

COMMUNITY SAFETY SUB OSC AGENDA

Tuesday, 17 January 2017 at 1.30 pm in the Gateshead Evolve, Jackson Street,
Gateshead Town Centre

From the Acting Chief Executive, Mike Barker

Item	Business
1	Apologies
2	Minutes (Pages 3 - 4) The Committee are asked to approve the minutes of the last meeting held on 4 October 2016.
3	Drug and Alcohol Treatment Service - Update Presentation by Jazz Chamley, Service Manager – Gateshead Evolve Presentation by Faye Codling, Service Manager – Gateshead Platform
4	Drug Related Deaths - Progress Update (Pages 5 - 8) Joint report of the Strategic Director, Communities and Environment and Director of Public Health, Care, Wellbeing and Learning
5	Domestic Homicide Review - Progress Update (Pages 9 - 16) Report of the Strategic Director, Communities and Environment
6	Draft Community Safety Board Strategic Priorities for 2017/18 (Pages 17 - 20) Report of the Strategic Director, Communities and Environment

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

COMMUNITY SAFETY SUB OSC MEETING

Tuesday, 4 October 2016

PRESENT: Councillor P Dillon (Chair)

Councillor(s): T Graham, P Craig, J McClurey, J Turnbull
and A Wheeler

APOLOGIES: Councillor(s): S Dickie and K Dodds

CSS10 MINUTES

RESOLVED - That the minutes of the Community Safety Sub OSC held on 28 June 2016 were agreed as a correct record.

CSS11 COMMUNITY SAFETY BOARD STRATEGIC PRIORITIES - SIX MONTH PROGRESS UPDATE

The Committee received the six monthly progress update of activities that have been undertaken to address its strategic priorities for 2016/17.

In addition updates were provided on current performance, and progress and /or actions that have been implemented in the last six months and highlighted future workstreams that are currently being developed to address any emerging themes or trends.

RESOLVED -

- i) That the information be noted.
- ii) That the Committee continue to receive six-monthly Community Safety updates
- iii) That any issues/areas that OSC want to scrutinise in greater detail at a future meeting be identified.

CSS12 PREVENTING VIOLENT EXTREMISM - QUARTERLY PROGRESS UPDATE

The Committee received a report providing a progress update on the Prevent agenda – which is one of the four key elements of the national Counter Terrorism Strategy. The report providing the Committee with an update and progress on the work/activity that has taken place in the last three months in order to address the recommendations outlined within the Final Report (of the review of Preventing Violent Extremism that was carried out in 2015/16)

RESOLVED -

- i) That the information be noted.
- ii) That further reports in relation to the progress made against delivering the recommendations be provided to a future meeting

of the OSC

CSS13 HATE CRIME

The Committee received a presentation and update from Northumbria Police's Central Engagement Team on Hate Crime.

RESOLVED - That the information be noted.

CSS14 VANGUARD APPROACH

The Committee received a presentation outlining the Vanguard Approach.

RESOLVED - That the information be noted.

Chair.....



TITLE OF REPORT: Drug Related Deaths

REPORT OF: Paul Dowling
Strategic Director – Communities and Environment

Alice Wiseman
Director of Public Health – Care, Wellbeing and Learning

Summary

Since 2012 the number of drug related deaths in Gateshead have increased year on year. This trend unfortunately 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.

1. Purpose of the Report

1.1 This report will provide an overview of the main findings from the 2016 drug related deaths, key actions and an update from the last regional DRD group.

2. Background

2.1. The multi-agency Gateshead DRD Panel is a local multi-agency group that undertakes inquiries into all deaths where drugs are suspected to be a direct cause of the death of a person in Gateshead.

2.2 The purpose of the Panel is to:

- carry out case reviews following a drug-related deaths in Gateshead;
- establish whether there are lessons to be learnt from the case – particularly in relation to the way in which local partner agencies and services work;
- make recommendations on both clinical practice and non-clinical policy and practice in order to reduce the risk of further drug-related deaths in the future;
- share lessons and risks with partners through the regional DRD group.

2.3 Each year an Annual Report is produced which pulls together key learning from the deaths.

3 Drugs Related Deaths 2016 – Key Findings

3.1 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)

3.2 As in previous years, the characteristics of the deceased remain similar – with the majority of deaths continuing to be male, white, aged 25-34yrs and male. 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

4.3 At this time it is difficult to give further details about drugs involved, cause of death and additional circumstances about the deceased as the DRD Panel are awaiting post-mortem results from the Coroner's Office. These will be received and discussed at the DRD panel over the coming months and the annual report will detail the key findings.

4. Key achievements

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

a) 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 Benzodiazepine, Gabapentin and Pregabalin.

Both nationally and locally, the successful completion rate of substance misuse treatment and recovery services has reduced. Gateshead's over 18s treatment service, known locally as 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 substance misuse services.

b) Naloxone

New legislation came into force in 2015 that enables 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 or 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 thirteen 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.

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

d. 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 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.

e) 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.

5. Regional Drug Related Death Group

5.1 The regional DRD group, chaired by Lynn Wilson (Consultant in Public Health, Gateshead) met in November 2016, the main role of this group is to share local

intelligence, learning, best practice and policy. Key roles for this group will be to implement recommendations from the PHE 2014 regional DRD audit and identifying opportunities to taking a north east approach to this issue.

- 5.2 Discussions 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. There was also a conversation around the treatment, harm reduction and implications of long term health conditions on older substance misusers.

6 Proposals

6.1 The Committee is asked to consider the following proposals:

- i) comment on the contents of the report
- ii) note the national and local increase in drug related deaths
- iii) agree to receive findings of the audit and the annual report at a future OSC meeting.

7 Recommendations

7.1 The Committee are asked to consider and agree the report proposals set out in Section 6.1 above.

Contact: Nicola Johnson

Ext: 3541

TITLE OF REPORT: Domestic Homicide Reviews (DHRs) – Update

REPORT OF: Paul Dowling
Strategic Director – Communities and Environment

Summary

This report provides Community Safety Overview and Scrutiny Sub-Committee with 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.

1 Introduction

1.1 This report provides Community Safety Overview and Scrutiny Sub-Committee with an overview of Domestic Homicide Reviews (DHR), sets out the legislative requirements for the Community Safety Partnership and provides an update on the national, regional and local context around DHRs.

2 Background – National Context

2.1 As a reminder, DHRs were established on a statutory basis under Section 9 (3) of Domestic Violence, Crime and Victims Act (2004) and came into force on 13 April 2011. DHRs require certain partner agencies to come together to review a domestic-related homicide (in order to identify any lessons to be learnt so as to minimise the potential for future deaths).

2.2 The overall responsibility for establishing a DHR rests with the Chair of the local Community Safety Partnership and involves reviewing the circumstances in which the death of a person aged 16yrs+ has, or appears to have, resulted from violence, abuse or neglect by:

- a person to whom he was related;
- a person with whom he was or had been in an intimate relationship, or
- a member of the same household as himself.

2.4 The Act, and subsequent DHR Guidance, states that the public bodies required to participate and contribute to a DHR are: Police, Local Authorities, providers of Probation Services and Health bodies as well as any other agency involved with either the victim and/or perpetrator.

2.5 The purpose of a DHR is not to reinvestigate the death or apportion blame, but:

- establish what lessons are to be learned from the domestic homicide, regarding the way in which local professionals and organisations work individually and together to safeguard victims;

- identify clearly what those lessons are, both within and between agencies, how they will be acted on, within what timescales, and what is expected to change as a result;
 - apply these lessons to service responses including changes to policies and procedures as appropriate; and to,
 - prevent domestic violence homicide and improve service responses for all domestic violence victims and their children, through improved intra and inter-agency working.
- 2.6 The full process involved in undertaking a DHR is set in Appendix. However, a DHR is usually chaired and authored by an appropriate independent person – and the findings will be produced by drawing upon information obtained from:
- interviewing family members;
 - interviewing significant people who may have known the victim; and,
 - obtaining information from participating agencies by way of an Individual Management Reviews (IMR).

3 National Context – Statistics

- 3.1 In the five 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. Full statistics can be found, up until the end of March 2015 in Appendix.
- 3.2 In December 2016, the Home Office published the Key Findings from Research into DHRs undertaken nationally – which aims to identify common themes and trends in domestic-related homicides. Further information can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf
- 3.3 The key statistical highlights from the study are:
- Although the number of both male and female domestic homicide victims fluctuated from year to year, there is a clear downward trend – although the volume of female victims remains significantly higher.
 - Among women, the majority of victims were killed by partner/ex-partner.
 - Highest proportion of domestic homicides was among those aged 30 to 50 years old (around two-fifths).
 - Most common method of killing was by a knife or other sharp instrument.
 - Majority of suspects were male (87%) and nearly half were 30-50yrs.
 - Just under half of cases included dependent children in the family.
 - Mental health issues were present in 72% of intimate partner homicides and in just over half of all DHRs, substance use was mentioned.
 - Almost seven in every ten DHRs, the perpetrator had a previous history of violence towards the victim or a previous partner, and in a smaller proportion of cases; the victim also had a history of violence towards the perpetrator.
- 3.3 The key themes/findings for improvement from the study are:
- Record keeping – highlighted as an issue in 85% of DHRs sampled.
 - Risk assessment was the next most commonly occurring theme followed by communication/information sharing between agencies.

- In 73% of sampled DHRs, victims or perpetrators presented to agencies with possible signs of domestic abuse and/or domestic violence, but this sign was not recognised or explored further by professionals.
- There have been a total of 600 recommendations made by these DHRs, of which Community Safety Partnerships and health were identified as having the highest proportion.
- Training and development for professionals was consistently the highest proportion of recommendations.

4 Regional Context

4.1 Northumbria Police commissioned a Problem Profile in order to assess the key pre-cursors 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.

5 Local Context – Finalised DHRs

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

- Adult A (finalised September 2011) which related to the death of a father from his son; and,
- Adult B (finalised August 2016) which related to the murder of a female from her current partner.

5.2 An Independent Chair and an Overview Report Writer were commissioned to undertake each of the DHRs on behalf of the Community Safety Board and a formal Domestic Homicide Review Panel was established. The DHR Panel was comprised of statutory and non-statutory partners, internal Council services and representatives from voluntary and community sectors.

5.3 The Panels have identified the scope/remit of each DHR, establish appropriate timescales, for both the chronological documents and Individual Management Reviews, and scrutinizing the various drafts of the Overview Report to ensure that the information contained from their organisation is fairly represented within the report (prior to being submitted to Community Safety Board for approval).

5.4 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. The Executive Summary from each DHR has been included in the Appendix for information.

5.5 From a Gateshead perspective, as a result of the DHRs, 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). All of these models were discussed in detail at the previous OSC meeting (held in October 2016).

5.6 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.

6 Local Context – Current DHRs

6.1 We are also undertaking a further 2 x DHRs (which are yet to be finalised):

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

7 Refreshed Guidance

7.1 The refresh guidance, published by the Home Office in December 2016, places 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.

8 Funding

8.1 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.

9 Proposals

9.1 The Committee is asked to consider the following proposals:

- (i) Comment on contents of report;
- (ii) Identify if there are any specific issues for future discussion, and
- (iii) Agree to receive regular updates on Domestic Homicide Reviews.

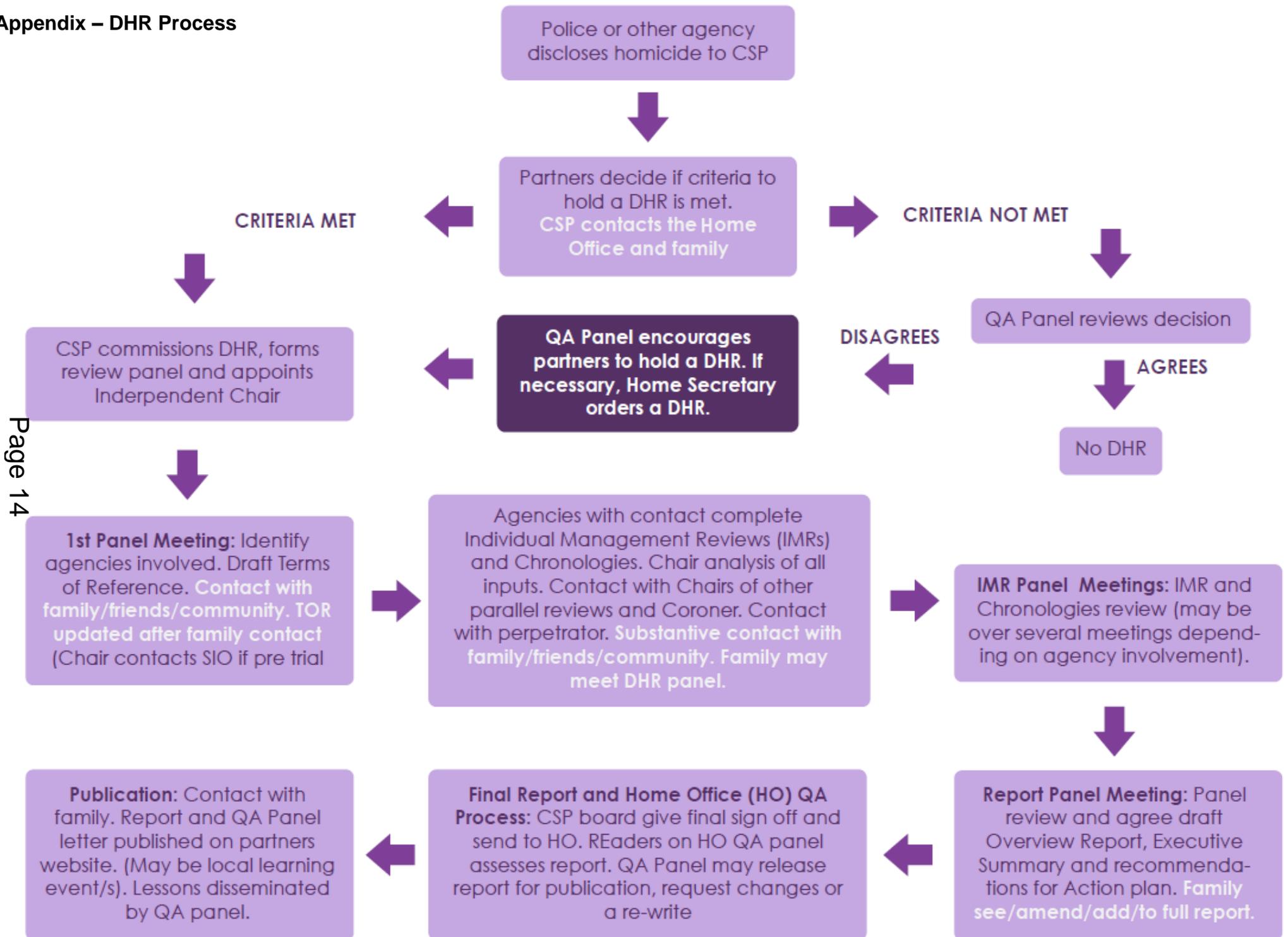
10 Recommendations

10.1 The Committee are asked to consider and agree the report proposals set out in Section 9.1 above.

Contact: Adam Lindridge

Ext: 3243

Appendix – DHR Process



Appendix: National Statistics

Women and men killed by partners: year ending March 2005 – year ending March 2015

	Year ending March -										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Women	106	90	90	80	102	94	97	89	77	85	81
Men	39	23	29	30	32	19	20	18	16	25	19

Women and men killed by sons/daughters: year ending March 2005 – year ending March 2015

	Year ending March -										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Women	2	3	1	4	1	3	1	0	1	4	1
Men	2	1	1	3	3	2	1	1	2	3	1

Women and men killed by 'other family': year ending from March 2005 – year ending March 2015

	Year ending March -										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Women	8	5	4	12	5	7	6	10	5	10	4
Men	14	12	13	17	9	19	10	14	6	8	11

Appendix: DHR – Executive Summary

Adult A:



Adult A - Executive Summary (Final)



Adult A - Home Office QA Letter

Adult B:



Adult B - Executive Summary (Final)



Adult B - Home Office QA Letter

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17 January 2017

TITLE OF REPORT: **Draft Community Safety Board Strategic Priorities
for 2017/18**

REPORT OF: **Paul Dowling
Strategic Director, Communities and Environment**

Summary

This report provides Community Safety Overview and Scrutiny Sub-Committee with 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, which set out how we will deliver against the priorities in 2017/18.

1 Introduction

1.1 This report provides an overview of the draft strategic priorities proposed by the local Community Safety Board for 2017/18.

2 Background / Context

2.1 The Community Safety Board has a statutory duty to produce an intelligence-led Strategic Assessment on an annual basis to help set local Community Safety Priorities.

2.2 As a reminder, the themes identified from last year's assessment were:

- Prevent crime, re-offending and ASB
- Protect and support vulnerable victims and persons
- Addressing key and emerging threats

Underneath each of these themes sat a number of key priorities, ranging from criminal damage to cyber-related crime. In addition there were also cross cutting themes, such as FamiliesGateshead and tackling complex and multiple needs, which were linked to each of the three themes listed above.

2.3 The process of producing the Strategic Assessment has always been a labour intensive exercise, taking months to complete and resulting in the production of what is often an unwieldy document. In the last five years, following changes to organisational structures and reductions in resources, the partnership element of the assessment process has weakened slightly. In order to reinvigorate the process to capture partners' views more effectively, Community Safety Board members agreed that a new innovative process should be trialled.

3 Management of Risk Management in Law Enforcement

- 3.1 The Management of Risk Management in Law Enforcement, or MoRiLE, is a new process that uses a range of elements to define harm and risk, and measures this against partners' capacity and capability to respond to an issue. MoRiLE is, therefore, an interactive and collaborative approach to producing the Strategic Assessment.
- 3.2 The MoRiLE process to develop the Strategic Assessment was a joint process with colleagues from Safe Newcastle. There are a number of shared characteristics between Gateshead and Newcastle, and carrying out this process with Safe Newcastle will make joint working between the two areas easier in future, where appropriate or necessary.
- 3.3 Gateshead is one of the first Community Safety Partnerships in England and Wales to use this process. It has been used to help police forces across the country develop their own Strategic Assessments, but it is not currently widely used within Community Safety Partnerships. By adopting this process at such an early stage, Gateshead's experiences of using MoRiLE can be fed into the national project team which will help shape its future development.
- 3.4 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 offer their views on community safety-related themes. The aims of these two sessions were to:
- Ensure the strategic and operational issues of the Community Safety Partnership were aligned
 - Identify any issues that had been overlooked, and disregard those issues that were not appropriate for the Community Safety Partnership
 - Maximise partner input in the Strategic Assessment process
 - Help partners develop a greater understanding of the breadth of work undertaken by the Community Safety Board

Although the issues discussed at the practitioner event were at a lower level, the practitioners did identify similar issues to the Board members

4 Proposed Strategic Priorities

- 4.1 In order to determine the draft strategic priorities, the results from the Community Safety Board meeting and from the practitioner event have been collated and considered alongside performance data. This performance data considers the volume of incidents in the last 12 months, the frequency, trend and a forecast for the next 12 months. Based on this information 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)

4.2 The rationale for identifying these priorities:

Domestic and Sexual Abuse

- Reports of domestic abuse continue to increase
- Increase in the number of reports of sexual offences
- Sexual exploitation remains a key priority for several partners, including the Local Safeguarding Children and Adults' Boards
- Domestic abuse and its prominence continues to be a priority both locally and nationally, particularly for the Police and Crime Commissioner

Anti-Social Behaviour (including hate crime)

- Increase in deliberate fires
- Increase in the number of hate-related incidents reported to Police. National trends also indicate that hate crime is on the increase
- Continued reduction in reports of anti-social behaviour, although there still remain hotspot areas and seasonal issues
- Reports of youth-related disorder have increased slightly, and the trend appears to be for large groups of youths to congregate

Substance Misuse

- Further increases in the number of drug-related deaths reported in 2016 compared to 2015
- 13% of recorded crime in the last 12 months linked to alcohol, similar to proportions found in previous year
- Slight increase in the proportion of recorded crime linked to drugs

Public Confidence (including Community Tensions)

- Crime is increasing and resources continue to be stretched
- Public expectation of the services partners can provide remains high
- International and national events could negatively impact on our communities and lead to increased tensions

5 Next Steps

5.1 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

5.2 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.

5.3 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 Overview and Scrutiny Sub-Committee for scrutiny.

6 Proposals

6.1 The Committee is asked to consider the following proposals:

- (i) Discuss and comment on the content of the report
- (ii) Participate in and promote the online consultation
- (iii) Agree to receive the Partnership Plan at a future meeting
- (iv) Agree to receive regular updates with regard to the action taken to address the strategic priorities

7 Recommendations

7.1 The Committee are asked to consider and agree the report proposals set out in Section 6.1 above.

Contact(s): Adam Lindridge
Gemma Thompson

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2168