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### Scrutiny Co-ordination Committee

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**Time and Date**

10.00 am on Wednesday, 4th March, 2015

**Place**

Committee Rooms 2 and 3 - Council House

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes**

(a) To agree the minutes of the previous meeting held on 4th February, 2015 (Pages 5 - 12)

(b) Matters Arising

**10.10 a.m.****4. Coventry Drugs Strategy (2015 - 2017) (Pages 13 - 30)**

Briefing Note of Councillor Gingell, Cabinet Member for Health and Adult Services and Presentation of the Director of Public Health

Councillors Gingell and Caan, Cabinet Member and Deputy Cabinet Member for Health and Adult Services and Councillor Hetheron, the Council's lead champion for drugs, alcohol and mental health have been invited to the meeting for the consideration of this item along with Commander Claire Bell, West Midlands Police.

**10.55 a.m.**

**5. Progress Update on the Implementation of the New Domestic Violence and Abuse (DVA) Commissioned Services for Coventry** (Pages 31 - 36)

Report of the Executive Director of People

The following have been invited to the meeting for the consideration of this item:

Councillor Lucas, Chair, Local Government Association Safer and Stronger Communities Board  
Councillors Gingell and Caan, Cabinet Member and Deputy Cabinet Member for Health and Adult Services  
Councillors Townshend and Fletcher, Cabinet Member and Deputy Cabinet Member for Policing and Equalities

**11.40 a.m.**

**6. Outstanding Issues**

Outstanding Issues have been picked up in the Work Programme

**7. Scrutiny Co-ordination Committee Work Programme 2014/2015** (Pages 37 - 40)

Report of the Scrutiny Co-ordinator

**8. Any Other Items of Public Business**

Any other items of public business which the Chair decides to take as a matter of urgency because of the special circumstances involved.

**Private Business**

**Nil**

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Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 24 February 2015

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Democratic Services, Council House, Coventry, telephone 7683 3073, alternatively E-mail: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)

2) Council Members who are not able to attend the meeting should notify Liz Knight no later than 9.00 a.m. on the day of the meeting, giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

- 3) Scrutiny Board Members who have an interest in any report referred to this meeting, but who are not Members of this Committee, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors J Blundell, J Clifford (Deputy Chair), G Duggins, J Innes, R Sandy, B Singh, T Skipper (Chair), K Taylor and S Thomas

By invitation Councillors K Caan, C Fletcher, A Gingell, P Hetheron, A Lucas and P Townshend

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting  
OR if you would like this information in another format or  
language please contact us.

**Liz Knight, Governance Services - Telephone: 024 7683 3073**  
**E-mail: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

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**Coventry City Council**  
**Minutes of the Meeting of Scrutiny Co-ordination Committee held at 10.00 am on**  
**Wednesday, 4 February 2015**

Present:

Members: Councillor T Skipper (Chair)  
Councillor J Blundell  
Councillor J Clifford (Deputy Chair)  
Councillor G Duggins  
Councillor R Sandy  
Councillor B Singh  
Councillor K Taylor  
Councillor S Thomas

Other Members: Councillors R Bailey, D Skinner and P Townshend

Other Representatives: Simon Brooke, Working Together on Welfare Reform Group  
Janet Gurney, Coventry Law Centre

Employees (by Directorate):

A Burton, Resources Directorate  
C Dear, Chief Executive's Directorate  
C Hickin, People Directorate  
G Holmes, Resources Directorate  
L Knight, Resources Directorate  
S Nagra, Chief Executive's Directorate  
T Savill, Resources Directorate  
J Venn, Chief Executive's Directorate  
A Walster, Place Directorate  
A West, Resources Directorate

Apologies: Councillors C Fletcher and J Innes  
Sue Bent, Coventry Law Centre  
Representatives from the Department for Works and Pensions

## **Public Business**

### **41. Declarations of Interest**

There were no disclosable pecuniary interests declared.

### **42. Minutes**

The minutes of the meeting held on 10<sup>th</sup> December, 2014 were signed as a true record.

With reference to Minute 36 headed 'Child Sexual Exploitation' the Committee noted that all the recommendations were now in hand and recommendation 4 which requested the Education and Children's Scrutiny Board (2) to ensure that patterns of school absences were investigated to see if these are an indicator of

child sexual exploitation, was considered by the Scrutiny Board at their meeting on 8<sup>th</sup> January, 2015.

**43. Call-In Stage 2 - Public Space Protection Order (Coventry Dog Control)**

The Chair, Councillor Skipper reported that at their meeting on 6<sup>th</sup> January, 2015 Cabinet approved proposals about the creation of a City-wide Public Space Protection Order for the control of dogs. This decision was subsequently called-in by Councillors Taylor, Bailey and Skinner. Councillor Skipper informed that having considered the appropriateness of the call-in, he had accepted the part of the call-in relating to puppy walkers, assistance dogs and dogs in training and rejected the other parts of the call-in. Councillors Bailey and Skinner attended the meeting for the consideration of this item, Councillor Taylor was already present, being a member of the Committee, and they reported on the call-in. Councillor Townshend also attended in his capacity as Cabinet Member for Policing and Equalities and he addressed the Committee.

The Committee considered the decisions made by Cabinet on 6<sup>th</sup> January; the reasons for the call-in; and the determination. The Committee also considered a briefing note of the Executive Director for Place which detailed material facts relating to the specific reasons for the call-in.

There were two parts to the valid call-in, that there was inadequate clarification in relation to 'puppy walkers' and whilst there were exceptions for the blind/disabled owners, there was no reference to assistance dogs or dogs- in-training. The Committee were informed that there was no reference to puppy walkers in the Order. The training of puppy or an older dog, with a view to being an 'assistance dog', was not exempt from the Order whilst in training. Consequently, if a dog was being trained the person performing the training would be responsible for ensuring that the Order wasn't breached. The 'Order' only gave exemptions to individuals who were specified in the General Point 1.

The officer explained that there did not appear to be a legal definition of the term 'assistance dog'. Although in a Government document, which related to proposed amendments to the Dangerous Dogs Act 1991, 'assistance dogs' were referred to as 'a dog which has been accredited to assist a disabled person by a prescribed charity or organisation'.

It was considered that the paragraphs under the General Point 1 (b), together with point 1(a) which referred to persons with sight conditions, adequately covered all possible types of 'assistance dogs'. Paragraph 1(c) (i-iv) covered the existing 'prescribed charities' and paragraph 1(c)(iv) covered the creation of further new and relevant 'prescribed charities' in the future.

Members questioned the Councillors responsible for the call-in, the Cabinet Member and the officer and responses were provided, matters raised included:

- The proposals for future engagement with interested members of the public including friends of parks groups and dog owners
- The potential to include additional areas in the Order
- The reasoning behind the introduction of the Order
- Clarification about which dogs the call-in was intended to refer to

- Clarification about the numbers of dogs on leads being walked by an individual
- The suggestion that implementation of the Order should be deferred until the Cabinet Consultative Committee had met.

The Committee were reminded that, in response to a significant response from members of the public, Cabinet had made changes to the recommendations.

**RESOLVED that the Committee concur with the decisions of Cabinet, rejecting the valid part of the Call-in.**

#### 44. **Welfare Reform**

Further to Minute 20/14, the Committee considered briefing notes of the Scrutiny Co-ordinator, the Chair of the Working Together on Welfare Reform Group and Coventry Law Centre which provided an update on progress following the publication of the Impact of Benefit Sanctions on People in Coventry, previously considered by the Committee on 8<sup>th</sup> October, 2014. Simon Brooke, Chair of the Working Together on Welfare Reform Group and Janet Gurney, Coventry Law Centre attended the meeting for the consideration of this item. Councillor Townshend, Cabinet Member for Policing and Equalities also attended. Representatives from the Department for Works and Pension (DWP) had been invited but were unable to attend. They provided some background information for the Committee.

Following publication of the report, the Law Centre and DWP had met to discuss and develop actions identified in the Sanctions report. In November, observations of initial interviews at the DWP's offices at Cofa Court to review what happened at the initial point of contact and how this initial stage identified people with vulnerabilities. Feedback was presented to the Working Together Group. In January 2015, service leaders from the partner organisations attended a Customer Journey event at which DWP went through paperwork and the process for benefit claimants with a view to identifying where organisations could help at particular key points in the process.

The briefing note from the Chair of the Working Together Group informed of the recent activity of the Group and partners reporting on the Partnership meetings; under-occupation; Discretionary Housing Payments; Sanctions; In work benefits; customer journey mapping; universal credit and communications.

The briefing note from the Law Centre detailed the progress made between the partner organisations on welfare reform and in particular sanctions. It included information about the DWP response to the Oakey report into sanctions which recommended a range of improvements to the administrative processes underpinning sanctions decision making. An update was provided on 21 issues, 8 of which were outstanding and were mainly national issues, 9 were currently being addressed and 4 had been resolved.

Councillor Townshend, informed the Committee of the additional funding provided by the City Council to support the work of the Coventry Law Centre to deal with the significant backlog of benefit tribunals. In 2014 over 1300 tribunals were supported by the Centre and the success rate continued to exceed 80%. This resulted in an

additional £5m being paid to Coventry claimants in the past twelve months. He reported on the leading role played by the Law Centre in response to Welfare Reform and provided several examples of case studies.

Members questioned the representatives and officer on a number of issues and responses were provided, matters raised included:

- What the Committee could do to help publicise the national issues that had yet to be resolved
- Where poor decisions had been made, were individuals held to account
- How tax credits and work benefits were publicised to encourage take up
- The role of the Job Shop which should not be about sanctions
- The numbers of residents in receipt of discretionary housing payments and the implications arising from next year's reduced budget
- Feedback from the Rugby pilot scheme for Universal Credit
- The potential for problems to arise when Universal Credit is introduced in Coventry, with particular reference to national issues
- Concerns that representatives from the DWP were unable to attend the meeting and the lack of local accountability of the organisation
- What the Committee could do to support the work of the Coventry Law Centre
- The levels of local discretion and the problems caused locally by the unresolved national issues
- What was the DWP doing about raising issues at a national level
- Clarification about the impending closure of the Independent Living Fund and what future support would be available for claimants
- The potential for the Law Centre to be able to support additional Coventry residents and how their service is publicised

**RESOLVED that:**

**(1) The Committee supports the membership and work of the Working Together on Welfare Reform Group.**

**(2) The Committee supports the decision of the Cabinet Member for Policing and Equalities to provide additional financial support to the Coventry Law Centre.**

**(3) The Chair, Councillor Skipper, on behalf of the Committee, to write to the City's three MPs:**

**(i) Informing of the issues which have arisen as a result of the benefit sanctions on Coventry residents and require national solutions asking that these unresolved matters be raised in Parliament**

**(ii) Requesting that they ask for consideration to be given to making the Department for Works and Pensions accountable locally for the issues that have arisen in relation to benefit sanctions, in the same way that Health and Overview Scrutiny Boards have specific powers ensuring that local health service organisations are held to account.**



**(4) Officers be requested to investigate the legal and equality implications of the closure of the Independent Living Fund and the proposed action by the Council.**

**(5) The Cabinet Member for Health and Adult Services and the Health and Social Care Scrutiny Board (5) be requested to consider how to enforce the Marmot link between social care and welfare reform.**

**(6) The Executive Director for People ensure that employees in the People Directorate are fully briefed and trained on Welfare Benefits prior to making relevant decisions.**

**(7) The Chair, Councillor Skipper to write to the Department for Works and Pensions expressing the Committee's disappointment that they were unable to send any representatives to the meeting.**

**45. Council Plan - Half Year Performance Report 2014/15**

The Committee considered a report of the Chief Executive detailing the half year performance of the Council Plan for 2014/2015. The report had been approved by Cabinet at their meeting on 2<sup>nd</sup> December, 2014. The Board also received a presentation from the Assistant Director, Policy, Partnership and Performance which also referred to the half year progress report on the Council's Equality Strategy, minute 49 below refers.

The Council Plan, setting out the strategic direction and priorities for the next ten years, was approved by Council in January 2014. Through its plans, the Council wanted the city to grow and become more prosperous and for this prosperity to benefit all residents. Economic growth would create jobs for local people, opportunities to develop skills and qualifications, and a wider range of housing. The Council would use its resources to encourage growth and would work with local communities to improve the quality of life for Coventry people and especially for the city's most vulnerable residents.

This report summarised progress during the first six months of 2014/15 in relation to the plan priorities and a set of key headline indicators. Where applicable contextual information had been included to describe what was happening in Coventry and how this compared with elsewhere.

The Council's equality objectives had also been revised to reflect the priorities of the new Council Plan.

The presentation referred to the headline indicators and highlighted the progress being made in the following areas: business growth and jobs; housing and homelessness; crime; education; health and social care and delivering the priorities for the Council's workforce.

The Committee questioned officers on a number of issues and responses were provided, matters raised included:

- Clarification about the figures relating to people in support of Job Seekers Allowance

- Further details about the employment and unemployment rates for the city
- The reasons behind the increase in the gender pay gap
- Whether cultural differences and population changes had an impact on peoples' perception of feeling safe during the day and after dark
- The monitoring of GCSE results to see if the additional funding to improve pupils premium results was having an impact

**RESOLVED that:**

**(1) The report be welcomed and supported.**

**(2) The Cabinet Member for Strategic Finance and Resources be requested to organise an annual seminar on the Council Plan for all members of the Council.**

**46. Equality Strategy - Half Year Progress Report 2014/15**

The Committee considered a report of the Chief Executive which provided information on the half year progress of the Equality Strategy 2014/15. The report had been considered by the Cabinet Member (Policing and Equalities) at his meeting on 22<sup>nd</sup> January, 2015. The presentation from the Assistant Director, Policy, Partnership and Performance detailed in Minute 48 above on the performance with the Council Plan also referred to the progress with the Equality Strategy.

The current Equality Strategy was approved in March 2013 and outlined how the Council complied with the Equality Act 2010. It also set out the Council's equality objectives which were linked to the priorities of the Council Plan 2011-2014. These equality objectives had been revised to reflect the new priorities contained in the new Council Plan.

This report looked at progress made in the first six months of 2014/15 in relation to the equality of objectives. It also provided a high level of summary and gave an overview including where applicable, contextual information to describe what was happening in Coventry and how this compared nationally or regionally depending on the data available. The report also provided an overview of some of the work being done to promote equality for the different groups protected by the Equality Act.

**RESOLVED that the report be welcomed and supported.**

**47. Outstanding Issues**

The Committee noted that all outstanding issues had been included in the Work Programme for the current year, Minute 48 below refers.

**48. Scrutiny Co-ordination Committee Work Programme 2014/2015**

The Committee noted the Work Programme for the remainder of the year.

**49. Any Other Items of Public Business**

There were no other items of public business.

(Meeting closed at 12.35 pm)

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Coventry City Council

## Briefing Note

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**To:** Scrutiny Co-ordination Committee

**Date:** 19 February 2015

**From:** Councillor Alison Gingell, Cabinet Member Health and Adult Services

**Subject:** Coventry Drug Strategy (2015 – 2017)

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### **1 Purpose**

- 1.1 Coventry has produced a citywide drug strategy (Appendix 1) to guide the work that it is doing to tackle and address drug misuse in the city. Though the strategy is not a statutory requirement, partners feel that a partnership strategy is the best way to steer the multi-agency response that is needed. As the Commissioners and funders of local treatment services, the Council has taken the lead on producing the strategy.

### **2 Recommendations**

- 2.1 It is recommended that the Scrutiny Coordination Committee:
- (i) Review the strategy, and endorse the vision for Coventry and three priority themes identified;
  - (ii) Recommend to Cabinet Members that they adopt the strategy to guide Coventry's work for the next two years

### **3 Information / Background**

- 3.1 Public Health within the Council has the responsibility for drug treatment and commissioning policy within the city. Although a new area for Public Health it is not a new area for the local authority, as previously drug misuse sat within Community Safety.
- 3.2 As drug misuse is a cross-cutting issue it requires a multi-agency response. The strategy is one that involves our partners and it covers a wide range of issues such as prevention, education, housing, social care, treatment, crime and rehabilitation.
- 3.3 The drug strategy sits alongside and complements the local Alcohol Strategy, which was established in 2013. In addition to SCRUCO, the strategy will be going to Health and Wellbeing Board in February, the Police and Crime Board in April and finally Cabinet on April 14<sup>th</sup> for final sign-off.

## **4 Prevalence and Costs**

- 4.1 Nationally, the annual cost to society from drug misuse is £15.4bn. Other costs, such as emotional distress, family breakdown, and fear in the community, are just as high and good reasons for taking action.
- 4.2 There are approximately 1,950 opiate and crack users in Coventry, along with an estimated 15,000 cannabis users and 5,000 powder cocaine users. Approximately 750 schoolchildren have reported using illicit drugs, with the majority reporting using cannabis.
- 4.3 Drug-related crime, such as drug dealing and drug production, occurs locally and is associated with other types of offending, such as theft and violence.

## **5 Consultation**

- 5.1 A consultation exercise was carried out with partners in January 2015. A workshop was held that included presentations by staff, talks by service users and roundtable discussions on the strategy.
- 5.2 Invitations were sent to a range of partners (see below) and attendance was excellent.
  - Clinical Commissioning Group
  - Councillors
  - Criminal justice agencies (Probation, Police, Youth Offending)
  - Drug and alcohol treatment providers
  - Faith leaders
  - Health agencies (including University Hospitals Coventry and Warwickshire (UHCW))
  - Housing (commissioners and providers)
  - Mental Health providers (MIND, Coventry and Warwickshire Partnership Trust (CWPT), etc.)
  - Schools
  - Service users and former service users
- 5.3 Views from partners and service users have been incorporated into the strategy. Partners said they wanted to see a holistic approach taken in Coventry, with services looking at the whole individual and whole family, and not just the individual's drug use. Colleagues wanted to focus on preventing drug use where possible, and early identification and intervention for those just starting to use drugs. There was considerable support for strengthening mutual aid and peer support networks and for providing accessible treatment for people where, and when, they need it.

## **6 The Strategy**

- 6.1 The drug strategy is a two-year strategy (01 April 2015 – 31 March 2017). It covers both young people and adults and is a citywide strategy.

The three key themes of the strategy are:

- Theme 1: Providing effective prevention and recovery-focused treatment
- Theme 2: Changing and challenging attitudes and behaviour
- Theme 3: Controlling the supply of drugs and promoting drug-free environments

- 6.2 The strategy will be reviewed on an annual basis and have an annual Implementation Plan that sits underneath it, detailing the specific actions to be undertaken, by who and by when.

## **7 Governance**

- 7.1 The strategy will be owned and driven by the multi-agency Drug and Alcohol Steering Group, which is chaired by Cllr Hetherton, the city's lead champion for drugs, alcohol and mental health. The group includes representatives from Police, Probation, Clinical Commissioning Group, service users, licensing, community safety, CWPT/UHCW and primary care.
- 7.2 The Steering Group is accountable to the Health and Wellbeing Board, and feeds into the Police and Crime Board.
- 7.3 The Drug and Alcohol Management Group, a sub-group of the Steering Group, will maintain, update and work to the Implementation Plan.

### **Report Authors:**

#### **Name and Job Title:**

Tanya Richardson, Public Health Consultant – Disparities  
Heather Kelly, Public Health Strategic Commissioner – Disparities

**Directorate:** Chief Executives

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Enquiries should be directed to the above person.

# Coventry Partnership Drug Strategy [draft] 01 April 2015 – 31 March 2017

## Partnership: the key to success



Source: Public Health England



# Contents

## Foreword

1.	Vision for Coventry	7
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## Foreword

Whilst most people do not use drugs, drug misuse can be found across all communities in society. From heroin and crack use among adults, to cannabis use amongst young people, to the use of novel psychoactive substances (“legal highs”) by clubbers, drugs are available and misused by a wide range of people.

Drug misuse is a significant issue for individuals, families and communities alike. Public Health England estimates the annual cost of drug-related harm in England to be £15.4 billion.

The harms caused by drugs are wide-ranging. Drug misuse may cause or exacerbate existing problems, its harms may be acute or chronic, and issues may arise from recreational use as well as dependency or problematic use.

Drug misuse is strongly related to crime, but harms are not just related to crime. Substance misuse can be found amongst homeless populations and those with mental health problems. Problematic drug use is associated with unemployment, domestic abuse, poor living conditions, ill-health and safeguarding concerns.

Some drug concerns are familiar and long-standing – for example inter-generational substance misuse and the negative impact of parental drug use on children – however there are new concerns as well, especially around young adults and the purchasing of drugs over the internet.

We consulted with partners and the messages we got back were clear. People want to see a holistic approach that looks at the whole person and whole family, not just the individual. People want to see a wide range of harms addressed and for us to empower individuals and communities to build resilience and strength.

Tackling drugs and drug misuse reflects the commitments made in the Council Plan *‘Coventry open for business: our vision and priorities for the next 10 years’* where Coventry stated its vision to be *‘locally committed’*, to *‘make communities safer together with the police, to reduce crime’* and to *‘improve the health and wellbeing of local residents... especially for our most vulnerable residents’*.

This vision will be achieved by working closely with our partners, residents and recovery community.

[SIGNATORIES]

# 1. Vision for Coventry

The Coventry vision is to reduce the harms caused by drug misuse and make Coventry a safer and healthier place to live, where fewer drugs are consumed and where professionals are confident and well-equipped to challenge behaviour and support change. The harms associated with drug misuse are not evenly spread across the country. As an urban, industrial city with more poor areas than affluent ones, the harms of drug misuse are likely to be greater here than in other areas. However, our aims are ambitious and we want to be a high performing area.

We consulted with partners and stakeholders and their views are reflected in this document. Partners stressed the importance of taking a holistic approach, one that considered the family, employment status, mental health and housing of an individual, and not just their drug use.

Coventry's vision is to:

- Take a holistic approach that focuses on the whole person and whole family
- Support people to choose not to take drugs
- Reduce the impact of drug use on others
- Empower individuals and communities to have resilience and strength
- Focus on diversion, early intervention and treatment
- Identify, challenge and prevent substance misuse where possible
- Provide treatment and help for people when they want it
- Help people recover fully and rebuild healthy, positive lives

As a cross-cutting issue, drug misuse affects a number of agencies and local government teams. This strategy therefore takes account of a number of other strategies and policies, including:

- Council Plan, Coventry Open for Business (2014)
- Tackling Prostitution in Coventry, Multi-Agency Strategy
- West Midlands Police Drug Strategy (2013)
- Coventry Housing and Homelessness Strategy (2013)
- Coventry Sustainable Community Strategy: The Next 20 Years (2011-14)
- Coventry and Warwickshire Clinical Commissioning Groups' Strategic Plan (2014-19)
- Coventry Mental Health Crisis Care Concordat (2015)

By tackling drug use and misuse, we believe we can effect wide-ranging positive developments in Coventry and improve the lives of individuals, families and communities.



Source: Public Health England

## 2. Policy and Evidence

Public Health England took responsibility of drug and alcohol treatment in 2012 and their work builds on the work of the National Treatment Agency, which spent ten years building the evidence base for treatment in the UK. With data collected via the National Drug Treatment Monitoring System (NDTMS), the UK now has a robust evidence base for treatment and interventions.

Treatment in the UK is underpinned by clinical advice and quality standards provided by NICE (National Institute for Health and Care Excellence) in a number of key documents:

- Drug misuse: psychosocial interventions (CG51)
- Drug misuse: opioid detoxification (CG52)
- Interventions to reduce substance misuse among vulnerable young people (PH4)
- Needle and syringe programmes (PH52)
- Drug misuse – naltrexone (TA115)
- Drug misuse – methadone and buprenorphine (TA114)
- Drug use disorders (QS23)

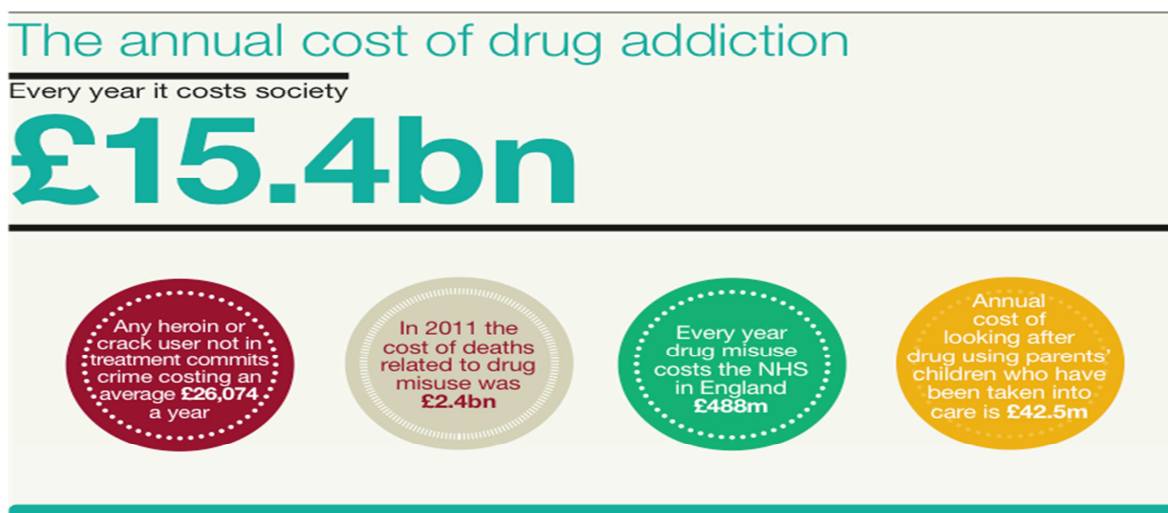
### The Cost to Society

The economic costs to society from drug misuse are high and there is a strong invest-to-save argument for providing drug treatment.

### Cost to UK

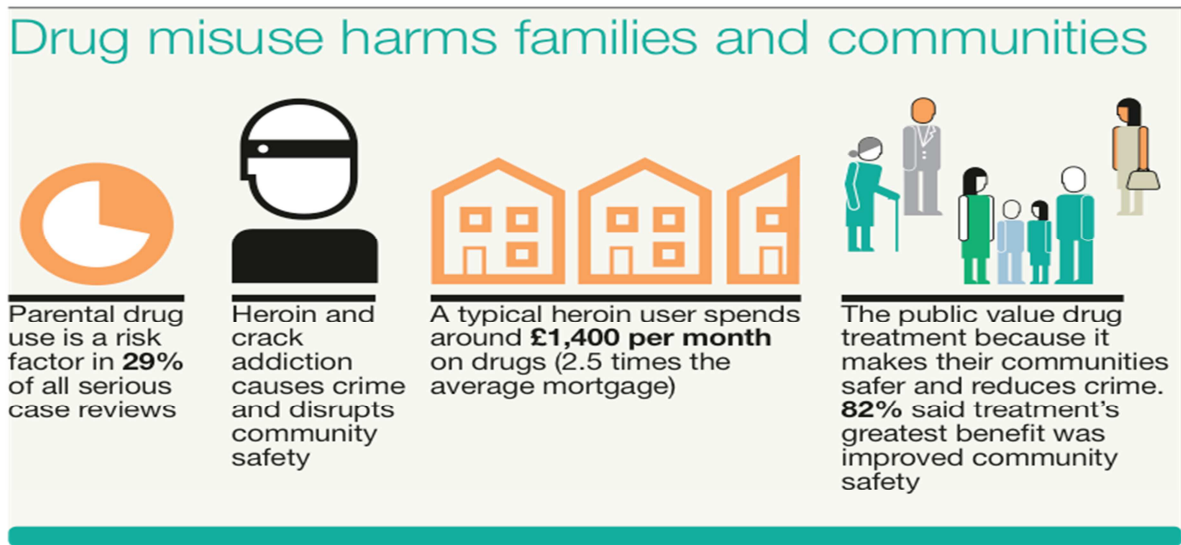
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|-----------------------------------------------------|---------|
| - Overall annual cost to society                    | £15.4bn |
| - Annual cost of drug-related crime                 | £13.9bn |
| - Annual cost of deaths related to substance misuse | £2.4bn  |
| - Annual cost to NHS                                | £488m   |

Other costs – such as emotional distress, family breakdown and fear in the community – are just as high and good reasons for taking action.



Source: Public Health England

The **National Drug Strategy**, published in 2010, outlined the ambition to provide recovery-focused treatment in the UK rather than a maintenance programme focused on harm minimisation as previously advocated. It also strengthened the focus on families, carers and communities.



Source: Public Health England

The focus on recovery sits comfortably alongside other local policy goals, such as asset-based community development and community integration.

Finally, a number of trends have started to emerge in recent years, which require a response from local agencies:

- An ageing opiate population with chronic health and social care needs
- A growing awareness of how drugs are involved and a feature of child exploitation and sex abuse
- A slowly growing market of novel psychoactive substances ('legal highs')
- Increase in number of people misusing medicines such as Gabapentin and Pregabalin

### 3. Current Position

Figures from Public Health England show fewer people in drug treatment but more people completing treatment.

#### Key National Treatment Statistics for 2013-14 (NDTMS)

- 193,198 people were in drug treatment during 2013/14 – down from down from 193,575 in 2012/13 and continues the trend in falling numbers in treatment that began in 2009/10
- 29,150 (45%) successfully completed their treatment
- Opiate and crack use remain the dominant reasons why people seek treatment
- The most common route into treatment was self-referral (44%)
- Opiates/opioids (i.e. heroin/morphine; methadone; other opiates/opioid analgesics), alone or in combination with other drugs, account for majority of drug-related deaths

#### Key National Features for 2013-14 (Crime Survey for England and Wales)

*NB: Interviews for the CSEW took place over 12mths: April 2013-March 2014. Interviewees were asked about their drug use in ‘the last year’. For those interviewed at the start, that meant drug use from Apr 2012 –Apr 2013. For those interviewed at the end, ‘the last year’ referred to March 2013-March 2014.*

- Around 1 in 11 (8.8%) adults aged 16 to 59 reported taking an illicit drug (excluding mephedrone) in the last year, which equates to around 2.7 million people. This proportion was an increase compared with 2012/13 (8.1%) but is back to the same level as in 2011/12;
- The overall trend in the proportion of adults taking an illicit drug has been essentially stable at between 8% and 9% per cent since 2009/10 following a period of decreasing rates from a peak in 2003/04. (Prior to 2003/04 the proportion remained broadly flat at around 12%);
- The proportion of adults aged 16 to 24 taking any drug in the last year, was double the proportion in the 16 to 59 age group, at 18.9%. This was an increase compared with 2012/13 (16.2%) but around the same level as in 2011/12 (19.2%).

Nationally, opiates and crack remain the key drugs for which people seek treatment and therefore this cohort is still the main focus of treatment services.

#### Primary drug use of all clients in treatment 2013-14 by main drug

Drug Group	n	%
Opiates Only	91,560	47
Opiates & Crack	61,353	32
Cannabis	17,229	9
Cocaine (excl. Crack)	10,610	5
Crack Only	4,097	2
Amphetamines (excl. Ecstasy)	3,862	2
Benzodiazepines	1,312	1
All others (Prescription Drugs , Hallucinogens, Ecstasy, Solvent, Major Tranquilisers, Anti-depressants, Barbiturates)	3,049	2
Misuse free/unknown	126	0
<b>Total</b>	<b>193,198</b>	<b>100</b>

Source: National Drug Treatment Monitoring System

## Key Local Features

There are some positive trends locally. Coventry's prevalence estimate for opiate and crack users (OCUs) has come down slightly, and decreased dramatically in the 15–24 age group. This indicates that fewer young people are starting opiate and crack use and reflects the ageing OCU population. Coventry's OCU prevalence rate (9.15 per 1,000) is lower than West Midlands average (9.45 per 1,000), though higher than England average (8.4 per 1,000), which is to be expected for an urban area.

Despite that positive news, there are still too many people using drugs recreationally, and too many people experiencing problematic drug use.

### Estimated Number of Opiate and Crack Users, 2009 – 2012

	2009/10	2010/11	2011/12
Coventry	2,003	2,124	1,935

Source: Public Health England

*NB: The National Treatment Agency (NTA), a Special Health Authority which oversaw drug treatment in England and Wales from 2001-2013, established prevalence rates for local authorities. Since the NTA disbanded in March 2013 and drug treatment was moved to Public Health England, there have been no further prevalence studies.*

In the last few years, Coventry has seen a slight decline in the number of opiate/crack users seeking treatment (down 1%) and a rise in the number of non-opiate/crack users seeking treatment (up 32%). In terms of those completing treatment, Coventry is above national average rates for opiate users successfully completing treatment, and below national averages for non-opiate users successfully completing treatment.

### % Clients successfully completing treatment, Q2 2014/15

	Coventry Baseline	Coventry Q2, 2014/15	National Average
Opiate drug users	7.0%	7.9%	7.7%
Non-opiate drug users	31%	33%	38%

Source: National Drug Treatment Monitoring System

The picture among young people is that 750 schoolchildren have reported taking an illicit drug at some point (Children's Survey, 2013). The survey went to 12,000 school-children aged 9-17yrs olds. The majority of secondary school young people surveyed said they had never tried drugs (88%). Of those that reported using drugs:

- The majority reported they had tried cannabis
- A few (1%) reported had tried cocaine, glues, aerosols, legal highs and ecstasy

Compass, the local young person's treatment service, receives 250 referrals a year with 140 starting treatment/support. Cannabis is the main drug young people need help with.

## 4. Our Response

Much has changed since Coventry's last Drug Treatment Plan, published in 2012. Some of the key successes of that plan included:

- Commissioning new, recovery-oriented services
- Re-commissioning of the Service User Involvement Scheme
- Commissioning of an Independent Living Service for people with drug and alcohol issues
- A growing recovery community, developed through Service User Involvement Scheme
- Maintaining focus on harm reduction through support for elements like needle exchange and BBV screening, testing and referral
- Producing a Directory of Services ('Getting Better, 2013')

As a result of the above activities, our recovery community has grown, with the local forum now attracting 15-20 people in recovery at every meeting, volunteers giving 150 hours of volunteering time per month, more non-opiate users feeling they can access our services and greater diversity in where we deliver services from - outreach and co-location now happens in schools, in the Referral and Assessment Service, in children's care homes, in MIND day centres, at Church's on Saturday mornings, etc.



Source: Public Health England

### Priority Themes

Building on the success of the previous plan, in accordance with the principles of the Marmot Review which stress peer support and asset-based development, and in line with the Coventry Alcohol Strategy, the Coventry Drug Strategy prioritises three key themes:

1. Providing effective prevention and recovery-focused treatment
2. Changing and challenging attitudes and behaviour
3. Controlling the supply of drugs and promoting drug-free environments

To reflect the changes to Council structures and to take a better life-course approach to drug use and misuse, this strategy brings together young people and adults for the first time.



## **THEME 1: Providing Effective Prevention and Recovery-Focused Treatment**

Targeted prevention and accessible, recovery-focused, evidence-based treatment services are central to the Coventry approach. Providing information to those at risk of drug use and providing high quality services to those who need help tackling their drug use will ensure that Coventry limits and reduces the harms caused by drug misuse. Treatment and support will be available to any young person or adult who needs it.

Services will offer a range of psychosocial, pharmacological and wraparound support and be available throughout the week in a variety of settings that can appeal to different groups of people. Interventions will be of varying intensity and length, depending on the needs of different individuals.

Services will deliver cost-effective, evidence-based, recovery-oriented treatment as recommended by National Institute for Health and Care Excellence (NICE) and Public Health England (PHE) and will be registered with the Care Quality Commission (CQC) where applicable.

The Coventry approach is to:

- Support the creation of a recovery-orientated workforce that is focused on all elements of recovery - housing, employment, mental health, family life - and not just medical treatment
- Build skills among frontline workers so that any professional can have a conversation about drugs with a resident
- Involve (ex)service users as to what services and interventions they find helpful or useful, utilising the Recovery Forum, feedback forms and individual comments
- Strengthen links between drug services and other services in Coventry, including primary care, mental health services, criminal justice services, through multi-agency meetings, partnership forums, clearer information sharing protocols, better promotion of services to other teams, joint events, etc.
- Tackle dual diagnosis (patients who have both substance misuse and mental health problems) by working in closer partnership, especially with new services such as the Mental Health Street Triage Team
- Encourage all providers and staff to make best use of local services, both statutory and voluntary agencies, as well as community groups and faith organisations, so that individuals are aware of and can access a full range of local support
- Facilitate peer support and mutual aid networks so communities become empowered and individuals who have exited services continue to receive support that enables them to sustain their recovery

## **THEME 2: Changing and Challenging Attitudes and Behaviour**

There is a sense in Coventry that some drug use, cannabis use in particular, is not challenged as robustly as it should be and that the city has a culture in which cannabis use at home and cannabis use in public is not being tackled. Referrals from early intervention, social care, mental health and some youth services are also sometimes perceived to be disproportionately low considering the cohorts of people they are working with and the needs those people often have.

To reflect the holistic approach that Coventry will take, individuals will be challenged not only on their drug consumption, but on their attitudes, relationships, offending behaviour, overall health, and attitudes to education, employment and work. Cannabis use by young people will be challenged in particular, as it has been shown that regular cannabis use at a young age can have a negative impact on mental health.

Organisational and staff attitudes also need to be reformed. Silo working by agencies will be addressed and agencies who do not refer appropriately to other services will be questioned. Agencies and teams will be challenged by senior staff, strategic leads and commissioners, and drug services will be challenged on their accessibility and willingness to promote themselves and co-operate with other agencies across Coventry.

The Coventry approach is to:

- Take a whole systems approach, and challenge individuals in treatment on a range of issues including employment, housing, family relationships, etc. so that recovery is not simply perceived as 'coming off drugs'
- Create a Tier 1 workforce that can recognise the risks of cannabis use, particularly in young people, and legal high use and have a challenging conversation with individuals
- Provide education and information for targeted groups, e.g. Troubled Families, offenders, children on Looked After Child caseload, in an effort to reduce, divert or stop potential drug use
- Recognise the importance of early intervention and intensive support for young people and families where there is drug misuse, provide appropriate support and help to those who need it, in times and places which suit individuals, and recognise that drug use in young people is sometimes linked to exploitation and abuse
- Encourage agencies, staff and managers to have a 'dare to share' ethos, so they are willing to work positively with other agencies and share information, thereby improving experiences and services for individuals, e.g. by reducing the need for repeat assessments
- Ensure that long-term support is there for those who require on-going help, e.g. psychological help or counselling to help individuals with childhood trauma, help for older adults with complex health and social care needs

### THEME 3: Controlling supply and promoting drug-free environments

Drug-dealing blights communities and often goes hand in hand with other types of offending, e.g. anti-social behaviour, theft, robbery, violence, fraud and intimidation through to more serious types of offending such as kidnap and murder.

Coventry has had recent success in tackling drug-dealing and drug production but more needs to be done. Typically the removal of one organised criminal gang triggers the arrival of another gang who see a power vacuum and an opportunity for their business to take over the market, and therefore controlling supply is an on-going task.

Tackling drug-dealing and promoting drug-free environments requires a multi-agency approach. From housing and hostel providers to nightclub owners and community safety officers, a range of agencies can help in the effort to reduce the availability of drugs in the city.



**“A gang based in Coventry who distributed millions of pounds of drugs around the country have been jailed for nearly 100 years. The wholesale drug dealers shipped in huge amounts of cocaine, amphetamine and ketamine during an 18 month operation.”**

Coventry Evening Telegraph  
September 4<sup>th</sup> 2014

The Coventry approach is to:

- Take an early intervention approach to divert those at risk of becoming involved with drug-related crime, including warning people of the dangers of purchasing drugs over the internet
- Ensure that prescription drugs and over-the-counter medicines are not misused or causing patients problems
- Engage with communities to build strength and resilience at a local level, supporting those who are trying to keep their neighbourhoods healthy and drug free
- Protect vulnerable residents by providing local housing which is safe and drug-free
- Share intelligence and analysis in order to better target services or schemes, focusing on those in greatest need and the most vulnerable, e.g. young people at risk of sexual exploitation
- Work in partnership to tackle supply and drug-dealing in Coventry, particularly in the city's deprived areas, including working with businesses in the night-time economy to take a zero-tolerance approach to drug use on premises
- Tackle criminal gangs and drug-dealing, especially in priority areas, and undertake robust offender management of those who have committed drug-related crime

## Priority Groups

While efforts to reduce the harms caused by drug use must be delivered across the whole population, interventions must be targeted on those who need it most ('proportionate universalism'). Intervening early, with at-risk groups and when people are in greatest need of support is critical. 'At risk' groups include a diverse range of individuals who are particularly susceptible to drug use and are more likely than others to experience adverse outcomes and would include: children from households where there is drug use, Looked After Children, offenders, people with mental health problems and people from deprived neighborhoods.

It is well-known that while drug use can affect anyone, problematic heroin and opiate use is concentrated in areas of deprivation, where residents tend to have lower levels of recovery capital (supportive friends, family, educational qualifications, mental strength, money, employment, and so on).

Because of this, the following main groups will be prioritised across all three of the strategy's priority themes:

- Children and young people
- Opiate and crack users
- Residents of priority (most deprived) neighbourhoods
- Families involved in the 'Troubled Families' programme

In addition to the above, Coventry will also look to focus efforts and resources to the following:

- Adults with complex health and social problems
- Dual diagnosis patients (mental health problems and substance misuse problems)
- Offenders
- Vulnerable individuals, including rough sleepers and the homeless
- Young adults (18 – 24)

## 5. Governance

Drugs and substance misuse remains a cross-cutting theme that requires an on-going, joined-up partnership response.

The delivery of the drug strategy is the responsibility of the multi-agency Drug and Alcohol Steering Group which is chaired by an elected member from the City Council.

Members of the group include:

- CCC - Licensing, Public Health, Bid Team and Community Safety
- Coventry and Rugby Clinical Commissioning Group
- Aquarius Service User Involvement and Advocacy
- Member of the Recovery Community
- Primary Care
- Coventry and Warwickshire Partnership Trust – Community Services, UHCW
- West Midlands Police
- Coventry Probation
- Youth Offending Service
- Healthwatch

The group is accountable to the Health and Wellbeing Board, but also works closely with the Police and Crime Board and Young People's Strategic Partnership.

A multi-agency Implementation Plan will sit underneath the strategy and provide a detailed breakdown of the actions that partners will undertake to deliver the strategy. This plan will be the work plan of the Drug and Alcohol Management Group, a sub-group of the Steering Group.

Quarterly reporting will track progress against outcomes and indicators with remedial action being taken by partners in areas where there is under-performance or blockages.

## 6. Outcomes

The public health outcomes framework contains a number of indicators which will reflect progress made in addressing drug misuse.

The overall success of this strategy will be measured through the achievement of a number of high-level performance indicators, including:

- Increases in number of young people leaving treatment with reduced drug use or drug free
- Increase in number of young people leaving treatment with reduced risky behaviours
- Increase in proportion of adult opiate & crack users exiting treatment successfully without representing (Public Health Outcomes Framework)
- Increase in proportion of adult non-opiate and crack users exiting treatment successfully and not representing (Public Health Outcomes Framework)
- Decrease in number of burglary (dwellings)

Some priority groups receive their own specific reporting, e.g. offenders who are reported via the Criminal Justice Reports from NDTMS (National Drug Treatment Monitoring System). This allows partners to understand performance in relation to offenders.

Other priority groups, e.g. adults with complex health and social problems, cover a diverse range of individuals. Progress made in supporting these individuals will be evaluated and monitored using predominantly qualitative data, such as staff feedback, case studies, and service user feedback.

The multi-agency Drug and Alcohol Steering Group will monitor performance against outcomes.

February 2015



Coventry City Council

## Briefing note

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**To:** Scrutiny Co-ordination Committee

**Date:** 4 March 2015

**Subject:** Progress update on the implementation of the new Domestic Violence and Abuse Services (DVA) commissioned services for Coventry

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### 1 Purpose of the Note

To provide the Scrutiny Co-ordination Committee with an update on the implementation and performance of the new commissioned Domestic Violence and Abuse services in the city (previously presented to the Committee in 6<sup>th</sup> November 2013) which commenced on 29<sup>th</sup> September 2014.

This note also provides an update on key areas of development in relation to the city's overall approach to domestic violence and abuse.

An update on Domestic Violence and Abuse services is scheduled for Cabinet in July 2015.

### 2 Recommendations

Scrutiny Co-ordination Committee is recommended to:-

1. Note the progress of the new commissioned services against key performance indicators.
2. Provide recommendations to the Domestic Violence and Abuse Implementation group and Cabinet in relation to any areas of further development.

### 3 Information / Background

- 3.1 The new commissioned Domestic Violence and Abuse (DVA) services commenced on 29<sup>th</sup> September 2014 and replaced existing contracts. These new services include the Single Point of Access (SPA) service for Coventry which aims to provide a one-stop contact point for victims of domestic violence.

The new service consists of 4 key providers, each providing a specific element of the service model: -

- Refuge – helpline/single point of access and victim community based support
- Safe and Supported Partnership (SSP) – victim supported accommodation
- Barnardo's Defuze – children and young people's service
- Fry Housing Trust – perpetrator service

- 3.2 Fundamental to all services is the focus on children who may be involved or subject to domestic violence. All services ensure that information is shared across providers and statutory agencies to ensure that no child is missed and services are linked appropriately to

support children who are affected by DVA. The strengthened focus on partnership working and the aspiration for a seamless service are integral to the way the new commissioned services are provided.

#### **4 Implementation Process**

- 4.1 The implementation of the services has been overseen by an Implementation Group consisting of representatives from the City Council's Procurement, Commissioning, Public Health and Community Safety service, the Police and the providers themselves. Councillor Fletcher has also attended a number of meetings held to date.
- 4.2 The services all commenced as scheduled and have continued to report into the Implementation Group on a monthly basis. Any issues arising from the implementation of the new services and service delivery have been raised and resolved through this group.
- 4.3 Processes, procedures and publicity and communication have also been developed through this group. Since its inception the membership of the group has been extended to relevant statutory agency representatives to ensure connectivity between them and the providers.
- 4.4 A number of successful briefing sessions were held for frontline workers before the services commenced to maximise local awareness of the new services from the outset of the contract start date. This resulted in referrals by a range of agencies to the new services as soon as they were operational.
- 4.5 Two staff induction events were held on 17<sup>th</sup> November 2014, introduced by Councillor Fletcher, to enable staff from the four agencies to understand the background to the services being commissioned by the Local Authority and seek to ensure joined up working and information sharing.
- 4.6 New posters promoting the helpline and website for victims, perpetrators and children and young people produced in a number of languages have been distributed across a range of locations in the city including GP surgeries, courts, probation, advice centres and Council and social housing offices.

#### **5 Contract Management**

- 5.1 As part of the contract, providers are subject to a range of contract monitoring / management processes which have included: -
  - Site visits to services (where applicable)
  - Regular meetings with providers
  - Active involvement in implementation groups and other sub-groups (most notably communication / process and pathways groups)
  - Key data / performance reports
- 5.2 This monitoring process will continue for the duration of the contract to ensure effective services and key links to strategic direction within Coventry's DVA model are fully embedded across service delivery.
- 5.3 As part of the contract monitoring there is a requirement for providers to show key outcomes achieved for people accessing services. Appendix A shows 2 brief case studies outlining the journey of individuals accessing the service.



## **6 Key Performance Data**

6.1 During the first quarter of the contract the following levels of activity have been reported: -

- i) A high number of calls have been received by the helpline including calls from 92 victims (30 of who rang more than once), 30 members of the public, 21 perpetrators, 8 children/young people and calls from a range of professionals. The helpline has been particularly busy during core office hours and the number of calls out of hours has been steadily increasing.
- ii) 34 requests for support have been emailed direct to the single point of access via the website form.
- iii) 154 victims have started community based support, all of whom have undertaken the structured programme of support.
- iv) 17 victims have received security installations in their properties including 3 emergency call outs.
- v) 74 victims have moved to supported accommodation of whom 82% were from Coventry and 18% were from out of the city. The accommodation service had a number of voids during the first few weeks of the contract but is now full.
- vi) 19 new children have started support with the Defuze service, 10 cases have continued support from the previous contract and 17 are currently being assessed. The level of referrals via the ICASP (Intensive Case Support Panel) was initially low but has now increased.
- vii) 74 referrals have been received by the perpetrator programme the majority of who were from Social Care and the police. 25 perpetrators have started the programme (including 3 female perpetrators) and 3 groups are running each week (2 male groups and 1 female group). 13 perpetrators will have completed the programme by mid-February. Further groups are planned to begin post February 2015.

6.2 All services have met the targets and key performance indicators (KPIs) as required by the service specifications. Data in respect of outcomes achieved will be provided once the service users have completed their support plan and received their package of support.

## **7 Delivery / Improvement within DVA services**

7.1 The new services have improved DVA provision in the City via:

- i) A clear first point of contact for all information and advice about DVA and a single point of access to services that is bespoke to Coventry
- ii) Improved information sharing and joint working between services working with victims, perpetrators and children/young people to ensure an integrated approach
- iii) The delivery of a new structured programme of support to increase victims awareness of DVA and the effects of DVA on their children
- iv) Robust systems to ensure that information on all children living with DVA victims is actively shared with other services e.g. health visitors, children's centres, schools CAF and Social Care (where appropriate)
- v) An increased number of units of supported accommodation that are now fully utilised
- vi) A new flexible programme for perpetrators that perpetrators are actively engaging with
- vii) Support to children who have high levels of need and who were not eligible for support through the previous service

## **8 Links to wider DVA Model in the City**

- 8.1 Work in the City continues to gain pace in relation to improvements in DVA practice for statutory agencies and this work has been informed by the CAADA (Co-ordinated Action Against Domestic Abuse) research undertaken last year. Their recommendations are being implemented by a number of groups including MASH and the Harm Reduction strategic partnership and overseen by a DV operations group chaired by the local Commander of Coventry Police.
- 8.2 The priorities for the strategic group are the development of a multi-agency Harm Reduction Strategy for the City, which will include DVA, Sexual Violence & Exploitation (including Child Sexual Exploitation) Hate Crime, Harm and vulnerability strands and improving the collection of data and information to use in various ways including the monitoring of levels of DVA in the City.

## **9 Key areas to progress**

- i) Analysis will continue of the first quarter's data and any issues will be progressed for quarter 2.
- ii) Updates will be made to the Refuge IMPACT database to ensure that it can provide the reporting required and be used as an active case management tool by all victim services.
- iii) Increasing focus on outcomes in the quarter 2 monitoring
- iv) Continue to strengthen working relationships between providers and statutory agencies through a better understanding of roles and responsibilities across organisations
- v) Monitoring quality and standard of service delivery including consistency of referral information and approaches by organisations

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## **Appendices attached / enclosed**

Appendix A – Case studies

## **Appendix A**

### Case Study 1

Anna contacted the helpline after being given the number by the police and disclosed on-going financial, emotional and physical abuse. The perpetrator (her ex –partner) had tried to strangle her that morning. She had children and did not know what support she wanted.

The helpline worker completed a risk assessment with Anna and discussed how the service could help her. She discussed the impact of the DVA on her children and explored options with her including moving to a refuge or getting an injunction. Anna did not want to leave her home at this point so the worker helped her set up a safety plan and explored security installations being made to the property.

The perpetrator was bailed so he was not allowed to return to the property.

The service continued to have contact with Anna on an on-going basis to offer emotional support. Anna felt low and isolated over the Christmas period so the service arranged to ring her over the bank holidays. Anna continued to assess her options and with the support of the service agreed that she needed to leave Coventry. The service helped find her a refuge space that would accept her, her dog and her children outside the area and they moved there successfully.

### Case Study 2

Lucy was a 27 year old woman with 3 young children who was experiencing domestic violence from her partner. She was referred to the service via Social Care in September 2014. Lucy had disclosed emotional abuse but initially denied physical abuse although she had bruises on her face when she moved to the accommodation.

After moving to the accommodation staff completed a risk assessment with Lucy and identified her support needs. She felt very isolated and unable to go out with her young children. Lucy disclosed that the perpetrator had a pellet gun and had threatened to shoot Lucy. Staff contacted the Public Protection Unit and Social Care to alert them and Social Care removed the gun from the perpetrator.

During her stay in the service staff supported Lucy to become more independent. She now feels able to go out on her own and has been supported to attend groups for the children at a Coventry Children's Centre.

Lucy has now started to believe in her own strengths and her independence has grown. She has gained good awareness of how domestic violence and abuse impacts on children. She no longer sees the perpetrator and has reunited with her father and has been in touch with her old friends. She will shortly be ready to leave the service and move into her own accommodation.

**(Names have been changed to protect anonymity)**

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## Scrutiny Co-ordination Committee

### Work Programme 2014/15

*For more details on items, please see pages 2 onwards*

#### 16 July 2014

Dog Control Orders  
Council Plan – Performance Report 2013/14  
Scrutiny Work Programme

#### 3 September 2014

Equalities

#### 8 October 2014

Female Genital Mutilation  
Welfare Reform  
Outside Bodies reports back

#### 5 November 2014

Air Quality Action Plan  
Tourism/Heritage

#### 10 December 2014

Child Sexual Exploitation

#### 7 January 2015

Meeting not held

#### 4 February 2015

Welfare Reform  
Progress against the Council Plan  
Equality Strategy Progress report

#### 4 March 2015

Drugs Strategy  
Commissioning of Domestic Violence and Abuse services

#### 1 April 2015

Review of Coventry Police and Crime Board/ Community Safety Partnership

#### Dates to be determined

Regulatory Services  
City Centre First

#### Reports from Outside Bodies

- Albany Theatre Trust
- Belgrade Theatre Trust
- Coventry Ambassadors Social Enterprise Board
- Coventry Citizens' Advice Bureau Management Board
- Coventry Refugee and Migrant Centre
- Coventry Law Centre Limited
- Culture Coventry
- Voluntary Action Coventry

#### Next Municipal Year

Air Quality Action Plan

<b>Meeting Date</b>	<b>Work programme item</b>	<b>Lead Officer</b>	<b>Brief Summary of the issue</b>	<b>Source</b>
<b>16 July 2014</b>	Dog Control Orders	Craig Hickin	During the last twelve months the Council has received complaints concerning dogs in public places which are not adequately supervised by their owners. The City Council can adopt Dog Control Orders to assist in dealing with this issue and most neighbouring local authorities have taken this route. The Cabinet Member has asked scrutiny to contribute to the review and proposed consultation prior to a Cabinet Member report.	Referred by the Cabinet Member Community Safety and Equalities
	Council Plan – Performance Report 2013/14	Jenni Venn / Si Chun Lam	This performance report summarises progress in 2013/14 in relation to the plans priorities and a set of key headline indicators. The Council's equality objectives have also been revised in light of the new Council Plan; the headline equality indicators have been included in this report. Reviewing the plan provides an opportunity to identify any issues of concern for inclusion in the Scrutiny work programme for the coming year.	Annual report
	Scrutiny Work Programme	Adrian West	Review of the draft scrutiny work programme for the coming year.	Scrutiny management
<b>3 September 2014</b>	Equalities	Jenni Venn/ Surindar Nagra	To review the Council's annual equalities report and identify any priorities or concerns for future action or review.	Annual review
<b>8 October 2014</b>	Female Genital Mutilation	Tanya Richardson	Following discussion at full Council, the 24 <sup>th</sup> February meeting of The Health and Well-being Board commissioned some work with partners to develop an action plan specific for Coventry which includes gathering knowledge and intelligence on the extent of the problem in Coventry, how it is been addressed by various partners and the barriers in dealing with Female Genital Mutilation locally. After reviewing the most recent evidence, the group will make recommendations for consideration by Scrutiny prior to being presented to the Health and Wellbeing board.	Council 03/12/13, and Scrucoc 11/12/13

Scrutiny Co-ordination Committee Work Programme 2014/15

<b>Meeting Date</b>	<b>Work programme item</b>	<b>Lead Officer</b>	<b>Brief Summary of the issue</b>	<b>Source</b>
	Welfare Reform	Scrutiny Co-ordinator	To review the outcomes of work being undertaken by Coventry Law Centre and local partners on appeals against sanctions. This is part of the Committee's wider oversight of the impacts of the Welfare Reform.	Scruco 11/12/13 and 19/03/14
	Outside Bodies reports back	Scrutiny Co-ordinator	To identify which outside bodies appointed to by the Council at their annual general meeting report to Scrutiny Co-ordination Committee and other Scrutiny Boards.	Annual review
<b>5 November 2014</b>	Air Quality Action Plan	Hamish Simmonds	To review progress on the development of a city-wide plan involving other services and external partners to address identified problem areas. To include the impact of road transport and the effects on public health.	Informal meeting 23/06/14
	Tourism/Heritage	David Nuttall	To look in more detail at what is being done to address poor performance in visitor numbers in 2012 and to follow up the recommendations made to CM at the meeting on 19 <sup>th</sup> March 2014.	Scruco 3/9/14
<b>10 December 2014</b>	Child Sexual Exploitation	Yolanda Corden	A response from Coventry following the report into Child Sexual Exploitation in Rotherham.	Scruco 3/9/14
<b>7 January 2015</b>	Meeting not held			
<b>4 February 2015</b>	Welfare Reform	Scrutiny Co-ordinator	Following on from the Sanctions report, Members requested an update that would include progress on addressing issues with the implementation of the policy, issues with the specific details of the policy and whether the ethos behind the sanctions approach is an effective one. Also that all Members would be invited to attend.	Scruco 8/10/14
	Progress against the Council Plan	Carol Dear	To assess progress on the Council Plan and identify any further scrutiny on issues raised.	
	Equality Strategy Progress report	Jenni Venn/ Surindar Nagra	To review the 6 month progress on the Council's equalities report and identify any priorities or concerns for future action or review.	
<b>4 March 2015</b>	Drugs Strategy	Tanya Richardson Heather Kelly	An opportunity for members of the Board to comment on the proposed Drugs Strategy before it goes to Health and Well-being Board, the Police and Crime Board and Cabinet	

Meeting Date	Work programme item	Lead Officer	Brief Summary of the issue	Source
	Commissioning of Domestic Violence and Abuse services	Mandie Watson/ Inderjit Lohal	To review progress on the implementation and delivery of better outcomes by the re-shaped services, following discussion at the Committee on 6 November 2013.	Scruco 06/11/13
<b>1 April 2015</b>	Review of Coventry Police and Crime Board/ Community Safety Partnership	Sara Roach/ Mandie Watson	To review: <ul style="list-style-type: none"> <li>Proposed changes to the Police and Crime Board/Community Safety Partnership;</li> <li>performance for 14/15 and the emerging priorities from the strategic assessment; and</li> <li>proposed Police and Crime Plan priorities, delivery plan and spending plan.</li> </ul>	Scruco 16/04/14/ Annual review
<b>Dates to be determined</b>	Regulatory Services	Simon Brake/ Hamish Simmonds	At its January meeting, Scruco considered a pilot approach to reviewing risk levels and thresholds for intervention and how this could affect the way the service operates and engages with local people. It was agreed that the outcomes of the pilot and proposals for rolling this approach out be considered at a future meeting early in the 2014/15 municipal year.	Informal Scruco meeting 10/06/13 and Scruco 22/01/14
	City Centre First	Nigel Clews	To consider what the City Centre First project is trying to achieve and to invite comments from the Board	Chair 18/11/14
<b>Reports from Outside Bodies</b>	- Albany Theatre Trust - Belgrade Theatre Trust - Coventry Ambassadors Social Enterprise Board - Coventry Citizens' Advice Bureau Management Board - Coventry Refugee and Migrant Centre - Coventry Law Centre Limited - Culture Coventry - Voluntary Action Coventry		At their meeting on 8/10/14, Scruco decided to receive reports from those outside bodies that received grant funding from the local authority. It was also agreed to write to all Members on the remaining outside bodies to report to Scruco if they had any concerns or issues about the outside body.	Scruco 8/10/14
<b>Next Municipal Year</b>	Air Quality Action Plan	Hamish Simmonds	An update on progress on the development of an Air Action Plan, following s briefing note to SCRUCO on 5/11/14, also to cover action identified at the meeting on 5/11/14	Scruco 5/11/14

In addition the following dates are available if required: 18 March, 22 April 2015