

People in Essex live in safe communities and are protected from harm

**Essex County Council Commissioning Strategy
(2014 – 2018)**

Version: consultation draft



Essex County Council

Version control

Version Number	Date	Author	Comment & nature of update
V0.1		Anna Hook	Initial population of template based on TTC
V0.2	26/02/14	Anna Hook / Sarah Roberts	Consolidation of indicator level information Addition of draft risk and finance info.
V0.3	21/03/14	Craig Elliott	Collates all information shared by commissioners to date
V0.4	09/04/14	Craig Elliott	Edited summary version – gaps to be filled by Commissioners
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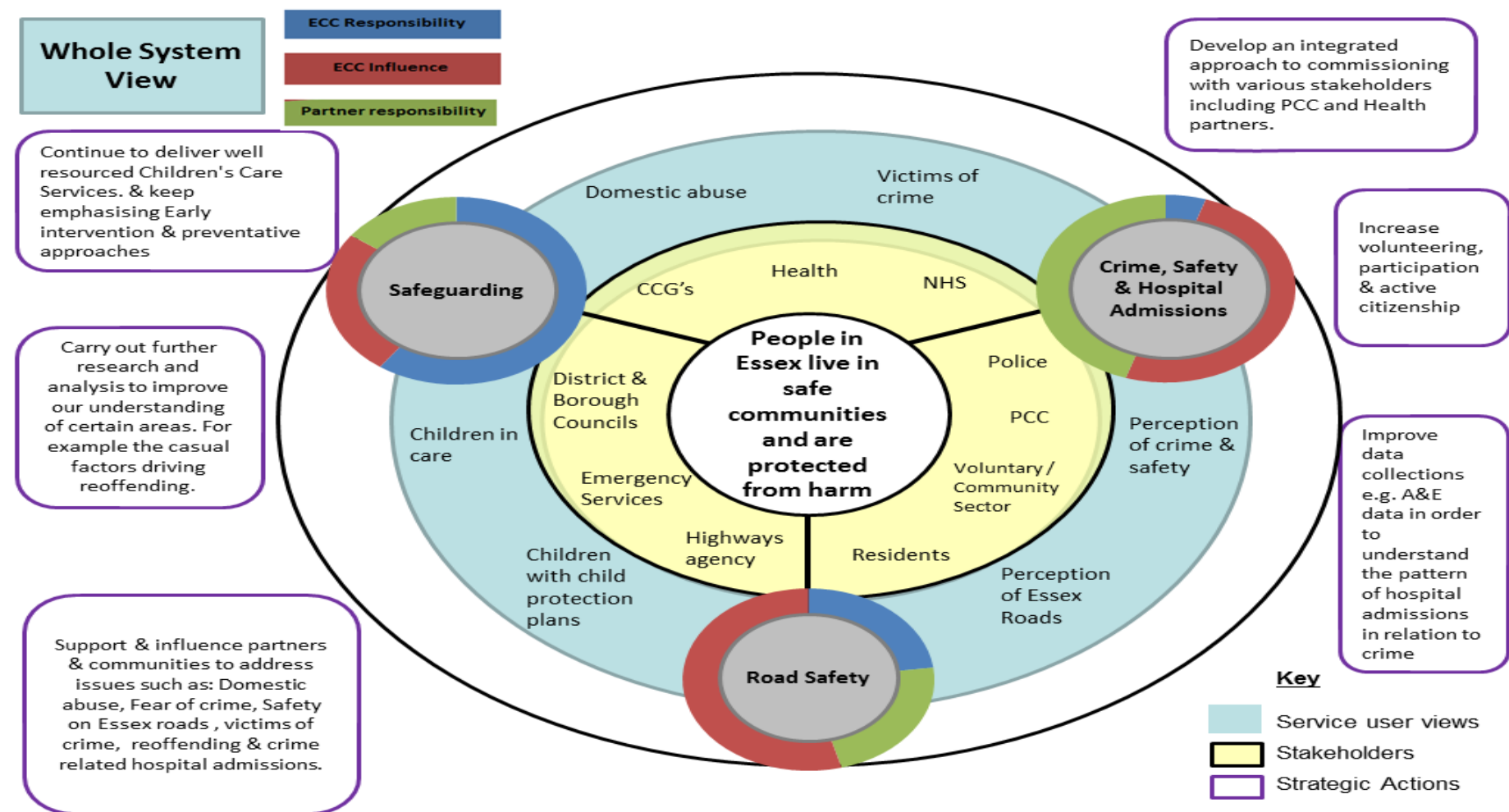
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Background and Context

The outcome this Commissioning Strategy seeks to achieve is : **People in Essex live in safe communities and are protected from harm**. The strategy offers Essex County Council a clear opportunity to rethink how we respond to new challenges, and potentially at a reduced cost. Key tenets of our approach are: understanding the issues better; working with partners and communities to find better solutions; and where possible early intervention and prevention. This wide ranging strategy plays out in three policy areas (as illustrated in the diagram): 1) *Vulnerable people are safe*; 2) *People live in safe communities*; and 3) *People are safe on Essex roads*. Whilst ECC has responsibility and budgets for ensuring that vulnerable people feel safe, the key to delivering this outcome lies in influencing the spend of partners. These issues and solutions are presented in more detail below.



Background and Context

Why is this outcome important?

The abuse and neglect of children or adults is intolerable. Safeguarding is everyone's responsibility, parents, relatives, the public and employees. Children in care also need to receive better support to ensure they can maximise their future potential. Issues such as social deprivation, parenting history, poor education, parental mental health, drug and/or alcohol misuse, can all impact on child neglect and abuse. Domestic abuse is also evident as a contributor to safeguarding and impacts on both adults and children.

Essex is already one of the safest places to live in the country, with low rates of crime compared to other areas. Furthermore, the long-term trend is that crime rates are falling. However, fear of crime is still an issue, and crime and protection in the broadest sense remains a key priority for Essex residents. The issues of domestic abuse, violence and burglary link closely with other issues related to criminality such as drug and alcohol misuse and anti-social behaviour.

While the number of people killed or seriously injured on Essex roads has significantly decreased and this trend maintained thanks to work with partners to deliver targeted education and enforcement. However ongoing work is required to maintain this trajectory focusing on those most at risk including motorcyclists, young car drivers and drink/drug drivers. Perception of safety on Essex roads does not correlate with these levels of performance.

Essex County Council has a strategic role to play in ensuring that it works with partners and individuals to build safe communities and to ensure that people are protected from harm. With diminishing resources across the public sector, partners need to collectively understand its resource priorities; these will be driven by our statutory responsibilities, what intelligence gathered tells us about where and on what activities and interventions we need to focus on and importantly what Essex residents are telling us is important to them. Building strong social capital can also provide the right opportunities for young people and the community to flourish.

As a local authority, Essex County Council can influence national policy and resource allocations, commission outcomes against available resources and work with communities to increase their resilience and enable them to provide for themselves.

Essex Context

Essex is a diverse county with a population of 1.74 million living within 1 city, 11 district councils and 2 unitary authorities. It is demographically complex, with a mix of urban and rural areas, often bordering each other. Densely populated settlements like Chelmsford, Colchester, Southend, and Basildon differ significantly from the less densely populated areas of Braintree, Maldon and Uttlesford.

Essex has an extensive travel infrastructure, linked via a strategic road network, home to London's third largest airport (Stansted), hosting a comprehensive rail network and having the longest coastline of any county. This creates a range of challenges as well as real opportunities to work in partnership and make a significant difference to ensuring that people in Essex and the communities they live in are safe.

The sheer diversity of Essex means that on a daily basis, police have to respond to a wide range of crimes and anti-social behaviour, with differing levels of demands on policing and public services as a result. Whilst this diversity brings challenges, Essex remains a vibrant and a safe place in which to live and work. The third sector and volunteers also continue to play an increasingly important role in strengthening communities and in making them more resilient. Further evidence of Essex's diversity includes: -

- Unemployment rates lower than national averages - However a threefold variation exists at a district level (from 13.2% to 4.6%).
- Young people from more disadvantaged communities are at a higher risk of becoming NEET.
- Life expectancy is increasing - but is 7.3 years lower (men) and 4.9 years lower (women) between most and least deprived areas.
- A 17% difference exists across our districts in people's perception of their quality of life
- Attainment has improved, however disparity across Essex exist for educational achievements at GCSE level



Some of the big issues faced that this strategy seeks to address are:

Safeguarding is an important issue to ECC and whilst we are improving, in the light of new duties under the Care Act, how do we continue to ensure this with diminishing resources?

Improving the joint commissioning approach, focusing on “healthy relationships”, to reduce the incidence of domestic abuse, improve reporting, and make those who report or are affected by it safer?

Fear of crime and safety on our roads in increasing yet actual crime and safety are improving – how do we reconcile this?

How can we reduce hospital admissions with relation to crime, anti-social behaviour, drug and alcohol misuse and road traffic accidents?

Reducing offending and reoffending are vital to reducing crime. How can we best respond to transforming rehabilitation?

The strategy encapsulates actions that will seek to turn the curve in these areas, these actions will seek to:

- Influence national and local public sector decisions and spending
- Commission/deliver services
- Drive research, data collection and improving our understanding of causal factors
- Focus on early intervention and preventative approaches
- Work with partners families and communities
- Increase volunteering, participation and active citizenship



The Story behind the baseline – (1) Vulnerable People are safe (Safeguarding)

The abuse and neglect of children or adults is unacceptable. Safeguarding is everyone's responsibility, parents, relatives, the public and employees. All employees who have direct or indirect contact with children, or who have access to information about them at work, have a responsibility to safeguard and promote their welfare. The introduction of the Care Act 2014 will extend our shared safeguarding and wellbeing duties to adults. (Domestic abuse is considered in more detail in Section (2) in slides 17-18).

Safeguarding Children

Safeguarding children is about protecting children and young people from abuse and neglect, but it has a much broader concept than child protection. Safeguarding emphasises prevention and focuses on promoting welfare and wellbeing of children and young people. It raises questions of how we can ensure that children and young people are healthy, are developing appropriately, are brought up in caring and safe environments, both in and out of the home, and are able to maximise their life chances. The breadth of safeguarding is reflected in the range of activities in which children and young people need not only to be safe and well cared for, but to feel safe and well cared for. These include being safe on the way to and from school, at school, at clubs and other leisure activities, and on the streets. It includes issues of bullying, internet and mobile phone safety, gangs, youth crime, or where there is domestic abuse, alcohol and drugs misuse, or mental health issues within the family. It includes the safety and wellbeing of those who are sexually active, at risk of exploitation, teenage pregnancy, obesity, and those at risk of accidents at home and outside.

Whilst safeguarding is everyone's responsibility, all agencies and individuals need to participate in a co-ordinated, multi-agency and manifold response. Child protection is a part of safeguarding and promoting welfare. It refers to activity undertaken to protect children identified as either suffering or at risk of suffering significant harm as a result of abuse and neglect. The key strategic principle is to meet the need, at the right place and at the right time - with the overarching aims of keeping children safe within their families and out of care, and to reduce the period of time that children are in care by facilitating transitions into safe sustainable placements.

The Safeguarding Children Board has a statutory role to shape the partnership response to safeguarding children and young people. The Board has strengthened its position in recent years and has identified priority areas. It has conducted multi-agency audits and deep-dives into child protection practice, and rolled out a new strengths based approach to conducting child protection conferences, the learning from case reviews and a revised response arrangements to unexpected deaths. This has resulted in qualitative improvements in the service we offer to families. The Board's priorities are considered as part of a multi-agency performance framework. A performance dashboard allows the Board to review and challenge the performance of partners. Further work will be undertaken in respect of pre-birth referrals, multi-agency assessments, and a range of safeguarding issues around young people e.g. for those who are sexually active, at risk of exploitation, at risk from bullying/grooming, and those involved in substance abuse. In addition, we are keen to continue to engage children and young people in developing solutions to safeguarding and protection issues. *(Customer views are captured in slide 24).*

Due to statutory requirements that all policy and delivery information on children's services need to be in one place, this strategy needs to be delivered in line with ECC's Children's Commissioning Intentions Document and ECC's Children' and Young People's Plan.

Since the Baby P case in 2009, Essex showed a consistent fall to below Eastern Region and Statistical Neighbour averages. This has resulted from the redesign of services around the 'windscreen of need' and investing more in preventative services. There are four levels of increasing need: 1) *universal services* – children with no additional needs; 2) *vulnerable* – children with additional needs; 3) *complex* – children with complex needs; and 4) *acute* – children whose needs are complex, prolonged or critical. The latter is where care services intervene and where our indicators are focused i.e. related to: *children in need*; *children with protection plans*; and *children in care*.

At each level, the services that are available locally include: *Level 2* - Children's Centres, extended pupil premium, increasing the number of health visitors by 270 in 3/4 years (a service that moves to ECC in October 2015), sexual health, school nursing, and the establishing the Family Nurse Partnership from autumn 2014. *Level 3* - is delivered through Family Solutions, which offers targeted early help for families with complex needs. *Level 4* offers social care through Divisional-Based Intervention Team (D-BIT) supports those at risk in each quadrant for a maximum of 12 weeks and Multi-Systemic Therapy (MST) – which builds on the Social Impact Bond and offers intensive parenting support.

Essex has turned the curve dramatically on child protection with significant reductions of children in need, child protection plans and children in care. It has been clear about thresholds of care, has focused activities on targeted services specifically for the harder to help, by managing the gateway into the care system, and through staff development, training and support. The recent trends are as follows:

- **Children in Need** - On 31 January 2014, 6,220 children had been identified through assessment as being in need of a specialist children's service. This is a reduction from 6,739 at 31 March 2013. Having already turned and maintained the curve, ECC has moved from a position of firefighting to one where we can consider early intervention opportunities. Abuse and neglect are the key factors. 1,136 disabled children receive a service and disabled children are known to be at greater risk of abuse and neglect.
- **Child Protection Plans** - On 31 January 2014, 438 children and young people were subject to a child protection plan (CPP). Since 2011/12, ECC has turned the curve, with notable reductions from 547 in 31 March 2013. ECC aims to maintain the positive status quo. Domestic abuse, mental health and drink/drug abuse are common risk factors leading to children being taken into care and becoming subject to a child protection plan. The main reasons are: neglect (over 54% of plans); emotional abuse (28%); physical abuse (9%); sexual abuse (5%); and 'multiple abuse' (3%). ¾ of children with CPP are under 10 years.
- **Children in Care** - On 31 January 2014 the number of children in care was 1,139; a rate of 38.4 per 10,000 children. This is a reduction from 1,260 at 31 March 2013; a rate of 42 per 10,000 children. This continues the falling trend from 2011/12. There is higher proportion of 10-15 and 16-17 year olds in care in Essex, with an increase in entries at 14+. D-BIT and MST are addressing this successfully however these numbers continue to increase despite this.

ECC aims to continue to reduce the numbers by continuing to promote and encourage the use of Special Guardianship Orders (SGO), adoption and fostering as is appropriate. ECC's 'Placement Strategy', established some 18 months ago, has been able to deliver sustainable and safe placements for children leaving care. Only 7% are not sustained for 2 years. Although churn does occur beyond 2 years, this is mainly for different reasons. ECC will continue to maintain low levels of children in care through early intervention and by reducing the period of time that children remain in care by easing transition into safe sustainable placements.

Essex has the second lowest incidence (per 10,000) of children in care by local authority. It is expected that the number of children in care will reduce to 1,000 (mainly 16-17 year olds) by 2015. Whereas the number of child protection plans should not fall any further, as it may be viewed as unsafe, leading to questions of what support and oversight Essex provides the most vulnerable. Hence, more may be better.

(NB: A new Centre for Social Justice report calls for a royal commission on child protection issues due to perceived raising of care thresholds).

Adult Safeguarding

- The Commissioning Strategy offers ECC an opportunity to rethink how it responds to new challenges, particularly the Care Act 2014.
- With regard to adult safeguarding, the Care Act 2014 requires ECC to ensure enquiries are made for suspected abuse or neglect cases. It formally establishes Safeguarding Adults Boards which must have representation from the LA, Clinical Commissioning Groups (CCG), Police. It requires ECC to arrange an independent advocate for the person subject of a safeguarding enquiry or SAR. It requires all partners cooperate to protect adults experiencing or at risk of abuse or neglect. The most significant changes are that adult safeguarding becomes a statutory duty for the first time. The model appears to be proactive rather than reactive as now. It applies in all settings so requires a multi-agency and community response. It gives a key role to the Essex Safeguarding Adults Board, placing it on a similar footing to the Safeguarding Children Board. Adult safeguarding will need to be evident in our market development and commissioning activity and response. The Care Act asserts that local authorities need to offer lower level services, universal brokerage for domiciliary and residential care (including for self funders), and financial advice from 2015.
- Adult safeguarding applies to everyone over 18 years and is underpinned by 6 principles: 1) empowerment/personalisation; 2) prevention/early intervention; 3) proportionality; 4) protection; 5) partnership (working with communities); and 6) accountability. Traditionally, efforts focused on protecting people from abuse in residential and domiciliary care, now our responsibility is universal.
- The Care Act has significant implications not just for the care system, but for wider ECC and public services, including the built environment, housing, health, employment/welfare, police and prison services, and the wider community.

Indicators

- The current indicators collected by the service are effectively performance measures for operational delivery, rather than indicators, these include: 1) Alerts – concerns raised; 2) Referrals; 3) Breakdown data into categories – by customer or by provider; 4) Assessment; 5) Appropriate Pathway (leading to success/reablement); and 6) Repeat clients (failure).
- GAPS: 1) No dashboard – can our manual data system be digitised?; 2) No People Feel Safe/Protected indicator → STRATEGIC ACTIONS?
- **Potential overarching indicators in response to the Care Act (2014):** 1) Whole Population Wellbeing – People feel safe/protected from harm; 2) People feeling able to participate fully in society; and 3) % of customers feeling safer through safeguarding intervention(s)

Turning the curve and issues

- Safeguarding is everyone's business. Understanding abuse and neglect is key to prevention - what are the triggers for escalation?
- ECC will need to work with a range of public, private and voluntary sector partners and the wider community to deliver our ambition of improved wellbeing, more cohesive and safer communities, and a renewed focus on prevention and early intervention.
- In a crisis, there is a multi agency action group style response to incident management.
- For current indicators, more alerts may be good, as it may suggest that early interventions could be made, addressing needs before they become critical. This could reduce costs of critical safeguarding interventions. Over time this may deliver a reduced number of referrals
- Right solution at the right time - Finding the most appropriate pathway – the outcome is defined by the customer. Getting people back on track is the key – hence the focus is on reablement and finding sustainable solutions. (Continued overleaf)

Turning the curve and issues - continued

- Market sustainability – Recent moves from small to larger providers to reduce risk. Issues: regulated and unregulated markets. ECC has more leverage over (and accountability for) the regulated market (care providers) as it is regulated by the Care Quality Commission (CQC). This includes workforce planning. ECC has less control over day care and personal assistants market, which is unregulated. Nevertheless, we still have a responsibility to ensure that people are safe. We will be focusing on this via Making Safeguarding Personal during 2014/15. As commissioners, there is pressure to harmonise with prescriptive NHS contracts, rather than our more flexible black box contracts.

Adult Safeguarding and the Care Act – new support for prisoners

The Care Act (2014) requires local authorities to provide social care for prisoners:

- Clause 72 of the Care Act sets out the responsibilities for provision of care and support for adult prisoners and people residing in approved premises (which includes bail accommodation). Where it appears that adults in prison or approved premises have needs for care and support, they should have their needs assessed by local authorities and where they meet eligibility criteria, have services provided by the local authority in question. Prisoners' non-eligible needs will be met by the prison.
- This clause clarifies the application of care and support law to people in prison and bail accommodation. This reflects existing legal opinion and practice; but the current law is unclear on the matter. With a turnover of c.2000 prisoners per year in Chelmsford Prison this could have a significant impact.

(Domestic abuse – is a cross-cutting theme of Safeguarding and Crime, and is captured in Section (2) on slides 17-18.)

(1) Vulnerable People are safe (Safeguarding) – Our Ambition

- Care is available on the basis of need
- Children are supported with the right care at the right time
- Early intervention and prevention services reducing the number of children in care
- Families are supported to become more resilient
- The time that children are in care is reduced through effective interventions
- Sustainable and safe placements are achieved for more children in care
- All partners will take responsibility for safeguarding local people of all ages
- The commissioning of the full range of services across the local partnership will consider how to protect vulnerable people and how to contribute to community wellbeing
- ECC will consider social value as well as best value in the commissioning of services for vulnerable people
- To create a fully functioning care market, integrating health and social care, that ensures that vulnerable people are protected

The Story behind the baseline – (2) People live in safe communities

Ensuring that people live in safe communities encompasses a wide range of issues from crime and anti-social behaviour, including domestic abuse, and drug and alcohol misuse, to reducing re-offending, through to hospital admissions of adults and children caused by the above.

Whilst ECC has some direct influence over approaches to drug/alcohol abuse and mental health, almost all other areas fall under the responsibility of partners. As a result, there is a need to support and influence partners and communities to deliver services that tackle the causes of crime and anti-social behaviour.

The delivery of the community safety agenda is supported through the Safer Essex Partnership, which brings together Essex County Council functional services (Trading Standards, Community Resilience, In Person Services in respect of developing community hubs etc....) all unitary, district and borough councils through their Community Safety Partnerships, the office of the Police and Crime Commissioner, Essex Police, Essex Fire and Rescue Services, Probation Services and the voluntary and community sector. Essex has a national reputation and track record for successful partnership working; delivering innovative business change by trying something new and acting together it can mobilise and respond quickly. Partners are committed to work together to reduce re-offending, protect the public, reduce the number of victims of crime, by delivery of joined up and integrated services that actually does transform rehabilitation, eliminate bureaucracy, focuses on outcomes not process, reduces risk and increases opportunity.

The following sections consider the low level of crime and anti-social behaviour, the paradoxically high fear of crime, reducing reoffending and transforming rehabilitation services, domestic abuse, the role of trading standards and the problem of hospital admissions as a direct result of crime, anti-social behaviour, drug and alcohol misuse and road traffic accidents.

The level of crime in Essex (per 1,000 residents) is lower than our nearest statistical neighbours, although comparable with the East of England. Crime levels have fallen consistently since 2009/10 and significantly in the year to 2011/12. Monthly figures for 2012/13 have plateaued. The level of crime affects the entire population, yet it is associated with social disorganisation, dysfunctional communities, deprivation and inequalities and therefore may affect certain sections of the community differently. Some minority groups, such as those by ethnicity, sexuality and disability, experience prejudice or hate crime (research figures).

The Police and Crime Commissioner (PCC), who is accountable for local crime figures, has emphasised the need to focus on the causes of crime, not just crime types and will promote activities that support the victims of crime. We recognise that as an indicator of achievement against our overall outcome, a reduction in those figures is desirable. We are currently working with the PCC to influence provision (e.g. crime detection) and to understand the opportunities for joint commissioning. We are also keen to exploit our influence over other local services (e.g. the NHS and Public Health to address mental health and drink/drug abuse) which can address some of the causes of crime and anti-social behaviour.

Anti-social behaviour affects both crime levels and the fear of crime:

- From April to October 2013, there were 36,366 anti-social behaviour incidents in Essex. This compares with just over 46,500 incidents of anti-social behaviour in 2011 (by persons of all ages).
- Anti-social behaviour may impact the entire Essex population, but may differ by locality. Harlow has the highest rates of offending and anti-social behaviour incidents in Essex. Residents here and in Basildon and Colchester are more likely to be victims of anti-social behaviour than those who live in Maldon, Uttlesford and Rochford.
- Anti-social behaviour may be more likely where a child/young person/adult: has witnessed domestic abuse; suffers from post-traumatic stress and has serious social and behavioural problems; lives in a family/household with complex needs or disadvantage; or is misusing drugs and/or alcohol.
- Anti-social behaviour at age ten is a powerful predictor of the total cost of public services used by age 28 years, with criminal justice costs the highest. Children who engage in anti-social behaviour are disproportionately likely to face a lifetime of social exclusion and offending, however, early bad behaviour does not necessarily predict serious offending later in life.
- Pupils in Essex who have had a Police warning are more likely to: be NEET, have poorer levels of wellbeing, lose their temper twice or more per week, say their school deals badly with bullying, say they have been a victim of crime, smoke and drink regularly or have taken drugs. They are less likely to: feel they are listened to and taken seriously at home/school, to enjoy, and try their best at, school, want to go to university, and say that there is enough to do in their area.

Risk taking behaviours, possibly fuelled by alcohol misuse, can lead to high levels of crime and violence, risk to personal safety as well as poor mental health, some of which will continue into adulthood. Drug misuse contributes to the associated health and crime burden in Essex with nearly 4600 known opiate and crack users and an increase in young people (under 18 years) accessing treatment.

A number of risk factors can contribute to the likelihood of young people (10 to 17 years) becoming known to the local police and entering the youth justice system. These range from; poor family relationships, poor educational attainment, absenteeism or exclusion from school, associating with offending or risk-taking peers, drugs or alcohol use, mental health issues, accommodation in a high crime area or temporary accommodation / homelessness, poor communication or comprehension skills, anti-social attitudes or behaviour and thinking skill issues including impulsivity, risk taking and lack of victim empathy. Children who are in care or looked after are over-represented in the youth justice system.

Fear of Crime remains persistently high, and paradoxically, it does not correlate directly with actual crime levels which are very low. **The percentage of residents who feel safe after dark** peaked in 2010/11 but has fallen sharply year on year since then, in line with falling crime levels. Crime is generally low but feedback indicates that people believe that keeping it low is important. Nevertheless, the fear of crime can have a devastating effect on a person's sense of personal safety, lifestyle and quality of life. These effects can curtail social activities through an unwillingness to leave our own homes. They can increase stress, fear and anxiety. They can lead to an increase in household costs, for example, choosing a car or taxi instead of public transport or installing home security systems. They also prompt us to make less use of local amenities, leading to greater economic and social costs for local communities.

There are a number of external factors which may significantly increase the fear of crime in the community, including: media sensationalism when reporting crimes; perceptions of vulnerability; infirmity and limited mobility; loneliness and social isolation; disorderly surroundings such as litter, abandoned buildings/cars, graffiti and broken/barricaded windows; and disruptive behaviour such as rowdy youths, homeless people, beggars, drunks and inconsiderate neighbours.

The percentage of residents who feel safe after dark is a standard perception measure of the fear of crime, which affects the entire Essex population. Women (29%), those over 65 (28%), those living in social housing (40%), and those with disabilities (32%) are more likely to feel unsafe after dark; compared with men (18%), all residents (24%), owner-occupiers (21%), and able bodied (20%), respectively. Where residents live affects how safe they feel after dark. Uttlesford (75%) and Maldon (68%) residents feel the safest outdoors after dark, followed by residents in Chelmsford and Colchester (65% in both cases). However, residents are less likely to feel safe after dark in Castle Point (49%), Basildon (48%), and particularly in Harlow (where 37% feel safe). Following a trial in Maldon in 2007, the roll out of a central management system for part night street lighting was undertaken in 2011, resulting in the roll out of part night street lighting across districts last year, (with street lighting being turned off between 0:00 and 5:00). To date there is no evidence that crime levels have been impacted as a result but more work is required to fully understand the impact this activity has upon fear of crime or how safe people feel after dark as a result.

Reducing re-offending and transforming rehabilitation

Transforming Rehabilitation Services requires ECC to take a fundamental role in influencing commissioning and reshaping of services to reduce reoffending. From 1st April 2015, a new refocused National Probation Service will be tasked with keeping the public safe from the most dangerous and high-risk offenders. A Community Rehabilitation Company will be established in Essex, run by a private and/or voluntary sector organisation, and will work together on closing the 'revolving door' of the criminal justice system by tackling lower risk offenders. For the first time all offenders, including those serving less than 12 months, will be subject to mandatory supervision and tailored rehabilitation on release from prison. The delivery of offender services in the community aim to reduce reoffending rates whilst delivering improved value for money for the tax payer. This is of particular significance given that Chelmsford Prison has been designated as our local resettlement prison. This means that all prisoners who are Essex residents will complete their prison term and be released back into the community from Chelmsford Prison. Traditionally the prison has incarcerated prisoners with sentences of less than 12 months.

Rates of reoffending may need to be reduced to deliver even lower levels of crime - as a high proportion of crimes are committed by a small number of offenders. 23.5% of ex-offenders in 2010 reoffended within the first 12 months of release. This fell to 23.0% in 2011. The average number of re-offences committed per offender from a rolling 12 month cohort rose slightly from 0.65 to 0.66 in the same period. These are below the regional and national averages. At a national level, the figures increase significantly over a three year period. As reoffending rates fluctuate over time, we aim to retain low levels of reoffending than the national and regional averages.

The underlying principle of measuring re-offending is that someone who has received some form of criminal justice sanction (such as a conviction or a caution) goes on to commit another offence within a set time period. Official records are taken from either the police or courts, but they will underestimate the true level of re-offending because only a proportion of crime is detected and sanctioned and not all crimes and sanctions are recorded on one central system. Other methods of measuring re-offending, such as self-report studies, are likely to be unreliable.

Youth offending is falling. In 2011/12, the Youth Offender Service (YOS) caseload was 1,061 in 2011/12, down from 1,220 young people in 2010/11. Over the same period, the number of first-time entrants fell to just over 800 from 940 following the consistent national trend. The re-offending rate was 1.53:1 and of 176 young people in the 2011/12 cohort, 41 reoffended within three months and 82 re-offended within 12 months. The highest rates of first time entrants (per 1,000 population aged 15-19) were in Harlow and Basildon, while Uttlesford, Colchester and Chelmsford had rates below the county average. Harlow has the highest rate of offending in Essex, with the rate being nearly double the county average, and the highest rates of anti-social behaviour incidents, first time entrants to YOS and YOS caseload. In 2011/12 the proportion of young offenders in suitable education, training or employment (ETE) fell to 49% - its lowest level in four years.

Cross-cutting Themes – Crime & Safeguarding

Domestic abuse - Incidents of domestic abuse are difficult to calculate and there is dissonance between actual figures and academic estimates, indicating that there is a need to improve reporting. Domestic abuse impacts on both adults and children, and makes up one fifth of all police incidents (29,000) - with Essex Police receiving around 80 domestic abuse related calls a day. Around half of these are repeat police incidents, with women most likely to be the victims and to have a higher risk profile. In 2009, using the British Crime Survey, it was estimated that there were over 44,000 incidents in Essex per year (Walby 2009). Some 14,000 (4.5% of) children experience severe domestic abuse before they reach 16 in Southend, Essex and Thurrock (Stanley 2011). Child neglect and abuse is understood to occur as a result of a number of factors: social deprivation, parenting history, poor education, parental mental health, and drug and alcohol misuse. The Essex Drug and Alcohol Partnership (EDAP) estimates there are 5,240 families in the county with four or more vulnerabilities, with a greater concentration of these families in deprived areas. Other estimates suggest that there are 57,902 children in Essex with at least one parent abusing alcohol, 7,300 children with at least one parent who is a dependent drug user, 46,636 children with at least one parent with a mental health problem. Most of ECC's looked after children have parents with two or more of these vulnerabilities.

The causes of relationship conflict and domestic abuse are complex and deeply embedded in social structures and behaviour. Addressing these causes is difficult and unlikely to achieve total success. Partners are committed to developing a range of evidence based interventions to protect victims and address perpetrating behaviour. Individuals and families will have different needs. For example, measures to improve safety within a relationship (40% of police incidents) where the victim does not wish to leave will vary from measures required to improve safety when the victim wants to leave, known to increase danger, or they live separately from the perpetrator (60% of police incidents).

Domestic abuse has been a focus of ECC and partners in Essex for a significant period of time, and has been part of the Whole Essex Community Budget (WECB) work. The main lessons learnt from the WECB work on domestic abuse include: family, financial and housing factors make it difficult to escape domestic abuse; victims are often unable to talk about domestic abuse, even with health and care professionals, due to social stigma/shame; tackling the issue before behaviour escalates and becomes more severe can make the system easier and less fearful to navigate.

As a safeguarding issue as well as a criminal activity, domestic abuse is everyone's responsibility and therefore requires a multi-agency partnership approach. Much work has been undertaken within the WECB to understand the roles that multiple agencies have with relation to domestic abuse, with ECC taking a leading role. This has culminated in the establishment of a joint decision-making framework. The Domestic Abuse Strategic Board (DASB) works to define the strategic direction and approach across Essex and is chaired by Essex's Police and Crime Commissioner. This body links with other relevant bodies like the Safer Essex Partnership and the Safeguarding (Adults & Children) Boards and wider stakeholders. DASB has developed a performance dashboard, which enables the partnership to review performance across a range of cross cutting measures and hold each other to account for delivery of improvements. The commissioning and implementation of the strategy is co-ordinated through the Domestic Abuse Commissioning Group.

Cross-cutting Themes – Crime & Safeguarding

At a high level, the WECB Domestic Abuse progress report for June 2014 identified the following:

- The Basildon and Braintree pilot has supported 504 domestic abuse victims by the 29th of May 2014
- The Joint Domestic Abuse Triage Team (JDATT) – a multi-agency hub to combat domestic abuse is being developed
- An information sharing agreement for JDATT has been approved and signed off by partners
- North Essex Partnership Mental Health trust is engaged in a month long information sharing pilot with the JDATT
- Commitments totalling £931,000 have been secured to resource the Domestic Abuse programme in FY2014/15

Next steps - key activities

- Complete training of the additional 6 advisors (IDVA's) recruited to support high risk victims of domestic abuse across the county
- Complete the tender specification for the IDVA Support Services contract
- Work with health partners to identify locations for case finding pilots

Illustrating the extent of partnership working, these activities are also stated in the Police and Crime Plan 2014.

The partnership needs to focus on and understand a number of other issues including:

- Developing a shared definition of what constitutes domestic abuse, when compared with domestic personality conflicts.
- How does interpretation currently affect the responses of agencies involved with domestic abuse in Essex?
- Perceptions of domestic abuse as a crime and how levels of risk and severity are identified and responded to?
- Shared understandings across agencies involved in domestic abuse is essential to enable us to put in place a robust, flexible and bespoke suite of interventions that help to address the issue. This includes understanding that when victims make a life changing action that makes them more vulnerable than when they were under the threshold.
- Early intervention will require fuller engagement with health and housing partners to identify cases of domestic abuse at an earlier stage.
- Evidence suggests that education and support in schools related to understanding and developing 'healthy relationships' can have significant impact on domestic abuse incidents and more generally in addressing conflicts across a multitude of relationships, thereby addressing causal factors across a range of outcomes.
- Other streams of work that need to be developed further include: work with perpetrators, work with health, education around healthy relationships and attainment, resettlement and housing, which is a key cross cutting theme over many outcomes.

Where children are victims of domestic abuse, all interventions and proposals proposed in the strategy need to be delivered in line with ECC's Children's Commissioning Intentions Document and ECC's Children and Young People's Plan.

Cross-cutting Themes – Crime & Safeguarding

Trading Standards activity cuts across safeguarding and crime and safety:

- Doorstep crime - Victims are generally older, often single, and the financial loss to the consumer of these crimes can range from a few hundred pounds to many tens of thousands. Once identified as vulnerable, victims are often repeatedly targeted. This type of crime is on the increase across the country and is happening in Essex. Trading Standards undertake preventative activities designed to tackle this type of criminality, such as implementing No Cold Calling Zones (NCCZs), operating a Buy With Confidence TS approved trader scheme, attending Police led roadside stop checks and working with Care providers such as Essex Cares to provide information to vulnerable groups and help care workers to identify and report changes in possible victims behaviour that might indicate a doorstep/ rogue trader presence.
- The Licensing Act 2003 made Trading Standards a responsible authority to formally enable alcohol test purchases to be made using a minor. ECC identified issues in local communities of anti-social behaviour directly attributed to young people consuming alcohol. Furthermore it was thought to be a contributory factor in unwanted teenage pregnancy. Test purchases helped to establish a base line of the number of businesses prepared to sell alcohol to minors at 35%.
- The police see Trading Standards as major contributors to tackling the sale of knives, spray paints and fireworks to minors. These all have direct links to instances of antisocial behaviour and criminal damage in local communities.

Hospital Admissions

Hospital admissions caused by injuries to children and young people & Hospital admissions caused by injuries to adults – are relevant to this Outcome only where injuries are as a result of crime, anti-social behaviour, drug and alcohol misuse or road traffic accidents. We estimate that the numbers admitted to hospital related to this outcome will be quite small. However, by focusing the measure on the use of Accident & Emergency will allow us to understand the full extent of injuries sustained as a result of crime, anti-social behaviour, drug and alcohol misuse and road traffic accidents. This will allow ECC and partners to develop commissioning responses that could reduce the number of people affected.

As has been identified earlier in the strategy, much of this is interlinked with the causes of crime or its manifestations – including; drink, drugs, mental health issues, domestic abuse, etc. People who take part in excessive alcohol consumption are at higher risk of accidental injury and death. It is also relevant to understand how drug and alcohol abuse, the night time economy, and general health trends contribute to hospital admissions as a result of injuries to adults:

- Although Essex has a lower proportion of people consuming higher levels of alcohol, many young people are engaging in harmful drinking and we continue to see a rise in alcohol related hospital admissions. Evidence also suggests an increase in people consuming high levels of alcohol at home. This is fuelled by the accessibility of low cost, ‘loss leader’, alcohol via supermarkets. The practice of getting drunk at home before entering licenced premises removes an important check and balance in the night time economy’s management of alcohol misuse.
- In 2011/12 binge drinking was highest in West (19.6%) and Mid Essex (20.5 %). North East Essex (18.7%), South East Essex (18.8%) and South West Essex (18.9%) all had rates similar to the East of England (18.3%). This behaviour increases the risk of CVD, cirrhosis, poor mental health, unemployment, accidental injury and death. Factors that can trigger hazardous drinking amongst adults include bereavement, mental stress, physical ill health, loneliness, isolation and loss.
- Drug misuse contributes to the associated health and crime burden in Essex with nearly 4,600 known opiate and crack users and an increase those under 18 accessing treatment.
- Risk taking behaviours, possibly fuelled by alcohol misuse, can lead to high levels of crime and violence, risk to personal safety as well as poor mental health, which may continue into adulthood.
- A wide range of problems, from poor health to crime to low educational attainment are associated with deprivation or low income. Overall in Essex it is estimated that 25.1% of the 20% most deprived communities smoke compared to only 17.5% in the remaining 80% of the population.

(2) People live in safe communities - Our Ambition:

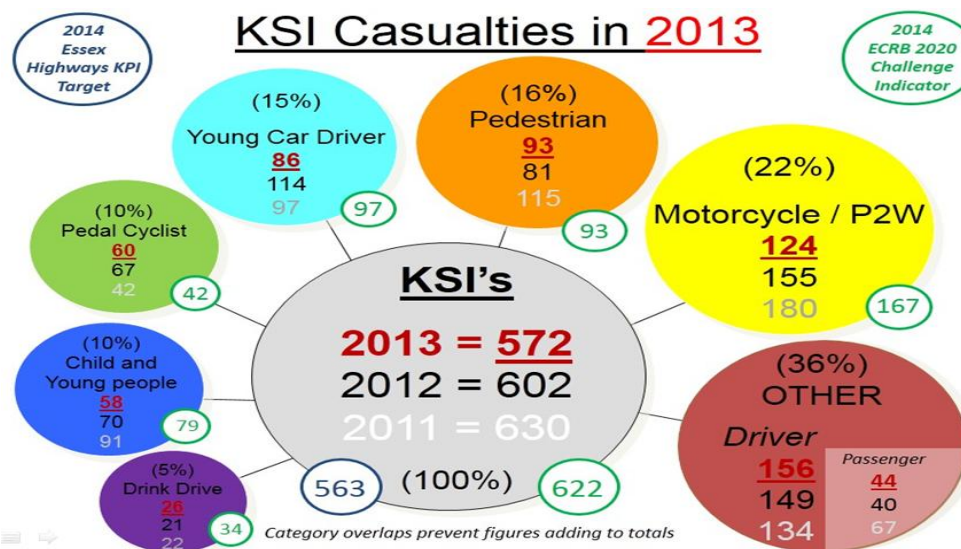
- Essex will continue to have low levels of crime
- Essex will understand and address the causes of crime
- Essex will reduce and support the victims of crime
- Essex residents will feel able to report domestic abuse.
- Essex will reduce the incidents of domestic abuse through early intervention and prevention.
- Essex will improve the services to make domestic abuse victims safer.
- Essex residents will be more aware of Essex's low crime rate and will feel safer after dark
- ECC will understand why people do not feel safe in Essex
- Essex will have reduced re-offending and will be seen as an innovator in transforming rehabilitation
- Essex residents will be more engaged in finding solutions to crime and disorder problems, they will engage in volunteering and will be supportive neighbours.
- With regard to this outcome, Essex will understand the causes of hospital admissions, will work with the NHS to prevent hospital admissions, and will reinvest savings to the NHS in further prevention interventions.

The Story behind the baseline – (3) People are safe on Essex's roads

ECC has a role in influencing the partnership response to road safety in Essex. The number of people killed and seriously injured on Essex roads is the key issue we face. Whilst these numbers are falling five years ahead of schedule, the number of people 'slightly injured' and the percentage of people that feel safe on Essex's roads are still undesirably high.

The safety of people on Essex roads is measured by the number of people Killed and Seriously Injured (KSI) and is an essential part of keeping both residents and visitors safe in our county. The impact goes much wider however as it is estimated that each fatal casualty costs £1.65m on average (due to lost economic output, medical and healthcare costs, material damage, police costs, insurance administration, and, legal and court costs).

The number of people killed or seriously injured on Essex roads (KSI) has decreased significantly since 2010 (a year which was a blip to the previous downward trend since 2006) and ECC work very hard with its partners to deliver targeted education and enforcement to maintain a downward trend. The proposed KSI targets for 2015 fulfil our ECRB 2020 targets five years early. Setting this in the context of increasing traffic numbers, this is an extraordinary achievement for Essex. Road traffic collisions continued the downward trend in 2013 with 572 people being killed or seriously injured on Essex roads. In 2012, 602 people were killed or seriously injured on Essex roads (down from 630 in 2011, and significantly less than the 2005-09 baseline of 840). The highest levels of KSI in Essex were in Chelmsford, Colchester and Epping Forest. The lowest were in Harlow, Maldon and Rochford. Those affected are shown in the diagram below.



There are various modes of transport, groups and situations that are affected. These include powered two wheel vehicles, young car drivers and drink/drug drivers. At least half of KSI casualties were car occupants and a quarter were motorcyclists. Cyclist's road safety also remains a concern. A targeted approach aims to address the improved safety of cyclists – building on the Essex Cycling Strategy, motorbikes - especially middle aged men, young male new drivers etc. Pedestrians and children and young people represent over a quarter of KSIs. Child KSIs are referred to the Safeguarding Children Board, those killed also to the Child Death Board. Children from the lowest social class are five times more likely to die in road accidents than those from the highest. Effective targeting of action to tackle clusters of issues for deprived communities will be important.

Slightly Injured/near miss figures saw a spike from 2010 to 2011 and remains at twice the ECRB 2020 target. This needs to be understood from local Police statistics – anecdotally this has been linked with a downturn in the economy and people making claims against insurance, but it may also be as a result of successful local interventions to reduce the speed of drivers and hence also collisions, which may have reduced the severity of accidents from KSI to slightly injured in recent years. The trajectory line from the 2005-9 average baseline indicates that our ‘target’ for slights for 2014 should be 3179. We are therefore 250 slights (7%) over where we would ideally like to be. ECC therefore hopes to use more publicity within the new safety partnership and to enhance campaigns already running to maximise coverage. This may also help with the KPI S3 – people feeling safe of the roads.

The percentage of residents who feel the Essex roads are safe. The National Highways and Transportation survey question relating to the perception of road safety in 2013/14 resulted in a score of 56.8. This is a slight decrease from the previous three years which have remained static around 59. Compared to other Authorities the decline was more marked from 59.35 to 56.8 over the same period, dropping Essex from 14 to 21 in the peer comparison group ranking. Satisfaction with the road safety environment (which includes speed limits, number and location of speed control measures, safety of walking, cycling etc.) has been maintained from 2012, this is in line with the peer comparison group average. The percentage of residents who feel the Essex roads are safe is something that we have measured for some time but that we still do not understand the causality for the lack of feeling safe on roads. This has obvious cross cutting implications to the condition of Essex roads.

Essex Casualty Reduction Board is the key forum in the fight for safer roads in Essex. ECC is a full board member and is jointly developing a Partnership through which road safety activities will be planned and delivered bringing a single point of focus to road safety across the County. This partnership has oversight of the Essex Safety Camera Partnership. It also helps to shape and generates additional revenue through the provision of NDORS (National Driver Offender Retraining Scheme). This revenue could be used to deliver new and innovative preventative activity, focused on accident reduction, better driving or possibly school crossing patrols.

This strategy looks to strategic actions that will reduce accidents and increase the perception of safety on Essex roads. Success will be represented by an actual reduction in accidents and a measured change in the perception of safety. Being data and evidence led will allow us to ensure that the strategic actions arrived at in this strategy are the right ones to achieve this.

(3) People are safe on Essex's roads – Our Ambition

- Essex will continue to have safe roads by minimising the number of people killed or seriously injured
- Essex will reduce the number of people who are slightly injured on Essex roads
- Essex residents will feel safer on Essex roads

Service user / customer views – All themes

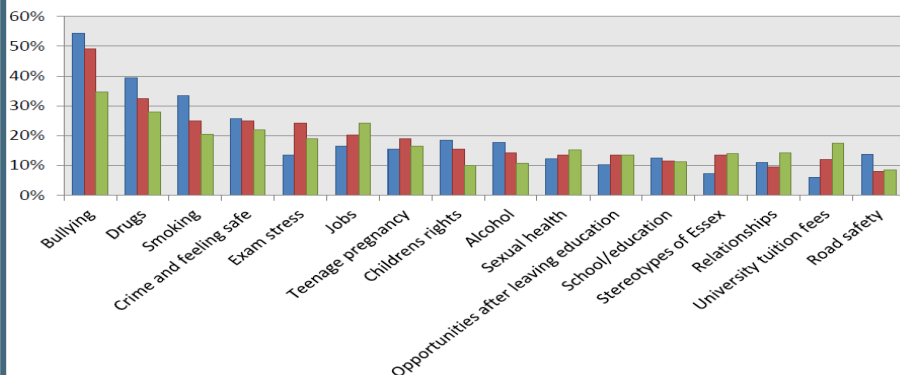
A full customer intelligence report has been created and can be read here (and summarised in the following slides) –



Customer
Intelligence

Young people's perceptions of crime

■ To age 12 ■ Age 13-15 ■ Age 16+



- The Young Essex Assembly Survey received 11,876 responses from young people, asked to identify their priority issues. The top three priorities identified were bullying, drugs and smoking. Crime and feeling safe was fourth - identified by 2,954 young people, particularly girls.. Road safety (1,201) was the lowest priority identified.
- Concern about crime and feeling safe decreases with age (or as children progress through their school. Life).
- Police were seen by respondents as too remote with improved communication and interaction between them and young people/communities identified as an area for improvement.

The Schools Health Education Unit Survey 2013

- The Schools Health Education Unit Survey (SHEU) survey is a wellbeing survey used to collect robust information about children and young people's lifestyles. One measurement in the survey is young people's views on feeling safe. The key findings were:
 - 18% of secondary School pupils in Essex worry quite often or very often about crime in their local area.
 - When pupils are asked why they don't feel safe in various situations, the most frequent responses are; The dark/no streetlights etc. including people hiding, People e.g. nasty, noisy, scary, suspicious etc., Violent crime e.g. murder/rape/mugging/weapons/paedophiles.

- General insecurity e.g. trust issues/worried.

The Essex Residents Survey 2013

- The Essex Residents Survey 2013 measured feelings of safety in the local area during the day and after dark.
- The 2013 survey showed that the majority of Essex residents feels safe outdoors in their area during daylight (88%) and very few feel unsafe (4%). Yet after dark, fewer feel safe (59%) and a larger proportion feels unsafe (24%). Women feel more unsafe after dark than men (29% vs. 18%), as do older residents (28% of those aged 65+ vs. 24% overall). Uttlesford (75%) and Maldon (68%) residents feel the safest outdoors after dark. Residents are less likely to feel safe after dark in Castle Point (49%), Basildon (48%), and particularly in Harlow (37%).
- The findings from the above three surveys are particularly relevant to planning actions under indicator 2 (residents who feel safe)

Whole Essex Community Budgets: community Safety

- In 2012 Whole Essex Community Budgets: community safety carried out a small scale service user consultation with people who have experienced domestic abuse. A total of three focus groups engaged with 16 adults who were currently supported through either refuges or domestic abuse specialist outreach services in Greater Essex. Key findings include:
- Everybody who took part said that one of the biggest barriers to seeking support was not knowing that they were experiencing domestic abuse. Societal views, 'shame' and feeling judged were identified as the most significant barriers to addressing domestic abuse.
- The findings are particularly relevant to planning actions under indicator 2 (incidents of domestic abuse)

National Highways and Transportation Survey 2013/14

- The National Highways and Transportation survey question relating to the perception of road safety in 2013/14 resulted in a score of 56.8. This is a slight decrease from the previous three years which have remained static around 59.

Domestic abuse

- A focus group with 16 adults highlighted that victims - found it difficult to define, did not report it immediately due to social stigma/shame, and were unable to talk about it with doctors/professionals..
- Family , financial and housing factors made it difficult to escape and are also fundamental factors in resettlement of victims.
- When police were called, most were disappointed by the light response and would have preferred an arrest or a court injunction instead.
- It was felt that victim support services would be improved by former victims being involved.
- 81 out of 95 young people, who attended the PSHE/Staying Safe conference (12/12/2013), completed a domestic abuse survey. Most stated they could distinguish between domestic abuse and unhealthy relationships. 63% and 73% of young people, respectively, thought these were issues in young people's relationships either quite a lot, or a lot, of the time. Over 50% associated domestic abuse with violence/physical abuse (36%) and mental/emotional abuse (15%).

Children in Care Involvement


- 83% of children and 82% of young people do not feel they are treated unfairly because they are in care. 98% of children and 89% of young people feel they are listened to in relation to their care. 88% of children and 89% of young people in care feel healthy and well. 22% of children and 17% of young people feel they do not see enough of their social worker. 76% of young people on care feel they are being given opportunities to achieve and succeed.

The curve we want to turn – (1) Vulnerable People are kept safe (Safeguarding)

For all indicators attention will be paid to disparities in outcomes between different geographical areas and vulnerable groups with the aim of narrowing the gap through targeted activity.

No.	Indicator	Lead(s)	The curve to turn (Our Ambition)		
			1 year	3 years	5 years
1a	Number of children subject to child protection plans	Chris Martin Barbara Herts	Maintain the low number of child protection plans achieved		
			TBC	TBC	TBC
			Reduce the period of time that children are subject to child protection plans		
			TBC	TBC	TBC
1b	Number of children in care		Continue the reduction in children in care numbers in line with the ECC Placement Strategy.		
			1050	1000 after 2 years – then to continue reductions at slower rate	
			Reduce the need for high cost interventions through early intervention		
			TBC	TBC	TBC
			Reduce the period of time that children spend in care		
			TBC	TBC	TBC
1c 1d 1e	Adult Safeguarding (proposed) Adult Wellbeing indicator - People feel safe/protected from harm People feeling able to participate fully in society % of customers feeling safer through safeguarding intervention(s)	Simon Hart	TBC		
			Develop indicators and establish baselines	TBC	TBC

Issues and Strategic Actions – (1) Vulnerable People are kept safe (Safeguarding)

Issues this is seeking to address	<p>Children’s Safeguarding</p> <ul style="list-style-type: none">Domestic abuse , Mental Health and Drink/Drug abuse are a common risk factors leading to children being taken into care and becoming subject to a child protection plan (CPP).At 31 January 2014 the numbers of children in care was 1,139. We want to reduce the number of children both entering and remaining in care and need to understand both early interventions to prevent this and what can be done to prevent children remaining in care.There is higher proportion of 10-15 and 16-17 year olds in care in Essex, with an increase in entries at 14+. <p>Adult Safeguarding</p> <ul style="list-style-type: none">Need to respond to the new statutory requirements of the Care Act, which are proactive, partnership based, and require a more holistic response from all services, not just the care systemThis requires new overarching indicators measuring <i>wellbeing</i>, rather than the current performance measures usedMarket sustainability is a key issue, best value and social value need to be considered in contracts, this could be constrained by harmonisation with prescriptive NHS contracts	Indicators on which the actions will impact		<p>Children’s Safeguarding</p> <p>(1a) Number of children subject to child protection plans</p> <p>(1b) Number of children in care</p> <p>Adult Safeguarding</p> <p>(1c) Adult Wellbeing indicator - People feel safe/protected from harm</p> <p>(1d) People feeling able to participate fully in society</p> <p>(1e) % of customers feeling safer through safeguarding intervention(s)</p>
Proposed Strategic Actions		Impact	Priority	Risk areas for budget Reduction (10/20%)
	<p>Children’s Safeguarding</p> <ul style="list-style-type: none">Work with families to address the causal factors that resulted in the issue of a child protection plan to ensure children can live in a safe and secure environmentWork with partners and communities to facilitate safe and sustainable resettlement of children leaving careAccelerate the process of supporting children to leave care and (re-)integrate into families and society permanently and safelyUnderstand and identify why there is a higher proportion of 10-15 and 16-17 year olds in care in Essex and what interventions could be implemented once causality is identified <p>Adult Safeguarding Strategic Actions</p> <ul style="list-style-type: none">To develop new overarching indicators that respond to the requirements of the Care ActTo work closely through the Safeguarding Adults Board to develop the partnership’s commissioning response to the Care Act emphasising early intervention and preventionImprove market development to deliver sustainable solutions	High High High Medium	High Medium Medium High	By focusing on early intervention this is a save to invest priority. However there is an ongoing cost to existing cases until the interventions take effect.
				Ideas for proposed activity
				<div></div> <p>Proposed Activity</p> <p>1</p>

Key partners and our relationship with them – (1) Vulnerable People are kept safe (Safeguarding)


Name of key partners	How they will contribute to addressing these issues	How we will work with them
Police & Crime Commissioner	Strategic impact of crime related responsibilities on Domestic Abuse.	Through the Crime Panel. PCC is also a member of the Essex Partnership Board.
Essex Police	Operational impact of statutory responsibilities on Domestic Abuse.	Through Countywide and District Community Safety Partnerships and through thematic focused partnerships and WECB activity
Probation Service	Responsible for pre-sentencing reports on perpetrators of abuse, and delivery of some sentences such as perpetrator programmes.	Through the domestic abuse strategic board., and Criminal Justice Board.
Crown Prosecution Service	Responsibility with the police for ensuring that Domestic Abuse cases are pursued.	Through Essex's Safeguarding Boards
District Councils	Influence on Housing issues for both children leaving care and for victims of domestic abuse.	Influence on approached to Domestic Abuse through CSP's and on Housing through Essex Housing Officers Group (EHOG). Locality Officer and Cabinet Member leads are also aligned with each District. Engage strategically through the Essex Partnership Board.
Voluntary and Community Sector Organisations	VCS with a specific focus on Fostering and Domestic Abuse .	Through the VCS alliance and Essex Association of CVS's
Health Partners (CCG's)	Exploration of information sharing agreements. Supporting teenagers in care by integrating CAMHS services. Early intervention in domestic abuse cases	Through the Health and Wellbeing Board (HWB)
Schools and Colleges	Responsibilities relating to educational provision for children in care as well as safety related issues concerning safeguarding. Educational services provided to prevent young people becoming victims or perpetrators of DA	Relationships through Secondary and Primary headteacher associations.
<i>All key partners</i>	Safeguarding Children's Board and the Safeguarding Adults Board have statutory responsibility for safeguarding issues.	We will co-ordinate the partnership's policy and commissioning responses to address safeguarding issues

The curve we want to turn – (2) People live in safe communities

For all indicators attention will be paid to disparities in outcomes between different geographical areas and vulnerable groups with the aim of narrowing the gap through targeted activity.

No.	Indicator	Lead(s)	The curve to turn (Our Ambition)		
			1 year	3 years	5 years
2a	Level of crime in Essex	Jane Gardner Ben Hughes	Continue the downward trajectory by focusing on the prevention of crime		
			PCC Office to provide		
2b	Rate of anti-social behaviour in Essex		Reduce the incidence of anti-social behaviour		
			PCC Office to provide		
2c	Incidents of domestic abuse		Increase reporting of domestic abuse (to address issues of underreporting)		
			Baseline	Increasing	
			Reduce incidence of domestic abuse		
				Baseline	Decreasing
2d	Percentage of residents who feel safe		Increase the percentage of residents who feel safe		
			Increasing	Increasing	Increasing
2e	Rates of re-offending		Reduce reoffending rates		
			An annual lower rate of re-offending than the national and regional averages, with the ambition of securing greater than 1 standard deviation below these averages.		
2f	Hospital admissions caused by injuries to children and young people	Chris Martin	Reduce hospital admissions to children and young people as a result of crime-related incidents, anti-social behaviour and road traffic collisions		
			Need to establish a baseline	TBC	• TBC
2g	Hospital admissions caused by injuries to adults	Barbara Herts, Helen Taylor, James Bullion, Nick Presmeg, Mike Gogarty	Reduce hospital admissions to adults as a result of crime-related incidents, anti-social behaviour and road traffic collisions		
			Need to establish a baseline	• TBC	• TBC

Issues and Strategic Actions – (2) People live in safe communities

Issues this is seeking to address	<ul style="list-style-type: none"> We have responsibility over approaches to drug/alcohol abuse & mental health, but almost all other areas fall under the responsibility of partners - we need to support & influence partners and communities to deliver services that tackle the causes of crime and anti-social behaviour rather than simply focus on types of crime Ensure the appropriate level of support provision for the victims of crime We need to support & influence partners and communities to deliver services that tackle the causes of anti-social behaviour Tackling domestic abuse before behaviour escalates and becomes more severe can make the system easier and less fearful to navigate. Domestic abuse is a common risk factor leading to children being taken into care and becoming subject to a child protection plan (CPP). Family , financial and housing factors make it difficult to escape domestic abuse, and victims are often unable to talk about it due to social stigma/shame There are a number of external factors which may significantly increase the fear of crime in the community, including; Media sensationalism when reporting crimes; Perceptions of vulnerability; Infirmary & limited mobility; Loneliness & social isolation; Disorderly surroundings such as litter, abandoned buildings/cars, graffiti & broken/barricaded windows; Disruptive behaviour e.g. rowdy or drunken youths or neighbours, homeless people. Lack of understanding of the causal factors driving offending and re-offending Enabling offenders to change their behaviour and become productive members of society will lower the rates of re-offending, whilst delivering wider societal benefits Lack of understanding of the causal factors in hospitalisation of Adults and children and young people, and therefore a lack of understanding of how we reduce the number of hospital admissions caused by injuries to adults and children and young people 	Indicators on which the actions will impact		(2a) Level of crime in Essex (2b) Rate of anti-social behaviour in Essex (2c) Incidents of Domestic Abuse (2d) Percentage of residents who feel safe (2e) Rates of Re-offending (2f) Hospital admissions caused by injuries to children and young people (2g) Hospital admissions caused by injuries to adults
Proposed Strategic Actions		impact	Priority	Risk areas for budget Reduction
	<ul style="list-style-type: none"> Develop an integrated approach to commissioning with the PCC that supports the delivery of multiple corporate outcomes. Support & influence partners and communities to deliver services that: <ul style="list-style-type: none"> tackle the causes of crime rather than simply focus on types of crime support victims of crime tackle the causes of anti-social behaviour through diversionary activities, education & outreach to young people & adults 	High	High	Activities are primarily associated with influencing partnership spend thereby reducing ECC's ability to reduce investment in this area.
	<ul style="list-style-type: none"> Improving services for Domestic Abuse by: identifying risk early; improving referral pathways through a single point of contact for victims and professionals; prevention through education on "healthy relationships"; improving services to victims (including a key worker for high risk victims & the redesign of MARAC); improving the skills of staff to identify & support victims of domestic abuse; and reducing the number of prolific perpetrators of domestic abuse. 	High	High	
	<ul style="list-style-type: none"> Influence national and local public sector decisions and spending Increase volunteering, participation and active citizenship to help to reduce anti-social behaviour 	High High	High Medium	
	<ul style="list-style-type: none"> Work with partners and communities to: <ul style="list-style-type: none"> identify an approach to recasting the contract between citizen & state – with communities playing a greater role Increase reporting to understand the interventions that contribute to reducing the prevalence and impact of domestic abuse incidents and use this to shape our commissioning intentions transform rehabilitation and resettlement services – focus on interventions around the seven pathways to offending and reoffending 	High	Medium	Ideas for proposed activity
	<ul style="list-style-type: none"> Understand why people and communities do not feel safe and, if appropriate to do so, develop targeted interventions with partners and communities to address this. <ul style="list-style-type: none"> Engage people to Increase volunteering, participation and active citizenship around the community safety agenda (through Safer Essex and Local CSP's) Re-assure Essex communities in relation to Crime Reduction and Community Safety 	High High	High Medium	
	<ul style="list-style-type: none"> Research the causal factors driving offending and re-offending to inform our commissioning intentions. Improve data collection to understand the pattern of hospital admissions related to this outcome to inform the reinvestment of savings into preventative initiatives; to tackle the cause rather than the symptoms. 	High High	High High	 Proposed Activity 2

Key partners and our relationship with them – (2) People live in safe communities

Name of key partners	How they will contribute to addressing these issues	How we will work with them
Police and Crime Commissioner	Responsibility for the development and implementation of the Police and Crime Plan and mobilisation of the resources across the whole County. Exploring opportunities for Joint commissioning. Impact of responsibilities on hospital admissions.	Through the Crime Panel. And the Essex Partnership Board
Essex Police	Operationally and in relation to deployment and tasking issues in relation to Crime Reduction, Domestic Abuse, Re-offending and Anti-social behaviour	Through Countywide and District Community Safety Partnerships, the WECB programme (Reoffending and Domestic Abuse), and through other thematic partnerships (Essex Crime Reduction Group, Essex Criminal Justice Board and Crime Reduction Forum).
Essex Probation	Bearing in mind the current Transforming Rehabilitation agenda and the split in responsibilities for the future the need to engage effectively with the new National Probation Service (NPS) function as it will exist in Essex for the Court liaison functions and High Risk Offender supervision. In addition liaison with the developing Community Rehabilitation Company function and the contract and performance management of this function by the Ministry of Justice following the outcome of the current procurement exercise being undertaken – in relation to Medium and Low risk offender supervision ETC.	Collaboration through the Essex Reoffending Board and joint work on the WECB project relating to reducing reoffending.
HM Prison Service	HMP Chelmsford and the new role it will fulfil as the re-settlement prison for Essex. Specific focus in relation to reoffending and knock on implications for other crime related measures.	Collaboration through the Essex Reoffending Board
Essex Fire and Rescue Service	Responsibilities relating to hospital admissions through injuries.	Through Safer Essex, CSP's and the CRB
East of England Ambulance Service		
District Councils	In relation to their statutory function at a local level and through their Community Safety Partnerships. Delivery of WECB Domestic Abuse Pilot activity.	Locality Officer and Cabinet Member leads are aligned with each District. Engage strategically through the Essex Partnership Board.
Southend and Thurrock Councils	Policing and CCG boundaries cut across ECC and unitary council areas of responsibilities so require collaboration across upper tier authorities.	Engage Strategically through the Essex Partnership Board and Safer Essex.
NHS England	Offender Related Health. Delegate authority to commission prison based substance misuse services to ECC and with responsibility for the wider Offender Related Health commissioning agenda for Essex (FME, MH/LD Liaison and Diversion and others)	1-2-1 relationship with commissioner (Ben Hughes – Head of Commissioning Public Health and Wellbeing)


Name of key partners	How they will contribute to addressing these issues	How we will work with them
NHS partners <ul style="list-style-type: none"> Clinical Commissioning Groups Community health Services Hospital s and Hospital Trusts 	Specific impact on number of hospital admissions for both Adults and Children.	Latest Restructure aligned health related commissioners with CCG boundaries
Voluntary and Community Sector Organisations	A range of VCS partners often focused on specific safety related issues (e.g. Domestic Violence and victims of crime) and also drug and alcohol related services.	Through Safer Essex and district CSP's and 1-2-1 relationships with a range of commissioners
Non ECC Maintained Schools	Educational services provided to prevent young people re. Crime and issues surrounding Alcohol and substance misuse	Relationships through Secondary and primary headteacher associations.
Housing Providers		Essex Housing Officers Group

The curve we want to turn – (3) People are kept safe on our roads

For all indicators attention will be paid to disparities in outcomes between different geographical areas and vulnerable groups with the aim of narrowing the gap through targeted activity.

No.	Indicator	Lead(s)	The curve to turn (Our Ambition)		
			1 year	3 years	5 years
3a	Number of people killed or seriously injured on Essex roads	Paul Bird Peter Massie	Sustain current downward trajectory of people killed or seriously injured		
			563	Having reached the ECRB 2020 target (year 1), to continue to reduce KSI albeit at a slower rate but encourage ECRB to review the KSI target to provide challenge and focus to road safety delivery to save more lives each year and to provide economic benefits to the county.	
			Reduce the number of people slightly injured in road traffic collisions		
			If agreed with ECRB a new Year 1 target could be 3346	By 31/12/2020 target 1748,as set by ECRB , but encourage ECRB to review the Slight target to enable it to remain challenging but to be achievable in the context of numerous contributory factors outside the control of the ECRB.; possibly a 33% reduction from 4371 baseline 2005-09 .	
3b	Percentage of residents who feel that Essex roads are safe		Increase the percentage of residents who feel that Essex roads are safe		
			Under review figures being negotiated with ECRB		

Issues and Strategic Actions - (3) People are kept safe on our roads

Issues this is seeking to address	<ul style="list-style-type: none">• People are killed and seriously injured on Essex Roads• Some residents do not feel that Essex roads are safe	Indicators on which the actions will impact		<p>(3a) Number of people killed or seriously injured on Essex roads</p> <p>(3b) Percentage of residents who feel that Essex roads are safe</p>
Proposed Strategic Actions		impact	Priority	Risk areas for budget Reduction
	<ul style="list-style-type: none">• Further develop the PROACTIVE preventative approach to road safety through education, enforcement, outreach & local community action focusing on the main causal factors of people who are killed or seriously injured (e.g., seatbelt wearing, mobile phone use, careless driving, speed, inexperience, inattention).• Further to the action above, undertake activity to identify opportunities around these and other measures with the Local Highways Partnerships and as part of this opportunities to increase local influence, raise the profile locally and to identify alternative possible funding opportunities (for example , through the ECSP)• Deliver data led priorities to REACTIVELY reduce serious collisions, by influencing decisions and spend of Essex Casualty Reduction Board partners to maximise collective impact• The ECRB partners will deliver a joint communications strategy and will aim to raise the profile of road safety activity and the new road safety partnership – to include targeted campaign activity and identify options for campaign message related use of existing information indicator boards• Understand why people and communities do not feel that Essex roads are safe and develop targeted interventions with partners and communities to address this	High	High	Current performance is good but experience tells us that a reversal of the current trend could lead to a high level of attention from Central Government
		High	High	ECC will not understand root cause of perception of safety, thereby reducing likelihood of changing perception
		High	Medium	
				Ideas for proposed activity
				 Proposed Activity 3

Key partners and our relationship with them – (3) People are kept safe on our roads

Name of Key Partners	How they will contribute to addressing these issues	How we will work with them
Police & Crime Commissioner	Strategic impact of prior mentioned crime related responsibilities on Road Safety	Through the Crime Panel. PCC is also a member of the Essex Partnership Board. The Essex Casualty Reduction Board.
Essex Police	Operational impact of statutory responsibilities on Road Safety	Through Countywide and District Community Safety Partnerships and through thematic focused partnerships e.g. Essex Integrated Substance Misuse Commissioning Group and through the Essex Casualty Reduction Board and joint road safety Team
Essex Fire and Rescue Service	Responsibilities relating to numbers killed or seriously injured on roads and hospital admissions through injuries.	Essex Casualty Reduction Board and joint road safety Team
East of England Ambulance Service		
Local Highways Panels (LHPs)	Local support and sponsors on road safety initiatives	Part of the localism agenda – we devolve a level of funding to them to meet the needs locally of public realm issues
Voluntary and Community Sector	A range of VCS partners often focused on specific protecting from harm related issues (e.g. Road Safety)	Through the Essex CRB, Community Speedwatch and 1-2-1 relationships with a range of commissioners
All Schools	Responsibilities relating to educational provision for children in care as well as safety related issues concerning road, especially for at risk groups.	Relationships through Secondary and primary headteacher associations.
Highways Agency	Specific responsibilities relating to road safety and associated perception measures.	Nationals Highways plans and infrastructure development.

Delivering change within our financial envelope – All themes

Public spending is facing unprecedented pressure, which is likely to continue for some years to come and this context sets a long-term and substantial financial challenge; Partnering organisations vary significantly in terms of available resource and are not equally well placed to meet the financial challenges. The increase in demand for services is managed against a background of variable levels of financial resilience and varying scope for making savings without affecting frontline outcomes. This will intensify unless resources are shared and deployed more flexibly.

If the current service delivery and silo efficiency approach is maintained across partners, there is a real risk that decisions will be taken to reduce expenditure in ways that risk disparities emerging in service capacity and capability and affect front line outcomes for some communities.

The programme's financial objective is to provide a sustainable model, ensuring that unnecessary expenditure is avoided and that available resources are used most efficiently for the long-term benefit of the community. Achieving sustainable change is likely to take time and it will be essential to balance affordability and service provision appropriately across the county over the next 4 years whilst reducing public spend and contributing to the financial savings set out in the medium term Resource plan.

This commissioning strategy has been developed to cover the 2014/18 medium term resource period. Resources totalling £152.6m (£10m Capital and £142.1m revenue) is available in 2014/15 to build safe communities and to ensure that people are protected from harm. The resources will be linked to specific outcomes in three key areas: - keeping vulnerable people safe from harm (Safeguarding), ensuring people live in safe communities and keeping people safe on the counties roads

Current Financial Position

Capital

The Medium Term Resource Plans (MTRP) contains capital funding equating to £22.8million for the period 2014/17. c. 50% (£10.3m) of which is earmarked for the Adults and Children Social Care Case Management System. £1.7m will support Road Safety infrastructure and £3.5m for a range of community based projects (including library investment)

Capital Budget	2014/15 Budget (£m)	2015/16 Budget (£m)	2016/17 Budget (£m)	Total (£m)
Total	10.5	8.2	4.0	22.8

Revenue

Resources totaling £142.1million is available in 2014/15, c.£115.0million (80%) of the overall budget is aligned to safeguarding, this is not only confined to safeguarding management but a range of placement costs, assessments and also includes resource to support Women's Refuge. Excluded from the reported budget figures but aligned to the outcomes and strategic actions is a further £2m related to the Safeguarding of vulnerable adults.

A range of universal services are delivered and whilst not a primary focus for the strategy are key services for the community. A budget of c.£20m is available to support these functions, which are namely Customer services, Libraries, Registrars and Coroners.

Recognition will need to be given that costs and benefits aligned to a range of indicators will not directly link to ECC's resource envelope e.g. Hospital Admissions.

Revenue Budget area	2014/15 Budget (£m)
**Safeguarding	115.0
Safe Communities	4.1
- Hospital Admissions	0.0
Road Safety	3.3
Sub Total	122.3
Universal (Community Services)	19.8
Total	142.1
** The Council is budgeted to spend a further £1.8m Safeguarding Adults in 2014/15 - this fund is not included in the figures above	

External Funding

External funding opportunities are being explored (e.g.. Big Lottery Funding) which in many cases will assist ECC in its role of enabling innovation and partnership working £700,000 is currently in the pipeline (Reaching Communities and Police innovation fund) and based on the historic success factor of 50%, could present further opportunities of £350,000.

External Funding	Pipeline Bids (£m)	Success Factor (£m)
Current Bid Pipeline Activity	0.7	0.35

In commissioning on an outcomes basis, the Council has had to consider which broader range of improved outcomes for our community might reduce pressure on local public services, thereby unlocking further potential savings, whilst still meeting our legal and social responsibilities.

MTRP Funding Gap

The Council's Medium Term Resource Plan currently has a funding gap of approximately £50million for 2015/16 rising to £69million by 2016/17 and it is expected that commissioning outcome strategies will overcome obstacles, and identify ways in which this gap can be closed; this could mean that activities may have to be dramatically reduced or stopped.

Whilst the actual investment requirements for delivering the full range of strategic actions can not be determined until the strategy is further developed and more detailed work has been undertaken and preventative and early help programmes tend to pay back over longer time frames; the actions highlighted will need to be seen within this context and further work will need to be undertaken to prioritise actions so as to ensure that a reduced funding envelope is used most effectively to deliver the best possible outcomes.

The table identifies the impact of reduced funding on the revenue budget if there were expenditure reductions of 10% or 20%.

Revenue Budget area	2015/16 Budget as per MTRS (£m)	2015/16 budget with 10% reduction (£m)	2015/16 budget with 20% reduction (£m)
**Safeguarding	113.7	102.3	91.0
Safe Communities - Hospital Admissions	3.9 0.0	3.5 0.0	3.1 0.0
Road Safety	2.9	2.6	2.3
Sub Total - Budget 2015/16	120.4	108.4	96.3
Universal (Community Services)	16.5	14.9	13.2
Total Budget 2015/16	137.0	123.3	109.6
** The Council is budgeted to spend a further £2.0m Safeguarding Adults in 2015/16 - this fund is not included in the figures above			

Key financial considerations to support a sustainable strategy:

The Fiscal climate, market forces and increased competition has made it an absolute necessity for the public sector to be innovative to reduce referrals to specialist services. We are committed to delivering value for money through service improvements and will ensure that approaches considered will represent the best value whilst delivering maximum social return.

Cultural changes redefining the way public services work together are required, creating a more effective and financially sustainable way to coordinate services and to this effect we will:

- Enable solutions starting with the end in mind
- Develop deep customer and market insight to ensure we commission the right mix of services
- Adopt a robust evidence based approach
- Take and adapt proven ideas and lessons learned from others
- We will work with our partners to develop innovative solutions that support our vision and evidence the financial and non-financial benefits
- Create a mechanism for coordinating government, private sector investors and voluntary sector service providers
- Consider aligning or pooling funding
- Consider providing upfront funding to service providers enabling them to more easily participate in results-based contracts.
- Seek flexibility to spend capital on services to adapt provision and deliver outcomes which avoid or reduce the revenue cost base

Risks and Mitigations **COMPLETE WHEN OTHER SLIDES POPULATED**

Key risks to the delivery of the Commissioning Strategy and subsequent achievement of the outcome should be identified, assessed and mitigated.

Risk No.	Details of Risk Event	Cause / Triggers	Impact / Consequences	Review period	Current Assessment of Risk			Risk Owner	Mitigation Approach	Mitigating Actions / Controls	Review period	Control Owner	Controlled Assessment of Risk						
					Current controls in place									Treat Tolerate Transfer Terminate			With ALL controls in place		
					Impact	Likelihood	Risk Rating										Impact	Likelihood	Risk Rating
1							0								0				
2							0								0				
3							0								0				

To achieve effective risk management that supports the Commissioning Strategy there needs to be:

- Awareness and understanding of what could derail the outcome and what needs to be done to manage the risk.
- Active risk dialogue and challenge - process of engagement - not working on risks in isolation.
- Escalation and reporting through the appropriate channels.
- Use of risk management as a tool to influence, change, draw attention to the 'killer' risks as well as supporting delivery of the strategy.
- Risk registers developed and maintained for each outcome/group of outcomes with the ability to view the whole risk portfolio.
- Consistency.
- Risk ownership agreed, with risk owners having responsibility to ensure their risks are managed.
- Regular review of risks as part of the tracking process for outcome success.

Corporate Risk Matrix

			Impact (Negative)			
			Minor	Moderate	Major	Critical
			1	2	3	4
Probability	4	Almost Certain	Medium (4)	High (8)	Very High (12)	Very High (16)
	3	Likely	Medium (3)	High (6)	High (9)	Very High (12)
	2	Possible	Low (2)	Medium (4)	High (6)	High (8)
	1	Unlikely	Low (1)	Low (2)	Medium (3)	Medium (4)

Risks – to be fed into main sheet

- People are killed and seriously injured on Essex Roads
- Some residents do not feel that Essex roads are safe
- Understanding cause and factors behind accidents & safety – be data/evidence led.

Links to other Outcomes and existing Strategies and Plans

This Strategy makes links with all of its six sibling Commissioning Strategies in the following ways:

Outcomes/Commissioning Strategies	Description of link to this strategy
Children in Essex get the best start in life	
People in Essex enjoy good health and wellbeing	<ul style="list-style-type: none"> • impact of Mental Health and Drug and Alcohol abuse which tends to underpin levels of crime • Being safe from injury and harm
People have aspirations and achieve their ambitions through education, training and life-long learning	<ul style="list-style-type: none"> • Education and training in schools in relations to road safety and developing good relationships
Sustainable economic growth for Essex Communities and Businesses	<ul style="list-style-type: none"> • Reduction in KSI also reduces lost economic output • Early intervention measures in causes of crime and DA should reduce the dependency on ECC services
People in Essex experience a high quality and sustainable environment	<ul style="list-style-type: none"> • Safety/ quality of roads
People in Essex can live independently and exercise choice and control over their lives	

Links to existing strategies and plans

This Strategy also recognises that there are important links to key existing ECC and partner strategies and plans , as follows

Safeguarding	Crime and Safety	Road safety
<ul style="list-style-type: none">• Children, Young People and Families Partnership Plan (CYPFPP) 2013-2016• ECC Domestic Abuse Strategy• Essex Safeguarding Adults Board Business Plan 2013-15• Essex Safeguarding Childrens Board – Priorities• ECC Placement Strategy• Joint Health and Wellbeing Strategy for Essex 2013-2018.• Public Health Category Plan	<ul style="list-style-type: none">• National Crime Prevention Strategy.• Police and Crime Plan• ECC Domestic Abuse Strategy• National Drug strategy• National Alcohol Strategy• Transforming Rehabilitation Services <div>Hospital Admissions</div> <ul style="list-style-type: none">• Joint Health and Wellbeing Strategy for Essex 2013-2018.• CCG Operational Plans x5• Public Health Category Plan• National Drug strategy• National Alcohol Strategy	<ul style="list-style-type: none">• Local Transport Plan• Speed Management Strategy• Traffic Management Strategy• Essex Highways Maintenance Strategy• Essex Cycling Strategy• Essex Transport Strategy

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