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

Essex County Council Commissioning Strategy
Our purpose

1. In February 2014, Essex County Council adopted a new Corporate Outcomes Framework. Developed by Cabinet Members and Strategic Commissioners, this Framework provides a statement of ECC’s purpose – it sets out seven outcomes that we want to secure for Essex through our work with public sector partners; businesses; the voluntary & community sector and with local communities.

2. One of these outcomes is: **People in Essex live in safe communities and are protected from harm.**

3. This document sets out the strategy that ECC will pursue to secure progress towards this outcome, over the next five years.

4. This strategy also reinforces the need to provide a single and coherent plan across children services. Essex County Council has a statutory duty to provide a single children’s plan, thus the purpose of this strategy is to provide a framework around which more specific documents responsible for safeguarding and supporting children and vulnerable adults can be built.

5. Consequently, all future and linked strategic plans (e.g. C&YPP) need to have a clear coherence and connection to the enclosed more strategic commissioning plan. Thus, alignment to LSCB business plan, the youth offending plan, the Safeguarding Adults Board business plan etc., needs to be secured in current and future plans.

6. It is important for all partner agencies, but particularly for children’s services within the county council, that the quality of strategic planning is always inspected within an OFSTED inspection framework. There is considerable evidence to demonstrate that poorly executed / incoherent strategic planning can, in many cases, lead to system failure and poor outcomes for children. These principles are also clearly applicable to the services charged with safeguarding vulnerable adults.

Our ambition

7. We are determined to be ambitious. But we also want to be realistic in the commitments we make to Essex communities. We are living through a period of austerity in our public services and, to achieve the outcomes that matter most to our residents and communities, we must do more for themselves. It is important to recognise the extensive resources within communities – e.g. time, skills and aspiration to improve the quality of life – and transform the current relationship.

8. The role of the whole community is to protect the vulnerable and establish the conditions for safe and prosperous communities. As a County Council, we have specific roles within those aims. We look to our partners, to business and to individuals and families to play their part in securing a county where people can enjoy protection, live in safe surroundings and so flourish and achieve their ambitions. We are clear that we cannot meet the challenges presented within this strategy alone, but require the support and expertise of our partner agencies. In particular, the County Council is committed to a future where integrated health and social care commissioning with our Clinical Commissioning Group partners is a clear component. Thus, this principle of integrated commissioning and an increasing move to integrated operational provision across the traditional areas of ‘health and social care’, will also be an essential contributing factor to the successful delivery of this strategy.

Our impact

10. To ensure we can assess and quantify progress towards our ambition, we have identified a small number of tracking indicators. We will strive to ensure that the work of all partners – from national government to local communities – contributes towards achieving this ambition. Table 1 below summarises the progress we hope to see against each indicator over a one, three and five year period.
Table 1: Our indicators – what success looks like

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Trend</th>
<th>For each year we can realistically aspire to achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Year 1</td>
</tr>
<tr>
<td>Overall level of crime</td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Incidents of domestic abuse</td>
<td>-</td>
<td>baseline</td>
</tr>
<tr>
<td>Percentage of residents who feel safe</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Children subject to a child protection plan</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Number of children in care</td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Incidence of adult safeguarding alerts</td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Incidence of adult safeguarding referrals</td>
<td>↑</td>
<td></td>
</tr>
</tbody>
</table>

11. To ensure we maintain a robust understanding of local trends and related issues, we will also track a range of issues that we believe to be indicators of communities that are becoming increasingly safe for citizens and demonstrably safeguarding the most vulnerable. As well as indicators clearly associated with the safeguarding of children and vulnerable adults, this strategy will also track antisocial behaviour, rates of re-offending, the number of citizens killed and seriously injured on Essex roads and perceptions of road safety. These are summarised in Table 2. We will also work to ensure that the success of specific projects, programmes and interventions is assessed through a set of robust performance measures – focussed on the quality of delivery and the impact these activities have in securing outcomes for their customers and clients. Meaningful citizen engagement lies at the heart of our strategic approach to deliver safer communities and it is our intention to discuss with all communities, including the most vulnerable in need of safeguarding, our future plans. We need to connect our intentions transparently to the expressed wishes and feelings of our Essex communities. This engagement will take on a range of forms depending upon the programme detail, but the council has also committed itself to developing an ethnographic approach to citizen consultation, wherever appropriate and feasible. Such a detailed approach will enable the council and partners to gather and reflect upon quality insights directly from the ‘every day lives’ of the communities that we serve. We believe that this will lead to more informed commissioning practice and greater confidence in an outcomes based commissioning approach.

Further detail on the trends underpinning our tracking indicators and supporting indicators can be found in Annex A.

Table 2: Monitoring wider indicators of safety

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current Trend</th>
<th>Anticipated future trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Year 1</td>
</tr>
<tr>
<td>Rates of anti-social behaviour</td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Re-offending rates</td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Number killed or seriously injured on Essex roads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of residents who believe that Essex roads are safe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Our focus

12. We are determined to be ambitious, but we are also determined to be focused in our approach. As we progress this strategy over the next five years, our principal focus will be on:

- **Influencing the safety of communities:** Essex is in the safest places to live in the country - rates of both crime and anti-social behaviour have been falling in recent years. From July 2013-June 2014, there were almost 140,000 crimes recorded in Essex. The main crimes were anti-social behaviour (44,727), types of theft - excluding car crime (40,449) and violent crime (20,858).

Although crime numbers are low in aggregate, there is substantial variation across Essex neighbourhoods, and many, whether they live in high-crime or low crime areas, do not feel safe in their communities.
• Safeguarding vulnerable children and adults: The abuse and neglect of children or vulnerable adults is unacceptable. We know that almost all children and adults thrive best within their own families, homes and communities. For children where it is not possible for them to remain in their own families, we will always seek to secure alternative & permanent family arrangements for them. For adults, we will support them to live within their communities for as long as possible. At all times and wherever possible, we will provide support through early intervention and prevention, in order to ensure families remain together and that vulnerable adults are safely supported through their existing networks and community support.

ECC has made significant progress in ensuring that the right children are subject to a child protection plan or are in care.

We are working towards our aspiration for around 1,000 children to be in care by 2015. We will continue to deliver high quality and timely services to children in need through a range of options commissioned by the county council in partnership with our NHS CCG partners. Recent success will enable us to target services at the harder to help and to redirect resources to undertake further preventative work that will reduce not only future care needs, but also the need for families to access timely support through high tariff ‘social work interventions’. In line with the Commissioning Strategy: Children Get the Best Start in Life, better mobilisation of the early years / early help workforce will enable us to respond more effectively to families in need of support and thus prevent early difficulties escalating into more serious situations.

The Care Act 2014 widens the responsibility for adult safeguarding beyond the care system to wider ECC and public services, including the built environment, housing, health, employment, welfare, police and prison services and the wider community. It requires a concerted partnership response that reflects the outcomes of the Francis Review and the priorities of the Care Quality Commission (CQC) in assessing care settings.

13. We are also keen to reflect the steer of Essex’s Police and Crime Commissioner (PCC), who has emphasised the need to focus on the causes of crime and vulnerability. This reflects the views of our wider partner organisations and reinforces the need for a system wide approach that seeks at all times opportunities to support citizens at the earliest possible stage.

14. Based on our analysis of Essex’s ‘baseline’ position – including the role of current public service provision – and the engagement of stakeholders, professionals and partners, we will target our direct contribution on the following drivers/issues of crime and vulnerability:
   • Mental health;
   • Drug and alcohol misuse;
   • Domestic abuse; and
   • Offending.

15. We will make a particular contribution to reducing offending via the work of our Youth Offending Service and by working closely with our colleagues in the Probation Service at the relevant ‘offending interface’. We will also work alongside public service partners, in order to contribute to and influence the wider crime prevention system, and to explore the means by which we can improve feelings of safety across our communities.

16. But these are big issues. To ensure ECC can optimise the contribution it makes in tackling these issues, we will:
   • target time and resources where these will have greatest impact;
   • direct time resources where there is a need to exert greatest influence;
   • ensure initiatives and activity directly correlate to the views and opinions of citizens;
   • deliver on our legal responsibilities (see Annex C); and
   • consolidate activity in areas where Essex has secured success.

Our priorities for action...

17. As we work with partners and communities to safeguard the vulnerable, improve the safety of our communities, tackle the causes of crime and address the challenges outlined in Annex B, we will focus our efforts and resources on the strategic activities outlined below. We anticipate that successful completion of these actions will impact across the range of tracking indicators presented on page 3.
...in Influencing community safety

18. As we seek to influence the decisions, spending and activities of community safety partners, we will prioritise work on:

- developing a Memorandum of Understanding with the Police and Crime Commissioner (PCC) outlining the principles that could guide future joint commissioning of programmes to tackle offending, drink/drug and substance misuse, fear of crime, domestic abuse and hidden harm;

- Building capacity to establish joint commissioning arrangements that will in future provide strategy, analysis and commissioning support across ECC and the Office of the PCC;

- **directly shaping provision** through:
  a. participation in the PCC’s consultation on the commissioning of £600k of Victim Services in 2014/15; and
  b. engaging with voluntary sector providers who currently support victims.
  c. meaningful engagement with citizens who have experienced crime to ensure their contributions influence commissioning and relevant operational activity
  d. engagement with perpetrators where appropriate, to deliver programmes that can prevent future harm and offending behaviours

- developing a partnership approach to understanding the nature and extent of hidden harm, hate crime, sexual abuse / exploitation / trafficking of adults and children. Such an approach would include system wide familiarisation with what are ‘emerging issues’ for communities in Essex. Consequently, there is a clear need to use new intelligence, and to commission services that improve recognition of the problem, educate the public and give victims the confidence to report it. We will ensure that there is better ‘system confidence’ in this area and thus, in future, we can be more confident in the contribution and impact of partners challenged with these issues.
  a. As with all multi-agency child protection practice, the complex scenarios listed above require the consistent and well embedded approach that is built around the implementation of the statutory guidance contained within ‘Working Together to Safeguard Children 2013’. The adherence to such practice is an essential pre-requisite for all activity contained within this strategy.

- working closely with and influencing the spending of local partnerships on road safety through the Essex Casualty Reduction Board and Safer Essex Roads Partnership, we will:
  a. Investigate and deliver targeted intervention towards high risk casualty/collision categories
  b. Explore options for data sharing with insurance companies and traffic monitoring organisations, to maximise the information we have to direct interventions; and
  c. Provide suitably qualified and experienced staff resources to enable each Road Safety Delivery Plan to be developed, implemented and reviewed within the agreed timescales.

- **Working with partners and the community to provide research & development capacity** to shape partner commissioned programmes, specifically by:
  a. gathering, analysing and publishing evidence of local need to support the PCC, National Probation Service and Community Rehabilitation Companies, as well as the wider partnership system, to tailor services to achieve greatest impact across Essex;
  b. analysing options and opportunities to tackle the causes of both crime and anti-social behaviour, including meaningful citizen engagement;
  c. commissioning research to help partners better understand the drivers of offending/re-offending behaviour;
  d. researching the reasons why people may not feel safe in their communities, developing proposals to provide reassurance, enhance resilience and reduce fearfulness;
e. researching and developing options for emphasising personal responsibility and community participation as a means of reducing demand for statutory services. We will consult with communities to find the most effective ways to build individual and neighbourhood/community resilience; and

f. exploring options for strengthening personalisation and personal choice in our partners’ commissioned programmes, enabling people and communities to make choices about the services that best meet their needs through effective local engagement on expectations and resources. More specifically, to explore the potential of improved relational skills and capabilities amongst citizens to enable community confidence and resilience to grow (see Commissioning Strategy: Children Get the Best Start in Life). And to articulate the contribution of all partners to such possibilities.

- fundamental to this research and development work, as well as successful delivery against our outcome, will be the development of protocols to enable data sharing and real-time information sharing around cases involving vulnerable victims across statutory services with common client groups (e.g. probation, Drug and Alcohol teams, Essex Police, Social Care, NHS). This is particularly relevant to tackling domestic abuse. Thus, system-wide adoption of the Whole Essex Information Sharing Framework (WEISF), and the protocols within, will be essential to ensuring that the safe sharing of information becomes a system-wide key enabler.

...on safeguarding vulnerable adults and children

19. As we seek to safeguard vulnerable children and adults, we will focus on:

- delivering Essex’s Children and Young Peoples’ Plan; Children in Care and Leaving Care Partnership Strategy; the Essex Safeguarding Children's Board Business Plan; the Effective Support for Children and Families strategy; the Youth Offending plan; the Essex Safeguarding Adult’s Board Business Plan and the priorities articulated within the Essex Health and Well Being Board

- early intervention and prevention by working with families to improve family and community resilience. To increase the numbers of families supported through a range of currently commissioned ‘early help’ options, to reduce need for children to be safeguarded through the construction of a child protection plans and to reduce the numbers of children requiring permanency through care;

- ensuring that those children with a Child Protection Plan (CPP) are safe and that such plans seek to address risk as well as build upon strengths. Child Protection Plans will secure the engagement and commitment of all relevant partners as well as the family and such system wide support will ensure continued involvement as families are ‘stepped down’ and supported through Child in Need plans.

- working with families, communities and relevant partners to facilitate and support the safe and sustainable return of children to their families, from care. There is a body of evidence that illustrates a) children thrive best when at home within their own families and communities and b) outcomes are poor for children who have been within the care system for long periods of time. Thus as a system we will commission support that a) offers families effective and accessible early help b) provides children at the ‘edge of care’ timely, pragmatic and effective support to prevent the need for care episodes and c) a range of options that enables children to return to their wider family networks from care and thus reintegrate safely and permanently;

- undertake research and analysis and develop an accompanying action plan to better understand why there is a higher proportion of 10-15 and 16-17 year olds in care in Essex. We will ensure that the views of children and their families are central to this research and the future options;

- working closely through the Safeguarding Adults Board to develop the partnership’s commissioning response to the Care Act emphasising early intervention and prevention;

- To develop and lead a system wide and pro-active approach to reduce institutional abuse of vulnerable adults and older people and to ensure that such an initiative includes citizens, their carers and families.
• strengthening our work to develop the care market to deliver safe and sustainable solutions for vulnerable people’s care. This will include better signalling to the market regarding citizen aspirations for personal budgets and personal health budgets in future (including the market potential for such combined personalised approaches); and
• the targeted work of Essex Trading Standards to protect vulnerable consumers from doorstep crime and rogue traders, and to support vulnerable residents through their safer homes project.

...on Mental health

20. As we seek to tackling mental health challenges across Essex we will prioritise:
• a review of current provision for those with mental health needs and commissioning services that support recovery and social inclusion. This will mean:
  a. the re-procurement of social inclusion and recovery services;
  b. the re-procurement of supported employment for adults with mental health needs;
In delivering this priority, we will work with Essex’s Mental Health Trusts to increase the take up of personal budgets, ensuring that individuals can personalise their own support and take responsibility for their mental health. We will ensure that collective provision – employment support, supported housing, day services, advocacy - complement that purchased by individuals with their Personal Budget.
We will also prioritise:
• the establishment of a forum for more structured and regular engagement with mental health service users;
• the creation of clearer communications and media campaigns to remove the stigma associated with mental health; and
• a programme of service redesign and procurement to establish a new accommodation pathway for those with mental health needs.

...on Drug and alcohol abuse

21. As we work to tackle drug and alcohol misuse across Essex we will prioritise:
• the re-commissioning of a range of services to reduce the harm caused by drug and alcohol misuse, and a continued focus on the addiction treatment system and its contribution to crime reduction and reduced reoffending.
• In line with our emerging commissioning principles, to also seek wherever possible to engage communities and individuals in our work and deliberations and to seek solutions that build resilience in both citizens and neighbourhoods. In particular there is a wealth of evidence that links strong mental health and resilience to a healthy network of relationships and ‘integration’ as opposed to isolation. Our future work will seek to build upon the opportunities that lie within a relational skills and capacity approach to commissioning.
• the co-design and co-delivery of an education and prevention programme for young people (in schools and other settings); and
• the work of Essex’s Trading Standards in reducing underage sales of alcohol and tobacco products and tackling the use of cannabis and psychoactive substances (legal highs).

...on Domestic abuse

22. As we work to address domestic abuse across Essex we will prioritise:
• identifying options and implementing interventions that will reduce both the prevalence and impact of domestic abuse incidents;
• using our understanding of needs, prevalence and drivers to shape:
  a. commissioned programmes to enable victims to recover quickly in services and to mitigate the impact upon them;
  b. commissioned programmes, led by Probation Service partners, to affect change in perpetrators behaviour where we are able;
c. preventative programmes educating young people about healthy relationships. Some 70% of Child Protection Plans are related to domestic abuse, thus young people need a) new examples of healthy relationships and b) safe environments in which to explore their own understanding of long term relationships; and
d. a range of supports available to young people who have been exposed to / subject to domestic abuse. Such support could be in the form of groups delivered through schools to more comprehensive options provided through a future Child and Adolescent Mental Health programme. Such a range of programmes to also include specific work with young people who may also be perpetrators and abusing siblings, peers, etc..

- To deliver the above on a basis of better understanding by:
  a. conducting research and analysis work to establish a robust understanding of the prevalence, nature and drivers of domestic abuse in Essex;
  b. identifying and developing an approach to increase reporting of domestic abuse incidents, working with partners through the Essex Domestic Abuse Board.
  c. to explore the potential of building community resilience and the relational capacity of individuals as a more transformational means of addressing domestic abuse

...on Offending

23. Our contributions to tackling offending will focus on the work of the Essex Youth Offending Service and implementation of the Essex Youth Justice Plan (14/15 refresh)
  - The Essex Youth Offending Service is a statutory partnership between Essex County Council, Essex Police, Essex Probation and the NHS. The structure of the service is defined by the Crime and Disorder Act 1998 although there are a number of other relevant Criminal Justice and Child Care Acts that are also relevant.
  - The core age range for the service is 10 – 17 but through the secondment of staff to the Family Solutions Service (an early help service delivered by Essex County Council in partnership) much younger children are offered help to prevent them from becoming involved in crime in the first place. This is a demonstrable commitment to an early intervention & prevention approach.
  - Essex Youth Offending Service ensures the provision of services to prevent young people from being involved in crime, is responsible for action taken to tackle youth offending when it occurs, and supports families to reduce the risk of their children engaging in further offending. The service is also committed to helping young people repair the harm caused by their offending. The experience of the service is that children and young people who become drawn into offending are children and young people who are among the most vulnerable in our community, often exposed to challenging family situations and reduced life chances. Therefore the service is aimed at tackling known risk factors associated with offending, such as poor access to suitable education, family relationships, mental health and substance misuse.
  - Performance priorities for 2014/15 based on performance review include
    a. Reduce the use of Youth Detention ( custody and remand)
    b. Improve family based working within the YOS to enable a whole system approach to be adopted to reducing re offending
    c. Increase the use of restorative justice within the service so that more victims of crime
    d. Further reduce the rate and nature of re offending by children in care

24. For adults, our contribution to tackling offending will involve:
  - Influencing and delivering the seven pathways to offending for adults, which include supporting those with complex and additional needs, offender related housing and housing brokerage/tenancy management, and employment, education and training.
Our partners – how we need to work with others

25. Essex County Council cannot hope to tackle these challenges alone. We will focus our work on those areas where we have specific legal duties, and where we have the skills and capacity to deliver the greatest impact and influence. We will, at all times, ensure that our contribution complements the work of statutory partners, and support the work of local communities in improving the safety of their neighbourhoods and protecting their most vulnerable.

26. Further analysis of the partners we need to work with is contained in Annex D. The following sections outline how we will work with statutory partners and others across Essex Civil Society.

Statutory partners

27. The vast majority of the public sector budgets dedicated to community safety and the protection of vulnerable people are managed by other public agencies – by Essex Police, the National Probation Service, Community Rehabilitation Companies etc. To maximise our impact on this outcome, ECC will need to work with these partners in a number of ways. We will play a vital role in:

- convening partners: coming together with statutory agencies, voluntary sector agencies, business groups and community groups to ensure those with a stake in the outcome can shape a common direction, and brokering new relationships between Essex partners and specialist support agencies (e.g. investment intermediaries);
- providing evidence on local needs and concerns: influencing the investment and operational practices of ‘spending partners’ by gathering and analysing evidence on the different needs of local communities’ now and in the future, allowing these partners to respond to change and target areas of need;
- joining up operational services: ECC does commission some operational activities (e.g. trading standards), it will be vital to maintain and build effective operational linkages with community safety partners;
- joint commissioning with partners: combining influence and resources to design, develop and commission programmes to secure shared outcomes; and
- influencing the wider service mix: as a multi-service, multi-issue organisation ECC will work to shape the wider service mix to improve community safety and the protection of the vulnerable over the medium to long-term. This could involve, for example, shaping ECC’s In-person services (libraries, registration services etc.) to provide support to grass-roots community activity, or influencing urban design practice across Essex to ‘design out’ crime.

Essex Civil Society

28. We know that public spending will continue to reduce until at least 2019-20. And while Essex County Council can lead work with statutory partners to inform and influence national policy and resource allocations, it is likely that Essex will be competing with other areas of the UK for a diminishing set of resources. If we are to secure progress towards this outcome, it is vital that we harness the contribution made by voluntary and community sector organisations; by individuals and families; and by neighbourhoods and communities. The role of statutory partners will be to support communities, share responsibility for achieving the outcome and better enable these groups to secure progress.

29. Essex County Council is committed to working with all parts of Essex civil society to enhance local communities and develop local solutions to local challenges. With public sector partners across the county we will strengthen the role of communities through the Voluntary and Community Sector (VCS) Strategic Framework. This will help us achieve our shared aim of strong and resilient communities supported by a thriving VCS. Active and managed infrastructure of volunteers across Essex will support vulnerable people and build shared responsibility in communities. Some of the practical steps that ECC is taking to support communities can be found in Annex E. Examples include:

- commissioning the third sector (e.g. VCS Alliance, Rural Community Council of Essex (RCCE)) to deliver support to Essex’s communities to encouraging grass-roots ownership of local issues, civic pride and fostering greater independence and community resilience;
• support Essex’s Voluntary and Community Sector in their work to encourage Essex residents to volunteer. These play an increasingly important role in strengthening communities and building shared responsibility for improving local outcomes; and
• encouraging pro-social behaviours at the individual level, recognising that individuals, parents and families have responsibilities which, if discharged will improve the safety of our communities (e.g. drinking alcohol responsibly).

Essex County Council

30. Whilst the council recognises that we cannot tackle these challenges alone, ECC does have some specific responsibilities, particularly with regard to the safeguarding of children and vulnerable adults. In doing so, we will ensure the following principles shape our practice:

• We will continue to ensure that the safeguarding and protection of vulnerable adults and children is our paramount concern as a council.

• We will ensure that there is a sufficient capacity and skills mix within the social care workforce to deliver strong outcomes for children and vulnerable adults. The Munro review of child protection emphasised the need for manageable caseloads in order for social workers to undertake quality social work with young people. The review also emphasised the importance of relational skills of social workers and a reduction in unnecessary bureaucracy in order to ‘free up time’ for practice. These principles are as relevant for social workers caring for vulnerable adults. Their successful implementation has contributed to the current positive culture within children’s services and the recent strong OFSTED inspection performance. Through current and future commissioning arrangements, we will ensure that a commitment to quality practice will be delivered through an adherence to these findings and principles.

• We will continue to work with and seek the commitment from our wider system partners in the implementation and execution of our specific safeguarding responsibilities.

• At all times we will explore a range of means by which we engage meaningfully with citizens, both at an individual and ‘at scale’ basis, to ensure that our commissioning and operational activity aligns with community feedback.

• We will continue to explore all possible options that encourage early intervention and prevention as a means by which we can provide more cost effective and impactful support for families and individuals.

• Safeguarding is everyone’s business, consequently we will continue to deliver this principle through the work of the Essex Children and Adult Safeguarding Boards, through network-wide training and support and through the exploration of community-based capabilities to contribute to safer neighbourhoods for individuals and families.
Our resources

31. Essex County Council will spend £184.3m in 2014-15 in support of this outcome. The largest areas of spending are: safeguarding activity (£139.7m), mental health commissioning (£23.6m), drugs and alcohol programmes (£12.4m) and youth offending (£3.0m). The domestic abuse budget is augmented by other budget lines. Table 3 offers a breakdown of ECC spending. This financial resource is limited and committed to these areas as described within this strategy.

Table 3 - Breakdown of spending by service

<table>
<thead>
<tr>
<th>Service</th>
<th>ECC Budget 2014/15</th>
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<tbody>
<tr>
<td>Children’s Safeguarding</td>
<td>£138,872,232</td>
</tr>
<tr>
<td>Mental Health Commissioning</td>
<td>£23,560,412</td>
</tr>
<tr>
<td>Drug and Alcohol Services</td>
<td>£12,350,436</td>
</tr>
<tr>
<td>Youth Offending Service</td>
<td>£2,988,399</td>
</tr>
<tr>
<td>Adults Safeguarding</td>
<td>£2,830,651</td>
</tr>
<tr>
<td>Trading Standards</td>
<td>£2,287,995</td>
</tr>
<tr>
<td>Road Safety</td>
<td>£1,912,587</td>
</tr>
<tr>
<td>Community Safety</td>
<td>£1,049,539</td>
</tr>
<tr>
<td>Domestic Abuse</td>
<td>£462,445</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£184,314,096</strong></td>
</tr>
</tbody>
</table>

32. We know that, over the life of this strategy, we will need to change the way we use resources. Our Medium Term Resource Plan shows a funding gap of approximately £50m for 2015-16 rising to £69m by 2016-17 and, in delivering this strategy, we will look for ways to work with partners to identify new ways in which this gap can be closed. This is likely to mean:

- opportunities that can benefit all and reduce demand for services more usually associated with ‘the state’, coupled with a shift away from exploring opportunities to reduce / better manage demand. This will require a ‘cross system’ approach where we can seek silo / scheme based activity. Such an approach has the potential to reduce the demand for ‘high cost’ support and thus liberate financial resource that can be further invested in a wider range of early intervention & prevention schemes;

- future demand management could also be explored through Identifying options that build resilience in communities and individuals and thus enhance ‘self care’ and reduced reliance upon statutory services;

- pursuing opportunities to manage demand on publicly funded services – tackling the needs to residents and communities before they become intractable and costly; or

- identifying alternative sources of funding for services and interventions.

33. Throughout the strategy, there will be an opportunity to review current resourcing and explore options for using resources differently to maximise progress towards our desired outcome.

34. It is important to note that ECC’s does not have a substantial budget to spend on Community Safety issues. Figure 1 shows that £621.4m out of £805.7m invested in Essex’s community safety economy is determined by our partners. Securing progress on community safety will require ECC to work with partners to inform and shape commissioning decisions to maximise impact on our outcome.

Figure 1 – Estimated spend in Essex’s community safety economy

35. Just as ECC will need to successfully reshape how it uses its own resources over the next five years, so too its success should be measured by the extent to which it can exert influence over partners spending - maximising the contribution this makes to improving the indicators presented on page 2.
Risks and mitigations

- Risks are events or actions that may prevent us from achieving the outcome
- Mitigation is the action we will take to reduce the impact of the risks identified

Risk management is the process of ascertaining what might go wrong, what the potential consequences may be, what could trigger the occurrence and deciding how best to minimise the risk materialising. If it does go wrong, as some things inevitably will, proactive risk management will ensure the impact is kept to a minimum.

To structure and formalise the risk management arrangements Essex County Council has developed a systematic and logical process of managing risk within a comprehensive framework to ensure it is managed effectively, efficiently and coherently. A risk register is in place for each Commissioning Strategy. Risks, and their mitigating actions, have been identified, assigned ownership and are reviewed and updated regularly.

To ensure the risk management framework remains fit for purpose, we continually seek to review and improve our risk management methodology and embrace new initiatives and industry practices that suit the needs of our organisation. We adapt to our changing operating environment and economic conditions and have a risk framework with sufficient flexibility to cope with these changes.


Essex County Council is committed to adopting best practice in its management of risk to ensure retained risk is of an acceptable and tolerable level in order to maximise opportunities and demonstrate it has made full consideration of the implications of risk to the delivery and achievement of outcomes.

The Council is clear that the responsibility for managing risk belongs to everyone and that there needs to be an appropriate level of understanding of the nature of risk by all stakeholders.

As a corporate body, the Council is obligated to protect its material assets and to minimise its losses and liabilities. It recognises the need to equip its workforce with the skills and expertise to manage risk on its behalf and provides the necessary resources to ensure this can be delivered.

The Council’s risk management objectives are a long term commitment, inherent to good governance practices and fully supported by the leaders of the Council and its Members.

Joanna Killian – Chief Executive
This report has been prepared by
Essex County Council’s Strategy function

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Supporting Annexes

**Annex A – Slides 16 - 20**
– supporting detail on the past and future trends underpinning CC’s chosen indicators

**Annex B – Slide 21**
– emerging evidence base on the drivers of crime and vulnerability

**Annex C – Slide 22**
– an overview of ECC’s legal duties as regards safeguarding and protecting vulnerable people

**Annex D – Slides 23 - 26**
– an overview of the partner and partnerships through which ECC will need to work to deliver this material
Annex A – supporting detail on the past and future trends underpinning CC’s chose indicators

Child Protection

1. 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 approach is stratified in the windscreen of need below. Recent success has enable ECC to consider early intervention and prevention to reduce demand for high cost care.

   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 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 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.

2. 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.

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3. 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.

4. 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

5. The Commissioning Strategy offers ECC an opportunity to rethink how it responds to new challenges, particularly the Care Act 2014.
6. 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. 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, ECC takes a multi-agency action group response to incident management.

7. 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.

8. 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.

9. Established indicators looking at 1) alerts and 2) referrals will be used to measure success. There are also performance measures relating to quality of institutional care. Recent trends in these indicators show an increase in the number of alerts and referrals. These will continue due to demographic change. The incidence of alerts per 10,000 population is a better guide to progress. Essex distinguishes between alerts and referrals. Between 2009/10 and 2012/13, the incidence of alerts has increased from 34.8 to 46.9, the incidence of referrals has increased from 24.1 to 39.5, and the proportion of alerts leading to referrals has increased from 69.25% to 84.21%. Essex fared better than the national averages in 2012/13 were 53.0, 34.1 and 64.3%, respectively.

10. In the future, it is believed that 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.

11. Understanding abuse and neglect is key to prevention. Sustained re-ablement solutions should be personalised and appropriate.

10. ECC has an important role to play in market sustainability. Moves from small to larger providers aim to reduce risk. 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.
Community Safety

16. 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. Since then, crime figures have plateaued. There is no room for complacency. From July 2013-June 2014 inclusive, there were 139,074 crimes committed. The main crimes were anti-social behaviour (44,727), types of theft - excluding car crime (40,449) and violent crime (20,858). The level of crime affects the entire population, but some communities have been more affected than others. Crime 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.

17. 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 crime 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.

18. 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. 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. (NB: Part night lighting is the main issue highlighted in the consultation. A change to the council’s position would require a political decision.)

19. 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.
20. 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.

21. 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. Homeless people, beggars, drunks and inconsiderate neighbours.

22. Youth offending has fallen consistently since 2010/11 – based on statistics are per 100,000 population. The incidence of first time entrants for the 2013 cohort was 547, down 8% on the previous year (593) and a 33% reduction on the 2011 cohort (816) - using PNC police data. This contrasts with YOIS data for 2013/14, where the rate of first time entrants of 10-17 year olds was 280, down from 450 and 590 in previous years. With regard to reoffending, Essex has consistently performed better than the regional and national averages. In 2013/14, for a cohort of 140 young people, 62 (44%) reoffended one or more times within twelve months - a total of 202 offences (1.44 offences per offender or 3.26 offences per re-offender). This compares to a 2012/13 cohort of 173, where 82 (47%) reoffended – with 257 new offences (1.44 offences per offender or 3.13 per re-offender; and the 2011/12 cohort of 176, where 82 (47%) reoffended with 270 new offences (1.53 per offender or 3.29 per re-offender). Of the 2013/14 cohort, 11% (15 young people) were looked after, 13 re-offended (40 new offences at a rate of 2.67 per person).

23. Essex Youth Offending is a statutory partnership between ECC, Essex Police, Essex Probation and the NHS. Essex’s approach to Youth Offending is set out in the Essex Youth Justice Plan. Staff is seconded to ECC’s Family Solutions Service. The service is aimed at tackling known risk factors associated with offending, such as poor access to suitable education, family relationships, mental health and drug/alcohol/substance misuse. In 2011/12 the proportion of young offenders in suitable education, training or employment (ETE) fell to 49% - its lowest level in four years. Essex Youth Offending seeks to build confidence in non-custodial sentences for young people and to support victims of crime. Through restorative justice, young people are provided with the opportunity to repair harm that they have caused to victims. There are few crimes in response to which this approach cannot be used.
24. 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.

25. 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).

26. 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.

27. 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.

28. Slightly Injured/near miss figures saw a spike from 2010 to 2011 and remains at twice the ECRB 2020 target. This may reflect a reduced severity of accidents from KSI to slightly injured in recent years. We are therefore 250 slights (7%) above our ECRB 2020 trajectory.

29. The percentage of residents who feel the Essex roads are safe was 56.8% in 2013/14. 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. We need to understand the causality for the lack of feeling safe on roads. There may be reciprocal effects to the condition of Essex roads.

29. 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.
Annex B – Drivers of crime and vulnerability

1. Mental health, drug and alcohol misuse, domestic abuse and offending are key drivers/issues of crime and vulnerability in Essex. There is a need to develop and improve the evidence base here.

Mental Health

2. Over half of adults with a mental illness will have begun to develop this by the time they were aged 14 years. Essex has an estimated 25,000 young people with a diagnosed mental condition and a further 25,000 have emotional issues. Mental health difficulties are particularly prevalent among young prisoners, homeless young adults and young adults leaving care. 70% of prisoners have either a psychosis, a neurosis, a personality disorder, or a substance misuse problem.

Drug and Alcohol Misuse

3. Drug related crime cost £13.9bn per year and account for a third to a half of all acquisitive crimes (theft, burglary, etc.) – mostly to feed the addict’s heroin/crack habit. 200,000 out of 306,000 heroin/crack users in England are in treatment each year. The National Treatment Agency estimates that drug treatment in 2010/11 prevented 4.9 million crimes in England, with an estimated saving to society of £960m in costs to society. Every £100 invested in drug treatment prevents a crime. Poverty, unemployment and social exclusion are often underlying factors rather than the drug use itself. Theft is focused on poorer, inner city areas.

4. In the 2013-14 financial year, there were 2,923 adults receiving drug treatment in Essex, of which 2,098 were heroin/crack users. This is 46% of the 4,556 cohort of heroin/crack users (2011 prevalence data). The positive impact of drug treatment is demonstrated by Essex Drug and Alcohol Treatment services, in that in 2011/12, only 11.6% (or 108 out) of 934 clients that entered drug treatment reported that they had committed crimes during their treatment. 72 of these offences were types of theft.

5. Alcohol related crime accounts for nearly three quarters of crime and disorder across the UK. It is estimated that 40% of crime involves the influence of alcohol. Almost 80% of assaults, 88% of criminal damage and 40% of domestic violence, and a majority of murders, manslaughters and stabbings are alcohol related. According to the 2011/12 CSEW, there were 917,000 violent incidents where the victim believed the offender(s) to be under the influence of alcohol, accounting for 47% of violent offences committed.

6. In the 2013-14 financial year, there were 1,905 adults receiving alcohol related treatment in Essex. There is no prevalence data here.

Domestic abuse

7. Domestic abuse is unacceptable. There is a perceived under-reporting of the problem due to the dissonance between actual police figures (29,000 cases) and estimates from academic studies (44,000). The British Crime Survey found that 44% of domestic violence offenders were under the influence of alcohol, and 12% affected by drugs (during incident). In Essex, from Jan 2011 to Sep 2012, there were almost 50,000 incidents by 30,000 perpetrators to 30,000 victims. Only 2.7% of domestic violence cases were drug-related, whereas 26.9% were alcohol related.

Offending

8. Youth offending has fallen consistently per 100,000 population since 2010/11. The incidence of first time entrants for the 2013 cohort was 547 - a 33% reduction on the 2011 cohort (816) using PNC police data. Using YOIS data for 2013/14, the rate of first time entrants of 10-17 year olds was 280, down from 450 and 590 in previous years. Essex has consistently performed better than the regional and national averages.

9. Rates of reoffending may need to be reduced to deliver even lower levels of crime. 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.
Annex C – Essex County Council’s legal duties as regards safeguarding and protecting vulnerable people

### Safeguarding Adults

**The Care Act 2014** sets out local authorities’ responsibility for adult safeguarding for the first time in primary legislation.

- It makes safeguarding enquiries a corporate duty for councils. This duty applies whether or not the authority is actually providing any care and support services to the vulnerable adult in their area believed to be at risk.
- It places a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them.
- It requires local authorities to provide social care to address prisoners’ needs that meet certain eligibility criteria (non-eligible needs should be met by the prison).
- It places a duty of candour on providers about failings in hospital and care settings.
- It re-enacts existing duties to protect people’s property when in residential care or hospital.
- It does not give local authorities any new powers to enter a person’s property.

The Act requires local authorities to set up a **Safeguarding Adults Board (SAB)** in their area. The SAB must:

- Include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues.
- Develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations.
- Publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.
- Undertake serious case reviews when certain triggering situations have occurred and the parties believe that safeguarding failures have had a part to play.
- The Act places a duty on relevant agencies to supply information to SAB on request.

### Safeguarding Children

The current child protection system is based on the **Children Act 1989**. This Act charges local authorities with a duty to:

- Provide "services for children in need, their families and others".
- Investigate "if they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm".

The **Children Act 2004** adds the following:

- It puts Local Safeguarding Children Boards on a statutory footing and gives them functions of investigation and review.
- It places a duty on local authorities and their partners to co-operate in promoting the wellbeing of children and young people and to make arrangements to safeguard and promote the welfare of children.
- It places a duty on local authorities to appoint a director of children’s services and an elected lead member for children’s services, who is ultimately accountable for the delivery of services.

**Working Together to Safeguard Children March 2013**

- Offers statutory guidance on inter-agency working to safeguard and promote the welfare of children

The **Children and Families Act 2014** charges local authorities with a duty to:

- Make young carers and parent carers aware of their entitlement to support from them.
- Publish a clear, easy-to-read ‘local offer’ of services available to children and families.
- Cooperate with health services and jointly commission and plan services for children, young people and families.
- Involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services.
## Annex D - Key partners and our relationship with them – Vulnerable People are kept safe (Safeguarding)

<table>
<thead>
<tr>
<th>Name of key partners</th>
<th>How they will contribute to addressing these issues</th>
<th>How we will work with them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police &amp; Crime Commissioner</td>
<td>Strategic impact of crime related responsibilities on Domestic Abuse.</td>
<td>Through the Crime Panel. PCC is also a member of the Essex Partnership Board.</td>
</tr>
<tr>
<td>Essex Police</td>
<td>Operational impact of statutory responsibilities on Domestic Abuse.</td>
<td>Through Countywide and District Community Safety Partnerships and through thematic focused partnerships and WECB activity</td>
</tr>
<tr>
<td>Probation Service</td>
<td>Responsible for pre-sentencing reports on perpetrators of abuse, and delivery of some sentences such as perpetrator programmes.</td>
<td>Through the domestic abuse strategic board., and Criminal Justice Board.</td>
</tr>
<tr>
<td>Crown Prosecution Service</td>
<td>Responsibility with the police for ensuring that Domestic Abuse cases are pursued.</td>
<td>Through Essex’s Safeguarding Boards</td>
</tr>
<tr>
<td>District Councils</td>
<td>Influence on Housing issues for both children leaving care and for victims of domestic abuse.</td>
<td>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.</td>
</tr>
<tr>
<td>Voluntary and Community Sector Organisations</td>
<td>VCS with a specific focus on Fostering and Domestic Abuse.</td>
<td>Through the VCS alliance and Essex Association of CVS’s</td>
</tr>
<tr>
<td>Health Partners (CCG’s)</td>
<td>Exploration of information sharing agreements. Supporting teenagers in care by integrating CAMHS services. Early intervention in domestic abuse cases</td>
<td>Through the Health and Wellbeing Board (HWB)</td>
</tr>
<tr>
<td>Schools and Colleges</td>
<td>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</td>
<td>Relationships through Secondary and Primary headteacher associations.</td>
</tr>
<tr>
<td>All key partners</td>
<td>Safeguarding Children’s Board and the Safeguarding Adults Board have statutory responsibility for safeguarding issues.</td>
<td>We will co-ordinate the partnership’s policy and commissioning responses to address safeguarding issues</td>
</tr>
<tr>
<td>Name of key partners</td>
<td>How they will contribute to addressing these issues</td>
<td>How we will work with them</td>
</tr>
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<td>-------------------------------------------------</td>
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<tr>
<td>Police and Crime Commissioner</td>
<td>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.</td>
<td>Through the Crime Panel. And the Essex Partnership Board</td>
</tr>
<tr>
<td>Essex Police</td>
<td>Operationally and in relation to deployment and tasking issues in relation to Crime Reduction, Domestic Abuse, Re-offending and Anti-social behaviour</td>
<td>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).</td>
</tr>
<tr>
<td>Essex Probation</td>
<td>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.</td>
<td>Collaboration through the Essex Reoffending Board and joint work on the WECB project relating to reducing reoffending.</td>
</tr>
<tr>
<td>HM Prison Service</td>
<td>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.</td>
<td>Collaboration through the Essex Reoffending Board</td>
</tr>
<tr>
<td>Essex Fire and Rescue Service</td>
<td>Responsibilities relating to hospital admissions through injuries.</td>
<td>Through Safer Essex, CSP’s and the CRB</td>
</tr>
<tr>
<td>East or England Ambulance Service</td>
<td></td>
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</tr>
<tr>
<td>District Councils</td>
<td>In relation to there statutory function at a local level and through their Community Safety Partnerships. Delivery of WECB Domestic Abuse Pilot activity.</td>
<td>Locality Officer and Cabinet Member leads are aligned with each District. Engage strategically through the Essex Partnership Board.</td>
</tr>
<tr>
<td>Southend and Thurrock Councils</td>
<td>Policing and CCG boundaries cut across ECC and unitary council areas of responsibilities so require collaboration across upper tier authorities.</td>
<td>Engage Strategically through the Essex Partnership Board and Safer Essex.</td>
</tr>
<tr>
<td>NHS England</td>
<td>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)</td>
<td>1-2-1 relationship with commissioner (Ben Hughes – Head of Commissioning Public Health and Wellbeing)</td>
</tr>
<tr>
<td>Name of key partners</td>
<td>How they will contribute to addressing these issues</td>
<td>How we will work with them</td>
</tr>
<tr>
<td>------------------------------------------</td>
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<tr>
<td>NHS partners</td>
<td>Specific impact on number of hospital admissions for both Adults and Children.</td>
<td>Latest Restructure aligned health related commissioners with CCG boundaries</td>
</tr>
<tr>
<td>• Clinical Commissioning Groups</td>
<td></td>
<td></td>
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<tr>
<td>• Community health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hospitals and Hospital Trusts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary and Community Sector Organisations</td>
<td>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.</td>
<td>Through Safer Essex and district CSP’s and 1-2-1 relationships with a range of commissioners</td>
</tr>
<tr>
<td>Non ECC Maintained Schools</td>
<td>Educational services provided to prevent young people re. Crime and issues surrounding Alcohol and substance misuse.</td>
<td>Relationships through Secondary and primary headteacher associations.</td>
</tr>
<tr>
<td>Housing Providers</td>
<td></td>
<td>Essex Housing Officers Group</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>II</th>
<th>How they will contribute to addressing these issues</th>
<th>How we will work with them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police &amp; Crime Commissioner</td>
<td>Strategic impact of prior mentioned crime related responsibilities on Road Safety</td>
<td>Through the Crime Panel. PCC is also a member of the Essex Partnership Board. The Essex Casualty Reduction Board.</td>
</tr>
<tr>
<td>Essex Police</td>
<td>Operational impact of statutory responsibilities on Road Safety</td>
<td>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</td>
</tr>
<tr>
<td>Essex Fire and Rescue Service</td>
<td>Responsibilities relating to numbers killed or seriously injured on roads and hospital admissions through injuries.</td>
<td>Essex Casualty Reduction Board and joint road safety Team</td>
</tr>
<tr>
<td>East or England Ambulance Service</td>
<td></td>
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<tr>
<td>Local Highways Panels (LHPs)</td>
<td>Local support and sponsors on road safety initiatives</td>
<td>Part of the localism agenda – we devolve a level of funding to them to meet the needs locally of public realm issues</td>
</tr>
<tr>
<td>Voluntary and Community Sector</td>
<td>A range of VCS partners often focused on specific protecting from harm related issues (e.g. Road Safety)</td>
<td>Through the Essex CRB, Community Speedwatch and 1-2-1 relationships with a range of commissioners</td>
</tr>
<tr>
<td>All Schools</td>
<td>Responsibilities relating to educational provision for children in care as well as safety related issues concerning road, especially for at risk groups.</td>
<td>Relationships through Secondary and primary headteacher associations.</td>
</tr>
<tr>
<td>Highways Agency</td>
<td>Specific responsibilities relating to road safety and associated perception measures.</td>
<td>Nationals Highways plans and infrastructure development.</td>
</tr>
</tbody>
</table>
This report has been prepared by
Essex County Council’s Strategy function

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