic violence, ASB and missing children this is not the case for all.
  - 3.2.3. **Prolific offenders** – a small proportion of offenders are responsible for a significant volume of crime. The number of adult re-offenses in Westminster is one of the highest across London. Resources need to be targeted towards these prolific offenders to address their criminogenic needs centred on support with substance misuse and accessing accommodation.
  - 3.2.4. **High crime locations** – nearly one third of crime within Westminster is located within 2% of the borough i.e. the West End. Targeting resources in this area will have a significant impact upon reducing the volume of crime across Westminster.

- 3.2.5. **Counter Terrorism** – The national security threat level of International Terrorism remains at severe, meaning an attack is high likely therefore it would be prudent to retain countering terrorism and radicalisation as a priority of the SWP.
- 3.2.6. **Vulnerable locations** – Developing area based work in the most vulnerable wards namely Church Street and Queen’s Park would enable resources to be directed towards the most vulnerable communities in the borough. This would help to address the area’s poor sense of community cohesion.

#### 4. Policing & Crime Plan

- 4.1. The Police & Crime Plan has been drafted for comment and reflects the Mayor’s manifesto and priorities for making London a safer city for all Londoners. The priorities included need to be considered as they influence how the London Crime Prevention fund is allocated and can be spent.
- 4.2. The plan has shifted from setting crime reduction targets to working closer with police and local authorities to set priorities that are relevant to local communities whilst ensuring that the highest harm crimes are prevented and the most vulnerable people are protected. The three issues of highest concern and harm are identified as;
- **keeping children and young people safe** - Every child and young person in London should be able to grow and reach their potential free from the danger of crime and violence. While the majority of young Londoners continue to feel safe, there are a significant number who do not.
  - **tackling violence against women and girls** - Violence, abuse and harassment should not be part of everyday life for women and girls in our city. We want to challenge the culture of acceptance that this is just something that women and girls should have to tolerate, and make sure that real action happens when these offences occur.
  - **standing together against extremism, hatred and intolerance** - London is rightly famed as a city where people from every background and walk of life can live in freedom and tolerance. That tolerance and willingness to embrace difference is precious, and we are determined to protect it from those who would seek to undermine it.

Supported by:

- **A better police service for London** – giving local areas greater control of local police priorities and ensuring that police and councils are focussed on the issues of greatest concern in their areas and that serious, high-harm, high-vulnerability crimes that are a priority for London are not overlooked
  - **A better criminal justice service** – criminal justice should be a service, not a system. The best interests of victims – the people it exists to serve – must be at its heart
- 4.3. There is clear alignment between our proposed community safety priorities and the new police & crime plan priorities however, a change in the way LCPF is distributed and important differences between our current priorities means we need to review the way we use these funds.

## **5. Westminster LCPF proposals**

### *MOPAC Funding*

- 5.1. In 2013 MOPAC launched the London Crime Prevention Fund (LCPF), a four year fund with a value of over £70 million to enable local areas to prevent crime, support safer communities and to reduce reoffending. The fund was created by bringing together previously disparate national and regional community safety funding into one place. From 2014/15 the LCPF came out of the main policing grant.
- 5.2. Despite significant pressures on the overall policing grant, there is a commitment from the Mayor and Deputy Mayor to sustain overall funding levels for the LCPF budget over the next four years, commencing in 2017/18.
- 5.3. However, 2017/18 marks the start of a new approach to LCPF. Boroughs have been given specific allocations based on a new formula which takes into account crime levels, vulnerability and harm.
- 5.4. At the end of November 2016, MOPAC confirmed the specific funding allocations for boroughs for 2017/18 and 2018/19, with an indication of what the funding allocations for 2019/20 and 2020/21 will be.
- 5.5. Westminster's funding in year 1 of the new LCPF period (2017/18) will remain the same as 2016/17 but funding will be reduced by 56% from year two, this is as a result of funding being redistributed to uplift boroughs previously allocated less whose needs/vulnerability and demands have increased.
- 5.6. Furthermore, in year 2, 30% of the London LCPF fund will be set aside to create a pan London commissioning pot, which boroughs will have to bid into.
- 5.7. Proposals to spend Westminster's allocated LCPF funding for the first two years (2017/18 & 2018/19) were submitted to MOPAC on 23<sup>rd</sup> December 2016 aligning with the new MOPAC priorities outlined in the draft Policing and Crime Plan noted under paragraph 4.
- 5.8. As noted above, the strategic assessment, produced in October 2016, analysed a variety of partnership data sources and identified the key crime and anti-social behaviour issues affecting the borough. This has been used to inform the funding proposals submitted.
- 5.9. Given the timescales within which we had to respond to MOPAC setting out our spending plans for the next two years, and the scale of changes taking place over the next year including implementing the review of youth offending services, and the likely merger of Police command units, our approach to transitioning across to the new LCPF allocation is to;
  - Maintain existing provision in so far as possible, while reviewing our approach to ensure we are still getting good value for money and positive outcomes; and
  - Take the next 12-months to carry out a more thorough review of provision against each of our strategic priorities to ensure we are implementing best practice and to bring spend in line with our overall budget, making best use of all available resources.

- The strategic assessment identified opportunities to join up with other areas of services where there are overlaps with vulnerable young people cohorts in terms of the cohorts and/or approach to interventions. We have begun to review how better to integrate our services to improve co-ordination of resources and identify other funding and co-commissioning opportunities in conjunction with our Youth Offending Service who are currently under review and police BCU proposals may present further changes.

5.10. At this stage information on the co-commissioning pot, the criteria and approach to bidding, is limited. Further details will be made available in February 2017. The review of services will need to be completed in early 2017 to allow sufficient time, if any co-commissioning is to occur, to take account of multiple borough service sign off and procurement processes to prevent any gap in service provision.

5.11. The table below shows the allocation of funding for Westminster for the next four years. Of note; only 2017/18 and 2018/19 are guaranteed. Whilst we are able to move funding between the first two years, we need to transition to our new funding allocation by year three of our agreement.

Year	Funding allocation
2017/18	£1,071,006
2018/19	£473,766
2019/20	£473,766
2020/21	£473,766

5.12. Our proposals include using our LCPF funding to focus on the following three MOPAC priorities;

#### 5.13. **Children and Young People**

5.13.1. We propose to continue to fund a variety of roles within the Integrated Gangs Unit that have been evidenced to have impacted upon reducing offending amongst this small cohort who pose the greatest risk of harm to themselves and others through drugs and associated violence.

5.13.2. We will continue with funding a youth resettlement worker who works with young offenders sentenced to custody or on remand in custodial institutions to improve; employment training and education, resettlement back in the community, support through mentors and providing a whole family approach.

#### 5.14. **Violence against women and girls**

5.14.1. We will continue to fund the Tri-borough frontline service provision through our contract with Angelou. Angelou is delivered by a consortium of nine specialist service providers who deliver a service-user centred, risk and needs-led approach via combined expertise, co-location and shared specialisms. They provide a range of services to support adults and young people, children and families who are victims or affected by gender based violence including but not limited to: domestic abuse, sexual violence and assault, stalking and harassment and harmful practices.

#### 5.15. **Wider criminal justice system**

5.15.1. This bid focused upon reducing re-offending and anti-social behaviour. The landscape has changed significantly since the previous Tri-borough arrangements were put in place and whilst the plan is to provide a continuity of service to the most

prolific offenders, the approach will be streamlined and we will be moving away from a Tri-borough delivery arrangement.

- 5.15.2. The new approach in Westminster will focus resources where we can have maximum impact, based on lessons learned in the last four years.
- 5.15.3. We will continue to fund key workers but in order to significantly reduce management costs, the roles will be amalgamated into the Tri-borough Drug and Alcohol Wellbeing Service. Embedding the workers in the substance misuse service will strengthen the links between the two services, which will be key to addressing the cohort's substance misuse issues identified as the principle driver to offending in Westminster.
- 5.15.4. We will continue to offer support to victims of crime and ASB to enable more effective enforcement actions to take place to manage priority offenders through the use of Housing and Criminal Behaviour Orders tied to a new set of victim focused ASB Policies & Procedures.

## **6. BCU Proposals**

- 6.1. MOPAC's draft Police & Crime Plan is currently subject to consultation and it states that MOPAC will examine how the structure of the MPS can adapt to better meet the needs of Londoners and do so in a more efficient way. Currently, the MPS has 32 policing Boroughs that reflect the same boundaries as the 32 London boroughs, each with a Borough Commander, leadership team and other specialist functions. These Boroughs currently vary in size, have different ways of doing things, and have different resources and demands.
- 6.2. The MPS is in discussions with central and east London boroughs in relation to trialling elements of the operational model, which the MPS is developing to strengthen local policing, which is known as 'One Met Model 2020'. The trials, known as pathfinder sites, are expected to involve the testing of a model for key aspects of policing, including emergency response, investigation and vulnerability that operate across borough boundaries. The proposals also include measures to align resources to meet savings targets and to target resources on priority areas.
- 6.3. The One Met Model includes the decentralisation of a range of services to hubs which will operate closer to borough level. New approaches to protecting vulnerable people and protecting young people are also proposed.
- 6.4. London Councils engagement with the process of developing the Police and Crime Plan, including discussions around BCU mergers, has been lead through senior London Councils' members and the MPS Management Board.
- 6.5. The MPS has provided draft proposals for 12 Basic Command Units (BCU's) within 'One Met Model 2020'. This includes the proposal of joining Westminster with the Royal Borough of Kensington & Chelsea and Hammersmith & Fulham.
- 6.6. There are significant concerns with the potential new BCU involving Westminster. The Police & Crime Plan discusses a move towards local priority setting and delivery within boroughs that may conflict with a larger BCU and competing demands for police resources over a much wider geographical area. Furthermore, Westminster police is the largest BCU in the UK and recognised widely for its complexity, in terms of its size, demands and uniqueness. There are significant concerns at what this will



create should Westminster police be joined with Kensington & Chelsea and Hammersmith & Fulham.

- 6.7. At this time, there are no timescales on when or how the BCU's will be progressed although within the draft Police & Crime Plan it does outline a need to review the pathfinder sites before any decision is taken on their roll out across London.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author x5753 [alambillion@westminster.gov.uk](mailto:alambillion@westminster.gov.uk)**

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# Safer Westminster Partnership

## Strategic Assessment

October 2016

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## Executive Summary

This document has been produced as a requirement of the Police and Justice Act 2006 on behalf of the responsible authorities for the Safer Westminster Partnership (SWP).

The aim of the Westminster Strategic Assessment is to identify the key crime and anti-social behaviour issues affecting the borough and to make recommendations on priorities for the SWP for 2017/18. This will be used to determine how MOPAC funds should be allocated.

When considering what to prioritise, the SWP needs to consider what is its overarching aim? Is it to focus upon reducing the volume of crime or upon reducing the cost of crime to the partnership, which is focusing upon higher cost issues such as violent crime which can have a significant impact upon the victim? Identifying the overarching aim will make it easier for the partnership to identify the priority areas to focus upon.

The analysis of community safety issues uses a problem oriented approach. Considering aspects of offending, victimisation, vulnerability and places to provide a cross cutting assessment of the strategic crime and ASB concerns in Westminster.

Nationally and locally crime has been steadily decreasing year on year and has begun to plateau. On average over the last year 134 offences have been recorded per day across Westminster. The majority (57%) are theft and handling. They make up 10% of all theft and handling offences across the Metropolitan Police Service (MPS). Whilst Westminster experiences high levels of crime 98% of residents feel safe in the general area.

Over half of all crime within Westminster is located within just two wards the West End and St James's. Similar patterns exist for other incident data from British Transport Police, Transport for London, Fire Brigade, London Ambulance Service and anti-social behaviour<sup>1</sup>(ASB). But if you look at crime at even smaller geographical areas it is even more concentrated. Just three of the 128 Lower Super Output Areas<sup>2</sup> within West End and St James's wards contain 28% of all crime. If crime were to be reduced by just 3% in these small areas overall crime in the borough would reduce by 1%.

Combatting ASB uses a variety of partnership resources and can have a significant impact upon the quality of victim's and resident's lives. 74% of all ASB issues are related to noise or abandoned waste, making these clear priority ASB issues across the borough.

Another method of identifying priority areas is using the Vulnerable Locality Index, which identifies priority neighbourhoods based upon where people live rather than areas of high footfall, this method identified Church Street and Queen's Park as the most vulnerable in the borough and having greater than the London average of vulnerability. Area based focused work here could help reduce the levels of vulnerability.

Half of all crime is committed by people who have already been through the criminal justice system and a very small proportion of these offenders are responsible for a significant volume of crime. Therefore the partnership needs to ensure these high recidivist offenders are identified and adequate resources are attached to working with them through the Integrated Offender Management scheme. For those offenders

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<sup>1</sup> Anti social behaviour is defined as 'behaviour by a person which causes or is likely to cause harassment, alarm or distress to one or more persons not of the same household as the person'.

<sup>2</sup> Lower Super Output Area = a geographic area that contains a mean population of 1,500.

willing to change, resources need to be directed towards addressing their most significant criminogenic needs in particular substance misuse and accommodation.

A number of different offender cohorts are managed across the borough and there is notable overlap amongst the individuals on them and the services that are commissioned to support their criminogenic needs. Greater co-ordination is needed to prevent any silo working to ensure no duplication in the services commissioned and clarity around which agency/cohort has primary responsibility for managing that individual, to prevent any contradictory approaches to offender management.

Westminster is unique in the volume of non-residents and foreign nationals who come here to commit crime. Foreign nationals are responsible for a significant proportion of theft from shop offences and ASB, in particular begging. Offenders from other London boroughs were also more likely to commit theft from shop offences and offenders from outside the MPS were more likely to be arrested for Possession of Class A Drugs.

People aged 15 – 24 are significantly more likely to be offenders than the average population. Whilst young offenders account for less than 10% of the offending population they have the highest recidivism rates. For victims, people aged 20 -24 were significantly more likely to become victims of crime. The prevention of crime is better than trying to cure it, therefore if we can intervene at an early age we can work to prevent both offending and victimisation. The factors which put someone at risk of becoming an offender or victim overlap such as being in care, a child in need or witnessing domestic violence. Early intervention at this stage should play a key part in reducing or preventing offending and victimisation. The data presented evidenced a notable overlap amongst the cohorts for both offenders and victims and in the services commissioned to support their needs. To prevent duplication in provision the SWP should consider developing a vulnerable young person's unit to address the needs of young people aged below 25 who are at an increased risk of becoming both victims and offenders of crime through for example expanding the role of the Integrated Gangs Unit.

Police data showed 14% of all victims of crime had been a repeat victim in the last 12 months, this increased to 22% for domestic violence victims. Reducing repeat victimisation should be at the heart of any action taken to work with victims, as we know that previous victimisation is the single best predictor of victimisation. There is no co-ordinated work across the partnership to look collectively at the work being undertaken with victims of crime, the formation of the new victims sub group to the SWP should assist with this.

The Office for National Statistics estimates 8.5% of the female population and 4.5% of the male population will suffer some form of domestic abuse. Younger women aged 16 to 19 are more likely to be victims of domestic violence than any other group. Domestic violence has lifetime effects not just on the victim but on those who witness it. 93% of women reported a reduction in abuse due to the support they have received from the Tri-borough commissioned services. These services have an option to extend for a further two years, so consideration should be given to extend if adequate MOPAC funding is received.

The national security threat level from International Terrorism remains at severe meaning an attack is highly likely therefore it would be prudent to retain countering terrorism and radicalisation as a priority for the SWP.

As resources continue to be cut across the SWP it is more important than ever to ensure we work as a partnership in an evidenced based way to have the greatest impact upon reducing crime and improving safety in Westminster.

## Introduction

The Strategic Assessment has been produced as a requirement of the Police and Justice Act 2006, which places the duty on the Community Safety Partnership, Safer Westminster Partnership (SWP), to prepare such a report on behalf of the responsible authorities<sup>3</sup>. The SWP Strategic Assessment aims to identify the key crime, disorder and anti-social behaviour (ASB) issues which affect the City of Westminster. These priorities should then be used to refresh and update the SWP Partnership Plan for 2017/20 and they will also be used to identify how MOPAC funds from 2017 should be spent.

Cutting crime and improving safety is not only about effective policing; it relies upon understanding the factors that enable crime and ASB to take place, working together in partnership to neutralise those factors and doing so in a reasoned and evidence based way.

The Strategic Assessment draws from a range of data across the partnership, where possible using data covering July 2015 to June 2016. See the Appendix for more details. Data/intelligence gaps identified from this process are also included here.

The Strategic Assessment is set out in a number of sections, the first looks at providing an overview of the scale and trends of all crime in Westminster. The main body of the report is the analysis of community safety issues, structured using a problem oriented approach. That is, it considers aspects of offending, victimisation, vulnerability and place based considerations to provide a cross cutting assessment of the strategic issues in Westminster. Finally using this data, strategic priorities are recommended for SWP for 2017/18.

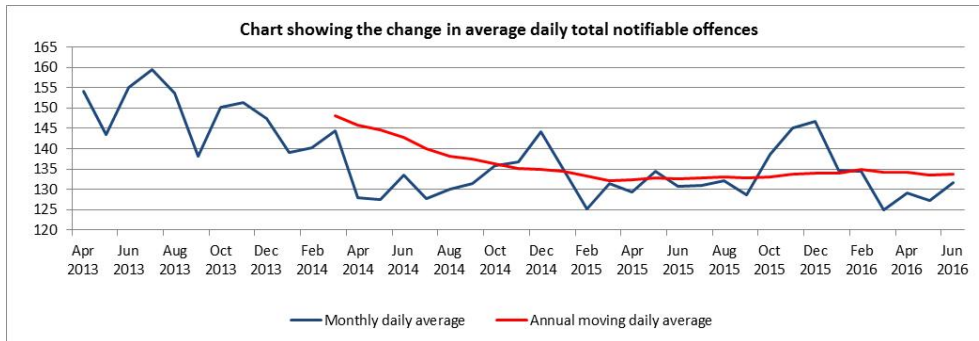
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<sup>3</sup> The Responsible Authorities are; Police, Probation, Clinical Commissioning Group, Local Authority and Fire and Rescue Service.

## Overview of crime in Westminster

This section provides a brief overview of all crime in Westminster to understand the scale, trends and nature of crime occurring.

To see how crime trends have changed in Westminster, the chart below shows the monthly daily average of total notifiable offences over the past three years. The monthly daily average is used to take into account the varying number of days per month and an annual moving daily average is used to provide an overarching trend line.



The chart shows a steady decline in the number of total notifiable offences which has begun to plateau since March 2015. On average there were 134 offences recorded per day from July 2015 to June 2016 compared with 133 per day in

the previous year and 143 per day from July 2013 to June 2014.

December and November have been the peak months for offending over the past three years having on average 146 and 144 offences per day respectively and May and April the least with 101 and 103 offences per day respectively.

The table overleaf shows the number of offences over the last two calendar years and the percentage change. Overall crime has increased by 1% that is 484 more crimes, in comparison crime increased across the MPS by 3%.

The greatest increase in offending is for violence against the person (VAP) offences most notably common assault (547 more) and harassment (483 more). VAP accounts for 21% of all crime in Westminster compared with 19% in the previous year.

Violence against the Person (VAP) increased across the MPS by 12% and greater increases have been recorded across England and Wales. The latest figures represent the highest number recorded in a 12 month period since the introduction of the National Crime Recording Standard (NCRS) in 2002. The Crime Survey in England and Wales<sup>4</sup> (CSEW) believes this increase is driven by improved recording processes and practices by the police rather than a 'real' increase in such offences. Of note, harassment offences have seen considerable increases. Since April 2015 some offences previously not classed as notifiable have been included as part of harassment owing to amendments to the Malicious Communications Act (1988) and to Section 127 of the Communications Act 2003, this includes 'sending letters with intent to cause distress or anxiety' and 'disclosure of private sexual photographs and films with the intent to cause distress or anxiety'.

<sup>4</sup> <http://www.crimesurvey.co.uk/SurveyResults.html> this survey asks members of the public their experiences of crime over the last 12 months.



Crime Type	July 2014 to June 2015	July 2015 to June 2016	% change
Murder	6	1	-83
Wounding/GBH	1,144	1,119	-2
Assault with injury	2,164	2,101	-3
Common Assault	2,784	3,331	20
Offensive Weapon	198	197	-1
Harassment	2,696	3,179	18
Other Violence	412	510	24
<b>Violence against the person Total</b>	<b>9,404</b>	<b>10,438</b>	<b>11</b>
Rape	268	270	1
Other Sexual	596	586	-2
<b>Sexual offences Total</b>	<b>864</b>	<b>856</b>	<b>-1</b>
Personal Property	1,488	1,581	6
Business Property	99	90	-9
<b>Robbery Total</b>	<b>1,587</b>	<b>1,671</b>	<b>5</b>
Burglary in a dwelling	1,444	1,323	-8
Burglary in other buildings	1,786	1,876	5
<b>Burglary Total</b>	<b>3,230</b>	<b>3,199</b>	<b>-1</b>
Theft/Taking of Motor Vehicle	864	885	2
Theft from Motor Vehicle	1,945	2,063	6
Motor Vehicle Interference & Tampering	346	376	9
Theft from Shops	3,786	4,212	11
Theft Person	6,019	5,894	-2
Theft/Taking of Pedal Cycles	1,272	1,180	-7
Other Theft	13,572	13,097	-3
Handling Stolen Goods	83	57	-31
<b>Theft &amp; Handling Total</b>	<b>27,887</b>	<b>27,764</b>	<b>0</b>
Counted per Victim	0	0	0
Other Fraud & Forgery	66	79	20
<b>Fraud &amp; Forgery Total</b>	<b>66</b>	<b>79</b>	<b>20</b>
Criminal Damage to a Dwelling	324	370	14
Criminal Damage to Other Buildings	429	403	-6
Criminal Damage to Motor Vehicle	700	712	2
Other Criminal Damage	595	582	-2
<b>Criminal Damage Total</b>	<b>2,048</b>	<b>2,067</b>	<b>1</b>
Drug Trafficking	246	129	-48
Possession of Drugs	2,250	1,900	-16
Other Drugs	6	14	133
<b>Drugs Total</b>	<b>2,502</b>	<b>2,043</b>	<b>-18</b>
Going Equipped	34	18	-47
Other Notifiable	783	773	-1
<b>Other Total Notifiable Offences Total</b>	<b>817</b>	<b>791</b>	<b>-3</b>
<b>TOTAL NOTIFIABLE OFFENCES</b>	<b>48,450</b>	<b>48,934</b>	<b>1</b>

Whilst sexual offences recorded by the police continue to rise there was only a marginal increase in rape offences in Westminster compared with a 10% increase across the MPS and a larger increase across England and Wales. The national increases are believed to be a result of increased recording practices and a greater proportion of victims willing to come forward.

Personal property robbery offences increased by 6% compared with a 3% decrease across the MPS and statistically significant increases recorded by the CSEW.

Burglary offences continue to decline in Westminster and across England and Wales. Households are now four times less likely to be a victim of burglary than in 1995. It is widely accepted that improvements to home security have been an important factor in the reduction in domestic burglary offences. Other theories link to the declining use in opiates.

Drugs offences have decreased significantly, however this is often more indicative of police activity and workload, rather than levels of criminality.

Theft and handling offences account for the greatest proportion of crimes at 57%, in Westminster compared with 39% across the MPS. 10% of all theft and handling offences across the MPS occur in Westminster. Most notably 19% of all theft person offences across the MPS occur in Westminster.

Police recorded figures show an upward trend in shoplifting offences.

The CSEW found evidence from surveys of retail premises, the increases are likely to reflect changes in reporting by victims rather than actual increased occurrences. Westminster saw an 11% increase.

Crime Type	July 2014 to June 2015	July 2015 to June 2016	% change
Gun Crime	63	64	1.6
Domestic Crime	1,306	1,477	13.1
Racist & Religious Hate Crime	823	929	12.9
Homophobic Crime	161	236	46.6
Anti-Semitic Crime	39	29	-25.6
Islamophobic Crime	57	56	-1.8

This table shows crime types which are already incorporated within the figures above, for example, the majority of domestic crime will be included in the VAP figures. National figures show that 33% of VAP offences are domestic abuse related. Domestic crime has seen significant increases in Westminster and nationally.

The CSEW believes a possible factor behind the increase in reporting and recording of domestic abuse incidents is due to improvements in police response to domestic abuse and actively encouraging victims to come forward to report these crimes.

Hate crime offences overall have increased year on year both in Westminster (17%) and across the MPS (14%). This has mainly been through increases in racist and religious hate crime. These crimes have been increasing across the MPS and Westminster since 2014. Of note hate crimes are offences which are flagged as having a hate element when recorded by police. A crime can have more than one hate flag attached to it, therefore adding up all the hate crime categories may result in multiple counting of a single offence.

Although Westminster is a high crime area much is attributed to the high footfall through the borough. The latest City Survey conducted by Westminster Council found that 98% of people feel 'safe in general in the local area' and 84% of people were 'not affected by fear of crime'.

## Problematic people/offenders

As crime levels decrease so has the total number of individuals dealt with formally by the Criminal Justice System (CJS) in England and Wales, and is now at a record low level.<sup>5</sup> The number of new entrants to the CJS has continued to fall since its peak in 2007. This decline has been much sharper for juveniles than for adults. In 2015/16 there were just 46 first time entrants into YOS in Westminster down from 101 in 2012/13. The greatest decrease in juvenile offences is amongst those with no previous offences and those receiving a reprimand or final warning, evidencing the importance of early intervention.

The number of adult offenders in Westminster has seen the greatest decline across London at 39% decrease over the last 9 years. In comparison across London this was 14%. This is also true of juvenile offenders where in Westminster the cohort is 5 times smaller than eight years ago. This significant decline has been seen across England and Wales (but not in LBHF) and prompted a review of the YOS by the Government.

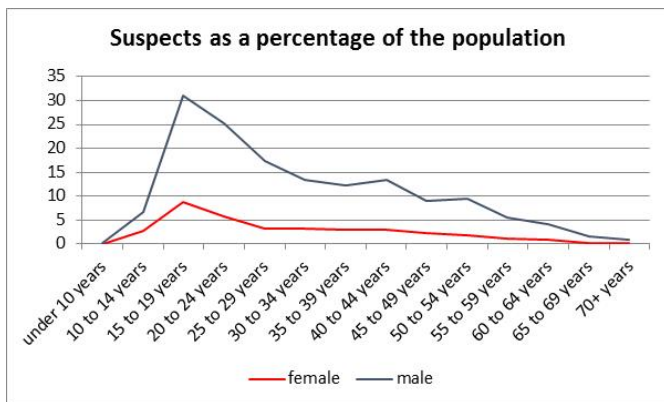
Probation/CRC data from January to September 2015 identified that Westminster has one of the lowest levels of offenders on the caseload, but they have an increased risk of reoffending and greater criminogenic needs.

### Suspect data

We do not know who commits all crime therefore we can only extrapolate an offender profile from those who are suspects, accused or within the criminal justice system.

Suspect data from the police Crime Reporting Information System (CRIS) was extracted from January to August 2016. Suspect data is seldom known for certain crimes, particularly theft and burglary offences. This means the offender profile is skewed towards crimes where the victim is likely to witness the suspect, i.e. violence against the person and robbery offences.

Gender was recorded in 87% of suspect details where known 84% were male and 16% female. This is comparative with figures across England and Wales where 82% of all adult offenders are male. This split has remained constant.



This chart looks at the number of suspects by age as a percentage of the local population. What can clearly be seen is that males aged 15 – 24 are significantly more likely to be suspects of crime than the average population.

15 – 24 year olds accounted for 34% of all suspects, yet only account for 11% of the population.

The age profile for male and female suspects was not different.

Nationally and in Westminster adult offenders account for 92% of all offenders. Ethnicity was detailed for 78% of suspects. Where shown 27% were identified as being of African/Caribbean appearance which is far greater than the population of 6%.

<sup>5</sup> MoJ data to Sept 2015 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/501181/quarterly-update.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/501181/quarterly-update.pdf)

Nationality was detailed for only 22% of suspects. Where known the top nationality of suspects was:-

United Kingdom	52%
Romania	8%
Italy	4%
Poland	3%
Spain	2%
France	2%

15% were from A10<sup>6</sup> countries.

This shows that foreign nationals could be suspects for nearly half of all crime in Westminster. Whilst foreign national population represents around 12% of the total prison population. The five most common nationalities after British in prison are Polish, Irish, Romanian, Jamaican and Lithuanian – accounting for one third of the foreign national population and one in twenty of the prison population overall.

Occupation was only detailed for 12% of suspects, where known 42% of suspects were shown as unemployed this is high compared with 9% of Westminster population who are shown as workless. 16% were shown as students or schoolboy/girl, which is similar to the borough population at this age. 32% of whom were suspects of theft from shops and 14% for possession of drugs.

The table below looks to see if there is any difference in offending patterns for offenders who are disproportionately more likely to commit crimes i.e. unemployed, foreign nationals, Romanians, African/Caribbean and offenders aged 15 – 24.

Offender Group	1st		2nd		3rd	
All suspects	Theft from shops	16%	Other theft	14%	Common Assault	9%
Unemployed	Theft from shops	19%	Possession of drugs	11%	Common Assault	9%
Foreign Nationals	Theft from shops	22%	Possession of drugs	14%	Common Assault	9%
Romania	Theft from shops	40%	Other theft	10%	Theft person	10%
African/Caribbean	Theft from shops	16%	Personal robbery	13%	Common Assault	10%
15-24	Theft from shops	15%	Personal robbery	12%	Possession of drugs	12%

This shows that Romanian suspects are significantly more likely to commit theft from shop offences and theft person. People of African/Caribbean appearance and aged 15 – 24 are more likely to commit personal robberies. Unemployed, foreign nationals and 15 – 24 year olds are more likely to be suspects of possession of drugs offences.

Police Custody is the first stage of exposure to the criminal justice system and is therefore a key point to divert people away from becoming ‘repeat customers’. Whilst data was not available for everyone going through custody it was available for those in police custody who are eligible to be tested for Class A drugs, i.e. those who have been arrested for a trigger offence<sup>7</sup> or those who with an Inspectors authority are suspected of using Class A drugs. The aim of testing is to direct adult drug misusing offenders into drug treatment and thus reduce offending behaviour. The data also provides details on the borough of residence of offenders so helps provide a picture of where offenders travel to commit crime.

<sup>6</sup> A10 countries are: Romania; Bulgaria; Czech Republic; Estonia; Hungary; Latvia; Lithuania; Poland; Slovakia and Slovenia.

<sup>7</sup> Trigger offences are primarily offences related to acquisitive crime, they include; theft; robbery; burglary; aggravated burglary; theft of a motor vehicle; handling stolen goods; going equipped for stealing; possession and supply of controlled drugs; fraud and begging.

Data was taken from the MPS National Strategy for Police Information System (NSPIS) on drug testing. Of note Kensington and Chelsea no longer has a police custody suite and uses Westminster's. Westminster's is the busiest custody suite across the MPS and on average 340 people came through a month who were deemed suitable for drug testing upon arrest. Across London 31% of those eligible for testing were not tested because of intelligence/information received that the detained person is not a specified Class A drug user in Westminster it was 42%. If someone is not tested details of their resident borough is not recorded.

Borough of residence	% of offenders
Westminster	32%
Kensington & Chelsea	24%
No fixed abode	5%
Camden	4%
Brent	4%
Hammersmith & Fulham	3%
Islington	3%
Southwark	3%
Tower Hamlets	2%
Outside MPS	2%

This table shows the top 10 boroughs where offenders were tested upon arrest for Class A drugs in Westminster custody suites. Whilst the majority tested were from Westminster and Kensington and Chelsea nearly half were not.

5% of people tested were of no fixed abode. When looking at data across London, 11% of all offenders with no fixed abode were tested in Westminster this is the second highest volume with Hammersmith and Fulham highest at 16%. Highlighting the significant issue of homelessness across the Tri-borough.

Our commissioned services Starting Over and the newly commissioned Drug and Alcohol Wellbeing Service are targeted at Tri-borough residents only, therefore consideration should be made to expand support or have greater collaboration with other boroughs to ensure that support is provided to prolific offenders who come to Westminster to commit crime who may not receive a similar level of service in their own borough, to achieve a greater impact upon reducing crime. The data showed that offenders from outside the Metropolitan Police district were far more likely to test positive for class A drugs in particular Cocaine and most likely be arrested for Possession of Class A drugs.

Conversely, looking at data across London to see where Westminster residents are likely to offend showed that 81% of Westminster residents arrested were arrested in Westminster. 4% offended in Camden, 3% in Hammersmith and Fulham and 2% Wandsworth. This demonstrates that Westminster residents do not travel far to commit crime and offenders are more likely to travel to commit crime within Westminster. Offenders from other London boroughs and those of no fixed abode were most likely to be arrested for theft from shop offences and were no more likely to test positive, although NFA offenders were far more likely to test positive for both cocaine and opiates and a lot less likely to test positive for just cocaine.

**Reoffending**

Around half of all crime is committed by people who have already been through the Criminal Justice System. The cost to the taxpayer of reoffending is estimated to be £9.5 to £13 billion<sup>8</sup> per year. Despite significant government spending on offender management in the last decade, there has been little change in reconviction rates and almost half of those released from prison go on to reoffend within 12 months.

<sup>8</sup> National Audit Office estimate

The England and Wales re-offending rate for adults has remained stable at around 25% this is the same for Westminster. This is the tenth highest rate across London. In comparison the juvenile rate is significantly greater at 38% across England and Wales and slightly greater in Westminster at 42%, which is 19<sup>th</sup> highest across London.

On average the Westminster reoffenders committed 3.2 reoffences the same as England and Wales and Juveniles 2.5 compared with 3.2 across England and Wales. Males are also more likely to reoffend than females at 3.2 reoffences in Westminster compared with 2.7 females. Whilst the number of adult reoffences in Westminster is 6<sup>th</sup> highest across London the number of juvenile reoffences is one of the lowest (29<sup>th</sup>).

Across London and England and Wales the proportion of offenders who reoffend decrease with age. However across Westminster reoffending decreases with age until 25 – 29 and then begins to increase and peaks at 40-44 years old.

MoJ data evidences other characteristics of offenders that are known to increase the risk of offending are offenders with 11 or more previous offences and people who have committed theft offences.

The NSPIS custody data shows the Police National Computer ID of people arrested therefore it is possible to look at the prevalence of repeat offenders in custody.

Number of offences	Number of offenders	Percentage of offences	Percentage of offenders
1	2942	73.2	86.6
2	365	18.2	10.7
3-5	87	7.5	2.6
6-9	3	0.5	0.1
10+	2	0.6	0.1

The table to the left shows that 2% of offences were committed by just 0.35% of offenders, i.e. 12 offenders, these offenders were all arrested for more than five offences in Westminster over this period totalling 79 offences. However if looked at across the MPS these 12 were arrested for a total of 106 offences. If over a longer period this is likely to be considerably greater. The average age was 43 and there were 2 females.

All tested positive for Class A drugs, 7 testing positive for both cocaine and opiates. Two offenders did not show an address on the Tri-borough. The 12 offenders who had been arrested 5 times or more over the year were checked to see if they were eligible or had been on the IOM scheme. 5 were already on the IOM scheme. 3 met the criteria but weren't on the scheme and are now being referred. 2 didn't meet the OGRS criteria and are being considered.

Although the majority of the prolific custody arrestees were known to IOM, not all were and consideration needs to be given as to how this data is fed into the IOM process to ensure that the most prolific offenders are included in the IOM. The prevalence of class A drugs in the most prolific offenders evidences this as a key driver of crime.

Concentrating resources on the most recidivist offenders will therefore have a significant impact upon reducing offending.

**Offender cohorts**

A variety of offender cohorts are managed across the partnership such as, YOS, Integrated Offender Management (IOM), gangs through the Integrated Gangs Unit (IGU) and Multi Agency Public Protection Arrangements (MAPPA).



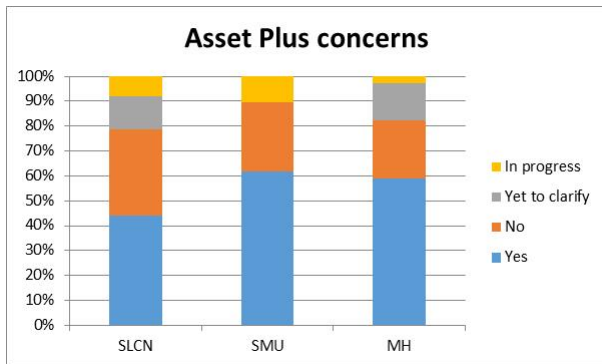
Co-ordinated action across the partnership is needed when monitoring all offender cohorts to ensure that all relevant agencies are aware of who is on what cohort to prevent contradictory approaches to offender management and to ensure there is no duplication of service provision. This risk was identified when matching the IOM cohort with other offending cohorts across the Tri-borough and nearly one fifth of the IOM cohort was found to be included in other cohorts a further matching exercise is currently being undertaken. A more co-ordinated approach may also assist in streamlining/sharing resources across these cohorts to address their criminogenic needs.

**Youth Offending Service**

Data from the YOS showed they worked with 152 young offenders over the year to June 2016, 18% of whom were females. This is a similar split to adult offenders. 40% of the young offenders were aged 17 at the start of the intervention and only 18% below the age of 14. Whilst national data shows the number of juvenile offenders has been decreasing over the recent years, projected population data shows that the 10 -18 age group is to increase in the borough over the next five years by 16%. This may have an impact upon future young offending levels.

One third of offenders were classified as of other ethnic group and 24% as Black or Black British this is significantly greater than the borough population. Conversely only 22% of the YOS cohort was of White Ethnic appearance which is considerably lower than the borough population, which demonstrates that young white people are disproportionately less likely to become offenders.

There were 225 offences recorded against young offenders over this period accounting for 0.5% of all offences in Westminster. 28% of offences were violence against the person, 21% drugs and 12% breaches. Of note when compared against RBKC and LBHF this is a considerably greater proportion of breaches.



AssetPlus has replaced Asset as the structured assessment tool used by YOS. It provides a holistic end to end assessment and intervention plan allowing one record to follow a child or young person throughout their time in the youth justice system. The chart to the left shows the proportion of young offenders per borough who have identified different needs. SLCN = speech, language, communication and neuro-disability, SMU = substance misuse, MH = mental health.

As can be seen substance misuse was the greatest concern. 74% of the YOS cohort were shown in suitable ETE at closure of order or youth conditional caution. Young people aged up to 16 are required to attend 25+ hours per week while those turning 17 or older are required to attend 16+ hours per week.

There were 46 first time entrants into the criminal justice system dealt with by the YOS over 2015/16 that is a rate of 283 per 100,000 10 -17 year population this compares with 410 across London and 374 in England therefore considerably lower than both.

A project has commenced to identify models for future delivery that seek to further reduce youth offending and reoffending and wider outcomes for young offenders, whilst maximising sustainability in the context of reducing resources. The results of which should be available in the next couple of months.

## Gangs

The Integrated Gangs Unit (IGU) aims to identify and work with vulnerable and exploited young people involved in violence, to improve their life choices, social integration, reduce associations with gangs and reduce incidences of serious youth violence.

There were 160 serious youth violence incidents in the year prior to June 2016 which ranked 23<sup>rd</sup> highest across London. As levels are low single events can quickly skew the figures. Despite the increase in recent months the long term trend shows that the number of victims of serious youth violence has reduced by 37% over the past 5 years. Knives continue to play a significant part in these offences accounting for roughly one third of all serious youth violence. There were only 33 knife crime injury offences in Westminster which is 22<sup>nd</sup> highest across London.

MOPAC dashboard data shows that in Westminster there were 60 gang flagged offences over the year to June 2016 this has begun to show an increase and is 16<sup>th</sup> highest across London. One third of all London's incidents are located within three boroughs, Tower Hamlets, Hackney and Haringey. The public attitude survey data for the financial year 2015/16 found that 11% of Westminster residents thought gangs were a problem this is a decline of 2% from six months ago along with knife crime down from 14% to 12%, 5% thought guns were a problem which has remained constant.

Flexible gang workers provide intensive one to one support for those involved with group violence to challenge their behaviour and help them move towards something more productive. From April to September 2016 85 young people were worked with. Most young people are referred from statutory services, namely YOS, Probation and Safeguarding teams. One quarter of the gangs cohort are also within the YOS cohort. This raises the question of who takes primacy in providing support for these young people?

8 young females received interventions from April to September from the IGU Sexual Violence Specialist Practitioner who works with girls being exploited or at risk of exploitation by gangs. A Child and Adolescent Mental Health nurse is currently working with 8 males and 1 female. Her role is to engage with young people and their families who have multiple, complex and undiagnosed needs that don't access traditional services, by offering a broad range of therapeutic interventions. She also provides drop in surgeries for frontline professionals. An employment coach is also employed and is currently working with 18 young people. In the last 6 months 8 young people have been supported into full time employment.

Growing Against Violence are commissioned to deliver sessions across primary and secondary schools, at the end of the summer term sessions were delivered to over 7,000 pupils.

Police data showed that there was a 50% reduction in violent offending after engaging with the IGU. Interviews are now being held with clients to understand what specifically caused this reduction to assist with any redesign to the service.

A significant proportion of the work of the IGU is delivered through MOPAC funding which ceases in March 2017.

## IOM

Integrated Offender Management (IOM) brings a cross agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified from their OGRS (Offender Group Reconviction Score) and managed jointly by partner agencies working together. Across the



Tri-borough each borough operates a sovereign scheme jointly managed by a Tri-borough Co-ordinator funded by MOPAC until March 2017. The purpose of the role, is to co-ordinate and streamline practice across the three IOM teams. A Reducing Reoffending Researcher post also funded by MOPAC funding assists with the administration of the IOM meetings.

To supplement the service provided to the IOM cohort, Starting Over were commissioned to provide additional support to the male Tri-borough IOM cohorts who have health and social care needs, to address these needs with the aim of reducing their reoffending. They provide flexible outreach support to clients, above and beyond the statutory support provided by either CRC or NPS. They began this work in October 2015 and are funded until March 2017. There is an option to extend this until October 2017.

Each borough has an expected cohort size and is allocated police resources accordingly, i.e. 40 cases per officer, for Westminster the expected cohort size is 120. At the end of June 2016 the cohort was 117. Offenders are ragged depending upon whether they are in custody and their capacity for engagement with the services.

RAG	No.
Blue	50
Red	37
Amber	12
Green	18
<b>Total</b>	<b>117</b>

This chart shows the RAG status of the cohort. Blue = Offender is in prison custody; Red = not complying, not engaging and still committing crime, highest risk of reoffending; Amber = not complying with supervision or police intelligence to suggest further offending but are willing to change; Green = No intelligence to suggest offending, engaging with all relevant agencies. As can be seen 43% of the cohort are in custody, therefore the number of

offenders managed on a daily basis is considerably lower than the expected 120 and was 67. Of note Westminster has a considerably greater proportion of offenders in custody than LBHF and RBKC. 32% were at high risk of reoffending (Red) and only 15% (Green) engaging with the service.

94% of the cohort were male and only 6% were female which is considerably lower than the average offending population. 60% of offenders fall within the CRC cohort of working age males i.e. aged 26 to 49 and 29% aged between 18 – 25 the most prolific offending age group. With 21 – 22 being the peak age for the IOM cohort members. 57% of the cohort were of white ethnic appearance and 26% of black ethnic appearance which is considerably greater than the borough population this is most pronounced in the 18 – 25 year olds.

The average OGRS score for the offenders was 77 of note the threshold for entering the cohort is 75 or more or 50 plus if the index offence is for robbery or burglary. 35% of the cohort had an OGRS score of between 50 – 75. There was no correlation between the OGRS score and the RAG rating assigned.

Identified needs	%
Substance misuse	71
Accommodation	59
Lifestyle & associates	51
ETE	28
Alcohol	16
Thinking & behaviour	15
Finance	5
Emotional support	1
Health	0

The needs of the cohort are collated and the table to the left shows the percentage of offenders who identified each as a need. As can be seen substance misuse was the greatest need identified. Unfortunately the type of substance misuse issue was not known or whether the offender was accessing treatment. Of note this was also the greatest need identified for LBHF and RBKC. The second greatest need identified was accommodation. No further details are available as to the exact nature of the needs, this would be useful to explore for further commissioning needs.

Little data is yet available as to the reoffending or arrest levels of these offenders. Looking at April to June 2016 data 96 arrests were by 38 of the cohort, 34 males and 4 females. The majority of offences were for theft non motor, of which the majority are theft from shops. The second most common offence category was violent offences of which the majority were for assault on police. On average the offenders were rearrested within 19 weeks of their previous arrest.

IDIOM is a web based offender tracking tool, provided by the Home Office to police forces, to support IOM arrangements. The system holds Police National Computer data on arrests, charges and other court outcomes for identified individuals. Only recently have police been encouraged to use it and it will in time provide a wealth of performance data to assess the effectiveness of IOM schemes. Of note other cohorts can be tracked using IDIOM and this would be advantageous to assess the overlap between the cohorts and also the effectiveness of separate cohort management.

We need to improve upon the partnership data collation on this high recidivist cohort, through sharing IDIOM data reports and combing this with locally collated police and probation data. This will enable evidence based decision making to occur around what works for preventing reoffending within this high recidivist cohort.

### **Foreign Nationals (Operation Unite)**

The SWP added Foreign National offenders as a new priority for 2016/17. Operation Unite is a joint Council, Police and Home Office Immigration and Enforcement (HOIE) intelligence led project focusing on problematic individuals, premises and those already known by immigration not to be exercising their treaty rights. Police data shows that foreign nationals account for a significant proportion of crime in Westminster. On average there are 375 foreign nationals in police custody per month. Nearly one quarter of the crime committed by foreign nationals is theft from shops. The operation focuses upon the following; illegal gambling on Westminster Bridge; Street performing at North Terrace of Trafalgar Square; pedicabs; rough sleeping; aggressive begging; pickpocketing and street prostitution. This partnership works well to share intelligence on foreign nationals such as checking all foreign national arrests coming through custody with their home country to check for any outstanding warrants and to provide information to HOIE and to utilise the different agencies enforcement tactics.

Police ASB interactions spread sheet over the year to June 2016 shows that 37% are for begging, 18% pedicabs and 17% rough sleeping. In 4% of cases the nationality is unknown and 17% of cases the nationality was British/UK evidencing that a significant proportion of ASB interactions are with foreign nationals. In fact 47% of all interactions were with people of Romanian nationality. The Romanian nationals incidents were mainly begging (46%) rough sleeping (19%) and prostitution (8%). 58% of individuals classed themselves as of no fixed abode.

Data from the ASB interactions shows that 39% of incidents were committed by individuals who were responsible for more than one incident. In fact 7% of all incidents were committed by 24 individuals who had committed 5 or more incidents over this period. 11 of whom were Romanian, 8 Latvian and 3 British/UK. This evidences the importance of concentrating resources on the most prolific offenders.

### **Short Sentence Prisoners**

The Tri-borough was estimated to spend around £6m a year on nine separate reoffending programmes. Turning Point and Advance Minerva were awarded a contract in October and December 2013 respectively for

two years to reduce these costs through providing support to short sentence prisoners who were not in receipt of any statutory support and most likely to reoffend and for Turning Point to reconfigure the Drug Intervention Programme to provide more flexible outcomes for getting people into treatment and supporting their wider criminogenic needs.

An internal evaluation of both services took place to assess the effectiveness of the first year of their service as reoffending data was available. Both services' cohorts were considerably smaller than expected. Starting Over worked with 172 offenders and the data was based upon 97 who they worked with during year one. Minerva worked with 34 female offenders of which 15 were worked with in year one. Both services were expected to achieve a 5% reduction in reoffending in year one. Starting Over achieved 42% reduction and Minerva 43.5% far greater than expected.

The data was reviewed to try to understand what worked. Data from Starting Over found that offenders with criminogenic needs of substance misuse, accommodation, finance and mental health were more likely to reoffend. 85% of offenders who had no further offences were met at the gate, compared with 44% of those who reoffended. On average the cohort had been offending 17 years prior to their index offence and 34% were of no fixed abode, highlighting the complexities and entrenched behaviour of this cohort. Only 12 offenders increased their level of offending from the baseline year and one offender was responsible for 9% of all the reconviction offences.

Minerva female offenders identified accommodation as their greatest need and substance misuse second. 34% of the cohort were of no fixed abode and on average had been offending for 15 years prior to their index offence and had on average 24 previous convictions before working with Minerva also evidencing their entrenched behaviour of this cohort. Only 3 of the offenders increased their offending levels and their offending accounted for 27% of all reconvictions, evidencing how easily figures can be skewed by a few prolific offenders.

The Government's Transforming Rehabilitation programme saw all prisoners receiving some statutory support which resulted in these services no longer being commissioned for short sentenced prisoners across the Tri-borough.

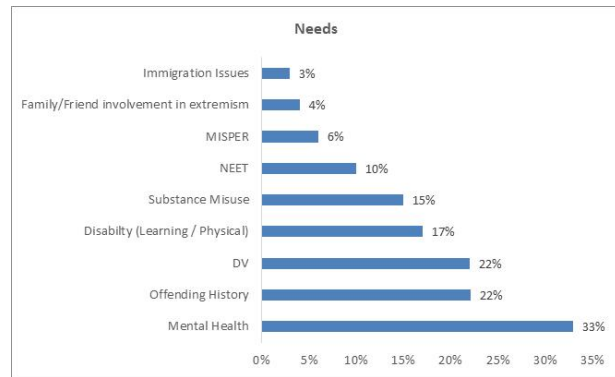
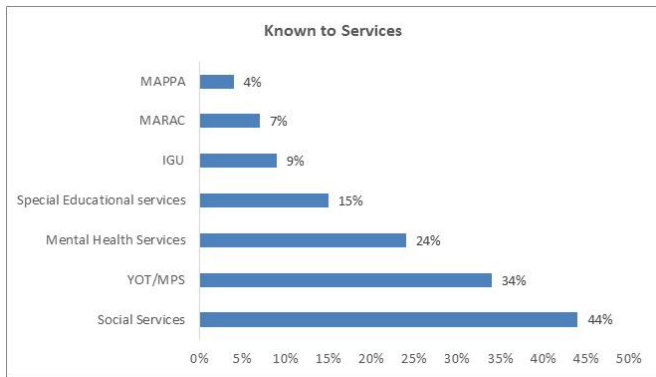
### **Channel**

The Channel Programme is a diversionary multi-agency safeguarding panel that looks to protect vulnerable people who are at risk of radicalisation. The Channel programme works in partnership to identify individuals, who are at risk of being drawn into terrorism or terrorist-related activity, assess the nature and extent of that risk and develop the most appropriate support plan for the individuals to divert them away from terrorism and extremism.

Between January 2012 to April 2016 133 referrals were received, 74% have been received since 2015. 63% were considered unsuitable for consideration by the Channel Panel and were exited. The most common referrers were Children's Services (26%), the police (24%) and schools (23%).

75% of referrals were for males and 17% for females the remainder were for families or institutions. The most referrals were for individuals aged between 15 and 19 years (34%) and 32% were aged 14 years and under. 67% of potential cases involved people of Arabic or North African ethnicity and 82% were known to be

Muslim. 38% of the cases upon investigation related to individuals who were believed to currently hold extremist views the vast majority of which related to Islamic extremism.



Individuals in 66% of the potential cases were already known to at least one of the services showing in the table above on the left. In 61% of cases at least one need was identified as shown in the table above on the right, with 32% of cases involving mental health needs, 22% an offending history and 22% with a history of domestic violence, as a victim, perpetrator or witness to familial. This evidences the crossover of offender and victim cohorts.

Over half of the cases were closed because there were no violent extremism concerns. 75% of the referrals made by YOT were accepted as Channel cases, compared with 38% from Children’s services and 27% from schools. The accepted cases were more likely to have greater needs and more likely to already be known to services.

**Pathways to reoffending**

Studies have identified that there are seven pathways for men and nine pathways for women that can impact upon reducing reoffending in male and female offending respectively. These will be looked at in more detail below to identify the level of needs Westminster’s offenders have and to identify if there are any gaps in provision.

**Substance Misuse**

A major re-commissioning process was undertaken to consolidate a variety of services across the Tri-borough into two separate contracts which commenced in April 2016 the Drug and Alcohol Wellbeing Service (DAWS) and The Alcohol Service. One service works with people who have issues with drugs and/or alcohol which is run by Turning Point and Blenheim jointly and the other service is alcohol specific and works solely with those with alcohol issues, this service is run by CGL (formerly CRI).

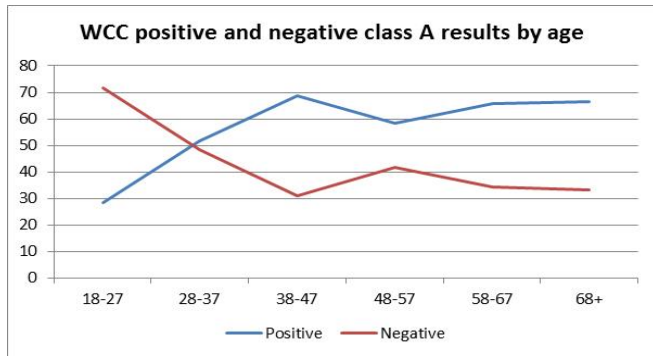
Turning Point/Blenheim service leads on criminal justice referrals and has workers based in local police custody suites, Westminster and Hammersmith Magistrates Courts. They work closely with NPS and CRC and prisons.

As has been seen earlier substance misuse was the greatest need identified by YOS through Asset Plus also for the adult IOM cohort and through L&D services. Male SSP data showed that offenders who had a substance misuse issue were more likely to reoffend.

A disproportionate amount of acquisitive crime is committed by people who are taking Class A drugs. Therefore testing people upon arrest for ‘trigger’<sup>9</sup> offences’ is undertaken to direct adult drug misusing offenders into drug treatment and thus reduce offending behaviour.

Data from NSPIS identified that of those tested, 47% tested positive; 51% for cocaine, 40% for both cocaine and opiates and 9% for opiates. Whilst opiate use is small evidence shows that opiate/crack users on aggregate commit markedly more crime particularly low level theft than offenders not taking these drugs.

81% of those in custody for trigger offences were males. Whilst females were smaller in number they were more likely to test positive than males at 52% compared with 46% of males.



The chart to the left looks at the proportion of people testing positive for Class A drugs by age group. It shows that the peak age range for testing positive is 38-47 and below this age people are less likely to test positive. Whilst the majority of people arrested for a trigger offence were aged between 18 -27 they were least likely to be tested and when they were, less likely to test positive.

Looking at ethnicity reveals that North European White was most likely to test positive whereas people of Chinese and South European ethnicity were least likely to test positive.

The top three offences where people were most likely to test positive were for breaches of ASBO/court orders (71%) and theft & handling 53% in particular theft snatch and theft from shops, least likely was fraud (24%).

The social and economic cost of drug use and supply to society is estimated to be around £10.7b per year of which £6bn is attributed to drug related crime<sup>10</sup>. Getting users into treatment is key as this reduces levels of offending especially if coupled with support around housing and employment. National drug treatment monitoring data showed there were 2,004 people in drug treatment in Westminster in 2014/15. Prevalence estimates<sup>11</sup> suggest there are 5,626 drug misusers in Westminster and 9,996 alcohol misusers.

Stopping people from starting drug use in the first place is preferable to treatment in preventing crime. There is growing evidence that good quality Personal, Social and Health Education and school based interventions designed to improve behaviour generally (e.g. by building confidence, resilience and effective decision-making skills) can have a preventative impact on drug use<sup>12</sup>.

<sup>9</sup> Trigger offences are primarily offences related to acquisitive crime, they include; theft, robbery, burglary, aggravated burglary, theft of a motor vehicle, handling stolen goods, going equipped for stealing, possession and supply of controlled drugs, fraud and begging.

<sup>10</sup> Mills, H. Skodbo, S. and Blyth P (2013). Understanding organised crime: estimating the scale and the social and economic costs. Home Office Research Report 73.

<sup>11</sup> Source: Projecting Adult Needs and Service Information (PANSI), Institute of Public Care, Oxford Brookes University.

<sup>12</sup> Advisory Council on the Misuse of Drugs (2015) Prevention of Drug and Alcohol Dependence.

## Accommodation

The provision of suitable accommodation may not reduce reoffending by itself, but it can be seen as 'a necessary, if not sufficient, condition for the reduction of reoffending'<sup>13</sup>.

Offenders with accommodation problems have been found to be more likely to reoffend<sup>14</sup>. Access to stable accommodation is important in enabling ex-offenders to access employment and training opportunities, which may in turn support their rehabilitation<sup>15</sup>. Accommodation needs can also impact on family relationships and the chances of successful reintegration into the community on release from prison, which are important in reducing reoffending<sup>16</sup>. Accommodation problems have been found to be linked to other offender needs; a survey of prisoners identified greater accommodation-related needs, including homelessness, among prisoners with alcohol or drug problems.

Around a third of prisoners lose their housing on imprisonment. Receiving effective advice and assistance about housing options is essential either prior to or when being remanded or sentenced to custody.

The data from this report shows that in the IOM cohort, accommodation was the second highest need recorded at 59% of the cohort. Police custody data on those eligible to be drug tested showed that 5% of offenders tested in Westminster were of no fixed abode (NFA) and Westminster accounts for 11% of all arrests recorded across London where NFA was recorded. Of note the greatest were recorded in LBHF and account for 16% of all arrests across London. People of NFA were no more likely to test positive for Class A drugs than those arrested for trigger offences. However were significantly less likely to test positive for cocaine. Over one quarter were arrested for theft from shops, 11% possession of class A drugs and 10% for begging. Whilst these offenders were listed as NFA on further examination they were arrested on multiple occasions as residents of boroughs and not always NFA and therefore are responsible for a much greater proportion of crimes than shown.

There were 24 people who had been arrested more than 5 times over the year period accounting for 40% of arrests where the person was listed as being NFA at some point. Three of whom were amongst the most prolific offenders across the Tri-borough. Whilst listed as NFA it is unclear whether these individuals are rough sleepers or in temporary accommodation.

According to the Combined Homelessness and Information Network (CHAIN) a multi-agency database recording information about rough sleepers in London identified that there were 2,857 people seen rough sleeping in Westminster during 2015-16. On average 300 people sleeping rough on Westminster's streets per night. 32% of these rough sleepers are estimated to have been in prison and cross checking the database with the IOM cohort identified that 25% of the IOM cohort were on the CHAIN database.

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<sup>13</sup> Maguire & Nolan (2007) *Accommodation and related services for ex-prisoners*, in Hucklesby & Hagley Dickenson (Eds) *Prisoner Resettlement: Police and Practice*, Devon: Willan.

<sup>14</sup> May (1999) *Explaining reconviction following a community sentence: the role of social factors*, Home Office Research Study 192. London: Home Office; Williams et al (2012a) *Accommodation, homelessness and reoffending of prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey*, Ministry of Justice Research Summary 3/12: <http://www.justice.gov.uk/downloads/publications/research-and-analysis/moj-research/accommodation-homelessness-reoffending-prisoners.pdf>

<sup>15</sup> Harper & Chitty (2005) *The impact of corrections on reoffending: a review of 'what works'*, London, Home Office Research Study 291.

<sup>16</sup> Quilgars et al. (2012) *Supporting short term prisoners leaving HMP Leeds: Evaluation of the shelter advocacy release team*, Centre for Housing Policy, University of York.



The Westminster Rough Sleeping Strategy has set a target that at least 75% of people who are new to rough sleeping don't spend a second night out on the streets. Outreach workers assess the needs of the rough sleepers to find the best route away from the streets for them. Key to the service is addressing the person's health and well-being, with a particular focus on mental health and substance misuse issues.

As we have seen that 25% of the IOM cohort were known on CHAIN which agency takes primacy in dealing with individuals needs? This is important to prevent a duplication of service provision.

Accommodation is a high need amongst the various offender cohorts yet there is no collective commissioning around this need, for example Starting Over sub contract to St Mungo's and the IGU contract St Giles Trust. Would a collective approach around contracting accommodation support be more effective across the cohorts?

For the past 30 years London's housing supply has failed to match household growth, putting even greater demand on the limited housing stock available. A significant proportion of offenders are aged under 35, increasing rents and the further reduction to the welfare cap will make it even more difficult for offenders to access suitable private rented accommodation across the three boroughs.

26% of people accessing L&D services identified accommodation as a need.

### **Education, Training and Employment (ETE)**

As previously detailed 42% of suspects where known were shown to be unemployed. 28% of the IOM cohort identified ETE as a need. Data from the CRC/Probation to September 2015 showed that 57% of Westminster clients had ETE as a criminogenic need compared with 40% of London CRC/Probation clients.

Westminster Council are looking to develop a single employment service for residents with complex and long-term barriers to employment including health and challenging family circumstances, this includes offenders, bringing together a range of mainstream and specialist budgets and functions through co-design, co-commissioning and co-investment agreements with Government and partners. The challenge is to reduce by a third the 10,000 residents who are long-term unemployed within three years. They will do this by building on the Families and Communities Employment Service (FACES) who work with Troubled Families and the IGU and offer a multi-agency approach to supporting parents, families and young people with a criminal record into employment or through other work-related progression routes. This may help to streamline the variety of ETE support and commissioned services to the variety of offender cohorts across the borough. They will be looking to develop a 'hub' model of delivery integrating key service functions such as housing, health and employment advice and support to create a single pathway of support. How will we ensure that the appropriate people are referred to this service and also that there is no duplication in support with the other support strands provided. Can the hub be used to support other needs of offenders who may be accessing these services?

One of the key issues identified from the Youth Resettlement project is the young people above statutory school age who are returning from custody, is to get them placed into ETE as soon as possible. This is often problematic as a release date rarely correlates with the start date for courses.

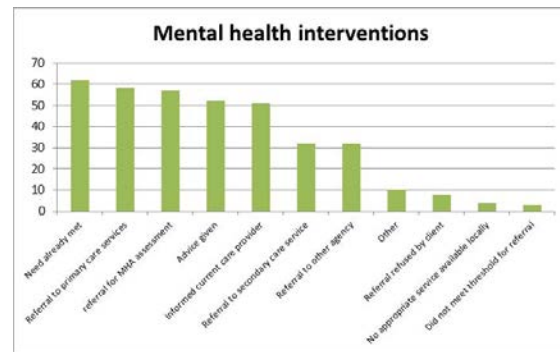
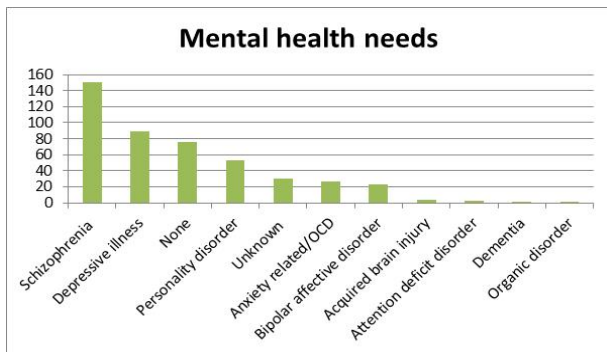
## Mental Health

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis this incorporates most statutory members of the Community Safety Partnership. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

Liaison and Diversion (L&D) services are for all ages and provide cover seven days a week twenty four hours a day. They are available at all points within the adult and youth justice pathway (including but not limited to police custody and courts). They cover a range of health issues and ‘vulnerabilities’ including mental health, physical health and learning disabilities.

CNWL provide the service for the Tri-borough and are based in the police stations between 8am and 8pm. Data was available from Charing Cross police station and Westminster magistrates’ court for quarter 3 and 4 of the first year of the L&D trail site in operation. It represents analysis of 456 people seen by the service.

74% were males and 26% females. This is a greater proportion of females than is normally seen within the criminal justice system, this may be because L&D provide a proactive service for women. Over one third of people were aged 31 – 41, 63% were shown as of White ethnic origin and 13% of black ethnicity, which is much lower levels than normally seen across the CJS.



The table above to the left looks at the mental health needs of people entering police custody. The vast majority of people presented with a mental health need. One third of people presented with schizophrenia and one fifth with depressive illness. The chart above to the right shows the mental health interventions provided.

People can appear in more than one category. For most people the need had already been met i.e. they were already in receipt of a service. Very few people did not meet the threshold for a service or where no appropriate service was available locally. In terms of the outcomes only 5% of clients did not attend the appointment.

Westminster began a dual diagnosis service in April this year. It is run by a team of social workers who deliver substance misuse treatment for those with a mental health diagnosis. They have a small caseload and work jointly with DAWS and The Alcohol Service on a case to case basis.

The IGU has funded a part time Child and Adolescent Mental Health worker for the past two and a half years. The flexible integrated approach of the mental health worker ensures engagement with young people who do not access traditional services. Young people in gangs have been shown to be at increased risk for a range of



mental health conditions. The links between gang affiliation and poor mental health operate in both directions so that youngsters with poor mental health are drawn to gangs but gang involvement leads to poorer mental health. The highest proportion of the cohort was identified as having Conduct Disorder, PTSD and Substance Misuse issues. On average clients received up to 19 interventions each throughout the course of their allocation. Most individual interventions include help with sleep, interventions in behavioural management, cognitive problem solving and post-traumatic stress management.

Data from the Troubled Families team found that 7% (159) families met the crime criteria and only 1% (29) met both the mental health and crime criteria.

A workshop was held at the request of the SWP in August to examine the links between mental health and offending where agencies explained how they work to address mental health. It was identified that although general preventative services should reach all those in society who need support, the focus of dedicated services is largely placed on the mental health of the offender. Improving mental health outcomes is a key strategic aim of the Westminster Health and Wellbeing board for 2017 – 2022 therefore it is important the SWP is kept informed of developments and to assess this impact has upon victims and offenders.

## Families

Children who go on to become prolific young offenders typically suffer from harsh or neglectful parenting and develop behaviour difficulties at an early age<sup>17</sup>. Most of these children will be alerted to children's services and classified as Children in Need (CIN) or Child Protection (CP) currently Westminster has 1,150 CIN and 86 CP cases. Being in care considerably increases the risks of becoming an offender. Up to half the children held in young offender institutions are, or have been previously looked after, whereas only 1% of children in England are looked after. Research published by the Social Exclusion Unit in 2002 suggested that 27% of the adult prison population had once been in care. Monitoring CIN, CP and care trends will be an indicator to future offending levels.

The On Track programme across the Tri-borough aims to reduce the number of children and young people who enter the care system aged 11 – 18 years old. It uses a predictive model to identify children who are vulnerable and then targets resources early into these families to prevent further issues escalating. This early intervention may have a significant impact upon future offending levels in the borough unfortunately a recent evaluation of the service was unable to evidence this due to limitations with the data. One specific difficulty the programme has faced is getting parents to engage.

Data from the Troubled Families programme showed that there are 2,198 families in Westminster who currently meet the Troubled Families criteria<sup>18</sup> of which 159 have met the crime criteria, that is 7% of the cohort. Data from our SSP programme identified that for the female SSPs only 1 of the 34 women had children and they did not live with her. 29% of the male SSP cohort was identified as having children although 90% of the cohort did not live with the children. For the Starting Over custody referral service over the two years 65 people were referred to family support, other than support with substance misuse this was the greatest service provided.

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<sup>17</sup> Change, J.J., Halpern, C.T., and Kaufman, J.S, 2007 *Maternal Depressive Symptoms, Father's Involvement and the Trajectories of Child Problem Behaviour in a US National Sample*, *Archives of Paediatrics & Adolescent Medicine*, 161, 697-703.

<sup>18</sup> The Troubled Families criteria is that a family needs to meet any two of the following criteria:- Crime or ASB; Children in need of help; out of work or risk of financial exclusion; school attendance; domestic abuse or health problems.

The Youth Resettlement project funded through MOPAC funds was set up to work with Tri-borough young offenders sentenced to custody or on remand in custodial institutions to improve; ETE, resettle back in the community and provide a whole family approach and support through mentors. Over the first two years of the project 38 young people who were released from custody were worked with and 53% (20) have reoffended to date.

The significant cutbacks in the Early Help service may limit the early intervention work that can intervene to help prevent the escalation of crime.

### **Finance**

Support with making benefit claims is important for offenders upon release from prison to prevent reoffending. Only 5% of the IOM cohort identified this as a need. Most services such as L&D, Starting Over, FACES provide support in making benefit claims.

### **Attitudes/Thinking/Lifestyle**

The latest data available from CRC/Probation (to September 2015) on the criminogenic needs of offenders identified, thinking (92%), attitudes (61%) and lifestyle (61%) as the greatest criminogenic needs for Westminster offenders, these were also the highest needs identified across London. In contrast only 15% of the IOM cohort identified these as needs.

The next two categories apply to females only. There is evidence to show that whilst the number of female offenders is small, they often have distinct needs neglected by the criminal justice system which is male oriented. In response to this the CRC include female offenders as a distinct cohort within their delivery model and MOPAC has provided additional funding to the CRC baseline service offer in ten boroughs to test innovation and additionally until March 2018 this includes the Tri-borough.

### **Abuse**

6 of the 34 SSPs worked with by Minerva were identified as having domestic abuse needs and would have been referred to their sister organisation Advance for support. No other details were available on abuse needs of female offenders in Westminster.

### **Prostitution**

Two of the 34 women worked with by Minerva identified as being prostitutes. If issues arise for female offenders they would be referred to the Angelou Partnership.

## **Recommendations**

### **Prolific offenders**

Half of all crime is committed by people who have already been through the criminal justice system and a small proportion of these offenders are responsible for a significant volume of crime. Therefore the partnership needs to ensure that these high recidivist offenders are identified and adequate resources are attached to working with them through the IOM scheme.

This offending group is generally older than the average offender and therefore has entrenched offending behaviour and is responsible for a considerable volume of low level crime in particular shop lifting.

Fundamental to this is addressing the criminogenic needs of these offenders particularly ensuring drug treatment is sought where necessary particularly for opiate users. The second greatest criminogenic need is accommodation. 25% of the IOM cohort were identified on the Rough Sleeping database.

### **Improve cohort co-ordination**

A lot of intensive work is undertaken with the various offender cohorts and a considerable overlap is seen amongst the cohorts monitored and managed across the partnership, not just in the individuals but in the services commissioned to address their criminogenic needs. Greater co-ordination is needed to prevent this silo working to ensure there is no duplication in services provided or commissioned and it is clear which agency/cohort has primary responsibility for managing that individual, to prevent any contradictory approaches to offender management.

Throughout the different programmes and schemes we commission to reduce offending we do not use a standardised method of evaluation to enable us to compare and assess the effectiveness of the services. The simplest way would be to use IDIOM the Home Office case management system which was set up to manage the effectiveness of offenders on the IOM scheme as other cohorts can easily be added to this system.

### **Non borough offenders**

About half of people who offend in Westminster do not live here and a significant proportion are foreign nationals. This is far greater than other boroughs as offenders generally do not travel far to commit crime. The volume of people passing through Westminster each day makes the borough attractive to offenders particularly for theft offences which are proven to have the highest re-offending rates. Our commissioned services are focused upon Tri-borough residents only. Consideration should be given to expanding provision to non-borough prolific offenders where they are not receiving any additional support from their borough of residence.

The Strategic IOM board made a number of recommendations to consider including; conduct a scoping exercise to have a better understanding of resources available to IOM offenders in their home borough; holding a workshop with the boroughs who 'import' offenders into Westminster and lobby MOPAC to take ownership of cross border offending.

Foreign nationals are responsible for a large proportion of ASB in particular begging and rough sleeping and theft from shops, enforcement action should continue against this cohort.

### **Early intervention**

The prevention of crime is better than trying to cure it. We know the key factors that put someone at risk of offending, such as being in care or being a child in need. Early intervention and working with Children's services at the early signs of risk should play a key part in reducing or preventing offending. A challenge to this are the cuts experienced across Early Help and we will need to consider any changes to the YOS. It is anticipated this will be most impacted upon the skilled staff who work with adolescents.

Across the partnership we are delivering some successful early interventions such as the Your Choice Gang diversion programme and the Youth Resettlement pilot by the YOS. Whilst the number of young people entering the youth justice system is falling, those that remain are often some of the most challenging and vulnerable young people in society.

Whilst difficult to achieve, a whole family approach would seek to not only reduce reoffending but also to deliver better life chances for children and families.

## Vulnerable victims

While most people and places do not get victimised by crime, those who are victimised consistently face the highest risk of being victimised again. Previous victimisation is the single best predictor of victimisation. It is a better predictor of future victimisation than any other characteristic of crime. Understanding those people, property and places that are at a disproportionate risk of victimisation will enable effective crime prevention strategies to be developed to mitigate this risk.

MOPAC assumed responsibility for commissioning victims’ services in London in October 2014. MOPAC’s strategic ambition is to drive a ‘whole system’ approach to; support victims of crime to cope and recover; protect vulnerable victims; reduce repeat victimisation and drive victim satisfaction and confidence in the CJS. Whilst maintaining universal provision to victims through Victim Support, a dedicated Children & Young People’s Unit and a dedicated Repeat Victims’ unit has been established. In addition a service for international visitors who fall victim to crime when in London was launched in 2015. A number of key pieces of work are also on-going that will inform future commissioning, i.e. the MOPAC and NHS Sexual Violence and CSE Needs Assessment for London and the Harmful Practices Pilot. MOPAC are also to deliver a pan London ‘hub and spoke’ Restorative Justice operating model which will be launched in 2016 for two and a half years. It is expected that victims will be at the heart of the refreshed Policing and Crime Plan.

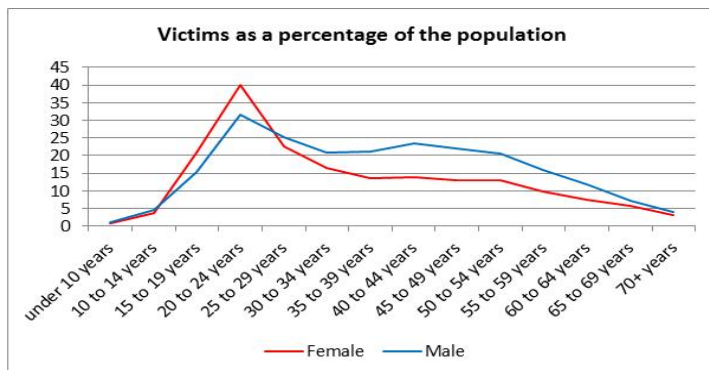
A pan London domestic violence service provides additional Independent Domestic Violence Advocates (IDVAs) and other support workers to plug the gaps in borough provision. MOPAC also contribute to Rape Crisis Centres and Haven Sexual Assault Referral Centres across London and funding has been committed to these for several more years.

Whilst pan London commissioning of services is welcomed boroughs do not receive any feedback on the impact or who in their communities these services have affected, which would greatly assist in local commissioning.

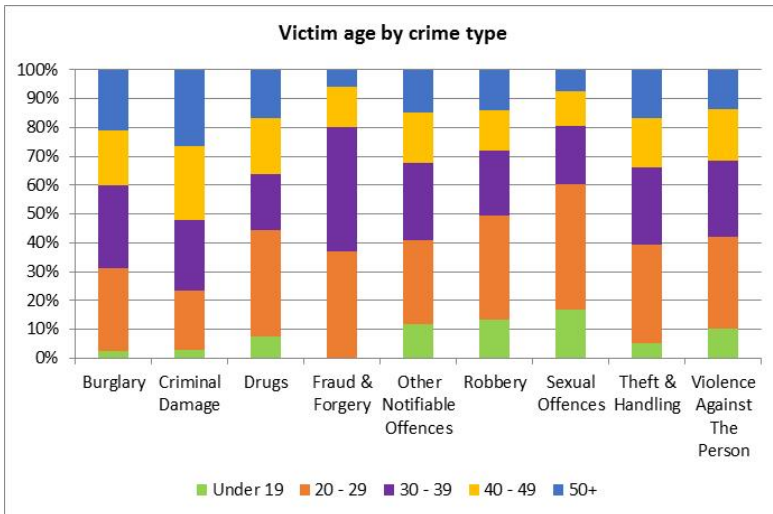
### Who are victims in Westminster?

Police CRIS data has been used to identify the profile of people and ‘hot products’ most likely to be victimised in Westminster.

Gender was recorded in 87% of victims details, 59% were males and 41% females. Estimated age was known for 78% of victims. Victims are young with 60% of victims aged between 20 to 39 years. This is more pronounced for females with nearly one fifth of victims being aged between 20 – 24 years.



This chart looks at the number of victims by age as a percentage of the local population. What can be clearly seen is people aged 20 – 24 are significantly more likely to be victims of crime than the average population. This is most pronounced for female victims. It also shows the risk of victimisation increases until 20 – 24 years old and then decreases for both sexes.



This chart looks at the age of the victim by crime type. It shows young people are much more likely to be victims of sexual offences and robberies. People over 40 are more likely to be victims of criminal damage. Fraud & forgery is most likely to happen to the 30 – 39 age group. Looking at crime by gender shows that 63% of all sexual offences the victim was female, in all other crime types males were more likely to be the victim, this is most notable for robberies that 62% of victims were male.

Ethnicity was only shown in 44% of victims. The breakdown of ethnicity mirrored the borough population. The data showed that people of African/Caribbean and Arabic appearance were more likely to be victims of violence against the person than other victims across Westminster.

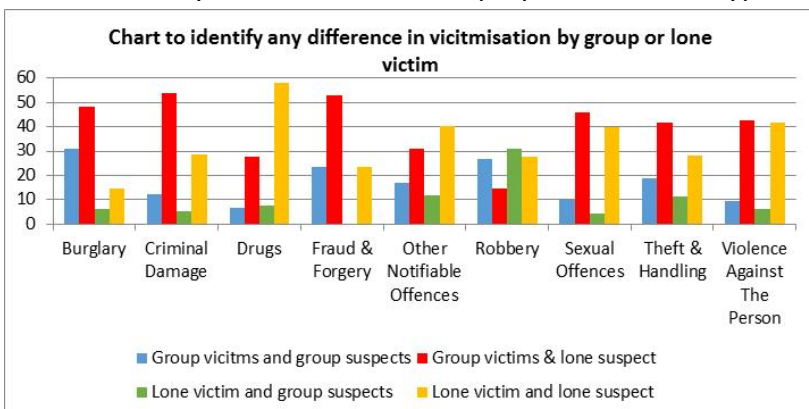
Nationality was only known for 20% of victims, where known 55% were shown as UK nationals, therefore nearly half of all victims are foreign nationals. There were no nationalities significantly more likely to be victimised, the highest nationalities were; Italian (4%), French (3%) and China (2.5%). Data was not available to identify whether the victims of crime were borough residents.

Occupation was listed for 38% of victims. 80% were shown as employed, 12% were students, 5% unemployed and 3% retired.

Victim group	1st	2nd	3rd
Employed	Other theft 20%	Theft from shops 16%	Burglary other building 8%
Unemployed	Other theft 19%	Common Assault 12%	Assault with injury & Harassment each 12%
Student	Other theft 30%	Theft person 22%	Personal property 9%
Retired	Other theft 35%	Theft person 19%	Burglary dwelling 8%

This table looks to see if there is a difference in the crimes people are victims of by occupation. As can be seen, unemployed people

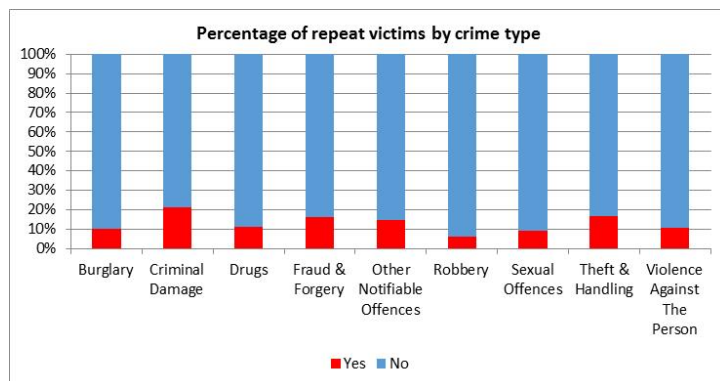
were far more likely to be victims of violent offences, students and retired people were more likely to be victims of other theft and theft person. This highlights that crime prevention messages to prevent thefts should be targeted towards students and the retired. It was not possible from the data provided to identify if the violent offences were domestic violence related or not. It would be useful to look into this further to understand any links between unemployment and the types of violence.



Where known 61% of CRIS offences were committed against lone victims. The chart to the left looks to identify if there are any differences in the crimes that single or multiple victims are subject to or differences in crimes that single or multiple suspects commit. It shows that most offences have group victims and lone suspects. Whilst robbery offences are most likely to have lone victims and group suspects.

## Repeat victims

CRIS data records if victims of crime had been a victim of crime in the past 12 months to be able to identify the scale and extent of repeat victimisation, this was recorded in 81% of CRIS records. Where known 14% of victims were detailed as repeat victims.



This chart looks at the percentage of repeat and not repeat victims by major crime type. Criminal damage had the greatest amount of repeat victims at 21% followed by theft and handling. Upon further examination it appears that it is the properties that are more likely to be repeat victims than individuals. Whilst robbery had the least amount of repeat victims at 6%.

Looking at offences where the victim is targeted rape and harassment had the highest amount of repeat victims at 15%. Unfortunately data was not available to identify if the repeat victims were victims of domestic violence. From the data provided it is not possible to identify if the repeat victims were repeats of the same offence type. There was no difference between males and females and ethnicity and the levels of repeat victimisation. The percentage of repeat victimisation increased with age. This was most pronounced for other thefts, harassment and common assaults. As we know victimisation is the best predictor of future victimisation, targeting support to young victims would have a greater impact upon reducing future victimisation.

## Hot products

It is not just people that have an increased risk of victimisation; there are 'hot products'. These are also known as CRAVED items in that they are; **C**oncealable, **R**emovable, **A**vailable, **V**aluable, **E**njoyable and **D**isposable.

The property taken from acquisitive crimes was analysed to identify the most CRAVED items. The table shows the top 5 items for each acquisitive crime type.

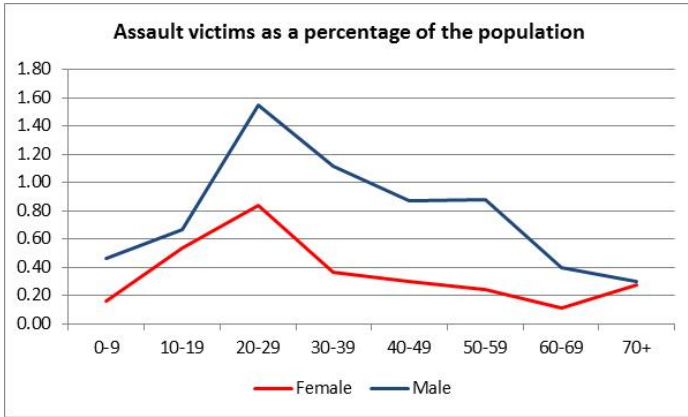
Offence	Category 1		Category 2		Category 3		Category 4		Category 5	
Theft from motor vehicle	Currency	8%	Handbag	6%	Property other	5%	Laptop	5%	Mobile Phone	5%
Theft from person	Mobile phone	22%	Currency	17%	Purse Wallet	15%	Credit card	15%	Driving licence	7%
Theft from shops	Menswear	19%	Ladies wear	13%	Cosmetics/toiletries	11%	Property other	7%	Food stuff	6%
Other theft	Currency	13%	Mobile phone	12%	Credit card	11%	Purse	10%	Handbag	7%
Personal robbery	Mobile phone	19%	Currency	17%	Credit card	11%	Watch	11%	Purse	8%
Business robbery	Currency	20%	Alcohol	9%	Mobile phone	9%	Handbag	5%	Property other	5%
Burglary non-residential	Currency	16%	Laptop/Computer	15%	Mobile phone	5%	Credit card	4%	Alcohol	3%
Burglary residential	Jewellery	16%	Laptop/Computer	14%	Currency	11%	Watch	6%	Handbag	4%

Currency and mobile phones and small portable items were the most CRAVED items. This shows that crime prevention messages need to be focussed upon keeping these items secure and also upon promoting measures such as using 'immobilise' for recording details of valuable items or the use of applications to aid in the recovery of stolen mobile phones.



## London Ambulance Service Assaults

Another source of victim data is to look at London Ambulance Service (LAS) Assault data. Westminster had the fifth highest number of assaults and accounted for 4% of all LAS assaults across London. On average there were 4 assaults per day in Westminster.



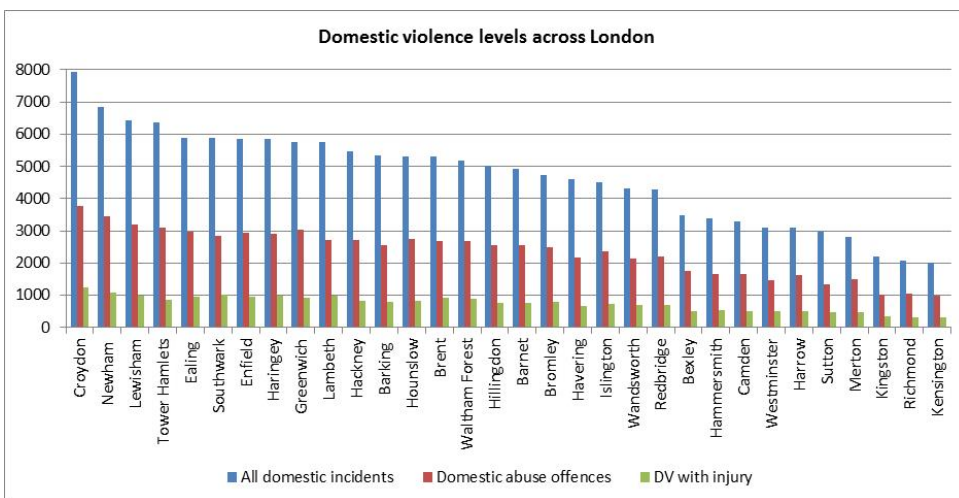
This chart looks at the number of assault victims by age as a percentage of the local population. This shows that males are significantly more at risk of becoming a victim of assault than females and both male and females are at an increased risk of being a victim of assault between the ages of 20 – 29 years old.

71% of assault victims in Westminster were male, this is greater than across London at 64%.

Assault data is broken down into further categories of stab/gunshot/penetrating trauma. On average there were 5 stab/gunshot/penetrating trauma assaults per month in Westminster. This is the 15<sup>th</sup> highest across London. 85% of these assaults were against males there was no specific age group more likely to be victims. 6% of the injuries related to guns and 77% to knives.

## Domestic Violence

It is estimated that 8.5% of the female population and 4.5% of the male population suffer some form of domestic abuse<sup>19</sup>. On average high risk victims live with domestic abuse for 2.6 years before getting help<sup>20</sup>. The CSEW identified the proportion of adults aged 16 to 59 who were victims of DV in the last year has remained the same. It also identified that 16 – 19 year olds were more likely to be victims of DV than any other age group.



The chart to the right looks at the number of domestic incidents, domestic abuse offences and domestic violence with injury offences per borough across London. There were 3,105 domestic incidents recorded in Westminster from July 2015 to June 2016, 1,477 domestic abuse offences and 513 domestic violence with injury.

<sup>19</sup> ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics

<sup>20</sup> SafeLives (2015), Insights IDVA National Dataset 2013-14: Bristol: Safe Lives



All of these offences are in the bottom quartile across London. There is a clear increase in domestic offences in London. In the year to June domestic offences increased by 8.5% compared to the previous year. A slightly greater proportion of domestic abuse offences are violence with intent (35%) compared with across London (32%).

On average 22% of victims of domestic abuse in any given month are repeat victims of this type of abuse.

Of the domestic abuse offences 36% of people were proceeded against compared with 29% across London and 35% in RBKC and 26% in LBHF. Of those proceeded against 60% were charged in Westminster compared with 64% across London and 64% in RBKC and 70% in LBHF. Westminster cautions a greater proportion of DV offenders (39%) than across London (35%) or RBKC (35%) or LBHF (28%).

The multi-agency risk assessment conference (MARAC) is a local multi agency victim focused meeting where information is shared on the highest risk cases of domestic abuse between statutory and voluntary sector agencies. In the year to June 2016 there were 302 cases brought to the MARAC, the numbers have been slowly increasing. Whilst the number of cases has increased the number of repeats<sup>21</sup> has decreased and is 18%. This is considerably lower than nationally at 25%.

Nearly one quarter of referrals came from an IDVA, 16% from the Police and 15% from housing. 61% of cases were from the BME community compared with 15% nationally. 7% of cases were LGBT compared with 1% nationally. 20% had a disability compared with 4% nationally, the proportion of cases with a disability has increased considerably over the last year. 5% of cases were male both locally and nationally. The number of victims aged 16 – 17 was 1% in Westminster compared with 2% nationally.

Starting In early 2015, the Tri-borough co-commissioned what were previously a dozen or more separately held and managed services to tackle domestic abuse to create two shared services covering front line support and coordination of criminal justice and MARAC processes.

### **Violence Against Women and Girls (VAWG)**

Front line specialist support for survivors and their families is being delivered by the Angelou Partnership and Standing Together coordinate the MARAC conferences and two domestic violence courts including one at Westminster Magistrates court.

A Tri-borough VAWG strategy is in place and details how the Partnership will deliver a coordinated community response to VAWG the strategy is subject to regular reviews and consideration by the VAWG Strategic Board. The Board is influenced by six operational groups that each have a coordinator and a chair and work to detailed action plans based on the seven strategic commitments; housing; specialist services; children and health; risk and review; harmful practices and modern slavery and exploitation.

Angelou performance data over the year to July 2016 showed there were 1,107 referrals to Westminster most were self-referrals (21%) followed by MARAC (18%) and the police (15%). 18% of these referrals were repeats.

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<sup>21</sup> A repeat MARAC case is one which has been previously referred to MARAC at some point in the 12 months from the date of the last referral.

Support accessed by service users	% WCC
Domestic Abuse	88
Sexual Violence	12
Harmful and Cultural Practices	3
Stalking and Harassment	3
Child Sexual Exploitation	3
Sexual Exploitation	1
Trafficking and Prostitution	1

This table looks at the types of support most accessed as can be seen the vast majority required domestic abuse support. 68% of those accessing services were from ethnic minority backgrounds. Nearly one third of survivors were aged between 26 to 35. Only 1% were male, which is lower than the proportion of males referred to the MARAC. 18% were identified as having a mental health issue/need, 7% a physical disability and 2% a learning disability.

The majority of survivors had children most of whom were aged 0 – 5 years. As adults, children who have witnessed violence and abuse are more likely to become involved in a violent and abusive relationship themselves. Children tend to copy the behaviour of their parents. Boys learn from their fathers to be violent to women. Girls learn from their mothers that violence is to be expected and something you just have to put up with<sup>22</sup>.

MOPAC funding is used support this delivery and is match funded locally. Targets were set which determine if the funding through MOPAC is received they include;

- Percentage of domestic abuse cases where the Partnership was able to reduce the assessed risk at point of case closure, Target 82% actual 84%;
- Percentage of women reporting increased safety and feelings of safety, target 82% actual 84%; and
- Women report a reduction in abuse due to support and advice received, target 78% actual 93%.

Also monitored is the percentage of defendants convicted at the DDVC in Westminster which increased to 73% in 2015/16 from 63% in 2014/15. Percentage of defendants who make early guilty pleas at the DDVC in Westminster, this increased to 45% in 2015/16 from 27% in 2014/15.

Services victims referred/signposted to	No.
Other agency within Angelou Partnership	216
Other	143
Solicitors	101
Counselling	82
MARAC	57
Housing/Accommodation Services	54
Victim Support	47
IDVA service in another borough	42
Refuge	42
Rape Crisis Service	41
Family and Children Services	36
Sanctuary Scheme	27
Therapeutic Services	27
Adult Social Care	16
Other Risk Management Group	12
Witness service	11
Drug and Alcohol Services	6

Area of advise/ support provided:	No.
Health and well-being	335
Accommodation and Housing	260
Children and Families	86
DIY Injunctions and non molestation orders	57
Support giving statements/ Criminal Justice Process	47
Welfare and Benefits	46
Immigration	42
No recourse to public funds	37
Support at Criminal Court	9

These tables look at the types of services referred to and the type of advice required. As can be seen most victims are signposted to other agencies within the Angelou Partnership evidencing that this service is addressing most of the victim's needs. Most victims required support around Health and well-being, unfortunately no further details are available as to the type of support.

<sup>22</sup> <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parents/carers/domesticviolence.aspx>

## **Early intervention**

An additional £187,500 of funds for one year was secured from MOPAC to support victims (£160K) and restorative justice (£27.5K) in the YOS across the Tri-borough. This money was used to fund a seconded Victim Support worker to undertake one on one and group work, to provide training for young people to improve their social and emotional skills. Students from the Tri-borough Alternative Provision (TBAP) schools were identified and received either one to one or small group work. Speakers were brought in to address issues such as victimhood and crime awareness, substance misuse, domestic violence and healthy relationships which were delivered across the schools. Staff from TBAP and some students were identified and commenced training in conflict resolution and supporting victims, by equipping staff and students with the ability to deal with conflict in a more constructive way, the whole school adoption of restorative approaches will have a positive impact on relationships within the school and on student behaviour in and out of school.

Preliminary feedback has shown 88% stated that 'I can use the information presented to me to help keep me safe'. The funds were also used to support frequently missing or absent from home or school.

The RJ funding was used to provide additional promotional material and additional sessional RJ workers were employed. This is short term funding. When such funding opportunities arise we need to be in a position to able to identify quickly what are our needs and gaps in service provision should any future funding pots arise.

## **Vulnerable young victims**

There are a number of indicators that help to identify young people who are vulnerable to becoming victims of crime. This includes being a looked after child and going missing from either school or home. These factors also greatly increase the risk of young people becoming a victim of child sexual exploitation. Local analysis shows that children who go missing have been heavily involved with Children's Services in the past and there is an average of 10 years since the first referral was recorded against a subject's family. A small proportion of children are responsible for the majority of incidents. As shown in the last strategic assessment there is considerable overlap amongst these cohorts and many had both been victims and offenders. Instead of having teams set up to monitor and support these different cohorts it may be more efficient to co-ordinate or combine these teams together into a vulnerable young person unit. Research has evidenced that offenders are more likely than non-offenders to be victims and victims are more likely than non-victims to be offenders. This would support the rationale that a vulnerable person unit be focused upon those individuals who are at risk of becoming victims or offenders.

## **Recommendations**

### **Repeat Victims**

Reducing repeat victimisation should be at the heart of any action taken to work with victims, as we know previous victimisation is the single best predictor of victimisation. Police data showed that 14% of victims of crime had been repeat victims within the last 12 months and the rate of victimisation increased with age, therefore concentrating resources on this cohort will have the greatest impact upon reducing future victimisation. Regular analysis needs to be undertaken to identify these repeat victims and to ensure support/action is taken to prevent further victimisation. A greater understanding of the support provided to

these victims via the pan London MOPAC commissioned services is needed to ensure their needs are met and to identify any gaps in provision.

Domestic violence has the highest repeat victimisation rate at 22% so work should continue to focus upon this group of victims. Good results are being seen by our commissioned services in that victims have experienced a 93% reduction in abuse due to the support and advice received. The Tri-borough has the option to extend this contract for a further two years, so consideration should be given if future MOPAC funding should be used to do this.

The percentage of repeat victimisation increased with age further work needs to be done to identify this highly victimised cohort to develop appropriate crime prevention and reduction strategies.

Work is being undertaken across the partnership to address repeat ASB victims and repeat missing children by both the police and the local authority. The data has shown many of these victims are not just victims of one specific crime and therefore a more co-ordinated approach to tackling repeat victims needs to be taken across the SWP. This should be achieved through the changes to governance structure in the SWP via a dedicated Victims sub group.

#### **Early intervention/Prevention**

The data shows that young people aged 20 – 24 were disproportionately more likely to become victims of crime than any other age group. If we can intervene prior to this, greater impact could be made upon reducing victimisation. Evidence clearly shows there are a number of indicators that help to identify young people who are vulnerable to becoming victims of crime. Young people are at an increased risk of victimisation particularly if they have witnessed domestic violence within the home and this early victimisation can even lead to future offending behaviour. Many of these vulnerable young people will have come to notice to Children's Services or referred to Children's Services via the MARAC.

We should utilise this data to target those individuals to help prevent victimisation in later life and other associated difficulties that can lead to high cost interventions such as, mental health issues, substance misuse, domestic abuse and offending. A significant challenge to this is the significant cuts that have been made to the Early Help services.

## Problematic locations

Crime is not uniformly distributed therefore concentrating resources on high crime areas will have a greater impact upon reducing crime in Westminster.

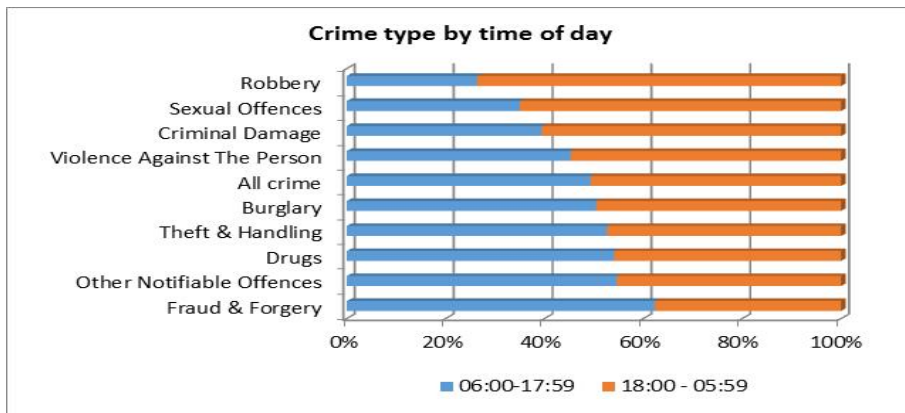
### Where is crime and ASB concentrated within Westminster?



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The map to the left shows crime is very localised, within Westminster over half of all crime is within two of the twenty wards, 29% in the West End and 23% in St James's. These two wards are also the highest crime wards across London accounting for 4% of all London's crime. This disparity is most pronounced for theft offences where 3.4% of all MPS offences occurred in West End ward.

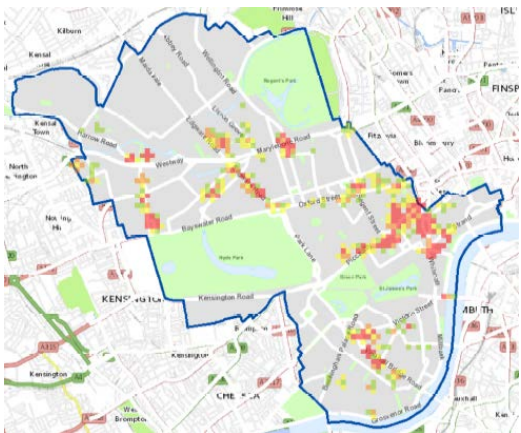
Aoristic<sup>23</sup> analysis was used to identify peak times of offending as the exact time of offences is not always known. The data shows a slight increase in offending on a Friday and Saturday and a peak between 15:00 to 20:00 hours.



This chart looks at the major crime types and looks to see if there is any notable difference between offences that occur in the day time to those in the evening. The chart shows an even split for all crime. Distinct differences include 74% of robberies occurring in the evening and 65% of sexual offences.

The maps below show the hotspots and temporal distribution of crime and ASB from other partnership data sources to identify any discrepancies or similarities with the crime profile.

### Anti-Social Behaviour



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HOUR	Mon	Tue	Wed	Thu	Fri	Sat	Sun	TOTAL
00:00	26	32	36	33	35	51	55	268
01:00	27	25	20	24	27	36	56	215
02:00	23	13	13	23	20	29	46	167
03:00	11	12	9	11	16	38	32	129
04:00	6	10	8	12	18	22	19	95
05:00	9	12	5	12	15	18	22	93
06:00	19	18	16	13	18	14	13	111
07:00	19	26	23	33	26	16	9	152
08:00	33	35	38	40	40	24	23	233
09:00	43	49	40	47	48	22	25	274
10:00	45	45	34	35	35	35	22	251
11:00	37	49	41	53	36	32	25	273
12:00	41	35	36	37	46	46	28	269
13:00	47	50	42	46	33	44	31	293
14:00	46	47	55	39	36	50	28	301
15:00	42	37	50	36	57	46	39	307
16:00	49	40	46	72	53	49	46	355
17:00	55	52	55	47	64	41	46	360
18:00	55	40	45	58	66	52	42	358
19:00	45	48	47	54	47	45	43	329
20:00	49	41	54	54	55	49	51	353
21:00	46	48	51	56	58	44	44	347
22:00	43	34	51	44	62	55	41	330
23:00	53	38	44	36	53	53	37	314
<b>TOTAL</b>	<b>869</b>	<b>836</b>	<b>859</b>	<b>915</b>	<b>964</b>	<b>911</b>	<b>823</b>	<b>6177</b>

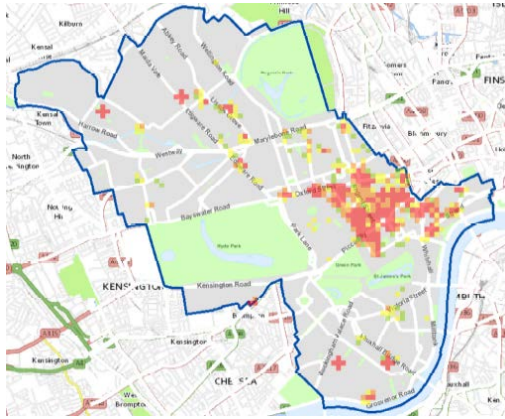
Police ASB data from DARIS for Jan to June 2016 shows that most ASB (9%) is located in Strand and Whitehall Safer Neighbourhood Team (SNT) and (7%) in Mayfair and St James SNT area. In relation to temporal analysis there are no significant times for incidents with 17:00 to 18:59 accounting for 12% of all incidents and Friday a slight peak at 16% of incidents.

<sup>23</sup> Aoristic analysis is a method of analysing times of occurrence for crimes in which the time of occurrence is unknown. It assigns a probability of occurrence for each hour of the day.



No updated data was available from the London Analyst Support site on BTP and TfL incidents, previous data showed 60% of all TfL incidents were in St James and West End wards and Victoria station had the highest level of BTP incidents in London accounting for 33% of all incidents at Westminster stations.

**London Fire Brigade Incidents July 2015 to June 2016**



HOUR	Mon	Tue	Wed	Thu	Fri	Sat	Sun	TOTAL
00:00	29	42	33	27	30	40	42	243
01:00	19	19	25	32	40	33	28	196
02:00	20	20	14	22	23	27	37	163
03:00	18	22	19	27	20	27	14	147
04:00	13	17	12	34	14	12	26	128
05:00	18	20	16	25	18	20	17	134
06:00	21	27	16	28	23	30	17	162
07:00	46	43	33	43	29	17	25	236
08:00	52	56	56	57	43	32	40	336
09:00	62	61	65	69	74	54	39	424
10:00	76	64	66	68	57	44	52	427
11:00	65	74	68	71	61	53	43	435
12:00	59	58	66	60	63	59	52	417
13:00	42	56	62	67	58	57	40	382
14:00	39	50	63	49	57	49	52	359
15:00	55	52	55	63	65	61	60	411
16:00	42	56	38	56	58	48	38	336
17:00	54	52	67	62	59	50	57	401
18:00	62	69	75	69	46	53	63	437
19:00	68	55	66	76	51	58	67	441
20:00	61	57	49	64	76	66	59	432
21:00	32	47	65	49	31	48	41	313
22:00	43	33	53	51	44	53	51	328
23:00	38	30	45	37	32	46	33	261
<b>TOTAL</b>	<b>1034</b>	<b>1080</b>	<b>1127</b>	<b>1206</b>	<b>1072</b>	<b>1037</b>	<b>993</b>	<b>7549</b>

43% of incidents remain located in West End (24%) and St James's (19%) ward. Thursday saw a slight peak in incidents. On average there were 21 incidents a day, a slight increase from the last strategic assessment (19). 11% of incidents were primary (6%) or secondary fires (5%). 65% of incidents were linked to fire alarms. 46% of incidents were described as non-residential and 37% dwelling.

**London Ambulance Assaults July 2015 to June 2016**



Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	TOTAL
00:00	10	13	9	21	19	25	23	120
01:00	10	10	6	3	17	20	30	96
02:00	12	10	14	12	19	28	26	121
03:00	7	15	16	18	19	32	42	149
04:00	5	6	5	10	18	32	19	95
05:00	3	3	3	6	3	10	10	38
06:00	3	2	4	3	8	10	8	38
07:00	5	3	1	2	3	8	6	28
08:00	2	4	5	3	5	1	3	23
09:00		3	3	5	6	4	4	25
10:00	3	6	2	5	7	3	8	34
11:00	8	2	7	8	9	1	5	40
12:00	2	5	5	9	9	4	3	37
13:00	7	2	7	6	9	5	7	43
14:00	6	4	6	12	5	9	10	52
15:00	10	11	9	6	12	6	4	58
16:00	14	7	11	12	9	4	9	66
17:00	5	11	2	3	5	5	5	36
18:00	7	9	6	12	9	12	12	67
19:00	6	9	9	6	12	17	6	65
20:00	11	13	10	14	11	16	12	87
21:00	9	9	16	16	10	13	9	82
22:00	11	10	15	14	17	16	16	99
23:00	6	10	11	15	22	28	10	102
<b>TOTAL</b>	<b>162</b>	<b>177</b>	<b>182</b>	<b>221</b>	<b>263</b>	<b>309</b>	<b>287</b>	<b>1601</b>

30% of incidents occurred between 00:00 to 03:59 hours most in the early hours of Saturday and Sunday morning. 46% of incidents occurred within two wards St James's (26%) and West End (20%).

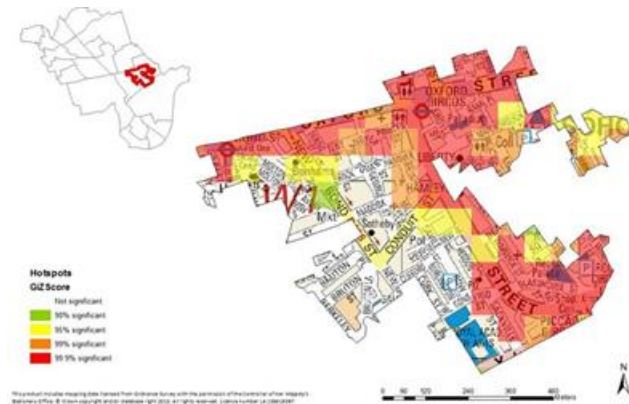
All of these crime/ASB related data sets identify the same hotspot areas of the borough namely the West end and St James's wards, yet have different temporal profiles.

Looking at crime at lower geographical area i.e. at LSOA<sup>24</sup> you can see just how concentrated crime is. Three LSOA's contain 28% of all crime across Westminster, two in West End Ward and one in St James's. Therefore if crime were to reduce by just 3% in these three small areas this would reduce crime across the borough by 1%. 84% or 108 of the 128 LSOA areas have less than one crime recorded per day. 41% LSOAs (53) have less than 10 crimes per month. Therefore targeting resources in these three crime concentrated areas will have a

<sup>24</sup> LSOA = Lower Super Output Area is a geographic area that contains a mean population of 1,500.

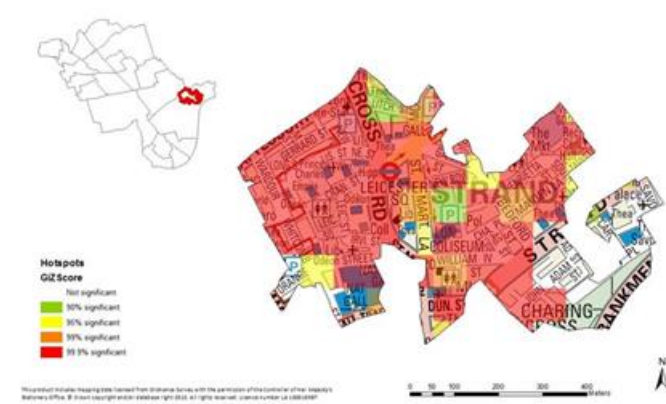
significant impact upon reducing overall crime levels. Below provides a brief overview of the crime within these small geographies.

**E01033595 West End ward**



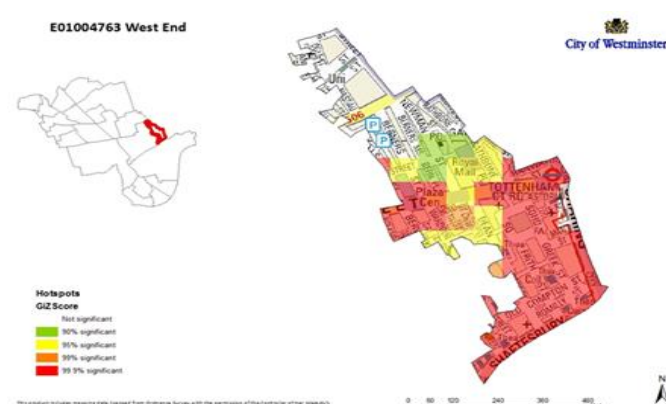
11% of all crime in Westminster falls within this area. 75% of all crime in this area (14% of WCC) is theft and handling compared with 57% across Westminster. This is made up of other theft 38% (11% of all WCC), theft from shops 33% (30% of all WCC) and other theft person 25% (16% of all WCC). 15% of all crime in this area is Violence against the person which is a much lower proportion than across Westminster (21%) despite the lower proportion the LSOA has of VAP it is still the third highest LSOA for VAP across Westminster. This was also the highest LSOA for burglary and third highest for robbery and criminal damage.

**E01004734 St James's ward**



9% of all crime in Westminster falls within this area. 56% of all crime in this area is theft and handling of which 54% is other theft and 33% theft person, 31% of all crime in this small area is violence against the person which is the highest concentration across Westminster, accounting for 11% of all VAP across Westminster and has the highest concentration of all VAP crime types except Offensive Weapon where it ranks second highest. It has the highest criminal damage and drugs offences and second highest robbery levels, and third highest burglary across Westminster.

**E01004763 West End ward**



8% of all crime in Westminster falls within this area. 9% of all theft and handling across Westminster is located here. This accounts for 65% of all crimes in this location. Of which 47% is other theft (9% of all other theft in WCC) and 34% is theft person (15% of all theft person in WCC). 22% of all crime in this area is VAP. This LSOA has the highest level of robbery accounting for 12% of all robberies across Westminster and the second highest level of burglaries, criminal damage, theft and handling and drugs.

As can be seen crime is very localised and therefore tactics to reduce crime can be concentrated in very small areas to have a significant overall impact.

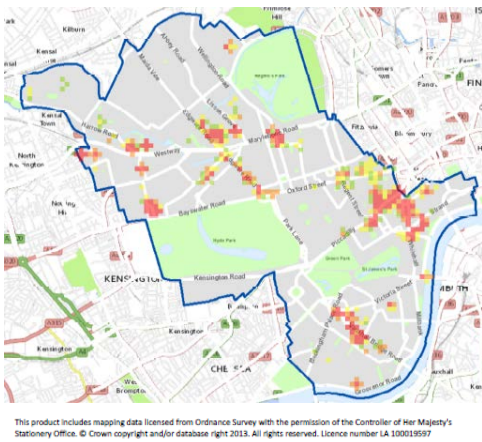
### Anti-social behaviour

Combatting ASB uses a variety of partnership resources and can have a significant impact upon the quality of victim’s and resident’s lives. ASB is not just recorded by the police, but also the Local Authority and City West Homes. This section looks at ASB data from the police and local authority.

The table below looks at police recorded ASB from January to June 2016. Rowdy or inconsiderate behaviour makes up nearly half of all ASB incidents and begging/vagrancy.

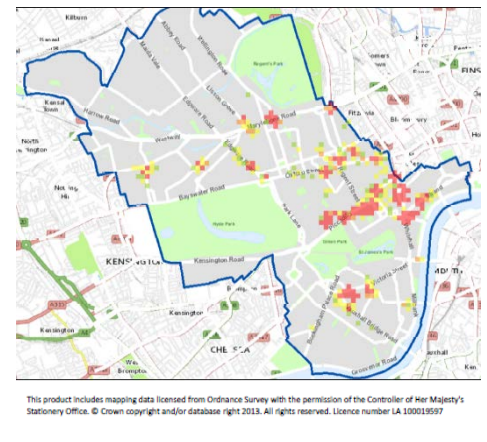
20% of all rowdy and inconsiderate incidents are within St James’s ward and 17% in the West End. Begging and vagrancy incidents are even more concentrated with 32% in St James’s ward and 26% in West End ward.

#### Rowdy inconsiderate behaviour



ASB category	No.	%
Rowdy or Inconsiderate Behaviour	2450	46
Begging/Vagrancy	1775	33
Noise	343	6
Rowdy / Nuisance Neighbours	336	6
Veh Nuisance / Inappropriate Use	162	3
Prostitution Related Activity	112	2
Street Drinking	59	1
Trespass	44	1
Littering / Drugs Paraphernalia	32	1
Veh abandoned - Not stolen	27	1
Animal Problems	9	0
Fireworks	6	0

#### Begging/vagrancy



ASB Category	No.	%
Noise	16312	46%
Abandoned Waste	15927	45%
Enforcement	2177	6%
Dog Fouling	823	2%
Abandoned Vehicles	73	0%

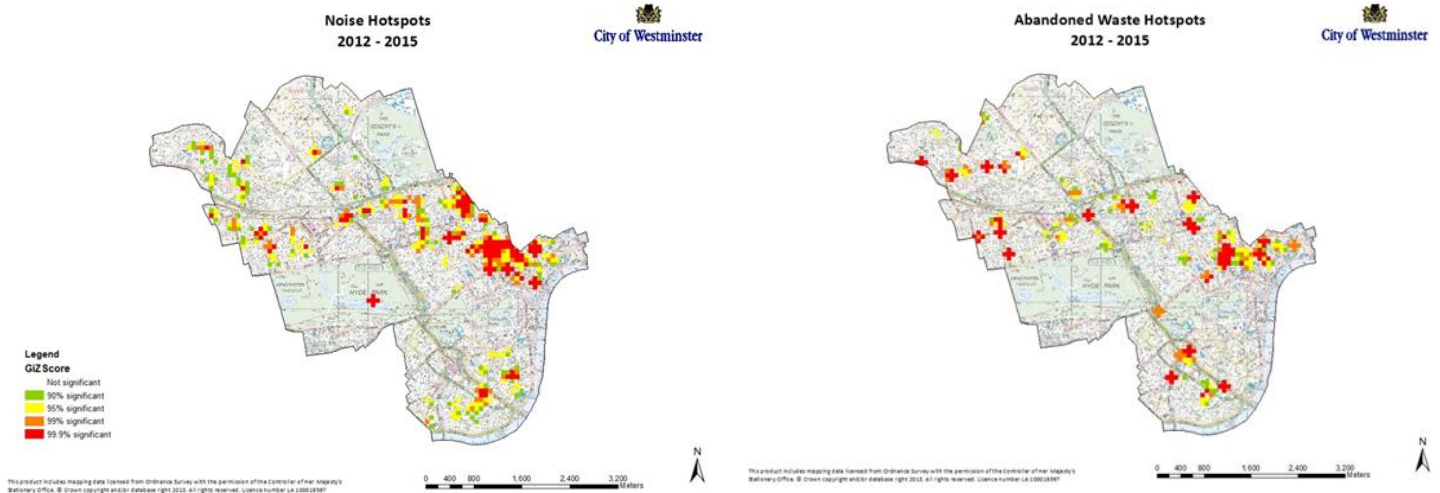
The local authority record data in relation to public realm/environmental related ASB. This table shows the volume over 2015. Noise issues had the greatest volume and reports have increased over the last few years. In particular this has been linked to an increase in busking complaints, which began after an increased focus on busking across central Westminster.

22% of noise complaints were located in West End ward and 15% in St James’s. Residential noise complaints comprise almost half of the total noise complaints. Though residential noise is the most reported noise issue, residents have identified building site noise as the noise type they are most concerned about (15%).

Abandoned waste is the second most reported public realm/environmental issue by volume and residents have regularly reported this as one of their biggest concerns in the City Survey (19%). Abandoned waste type requests also account for the highest proportion of Local Authority City Management taskings. The top two wards for abandoned waste reports was West End and St James’s wards accounting for 36% of all reports. The maps below look at the spatial pattern of noise and abandoned waste hotspots.



# Safer Westminster Partnership Strategic Assessment 2016



The local authority is improving upon its collation of environmental/public realm ASB data through utilising business intelligence to enable resources to be tasked more effectively across the borough. Through looking at the volume of all ASB data provided this would necessitate prioritising abandoned waste and noise in all wards.

WARD	Volume priority	In the top 3 ranked issue across Westminster
Abbey Road	Rowdy or Inconsiderate Behaviour	Abandoned vehicles
Bayswater	Rowdy or Inconsiderate Behaviour	Neighbourhood nuisance
Bryanston and Dorset Square	Rowdy or Inconsiderate Behaviour	Prostitution & animal problems
Church Street	Rowdy or Inconsiderate Behaviour	Neighbourhood nuisance
Churchill	Rowdy or Inconsiderate Behaviour	
Harrow Road	Rowdy or Inconsiderate Behaviour	Dog fouling
Hyde Park	Rowdy or Inconsiderate Behaviour	Prostitution & littering/drug paraphenalia
Knightsbridge and Belgravia	Begging/Vagrancy	Animal problems
Lancaster Gate	Rowdy or Inconsiderate Behaviour	Abandoned vehicles
Little Venice	Rowdy or Inconsiderate Behaviour	
Maida Vale	Rowdy or Inconsiderate Behaviour	
Marylebone High Street	Begging/Vagrancy	Littering drug/paraphenalia
Queen's Park	Rowdy or Inconsiderate Behaviour	Neighbourhood nuisance, vehicle nuisance
Regent's Park	Rowdy or Inconsiderate Behaviour	Abandoned vehicles
St James's	Begging/Vagrancy	All issues high except neighbourhood nuisance, prostituion & abandoned vehicle
Tachbrook	Rowdy or Inconsiderate Behaviour	
Vincent Square	Begging/Vagrancy	
Warwick	Rowdy or Inconsiderate Behaviour	
West End	Begging/Vagrancy	All but fireworks, animal problems, neighbour nuisance
Westbourne	Rowdy or Inconsiderate Behaviour	Abandoned vehicles, vehicle nuisance, animal problems & street drinking

This table looks to identify other ward based ASB issues. The volume priority column shows the third highest volume ASB type for each ward. The other column looks at the ranking of all each ASB issue across Westminster by ward and listed includes any issue that was ranked in the top three wards. Those boroughs left blank did not have any issue ranked in their ward ranked in the top three.

As data collation is improved this will enable a greater refinement of priority selection. Of note this only selects priorities based upon volume the next section looks at selecting priority areas based instead upon rates of incidents and socio demographic factors or the vulnerability of the area.

## Vulnerable locations

Westminster has a daytime population of over 1.1 million people. On a normal working day Westminster has nearly 176,000 tourists, 674,000 workers, 233,000 residents. On an average day there are over 95,000 overseas visitors staying in Westminster, compared to 201,000 for all other boroughs combined<sup>25</sup>.

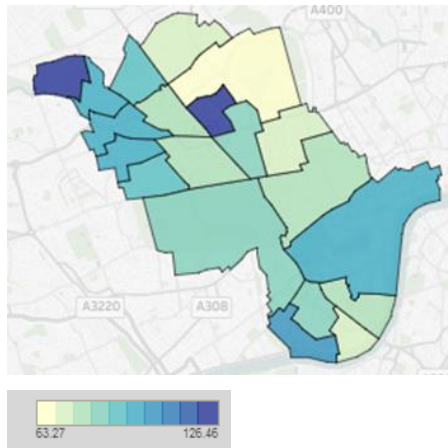
Footfall<sup>26</sup> data can be used to identify areas of high crime prevalence. West End and St James Ward are estimated to account for half of the entire footfall within Westminster. Footfall within Westminster shows a very strong correlation with levels of crime and ASB. This data shows that West End and St James' wards are the highest crime areas linked to the volume of people and thus crime opportunities they attract as concentrated business and entertainment areas.

Analysis of crime rate by footfall showed that Churchill, Lancaster Gate and Bayswater had the highest rates of crime, and for ASB Church Street, and Churchill wards.

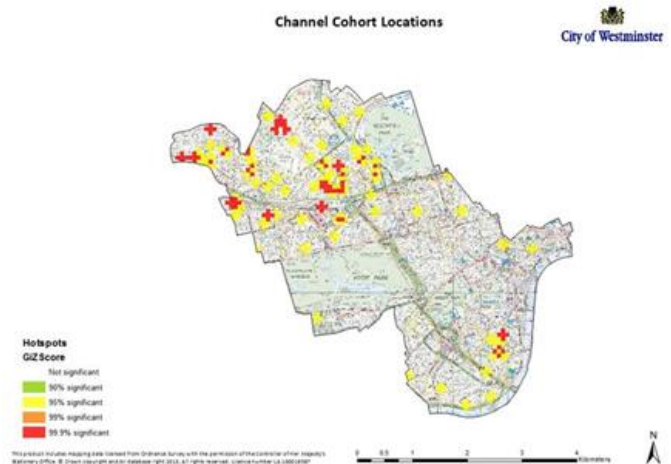
Changes in daily and residential population levels within Westminster will impact upon future crime and ASB levels. GLA data shows over the next twenty years an additional 80,000 employee jobs will be created in Westminster. Westminster also has the second highest local authority projected percentage growth in population between 2008 to 2018.

In contrast changing retail practices i.e. the rise of internet shopping may see a reduction in footfall in the West End and particularly along Oxford Street. Data is inconclusive as to whether the introduction of the 24 tube will increase crime levels in Westminster or displace crimes to further along the tube line.

## Vulnerable localities index



The map to the left was taken from the MOPAC 2016 London Landscape and calculates the vulnerable localities index (VLI<sup>27</sup>). The VLI is used to identify priority neighbourhoods



that are places experiencing high levels of crime in residential areas, alongside problems of deprivation and demographic factors that influence the area's poor sense of community cohesion. 100 is the average VLI ward score across London. Four wards in Westminster had a score of greater than 100; Church Street (126), Queen's Park (125), Churchill (102) and Harrow Road (101). These four wards only account for 13% of the boroughs ASB incidents and 8% of its crime. The ward with the lowest VLI score was Regent's Park at 63. Since the VLI was last updated in 2015 both Church Street and Queens Park wards VLI increased. Churchill

<sup>25</sup> GLA 2014

<sup>26</sup> Data taken from Local Economic Assessment 2016

<sup>27</sup> It uses data on recorded burglary dwelling and criminal damage to a dwelling alongside the index of deprivation, employment and income deprivation and demographic information on high concentrations of young people and poor educational attainment.

remained the same. In contrast the map to the right looks at Channel referrals received since 2012 this programme is aimed to identify vulnerable individuals who are at risk of being drawn into terrorist related activities and clearly shows a greater correlation with the VLI than the high crime areas of the borough.

Of note despite the West End (79) and St James's (95) having by far the most recorded crime across London they had less than the London average VLI scores. The VLI helps to identify the different ways in which areas can be prioritised.

## **Recommendations**

### **High crime areas**

Nearly half of all crime and ASB incidents are located within West End and St James's wards. Concentrating resources in these areas will have the greatest impact upon reducing crime volumes across the borough. Crime can be targeted at even more localised areas as nearly one third is concentrated in just three LSOA's. The greatest impact would be achieved by focusing upon targeting theft in West End ward E01033595, violence against the person in St James ward E01004734 and other theft/theft person in West End E01004763.

### **Antisocial behaviour**

Significant partnership resources are utilised to tackle the large volume of ASB incidents across the borough, as with crime, most is located in the West End and St James's ward and almost three quarters of reports are for noise and abandoned waste, making these clear priority ASB issues across the borough. If these were universally addressed more ward based focus could look at the issues listed on page 39.

Improvements in the use of business intelligence need to be prioritised to ensure that resources across the partnership are intelligence led to focus upon reducing ASB in the most concentrated areas and the issues of most concern to the partnership.

### **Vulnerable locations**

Whilst it is important to target resources in crime concentrated LSOAs in the West End and St James it is also important to focus resources on the crime prevalent and vulnerable locality areas namely Church Street and Queen's Park where more area based initiatives should be directed. This would also link into borough wide initiatives such as Prevent.

## **Strategic Priorities/Recommendations**

This report has used a problem oriented approach to assist in identifying the crime and ASB priorities for the SWP for 2017/18. This has been achieved by looking at the characteristics of offenders and their criminogenic needs, identifying who or what is most likely to be victimised and where in the borough crime is most concentrated and most prevalent.

The priorities chosen will be used to identify where MOPAC funding should be spent and also where partnership resources should be concentrated. As resources continue to be cut across the partnership it is imperative that they are directed in an evidenced based way that will have the greatest impact upon reducing crime and improving safety within Westminster.

### **SWP overarching aim**

When considering what to prioritise, the SWP needs to consider what is its overarching aim? Is it to focus upon reducing the volume of crime or upon reducing the cost of crime to the partnership, which is focusing upon higher cost issues such as violent crime which can have a significant impact upon the victim? Identifying the overarching aim will make it easier for the partnership to identify the priority areas to focus upon.

### **Early Intervention**

Prevention is better than cure and therefore early intervention should be a key theme across the partnership. Evidence shows young people are at an increased risk of becoming victims or offenders of crime and early intervention such as triage used by YOS has had significant impact upon reducing the number of first time entrants into the criminal justice system. The data presented has evidenced a notable overlap in cohorts for both offenders and victims and in the services commissioned to support their needs. To prevent silo working and to improve the commissioning of services to address their needs the SWP should consider developing a vulnerable young person's unit which would address the needs to people aged below 25 who are at an increased risk of becoming both victims and offenders of crime. This could be achieved through expanding the remit of the IGU.

### **Repeat victims**

Reducing repeat victimisation should be at the heart of any action taken to work with victims, as we know previous victimisation is the single best predictor of victimisation. Domestic violence has the highest repeat victimisation rate so is fundamental to reducing repeat victims. Services have been commissioned across the Tri-borough supported by MOPAC funding and have the option to be extended for a further two years. This should be considered if future MOPAC funding allows.

A more co-ordinated approach is required to ensure all repeat victims are identified and their needs addressed. Greater clarity of the victim's services commissioned by MOPAC and how victims within Westminster have been supported will assist with this. Whilst across the partnership work is taken to work with some repeat victims, i.e. ASB and missing children and domestic violence this is not achieved for all.

### **Prolific offenders**

A small proportion of offenders are responsible for a significant volume of crime. The most recidivist offenders are worked with as part of the IOM scheme. To have the greatest impact upon reducing re-offending we need to ensure adequate resources are provided to the IOM scheme to identify and work with

these prolific offenders. For those offenders willing to change, resources need to be directed towards addressing their criminogenic needs centred on support with substance misuse and accommodation.

### **Improve cohort co-ordination**

Co-ordination needs to be improved across the partnership in relation to the various offender cohorts worked with as there is a notable overlap. This is to prevent silo working and to ensure there is no duplication in services provided or commissioned. So there is clarity about which agency/cohort has primary responsibility for managing that individual, to prevent contradictory approaches to offender management.

Standardised evaluation across the partnership would enable comparative assessments to be made about the effectiveness of the different cohort management to evidence what works.

### **Non borough offenders**

A specific problem for Westminster is the volume of non-residents and foreign nationals who come here to commit crime; this is most prevalent for theft offences whose offenders have the highest recidivism rates and are often problematic drug users. We should consider working more closely with boroughs with the greatest influx of offenders to reduce this impact.

Enforcement activity targeted around foreign nationals who commit a disproportionate amount of crime and ASB should continue.

### **High crime locations**

Nearly one third of all crime within Westminster is located within three LSOA's of the borough. Targeting resources in these areas will have a significant impact upon reducing the volume of crime across Westminster.

### **Vulnerable locations**

Developing area based work in the borough in the most vulnerable wards namely Church Street and Queen's Park would enable resources to be directed towards the most vulnerable communities in the borough.

### **Counter Terrorism**

The national security threat level for International Terrorism remains at severe meaning an attack is highly likely therefore it would be prudent to retain countering terrorism and radicalisation as a priority of the SWP.

There are a number of significant challenges to reducing crime and disorder within Westminster. The high population churn means crime prevention work needs to be continually refreshed. As savings continue to be required across the public sector, the partnership must be alert service cuts and the impact it may have on reducing crime and disorder in Westminster. The review of the police borough command unit structure may dictate closer working with another borough. In contrast Hammersmith and Fulham council no longer wish to commission any new services with the Tri-borough. These challenges make it more important than ever to work together as a partnership in an evidenced based way to reduce crime and disorder in Westminster.

## Appendix – Data Sources

DATA	SOURCE	LIMITS/CAVEATS
Crime Reporting Information System (CRIS)	Metropolitan Police Service	Data on DV flagged information not provided. Unable to identify the level the volume of individuals who are repeat victims. Data on borough of residence not provided.
Computer Aided Despatch (CAD)	Metropolitan Police Service	Data is confined to temporal and spatial analysis.
AssetPlus	Youth Offending Service	
British Transport Police incidents	GLA Safe Stats	Data only available up to the end of 2015
Police Custody data	Metropolitan Police Service	Only available for those who were eligible to be tested for Class A drugs
Probation/CRC data	GLA Safe Stats	Data only available up to September 2015
London Ambulance Service assaults/alcohol and drugs overdoses	GLA Safe Stats	
Transport for London incidents	GLA Safe Stats	Data only available up to the end of 2015
Fire data	GLA Safe Stats	
City Survey	Westminster City Council	Only based upon 1,000 residents
NSPIS Custody DTR data	Metropolitan Police Service	
Census Data	Office of National Statistics	



## Adults, Health & Public Protection Policy & Scrutiny Committee

<b>Date:</b>	1 February 2017
<b>Classification:</b>	General Release
<b>Title:</b>	<b>Work Programme and Action Tracker Update</b>
<b>Report of:</b>	Director of Policy, Partnerships & Communications
<b>Cabinet Member Portfolio</b>	Cabinet Member for Adults & Public Health Cabinet Member for Public Protection Chairman of the Adults, Health & Public Protection Policy & Scrutiny Committee
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	City for Choice / Aspiration
<b>Report Author and Contact Details:</b>	<b>Muge Dindjer x2636</b> <b><u><a href="mailto:mdindjer@westminster.gov.uk">mdindjer@westminster.gov.uk</a></u></b>

### 1. Executive Summary

- 1.1 This report presents to Committee the latest version of the work programme and action tracker for their consideration.

### 2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:

- Note the current version of the work programme and action tracker
- Consider the scope of the items for the meeting in February 2017
- Set aside some time at the last cycle in May 2017 both to review the last year's work and to discuss and agree a new work programme for the year ahead.



### **3. Background**

#### **3.1 Variations from the Annual Work Programme agreed in June**

The Work Programme has been amended following the last meeting and the agreement to defer various items to make the February meeting more manageable. The Licensing item that members are waiting for has currently not reached a stage where there are yet any policy proposals that have been formulated. This likely to come to committee in either March or May depending on the progress of the work and will be in time for the Committee to influence the proposals.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Muge Dindjer x2636**


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#### **APPENDICES:**

Appendix 1- Annual Work Programme

Appendix 2 - Action Tracker



		
Adults, Health & Public Protection Committee <b>ROUND ONE (22 JUNE 2016)</b>		
Agenda Item	Reasons & objective for item	Represented by:
<b>1. Reviewing the Community Independence (CIS) review 1 year on-</b>	One year on review of performance to include: <ul style="list-style-type: none"> <li>Personalised budgets and relevant KPI's</li> </ul>	<ul style="list-style-type: none"> <li>Imperial</li> <li>Chris Neill</li> <li>Anne Elgeti</li> </ul>
<b>2. Holding to account the work of the Westminster Health and Wellbeing Board including the Sustainability and Transformation Plans.</b>	To assess and review the work of the Westminster Health and Wellbeing Board and to review performance against Health and Wellbeing Strategy. To understand the purpose and progress of the Sustainability and Transformation Plans in Westminster.	<ul style="list-style-type: none"> <li>Liz Bruce</li> <li>CCG's</li> <li>Meenara Islam</li> </ul>
<b>3. Public Protection data requirements</b>	For committee to agree the set of data they wish to receive regularly following consultation	<ul style="list-style-type: none"> <li>Muge Dindjer</li> </ul>
<b>4. Work programme</b>	To agree the annual work programme.	<ul style="list-style-type: none"> <li>Muge Dindjer</li> </ul>
<b>ROUND TWO (21 SEPTEMBER 2016)</b>		
Agenda Item	Reasons & objective for item	Represented by:
<b>1. Review Service outcomes in Public Protection</b>	To assess the outcomes for service users /assess how new service is meeting its objectives following reconfiguration.	<ul style="list-style-type: none"> <li>Councillor Aiken</li> <li>Stuart Love</li> </ul>
<b>2. Cumulative Impact (Stress) Areas for Licensing</b> Deferred	<del>To receive a report on current cumulative impact areas and whether any new areas are being considered.</del>	<ul style="list-style-type: none"> <li>Chris Wroe</li> </ul>
<b>3. Update on the work of the Safer Westminster Partnership</b>	Annual Review as per the committees statutory obligations	<ul style="list-style-type: none"> <li>Councillor Aiken</li> <li>Mick Smith</li> </ul>

<b>4. Update on the Sustainability and Transformation Plan</b>	To receive a report on the draft STP and identify any recommendations to the cabinet member.	<ul style="list-style-type: none"> <li>• Liz Bruce</li> <li>• CCG's</li> </ul>
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**ROUND THREE (23 NOVEMBER 2016)**

<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by:</b>
<b>1. St. Mary's Hospital Redevelopment and Transport Strategy</b>	To review and scrutinise the plans of Imperial Healthcare.	<ul style="list-style-type: none"> <li>• Michele Wheeler- Director of Redevelopment-St Mary's</li> <li>• Justin Sherlock- Transport Consultant</li> </ul>
<b>2. Developing the Westminster Joint Health &amp; Wellbeing Strategy 2017-21</b>	To consider progress in the development of the Strategy.	<ul style="list-style-type: none"> <li>• Sara McBride-Tri borough Director for Whole Systems? tbc</li> </ul>
<b>3. Safeguarding Adults- Annual Review to include update on Safer Recruitment.</b>	<p>The Committee needs to assure itself annually that the Adult's Safeguarding Review report is robust.</p> <p>To include safer recruitment.</p>	<ul style="list-style-type: none"> <li>• Helen Banham- Strategic Lead in professional standards</li> </ul>

**ROUND FOUR ( 1 FEBRUARY 2017)**

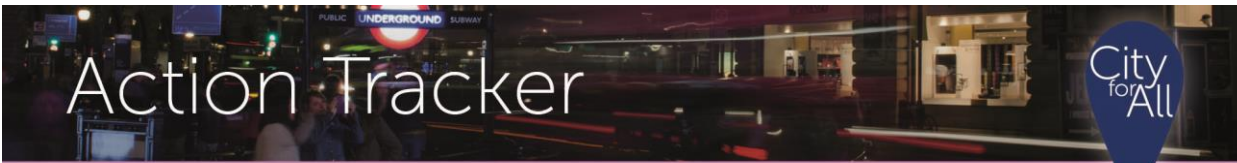
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by:</b>
<b>1. Better Care Fund- requested as a briefing</b>	Review post Council Tax funding increase	<ul style="list-style-type: none"> <li>• <del>Sarah McBride</del></li> <li>• <del>CCGs</del></li> </ul>
<b>2. MOPAC Funding</b>	MOPAC funding and Proposals for Metropolitan Police Basic Command Unit changes	<ul style="list-style-type: none"> <li>• Stuart Love</li> <li>• Sara Sutton</li> <li>• Chief Superintendent Peter Ayling</li> <li>• Sam Cunningham- MOPAC</li> </ul>
<b>3. Work Programme and Action Tracker</b>	A report to update the committee on the work programme and Action Tracker	<ul style="list-style-type: none"> <li>• Muge Dindjer</li> </ul>

**ROUND FIVE ( 29 MARCH 2017)**

<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by:</b>
<b>1. Review of Licensing Policy -tbc</b>	To receive a further report on the review of Licensing Policy, this will include case studies/witnesses.	<ul style="list-style-type: none"> <li>• Chris Wroe</li> </ul>

<b>2. End of Life Care-</b>	To assess whether services in Westminster meets best practice standards and whether funding is being spent in the most effective way. Nationally 65% of healthcare spend occurs in the last 6 months of life	<ul style="list-style-type: none"> <li>• CCG's</li> </ul>
<b>3. UCC and A &amp; E progress report</b>	To consider a progress report and receive information on mental health specialists in A & E in St Mary's.	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>4. Children's healthy weight</b> Information item	To assess whether the Council and our partners are doing all we can to improve children's healthy weight in the light of the new JSNA.	<ul style="list-style-type: none"> <li>• Eva Hrobonova</li> <li>• Gayan Pereira</li> </ul>
<b>5. Work Programme and Action Tracker</b>	A report to update the committee on the work programme and Action Tracker	<ul style="list-style-type: none"> <li>• Muge Dindjer</li> </ul>
<b>ROUND SIX ( 8 MAY 2017)</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by:</b>
<b>1. Review of core drug and alcohol services</b>	To assess the new service one year after implementation.	<ul style="list-style-type: none"> <li>• Gaynor Driscoll</li> </ul>
<b>2. Dementia</b>	To examine the current provision of services for those living with dementia and their carers and understand how the service is planning for the increase in demand. 45% increase in incidence of dementia is expected over the next 15 years.	<ul style="list-style-type: none"> <li>• Mike Robinson</li> <li>• Liz Bruce</li> <li>• Stella Baillie</li> </ul>
<b>3. Review of Licensing Policy -tbc?</b>	To receive a further report on the review of Licensing Policy, this will include case studies/witnesses.	<ul style="list-style-type: none"> <li>• Chris Wroe</li> </ul>
<b>4 .Work Programme and Action Tracker</b>	A report to update the committee on the work programme and Action Tracker	<ul style="list-style-type: none"> <li>• Muge Dindjer</li> </ul>

Other Committee Events & Task Groups		
Briefings	Reason	Type
Safer Westminster Partnership	To assess the work of the Safer Westminster Partnership. Please note that this is one of the statutory <b>duties</b> of the Committee.	<b>Considered at Committee in September 2016</b>
NHS Provider Complaints	To assess complaints from local Provider Trusts as a result of the Francis Inquiry and new Health Scrutiny powers.	<b>A potential briefing</b>
CIS Impact-	Councillor Rowley will update each meeting with a view to trying to conclude this work in Feb 2017.	SMS-Councillor Rowley



**Action Tracker**

Adults, Health & Public Protection Committee  
27 January 2016

Agenda Item	Action	Status
<b>Item 4</b> <b>Chairman's Q&amp;A</b>	That Westminster's Clinical Commissioning Groups be requested to provide details of the ongoing rise of tuberculosis in Westminster, together with details of trends, origins, and containment - with consideration being given to adding the issue of tuberculosis to the Work Programme.	Circulated with the Agenda papers for the meeting on 21 March.
<b>Item 5</b> <b>Cabinet Member Updates</b>	The Cabinet Member for Public Protection agreed to investigate concerns over whether the recent stabbing on Goldney Road had been handled in the correct manner by both the Police and the Integrated Gangs Unit (IGU).	Briefing sent to Members on Friday 29 January.
<b>Item 5</b> <b>Cabinet Member Updates</b>	Health colleagues to be asked to provide a written briefing on their plans for change and strategic aims, and on proposals for the associated consultation with the City Council, for circulation to Committee Members.	To be covered between the Shaping a Healthier Future update at the April meeting, and the Health & Wellbeing Board strategy and the sustainability and transformation plans in June.
<b>Item 6</b> <b>Committee Task Groups</b>	A further letter to be sent to the Children's Commissioner asking for a response to the initial letter which set out the findings of the Task Group, together with the key issues	Completed.

	that the Commission should focus on in its statutory investigation of the discharge of vulnerable young people moving from hostels into private rented accommodation across London.	
<b>Item 6 Committee Task Groups</b>	Healthwatch Westminster to provide Committee Members with the findings of a review of Perinatal Services led by Westminster's CCG's.	Briefing sent to Members on Thursday 28 January.
<b>Item 8 Regulation of Investigatory Powers (RIPA)</b>	The revised draft RIPA Policy and Procedure document to be presented to the Committee for initial comment, before being submitted to the Cabinet Member for Public Protection for approval.	Included in the Agenda for the meeting on 21 March.

21 March 2016		
Agenda Item	Action	Status
<b>Item 5 - Cabinet Member Updates</b>	The Cabinet Member for Adults & Public Health to review the publicity given to the launch events for the new Drug and Alcohol service.	Response included in the Cabinet Member update given at the April meeting.
<b>Item 5 - Cabinet Member Updates</b>	The Cabinet Member for Adults & Public Health to provide details of the sexual health services that were currently being provided in Westminster, together with details of their location and how they were staffed and funded.	Details included in the Cabinet Member update given at the April meeting.
<b>Item 5 - Cabinet Member Updates</b>	The Cabinet Member for Public Protection to comment on the recent stabbing incidents	Completed.

19 April 2016

Agenda Item	Action	Status
<b>Item 3 – Minutes: Issues Arising</b>	The Scrutiny Manager to research existing services which sought to tackle isolation among older people	Completed.
<b>Item 5 - Cabinet Member Updates</b>	Committee Members to be provided with an update and analysis from Public Health on the impact of the new legislation relating to Club Drugs, and what was being done.	Details included in the Cabinet Member update given at the June meeting.
<b>Item 5 - Cabinet Member Updates</b>	Committee Members to be provided with the relevant papers regarding the Joint Health & Wellbeing Strategy refresh, which had been submitted to the meeting of the Westminster Health & Wellbeing Board in March.	Completed.
<b>Item 6 - Standing Updates</b>	Tamara Barnett to be invited to a future meeting, to brief the Committee on the work of the Human Trafficking Foundation.	Tamara Barnett to attend the June meeting.
<b>Item 6 - Standing Updates</b>	Committee Members to receive a briefing on the details and parameters of the new Healthwatch contract, together with information on the KPI's.	Briefing sent on 14 June.
<b>Item 7 - Implementation of Shaping a Healthier Future</b>	Committee to be provided with a briefing giving clarification of death rates and whether there was any gender or ethnic disproportionality, and on the methodology that had been used in determining that the clinical benefits of SaHF had the potential to save more than 300 lives a year.	Completed Briefing circulated on 19.4.16
<b>Item 8 - Annual Work Programme 2016-17</b>	Committee Members were asked to consider which KPI's they wished to receive data on regularly, regarding data that the City Council collected or had access to in terms of crime and community safety.	Completed.

22 June 2016

Agenda Item	Action	Status
<p><b>Item 5</b>  <b>Cabinet Member Updates:</b>  <b>Adults &amp; Public Health</b></p>	<p>A paper on the proposed Prioritisation Framework being drawn up by the Westminster Health &amp; Wellbeing Board to be submitted to the Committee for comment and input at its meeting in November.</p>	<p>Completed.</p>
<p><b>Item 5</b>  <b>Cabinet Member Updates:</b>  <b>Adults &amp; Public Health</b></p>	<p>Committee Members to receive a copy of Westminster's Better Care Fund application which had been submitted to the Department of Health</p>	<p>Completed.</p>
<p><b>Item 5</b>  <b>Cabinet Member Updates:</b>  <b>Adults &amp; Public Health</b></p>	<p>Suggested that Tamara Barnett met with Children's Services to make them aware of the training that was available for foster carers.</p>	<p>This has been completed on email.</p>
<p><b>Item 6</b>  <b>Task Groups – Human Trafficking</b></p>	<p>Suggested that it would be useful to provide a briefing on Human Trafficking to elected Members in the north of the borough.</p>	<p>This meeting has now taken place.</p>
<p><b>Item 6</b>  <b>Task Groups – Human Trafficking</b></p>	<p>Agreed that the Committee would:</p> <ul style="list-style-type: none"> <li>i) Promote the free October Conference, on how local authorities can best tackle human trafficking in light of the Modern Day Slavery and Care Acts, to relevant Councilors and Officers related to Community Safety, Child and Adult Safeguarding, Housing and Violence against Women &amp; Girls.</li> <li>ii) Consider how the City Council could contribute to the agenda of this Conference and have broader input.</li> <li>(iii) Write to relevant Directors in Adult Social Care, Children's Services and Public</li> </ul>	<p>The conference has been postponed to 2017 and will be promoted within the Council when announced.</p> <p>Completed</p>



	<p>Protection, asking how they:</p> <ul style="list-style-type: none"> <li>• identify victims leaving safe houses to ensure that the ongoing support provided by the City Council was compliant with new legislation and represented best practice</li> <li>• improve access to intelligence</li> <li>• identify and protect child victims of trafficking</li> </ul> <p>(iv) Ask the Director of Adult Safeguarding and Director of Housing to provide a briefing on how the City Council supported adult victims of trafficking after they were recognised as trafficked; had leave to remain; and had left a safe house.</p>	Completed
<b>Item 7 Westminster Health &amp; Wellbeing Board</b>	Committee to receive a briefing paper on NHS England's plans for pharmacy services and whether pharmacies would be asked to have a greater role.	Distributed to committee 22.9.16
<b>Item 7 Westminster Health &amp; Wellbeing Board</b>	The City Council's Policy & Communications Department to be requested to draw up proposals for the publication and distribution of consultation on the draft joint Health & Wellbeing Strategy, and to share the consultation programme with Committee Members.	Completed
<b>Item 10 Public Protection Data and Information</b>	The paper on public protection data to be made available to the forthcoming meeting of the Westminster Scrutiny Commission as a background paper for the discussion on Committee Work Programmes.	Completed.
<b>Item 11 Annual Work Programme 2016-17</b>	The approved Committee Work Programme for 2016-17 to be published.	Completed.

21 <sup>st</sup> September 2016		
Agenda Item	Action	Status
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The Cabinet Member to contact the Police regarding the need for residents to receive a response to reports and concerns raised through calls to the 101 service.	Completed
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The Cabinet Member to contact the Rough Sleeping Team to ensure that Ward Members received follow-up information on specific cases that had been raised.	Completed
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The Cabinet Member to receive future copies of the quarterly crime 'dashboard', which sets out the most recent data.	Due with next dashboard which is in discussion with Stuart Love and the Chairman
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The Cabinet Member to write to all Councilors offering to visit their Wards to undertake public protection and licensing audits, and to discuss issues that fell within her portfolio.	Completed
<b>Item 4 Cabinet Member Updates: Adults &amp; Public Health</b>	The Cabinet Member to be asked to provide a written response on the impact that that the Key Performance Indicator targets not being met had on the delivery of out of hospital care.	Covered in the Cabinet Member update of 23.11.2016 Appendix B
<b>Item 4 Cabinet Member Updates: Adults &amp; Public Health</b>	A progress report on the review of priorities for Public Health to be provided for Committee Members.	Covered in the Cabinet Member update of 23.11.2016 Appendix C
<b>Item 5 Standing Updates</b>	Details of the operational plan and key performance indicators for the new Healthwatch contract to be submitted to the next meeting of the Committee in November.	On the November agenda
<b>Item 7 Update on Progress of the Safer Westminster Partnership</b>	The Director of Public Protection & Licensing to provide a report on the new Policing & Crime Plan and on	On track

	the implications it may have on existing projects, when it becomes available.	
<b>Item 7 Update on Progress of the Safer Westminster Partnership</b>	Details of the outcome of discussions with MOPAC about future funding for the SWP, and for initiatives such as the integrated gang projects, to be reported at the forthcoming meeting of the Committee in February 2017.	Due in February
<b>Item 9 Update on the North West London Sustainability &amp; Transformation Plan (STP)</b>	The Tri-Borough Executive Director of Adult Social Care to provide Committee Members with clarification of how the Council Tax increase of 2% in respect of the adult social care precept was being spent by the City Council.	Completed
<b>Item 9 Update on the North West London Sustainability &amp; Transformation Plan (STP)</b>	<p>The Committee had the following feedback on the draft STP:</p> <ul style="list-style-type: none"> <li>• There is a need for early engagement with LA's, service users and other partners</li> <li>• A need for greater emphasis on mental health and social isolation and</li> <li>• They had concerns over the implementation of the 7 day GP service.</li> </ul> <p>The Committee to receive the next draft of the STP for final comment, prior to its submission to NHS England on 21st October.</p>	<p>Letter sent from the Chairman to the Cabinet Member and response received.</p> <p>Scrutiny's response submitted to NHS England.</p> <p>Received and final version post submission also shared with Scrutiny in November.</p>
<b>Item 10 Committee Work Programme 2016-17</b>	A further report on the review of Licensing Policy to be added to the Agenda for the meeting in February 2017, which would include case studies from the Mayfair area. Consideration to also be given to inviting expert witnesses from the area to contribute to the discussion,	Completed

	together with representatives from the Planning and Licensing services.	
<b>23<sup>rd</sup> November 2016</b>		
Agenda Item	Action	Status
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The potential role of Scrutiny in establishing a bidding strategy for MOPAC to be included in the discussion on future funding at the forthcoming meeting in February.	Main item on February Agenda
<b>Item 4 Cabinet Member Updates: Public Protection</b>	Clarification of the outcome of the discussion on future funding for Westminster's Integrated Gangs Unit by the Children, Sports & Leisure Policy & Scrutiny Committee to be obtained.	Email to Committee on 23.1.2017
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The concerns of the Human Trafficking Foundation over a recent raid on sex work premises by the police that had been conducted in violation of the Association of Chief Police Officers rules to be raised with the Police.	Letter sent from the Chairman. Response received from Borough Commander-to be sent with Committee papers on 24.1.2017
<b>Item 4 Cabinet Member Updates: Public Protection</b>	The concerns of the Human Trafficking Foundation over child trafficking in Westminster to be raised with the Interim Tri-Borough Director of Children's Services.	Letter sent from the Chairman
<b>Item 4 Cabinet Member Updates: Public Protection</b>	Consideration be given to convening a cross-portfolio scrutiny examination of public safety concerns arising from the forthcoming 50 <sup>th</sup> anniversary of the Notting Hill Carnival, which would include representation from the police and the community.	Short brief to be sent with Committee papers on 24.1.2017

<p><b>Item 9 Committee Work Programme 2016-17</b></p>	<p>The Borough Commander to be invited to attend the meeting in February 2017 to participate in the discussion on MOPAC funding. Consideration to also be given to inviting a representative from the Home Office.</p>	<p>The Borough Commander and MOPAC are attending.</p>
<p><b>Item 9 Committee Work Programme 2016-17</b></p>	<p>The report on End of Life Care to be rescheduled to the meeting in March 2017.</p>	<p>Completed</p>
<p><b>Item 9 Committee Work Programme 2016-17</b></p>	<p>The review of the Better Care Fund to be dealt with by way of a separate briefing.</p>	<p>Requested</p>

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