

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**

**COMMUNITY SAFETY SUB OSC MEETING**

**Tuesday, 17 January 2017**

**PRESENT:** Councillor P Dillon (Chair)  
Councillor(s): P Craig, J McClurey and A Wheeler

**APOLOGIES:** Councillor(s): T Graham, S Dickie, K Dodds, H Haran and J Turnbull

**CSS15 MINUTES**

RESOLVED – that the minutes of the Community Safety Sub OSC held on 4 October 2016 were agreed as a correct record.

**CSS16 DRUG AND ALCOHOL TREATMENT SERVICE - UPDATE**

The Committee received a presentation from Jazz Chamley and Lindsey Richardson on the work of Evolve the Drug and Alcohol Treatment Service and Platform the young people's service.

RESOLVED – that the information be noted.

**CSS17 DRUG RELATED DEATHS - PROGRESS UPDATE**

The Committee received a report providing an update on the increase since 2012 of drug related deaths in Gateshead. This trend mirrors the national picture. The Drug Related Death (DRD) group in Gateshead have identified key themes which need to be addressed to help reduce the risks to individuals who are potentially at risk.

The Committee were advised that there has been a continued increase in terms of the number of deaths within Gateshead since 2012 with six reported in 2012 to 21 in 2016 (subject to post mortem).

As in previous years, the characteristics of the deceased remain similar – with the majority of deaths continuing to be male, white, aged 25-34 years. A number of other trends have also been identified:

- Living alone
- Single
- Unemployed
- In substance misuse treatment
- Using a cocktail of drugs
- Involvement with mental health services
- Previous overdoses

- Complex/chaotic lifestyle

There have been a number of key achievements in 2016 which have been implemented following the annual report 2015:-

### **Clinical audit of prescribing and shared care**

The resulting analysis of factors contributing to the DRDs revealed a pattern of prescribing of high dosages of methadone and the use of other drugs such as Benzodiazapine, Gabapentin and Pregabalin.

Both nationally and locally, the successful completion rate of substance misuse treatment and recovery services has reduced. Gateshead's over 18's treatment service, Evolve, has slowly increasing numbers of successful completions, these are still lower than target. In light of the concerns it was agreed with key partners (including Public Health, Gateshead Evolve, CCG and Foundation Trust) that a clinical audit should be commissioned.

The purpose of this audit is to collect and interrogate the prescribing practices of the extensive 'Shared Care' arrangement for the treatment of substance misuse clients in Gateshead to fully understand the present picture. This clinical audit will then inform service development and future commissioning of the delivery service misuse services.

### **Naloxone**

New legislation came into force in 2015 that enable Naloxone to be supplied to individuals by drug services without prescription, as a parenteral drug (similar to adrenaline) for saving a life in an emergency. The injection can be used in the community; either in the home of other non-medical setting by appropriate individuals for the complete or partial reversal of respiratory depression induced by opioids. Gateshead Evolve have begun to roll out take home Naloxone to service users and training sessions have been held for all partner organisations.

Since the roll out of take home naloxone kits in Gateshead, there have been 13 incidents where the kits have been replaced and potentially used in overdose situations. Over 450 kits have been distributed within Gateshead which include supported accommodation providers, hostel workers and carers. There has been minimal reluctance from the majority of providers in relation to naloxone kits however, there has been a small minority of providers that have refused to have kits on premises which is a concern and has been discussed.

Gateshead Evolve is the top performing CGL organisation for distributing Naloxone.

### **Changes to processes**

Evolve have made a number of changes in their internal processes and how they work with external partners to prevent DRDs, examples include:

- Awareness raising with staff to ensure the re-engagement process is followed;
- Increased awareness with staff to ensure the closure process is understood and followed;

- Enhanced assertive outreach;
- Ensure there is a dedicated process in place to manage prison releases;
- Improved working relations with the Community Rehabilitation Company to ensure a more robust management of offenders; and
- Re-established links with other treatment services to ensure smarter management of service users

### **Overdose awareness**

It was notable in a number of cases, where other people were present in the hours before the death, they did not know how to spot the signs of an overdose, in particular loud snoring. Treatment services and other partners embarked on an overdose awareness campaign which included training to professionals, family members and carers around the signs of overdose and what to do in that situation, the production of flyers to complement the training, and specific, regular overdose awareness/harm reduction advice days for service users.

### **Hospital liaison team**

The DRD panel were concerned at the number of DRDs who had previously overdosed in the months prior to their death. As a result, Evolve have two dedicated workers who attend the QE Hospital on a daily basis. The workers visit ten wards, including A&E and actively engage with staff and look for anyone who has attended the hospital or been admitted with a substance misuse issue, including overdose. They will then engage with these patients, offer brief intervention and harm reduction advice, distribute Naloxone (if appropriate) and encourage referrals into the service.

To complement this Evolve are also looking at having their IT system available in the hospital so that staff can check details of patients to see if they are open to treatment and if so, make links and share information.

### **Regional Drug Related Death Group**

The regional DRD group met in November 2016, the main role of this group is to share local intelligence, learning, best practice and policy.

Issues also discussed included the roll out of Naloxone across the region, data published by the Office of National Statistics on DRDs, imminent prison reforms and the resulting development work around referral pathways, treatment, harm reduction and implications of long term health conditions on older substance misusers.

- RESOLVED -
- i) that the information be noted
  - ii) that the national and local increase in drug related deaths be noted
  - iii) that the committee agree to receive the findings of the audit and the annual report at a future OSC meeting.

## **CSS18 DOMESTIC HOMICIDE REVIEW - PROGRESS UPDATE**

The Committee received a report which provided an overview of Domestic Homicide Reviews (DHR) and provides an update on the DHRs currently being undertaken in

Gateshead as well as the national and regional context.

In the 5 years, since the statutory requirement for local areas to conduct a DHR was introduced, there have been more than 400+ DHRs carried out and completed throughout England and Wales.

Northumbria Police commissioned a Problem Profile in order to assess the key precursors and drivers of DHRs within the local area (over the period 1 April 2011 to 30 September 2016). Key issues identified as part of this profile were:

- 51 homicides took place in the force area, of which 24 were deemed to be domestic related, and met the criteria for a DHR to be undertaken.
- There is a clear link between domestic homicide, population density and deprivation and is caused by a combination of social economic factors (such as employment, lifestyle and location) – of which these factors are more prevalent in urban locations.
- Similar to national trends, the risk of domestic homicide is much greater for females and the most common form of killing is stabbing.
- 32% of victims were subject to incidents of domestic abuse prior to the murder taking place, which may indicate the extent of under-reporting of domestic abuse incidents to the Police.
- 60% of perpetrators had previous convictions – many involving offences for violence and 29% had drug and/or alcohol markers attached.
- A combination of pre-cursor factors such as physical or mental health, relationship breakdown and financial problems (including unemployment) contributed to domestic homicides in Northumbria.

Within Gateshead, a total of 2 DHRs have been completed successfully:

- Adult A – was finalised in September 2011 which related to the death of a father from his son, and
- Adult B – was finalised in August 2016 which related to the murder of a female from her current partner

Neither DHR found any evidence that there was any serious risk to the victim prior to death that should have been acted upon by any of the agencies. Each DHR identified a number of recommendations for improved practice; however, recognised that none of these would have helped to prevent the homicide from occurring.

From a Gateshead perspective, as a result of the DHR's, we have implemented MASH (Multi-Agency Safeguarding Hub) and MATAC (Multi-Agency Tasking and Co-ordination) models to help address some of these pre-cursor factors. By sharing timely information, in a multi-agency setting, partners and services are able to intervene at an earlier opportunity and provide additional specialist support (e.g. via the Serial Victims Pilot)

The documents relating to the DHRs have been submitted to the Home Office DHR Quality Assurance Panel which assesses the quality of the Reviews – both of which were deemed to be 'Adequate' with only minor amendments required. Upon completion these documents have been published, as per the national guidelines.

There are currently two current DHRs under investigation in Gateshead which are yet to be finalised:

- Adult C – relates to a homicide of a female in September 2015, which involved a French national and it is hoped the DHR will be concluded soon
- Adult D – related to the murder of a female that took place in October 2016. The first panel meeting is due to take place in January 2017.

The refresh guidance, published by the Home Office in December 2016 placed a greater emphasis on 'victim prominence' within the process (including further interaction with the victims' family members, friends and colleagues etc). It also includes an additional element, and states that where a victim takes their own life (through suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a DHR should be undertaken. Community Safety is currently drafting a process for when and how this should be completed, which will be shared with relevant Boards for endorsement in due course.

Gateshead Council has previously picked up the costs in relation to undertaking a DHR (which includes providing the co-ordination/administration elements of the process) with each DHR costing in region of £6-8k. An Options Paper has been produced for discussion at the Community Safety Board to outline areas that could be applied to minimise future costs and to seek partner contributions.

RESOLVED - i) that the information be noted  
ii) that the OSC agreed to receive regular updates on Domestic Homicide Reviews

## **CSS19 DRAFT COMMUNITY SAFETY BOARD STRATEGIC PRIORITIES FOR 2017/18**

The Committee received a report which provided an overview of the draft strategic priorities that are proposed by the Community Safety Board for 2017/18. The report forms part of the statutory consultation process to ensure that the Board is appropriately prioritising its future activity based on local needs prior to the production of the formal Partnership Plan.

Community Safety Board members met in November 2016 to identify their top priorities. This was followed by a practitioner event, during which a range of practitioners from a number of internal Council services and partner agencies came together to discuss their views on community safety related themes. As a result of this the following draft strategic priorities have been identified:

- Domestic and Sexual Abuse
- Anti-Social Behaviour (including Hate Crime)
- Substance Misuse
- Public Confidence (including Community Tensions)

As part of its statutory duty, the Community Safety Board is required to consult with the public on the draft strategic priorities to ensure that the issues identified are based on local residents' needs and includes consultation with:

- Partners and Council services represented on the Community Safety Board and its sub-groups
- The Office of the Police and Crime Commissioner
- Community Safety Overview and Scrutiny Sub Committee
- Members of Communities Portfolio
- Portfolio Holder for Community Safety
- Local Councillors and residents; and
- Members signed up to the Council's ViewPoint

An online consultation will be made available via the Gateshead Council Consultation Portal and the link will be shared with OSC Members when the consultation is released in late January 2017.

The consultation will be available until March 2017, after which the results will be analysed and fed into the final Partnership Plan which will be presented to the Community Safety Board for approval in April 2017, and at a future Community Safety OSC Sub meeting for scrutiny.

- RESOLVED -
- i) that the information be noted
  - ii) that members agreed to participate in and promote the online consultation
  - iii) agreed to receive the partnership plan at a future meeting
  - iv) agreed to receive regular updates with regard to the action taken to address the strategic priorities

**Chair.....**