Blackpool
Community Safety Plan
2012-2015
Working together to make a difference
Contents

2012 - 2015

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Welcome to our Community Safety Plan 2012 - 2015 which sets out our key partnership priorities for the next three years.

Although Blackpool remains a safe place to live, it does however have a higher crime rate compared to Lancashire, the North West and nationally. Some types of crime, especially those exacerbated by substance misuse, pose a greater threat than others. The Blackpool Community Safety Partnership (BSafe Blackpool) has set priorities to focus on these areas.

It is clear that Blackpool has areas that are amongst the most deprived in the country, this statistical link is apparent when Blackpool’s crime and disorder profile is examined. Talbot, Brunswick, Claremont, Bloomfield and Park wards all have one or more areas ranked within the top 100 most deprived areas in the country, and all feature as crime hotspots for one or more crime categories. The “tourism effect” also has a negative impact on crime and disorder statistics as around 10 million people a year visit the town. BSafe Blackpool is the Blackpool Community Safety & Drugs Partnership and is committed to improving community safety in Blackpool.

This Community Safety Plan will build upon the Blackpool Community Safety Partnership 2012 Strategic Assessment which sets out the analysis of crime, disorder and substance misuse and has identified the priorities that are the greatest threat to local people and where successful interventions will improve the quality of life in Blackpool. These priorities are Domestic Abuse, Violent Crime, Substance Misuse – Drugs, Substance Misuse – Alcohol and Anti-Social Behaviour. This plan, which will be refreshed annually, sets out the actions that will be required to tackle these issues over the next three years.

Dr Arif Rajpura
Chair of the Blackpool Community Safety Partnership (CSP)
Blackpool
A place to live, work and visit

• **Location**
  - Blackpool is a seaside town situated along England’s west coast by the Irish Sea, between the Ribble and Wyre estuaries.
  - It comprises 21 wards.

• **Population & Structure**
  - Blackpool has a current resident population of 140,000, with a slightly higher proportion of residents aged 60 and above than England.
  - Despite a large urban population, residents are mainly of White ethnicity, though the population of ethnic minorities does show signs of growth since the 2001 Census.
  - Blackpool has around twice as many privately rented properties as the England average, and a comparably lower level of social renting and owner occupation.
  - A higher proportion of Blackpool residents are disabled or have a work-limiting illness, around 30% compared to an estimated 20% nationally.
  - National statistics highlight that Blackpool has some areas which rank amongst the highest levels of population turnover in England at small area level.

• **Socio Demographic**
  - Blackpool has a high level of deprivation compared to other authorities, ranking the 6th most deprived in the English Indices of Deprivation 2010.
  - Blackpool also has the highest concentration of deprivation in England, which means that 10% of Blackpool’s total population are concentrated in some of the most severely deprived areas in the UK.
  - 29.5% of children in Blackpool were estimated to be in poverty in 2009, compared to 21.9% of all children in England. The majority of children in poverty live in lone parent families.
  - Blackpool has lower than national attainment at Key Stage 2 (English & Maths) with 70% of pupils achieving the expected level, compared to 74% for England in 2010.
• Performance at Key Stage 3 was lower in 2008 than the national average at Key Stage 3 for English (69% compared to 74% for England) and Maths (72% compared to 77%).
• Blackpool achieved similar to national average levels at GCSE level (75.4% 5*A-C), but generally poorer when the focus includes Maths and English. The gap between local and national GCSE attainment is narrowing.
• 16.5% of the working age population in Blackpool have no formal qualifications.
• Life expectancy for males is the poorest in England, and Blackpool also has the 4th poorest life expectancy for females.1
• Some health statistics for Blackpool:
  o Highest alcohol related deaths in England and highest male suicide rate.
  o Death rate from smoking is 312 per 100,000 compared to regional rate of 206 per 100,000.2
  o The prevalence of problematic heroin and/or crack cocaine use in Blackpool was 27.49 per 1,000 populations. Blackpool has the highest drug prevalence rate across the region, and is within the top ten nationally.
  o The proportion of benefit claimants in receipt of incapacity benefits due to illness or inability to work is the 6th highest in Great Britain, at 12.8% of the working age population. 70% of these are long-term claimants. 44% claim due to ‘mental or behavioural’ reasons.
• In terms of community cohesion and participation, 71.7% of Blackpool residents were satisfied with their local area as a place to live. This is significantly lower than the comparative England figure of 79%.
• 53% of residents felt they belonged to their local neighbourhood, compared to 58.7% across England.
• When it came to satisfaction with their homes as a place to live, 88% of Blackpool residents were satisfied, similar to the national proportion at 88.9%.
• 33.6% felt that public services did not promote the interests of residents, compared to an England average 43%. Residents were also less likely than the England average to agree that public services acted in the interests of residents.
• Blackpool has the highest number of licensed premises outside of the London West End.

• Employment
• Blackpool has low GVA (Gross Value Added) per head at 60% of the UK level – the 9th poorest position in UK. GVA is a measure of the economic value of an area.
• Blackpool has an established seasonal economy clearly linked to tourism, with the number of job seekers allowance claimants increasing during the low winter season and reducing during the high, summer holiday, season.
• Generally, Blackpool has high levels of worklessness with approximately 22.3% of the working age population claiming out-of-work benefits in Feb 2011, compared to a national level of 11.9%.3

1 ONS, Life Expectancy, 2008-10
• A significant proportion of these claim Job Seekers Allowance (6%) or Employment Support Allowances and Incapacity Benefits (12%).
• 22,000 adults of working age are economically inactive.

Crime
• There were 16,876 recorded crimes in Blackpool in 2011-12 an increase of 1% (or 233) compared to the previous year. To put this increase in perspective, there were still 8% (1374) fewer crimes reported than in 2008-9.
• Violent crime accounted for 27% (4574) of all crime in 2011-12. This was a 6% (276) reduction. Assaults with injury increased by 5% (90) and harassment by 45% (78), most other categories contributed to the reduction. Of note, rape fell by 30% (24), all sexual offences by 11% (28), robbery by 12.6% (19), and possession of weapons by 22% (28).
• Despite the reduction, violent crime remains a priority for Blackpool. Violence associated with the night time economy and domestic abuse remains a significant challenge. Blackpool’s violent crime statistics compare unfavourably with both the North West region and nationally.
• Domestic abuse crimes rose by 4% (66 offences).
• Alcohol was a feature in 14% (2346) of all crime offences in 2011-12 and 36% (1628) of all violent crime offences.
• Domestic burglary had been reducing year on year but increased in 2012 by 8% (53). Although not included as a CSP priority this year, it remains under constant monitoring.
• In 2011-12 766 drugs offences were recorded, a rise of 5% (32). Within this category trafficking offences rose by 50% (48). The increase in recorded trafficking offences is likely to be due to the continuing success of the police and the community in combating the activity of organised drugs criminality.
• Criminal damage continues to reduce year on year. In 2011-12 there were 2803 offences, a reduction of 7% (205).

Structure
of the Blackpool CSP

Working Together


Over and above these organisations, a number of additional agencies from the public, private, voluntary and community sectors are involved with and support BSafe Blackpool. Working together in this way allows us to gain a fuller insight into the issues and provides options for multi-functional responses to issues around the town, therefore ensuring more holistic and effective solutions.

Externally the Partnership is accountable to the Home Office, which ensures that the plan addresses both the national and local priorities. The organisational chart below shows the current structure of groups which are used to address the priorities.

MALT – Multi-Agency Licensing Team
IOM – Integrated Offender Management
OCG – Organised Crime Groups.
CONTEST – Counter Terrorism
MARAC – Multi-Agency Risk Assessment Conference
ASBRAC – Anti-Social Behaviour Risk Assessment Conference
Azure – Prostitution Group
Consultation
with the community

The Partnership Plan is a key document through which BSafe Blackpool communicates to local people the community safety priorities and how they will be addressed.

The Partnership will hold an annual “Face the People” session enabling local residents and the business community to attend a public meeting with the heads of the statutory responsible authorities to ask specific questions with regards to community safety, crime, disorder, anti-social behaviour and substance misuse.

In addition to the above, BSafe Blackpool also uses a number of existing forums in order to report, consult and determine crime and disorder issues.

These include:

- PACT meetings
- Area forums
- Walkabouts
- Surgeries
- Other publications such as “Your Blackpool” and partner websites
Outcomes
2011/12

1. Domestic Abuse
   - 538 victims and 648 children were protected through the Multi-Agency Risk Assessment Conference (MARAC).
   - Training was delivered to 450 multi-agency staff on Domestic Abuse, MARAC and Forced Marriage/ Honour Based Abuse.
   - The first ‘Safe House’ for victims of domestic abuse was opened and named ‘Doris House’.
   - The 2nd Interpersonal Violence and Abuse Strategy was launched and received support from John and Penny Clough (the parents of a Blackpool victim of Domestic Abuse killed by her former partner) and much media coverage.
   - 27 offenders that were supervised by the Blackpool Probation Office in 2011/12 completed the accredited Community Domestic Violence programme against a target of 25.

2. Violent Crime
   - In 2011/12 there were 4,574 violent crimes in Blackpool, a reduction of 6% (276).
   - Assaults with injury increased by 5% (90) and harassment by 45% (78) but most other categories contributed to the reduction.
   - Notably, rape fell by 30% (24), all sexual offences by 11% (28), robbery by 12.6% (19), and possession of weapons by 22% (28).

3. & 5. Substance Misuse Drugs and Alcohol
   - 48% (211) clients left treatment drug free. The successful completions, as a percentage of the total number in treatment for all drugs, was 15% and at the end of March there had been 1350 clients in treatment. The BSafe Blackpool Partnership was the 2nd best performing partnership across the North West for clients leaving treatment drug free in 2011/12.
   - The proportion of clients who successfully completed treatment and represented back to treatment during 2011/12 for all drugs was 10% (22)
   - In 2011/12 Blackpool partnership has seen a reduction in offending as a result of the Drug Intervention Programme (DIP). At 16 weeks in DIP treatment 81% (95) clients had not re-offended. Furthermore, at 26 weeks 82% (47) of clients had not re-offended. This highlights how Blackpool DIP is effective in reducing crime, meeting treatment needs and supporting offenders into recovery.
   - 167 clients received Tier 2 brief interventions in custody as a result of DIP and only 6 of the 167 clients returned to custody.
   - 133 young people were assessed for Drug and Alcohol Treatment in 2011/12.
   - 100% of the young people accessed received treatment within 15 working days.
• 91% of those young people left treatment in an agreed and planned manner.
• We reduced the availability of alcohol to young people by carrying out effective enforcement activities, e.g. ‘Test Purchasing’.
• We reduced the rate of increase in alcohol related hospital admissions from 15% to 1%.
• 60 offenders that were supervised by the Blackpool Probation Office in 2011/12 completed their Drug Rehabilitation requirements against a target of 49.
• 24 offenders that were supervised by the Blackpool Probation Office in 2011/12 completed their Alcohol Treatment requirements against a target of 10.

4. Anti-Social Behaviour

• A total of 3500 fewer incidents of anti-social behaviour were reported to the police in 2011/12 when compared to 2010/11.
• A total of 13 Anti-Social Behaviour Risk Assessment Conferences (ASBRAC) were held in 2011/12.
• A total of 105 high risk cases of anti-social behaviour (ASB) were referred to ASBRAC and had comprehensive action plans put in place to address the risk caused to victims by ASB.
• A total of 79 low/medium risk cases of anti-social behaviour were referred to the Anti-Social Behaviour Co-ordinator for advice and monitoring.
• A bespoke case management system was introduced to further improve ability to case manage ASBRAC cases, providing a comprehensive audit trail of action taken.
• Extensive training of frontline staff was undertaken to enable better advice, support and assistance to be provided to victims of anti-social behaviour.
Strategic Assessment
2012

The Strategic Assessment is a rigorous, agreed process which uses research and analysis to compile a long-term picture of issues / threats facing Blackpool. It draws conclusions and recommendations to develop the Community Safety Plan which will deliver the key actions to reduce the harm / threat caused by the identified issues. These are:

- Domestic Violence
- Violent Crime
- Substance Misuse – Drugs
- Anti-Social Behaviour
- Substance Misuse – Alcohol

The supporting evidence – key facts

Domestic Abuse:
- This problem is Blackpool wide and accounts for 31% of all violent crime and 10% of all crime.
- On average there are approximately 14 domestic abuse incidents reported per day in Blackpool.
- The number of domestic abuse reports in Blackpool is 2.7 times the Lancashire average.

Violent Crime:
- Violent crime is a Blackpool wide issue. 46% of all violent crime is concentrated in the three wards of Talbot, Claremont and Bloomfield.
- Blackpool accounts for 20% of all violent crime recorded in Lancashire, 20% of all serious violent crime and 20% of all violence against the person.
- Nationally, IQuanta (a performance management system which analyses crime and detections data submitted monthly by police forces) shows Blackpool as top of the Home Office Most Similar Family Group (MSG) for all violent crime, serious violent crime and assaults with less serious injury.

Substance Misuse - Drugs:
- Substance misuse creates health issues in the community as a whole in Blackpool. It poses a threat because of the organised criminal groups that feed the problem and from those Persistent Prolific Offenders (PPO’s) and wider criminal community who consume the products.
- The Blackpool Opiate Cocaine Users (OCU) population has a significantly higher prevalence rate of 23.53 per 1,000 compared to both regional 11.08 and national 8.93.
• The Blackpool Opiate Using population again has a significantly higher prevalence of 21.74 per 1,000 population compared to both regional rate of 9.59 and national rate of 7.70.

**Substance Misuse - Alcohol:**
- Blackpool has the highest density of licensed premises outside the West End of London.
- Alcohol is too often a pre-cursor to and catalyst for crime and disorder in Blackpool, in addition to creating health and safety issues in the wider community.
- Alcohol is a factor in 15% of all recorded crime in Blackpool and 37% of all violent crime.
- Alcohol is a factor in 76% of Domestic Abuse.
- Complaints of street drinking are often made at PACT meetings.

**Anti-Social Behaviour:**
- Anti-Social Behaviour (ASB) affects many members of society and is frequently a pre-cursor to more serious incidents.
- The fourteen previous categories of ASB have recently been reduced to three, ‘Personal’, ‘Nuisance’, and ‘Environmental’.
- Year to date figures (April to September 2011) show Blackpool is experiencing a 19% reduction in anti-social behaviour incidents reported to the police when compared to the same period in 2010. The issue remains a priority for Lancashire.
- In Blackpool 43% of ‘all anti-social behaviour’ (ASB) reported to the police in Blackpool for the period April 2010 to September 2011 is concentrated in the wards of Bloomfield (BL), Claremont (CL) and Talbot (TB).
- It is a frequent issue at PACT meetings.
Domestic abuse
Priority 1

Why this is our priority:

Domestic abuse has devastating consequences for the victim, their families and the wider community. Despite chronic under reporting (only 35% of all domestic abuse related incidents are reported to the Police, (Home Office 2002)), domestic abuse in Blackpool is a high volume crime, representing 35% of all reported violent crime. In Blackpool 36% (March 2009) of all incidents related to domestic abuse are repeat victims. Domestic abuse is costly, with the total cost to the economy at an estimated £5.7 billion, which excludes the emotional and human costs which are estimated at £17 billion each year. In Blackpool this is equivalent to £469 per head population per annum.

The Blackpool Strategy outlines four main priority areas. These priorities have been identified by the Blackpool Interpersonal Violence and Abuse Partnership by drawing upon research studies and identifying areas where opportunities exist because of government policy and/or legislation. Blackpool-wide consultation and participation with survivors, children and young people will be a key activity of the new strategy.

Note: Costs are estimated for one year for England & Wales and are centred on 2001. British Crime Survey self completion module on Inter-personal Violence (BCS IVP) (Walby & Allen 2004)

We will tackle interpersonal violence and abuse (IPVA) and share information by:

- Representing IPVA at senior manager and officer level and reflecting this in all business plans, strategies and policies
- Ensuring employee IPVA policies are in place
- Adopting a standardised information sharing protocol across all partners
- Using a partnership approach to produce an analytical product on trends
- Reducing victimisation
- Increasing arrests arising from domestic abuse related crime
- Reducing the number of MARAC repeat families

We will prevent all forms of interpersonal violence and abuse by:

- Identifying victims and perpetrators identified and offering interventions
- Changing attitudes among young people towards IPVA
- Effectively sharing information between front line staff
- Increasing awareness, training, education and publicity campaigns to impact on Blackpool communities' understanding of IPVA
- Ensuring that all partnership staff have a basic knowledge of IPVA
- Developing an education and prevention resource for Blackpool
“We hid under the duvet so we couldn’t hear the fighting.”

12 YEAR OLD MALE

We will ensure provision of services across the partnership by:

- Listening to victims and ensuring that they are able to communicate their needs and wishes
- Establishing Victims’ Charter
- Providing a dynamic Independent Domestic Violence Advisors (IDVA) Service, delivering a quality service to high risk victims of domestic and sexual abuse
- Offering a range of services for children and young people affected by domestic abuse and sexual abuse
- Ensuring provision for victims from disadvantaged groups, identifying need and responding to all
- Using service user satisfaction surveys that reflect good practice in Blackpool

We will protect victims and their families by:

- Supporting victims from ‘report to court’
- Conducting domestic homicide reviews in accordance with statutory guidance
- Making perpetrators realise their effect on a victims’ life and ensuring that they take responsibility for their actions
- Developing a voluntary perpetrator programme
- Improving public confidence in the criminal justice system
Violent crime
Priority 2

Why this is our priority:

Violent crime remains a high priority for Blackpool, with 20% of all violent crime in Lancashire attributable to the area and with the highest levels of violence within Lancashire for the last 3 years. Nationally IQunata shows Blackpool as top of its most similar family group. Local data also indicates that Blackpool has high levels of alcohol related crime as well as high numbers of Domestic Violence. Some 47% of all violent crime is concentrated in those wards covering the town centre and the night time economy areas, which is also reflected within Ambulance data. Probation service data indicates that 40% of its clients are violent offenders. In summary, the main issues are therefore the night time economy, alcohol related violence, domestic violence and specific hotspot neighbourhoods.

We will protect & support vulnerable people by:

- Gaining a greater understanding of violent crime incidents that occur in schools and online.
- Continuing to develop a partnership and targeted approach to prevention, enforcement and education in the Night Time Economy and Neighbourhood.
- Providing positive interventions and improved safety for those identified as vulnerable within the Town during the evening through best practice such as the Night Save Haven Provision, taxi marshalling, the emergency taxi and Police ASLAN operation.
- Working with partners to provide positive and diversionary activities for young people.
- Ensuring good information sharing amongst key partners.
- Developing the capacity for CCTV coverage in the problem hotspots.
- Working with our partners to increase the ability of our diverse individuals and communities to report instances of hate crime.

We will reduce reoffending by:

- Using a multi-agency approach similar to that of ‘Revolution’ (re-offending reduction initiative) to tackle violent crime offenders including domestic abuse perpetrators.
- Gaining a greater understanding of offence profiles including offenders, victims and locations.
- Utilising the Trauma and Injury Intelligent Group (TIIG) data to better target and focus partnership resources towards violent crime victims and responding to problem hotspots.
- Identifying vulnerable people, targeting repeat locations and recidivism.
- Establishing minimum standards for vibrant and safe night-time economies.
- Identifying those young offenders who are serial perpetrators of violent crime and developing an alternative approach to tackling their re-offending in conjunction with the Youth Offending Team (YOT) and Blackpool Revolution Partners.
- Offering accredited programmes to men convicted of violent crimes to reduce the risk of reoffending.
- Continuing to develop our support for victims of hate crime and anti-social behaviour through the ASBRAC processes.
We will reduce violent crime by:

- Using custody dip sampling on violent offenders and signposting to appropriate services.
- Developing A&E data in relation to patients who are the victims of violence.
- Reducing the number of vulnerable victims in the night time economy by concentrating on safeguarding and early intervention.
- Developing our approach to identifying young people who are vulnerable or likely to become violent crime offenders.
- Continuing to develop and embed restorative justice as a method of early intervention and to prevent re-offending.
- Exploring the possibility of implementing reduced licensing hours in Blackpool Town Centre.

We will change attitudes & behaviours by:

- Delivering training and key messages to young people.
- Focusing on and targeting early intervention of offenders.
- Instigating a Meet and Greet Scheme for coaches and travelling parties.
- Working with partners to develop the twilight economy.
- Working with tourism, together with the town centre and promenade neighbourhood team, to promote and develop family attractions.
- Reducing fear of violent crime and increasing perceptions of safety in the vibrant town centre.
- Offering the accredited CALM (Controlling Anger and Learning to Manage it) programme to offenders convicted of offences of violence.
- Working with partners, including schools, to increase respect and understanding for all individuals and members of our
Substance Misuse - Drugs
Priority 3

Why this is our priority:

The misuse of drugs is prevalent across Blackpool as a whole and affects all sectors of society in many ways. Drug misuse is considered to be one of the biggest threats to both individuals and our wider communities through drug abuse health issues, impact on crime and public confidence. The problem is concentrated in the most deprived areas of Blackpool. Blackpool’s opiate cocaine users (OCU) rate of 23.53 per 1,000 of adult population is a higher prevalence rate when compared to both regional (11.08) and National (8.93) averages. This gives Blackpool the 4th highest prevalence rate nationally. It is recognised that substance misuse has an impact on the family such as domestic abuse, children going into care and intergenerational drug use. This is evidenced by the high number of young people presenting at the Young People’s substance misuse service who are looked after children.

We will protect & support vulnerable people by:

- Continuing to ensure timely access to substitute prescribing and maintenance.
- Continuing to improve harm reduction initiatives including needle exchange, screening and vaccination, Naloxone project and steer accordingly through the harm reduction forum.
- Achieving further integration of service users and carer involvement in the planning and delivery of services.
- Increasing the number of service users engaging in recovery programmes with education, training and employment, therefore supporting the wider initiative to reduce the numbers of Blackpool residents on incapacity benefit.

We will reduce reoffending by:

- Providing Test on Arrest and Arrest Referral treatment at the time of arrest and at court.
- Increasing the number of service users successfully completing their treatment journey and who recover and reintegrate into the community.
- Continuing effectiveness in delivering Recovery, enabling greater numbers of drug users and alcohol clients to achieve and sustain abstinence.
- Providing Drug Rehabilitation Requirements to offenders convicted of drug related offences.
We will reduce drug & alcohol misuse by:

- Increasing the number of clients who successfully complete treatment, becoming drug and alcohol free.
- Reducing the number of unplanned discharges.
- Reducing the number of clients who represent to service following treatment.
- Continuing to engage clients on the Drug Intervention Programme.
- Reducing re-offending rates by engaging clients in effective treatment and reducing the costs to public services and the Community.
- Increasing the number of Young People accessing substance misuse treatment.

We will change attitudes & behaviours by:

- Developing the capacity, knowledge and skills of the workforce to support the effective implementation of the new treatment system.
- Increasing the number of service users engaging in recovery programmes with education, training and employment and therefore supporting the wider initiative to reduce the numbers of Blackpool residents on incapacity benefit.
- Increasing drug awareness through brief advice information training for front line workers.
Anti-social behaviour

Priority 4

Why this is our priority:

Anti-Social Behaviour affects many members of society and is frequently a pre-cursor to more serious incidents as well as indicating the potential for hidden problems. Concerns not quickly addressed may adversely affect the physical, mental and emotional well being of victims. If anti-social behaviour is not effectively challenged it can escalate, become more serious and have a much greater impact on communities.

The Government’s White Paper ‘Putting Victims First - More Effective Responses to Anti-Social Behaviour’ sets out the national vision. Blackpool has been involved in working towards the development of the governments approach and is mentioned in the paper for the ground breaking work we have done in relation to the risk assessment of victims.

Blackpool Community Safety Partnership has a key role in developing that vision locally, along with standards of service that will ensure effective partnership working which solves problems of antisocial behaviour. Through this approach we aim to achieve the following:

We will empower communities and protect victims by:

- Giving communities their say and increasing confidence that services that deal effectively with anti-social behaviour are available and easily accessible.
- Developing and delivering cross-agency minimum standards for dealing with ASB.
- Ensuring that we communicate and publicise established standards, how to access them and how successful they are.
- Actively seeking to challenge and reshape attitudes, aspirations, perceptions and responsibilities in relation to anti-social behaviour and communities.

We will put the victim first and focus on the needs of victims by:

- Providing protection and support for individuals and communities suffering anti-social behaviour.
- Implementing a robust approach to assessing the support that victims need so that they can access the services they require.
- Developing effective case management systems which focus on supporting victims and the impact on communities.
- Engaging with our staff to ensure they understand their role, their responsibilities and where to get support.
We will take swift effective action and use the right tools and powers to protect victims by:

- Using a robust enforcement policy which utilises available tools and powers.
- Effectively managing the demand on services created by anti-social behaviour.
- Developing problem solving across the partnership, leading to sustainable solutions.
- Ensuring that we make good use of restorative approaches.

We will provide long term solutions by:

- Working with Children’s Services and the Youth Offending Team Partnership Management Board to ensure that preventative services and activities are available to divert young people away from causing ASB.
- Dealing with underlying issues such as drug and alcohol abuse, troubled families and health issues.
- Encouraging responsible dog ownership.
- Providing targeted interventions to offenders where alcohol misuse is a factor related to their offending.
Substance Misuse - Alcohol
Priority 5

Why this is our priority:

Blackpool has some of the worst levels of alcohol related harm and the highest number of months of life lost due to alcohol in England. The harm includes health effects such as premature death and chronic liver disease, as well as disorder and violence. There are an estimated 40,000 Blackpool residents who drink at hazardous or harmful levels, equating to 28% of the adult population. Alcohol is a factor in more than three quarters of domestic violence incidents and Blackpool is regularly in the top 20 authorities for alcohol related violent and sexual crime. During 2010/11, 4806 adults had an alcohol related hospital admission. Specialist community and hospital treatment, and early interventions such as Safe Haven’s, Brief Advice and Unit Awareness, have been proven to be highly effective sitting alongside enforcement to reduce alcohol related harm. The combined annual cost of alcohol harm to Blackpool is an estimated £22.7 million.

We will protect & support vulnerable people by:

- Ensuring that licences are only granted where there is evidence that there will be no negative impacts on crime and disorder in that area.
- Increased control of advertising, and implementing a ban on advertising within proximity of locations designed for use by young people (Schools, Youth Clubs, Cinemas)
- Introducing a minimum price for alcohol.
- Extending Night Safe Haven provision to increase the number of evenings covered and greater police involvement.
- Increasing the frequency of enforcement of under aged and proxy sales.

We will reduce reoffending by:

- Providing Arrest Referral treatment at the time of arrest and at court.
- Ensuring safe shelter and safe travel home is available from the Night Safe Haven.
- Increasing the use of Drink Disorder Penalties and commission awareness training as an alternative to fine payment.
- Continuing to collect alcohol and trauma related A&E attendances and share intelligence with partners through TIIG.
- Identifying high risk drinkers through our Alcohol Specialist Nurses and providing treatment.
We will reduce drug & alcohol misuse by:

- Providing structured treatment to all Blackpool residents at the point of need (community, custody, or hospital).
- Identifying and providing support to patients in hospital.
- Providing rapid referral for young people to specialist treatment services and advice.
- Providing immediate referral to alcohol services from police custody.
- Strictly enforcing legislation through licensing enforcement and test purchasing.
- Supporting North West initiatives to introduce Minimum Unit Pricing and explore advertising restrictions on alcohol.

We will change attitudes & behaviours by:

- Addressing the availability of alcohol and the culture built around it. This will require extensive training of employees and the public to de-normalise the culture of accepting drunkenness and the humour around alcohol.
- Increasing alcohol awareness training (including societal and work based impact) amongst staff.
- Acting firmly following alcohol offences to ensure the population are aware that alcohol related offences will not be tolerated, seeking press coverage of convictions.
- Raising awareness of the need for and operational mechanisms of Minimum Unit pricing as a targeted intervention.
- Reducing the visibility of alcohol advertising to young people.
Partner plans

In developing this Community Safety Plan we have considered our partners plans, these include:


Action planning

For details on targets and objectives regarding the priorities within the Community Safety Plan 2012 – 2015, please see the following information or documents:

- Domestic Abuse: Please see the Blackpool Interpersonal Violence and Abuse Partnership Strategy 2012 – 2015

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<th>Lead Officer</th>
<th>Other partners</th>
<th>Baseline</th>
<th>Target 2012-13</th>
<th>Target 2013-14</th>
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- Substance misuse – Drug: In addition to those listed in the partnership drugs and alcohol Treatment Plan

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<td>Public Health Horizon Treatment Providers NDTMS</td>
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<td>Number of Non-Opiate clients in treatment</td>
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<td>Public Health Horizon Treatment Providers NDTMS</td>
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<tr>
<td>Successful completions as a proportion of all in treatment (rolling 12 months) Opiate Clients</td>
<td>Nicky Dennison</td>
<td>Public Health Horizon Treatment Providers NDTMS</td>
<td>10.3%</td>
<td>12%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Successful completions as a proportion of all in treatment (rolling 12 months) non opiate clients</td>
<td>Nicky Dennison</td>
<td>Public Health Horizon Treatment Providers NDTMS</td>
<td>55.5%</td>
<td>60%</td>
<td>62%</td>
<td>65%</td>
</tr>
<tr>
<td>Category</td>
<td>Author</td>
<td>Organization</td>
<td>Percentage 1</td>
<td>Percentage 2</td>
<td>Percentage 3</td>
<td>Percentage 4</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------</td>
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</tr>
<tr>
<td>Proportion who successfully completed treatment in the first 6 months of the latest 12 month period and represented within 6 months Opiate Clients</td>
<td>Nicky Dennison</td>
<td>Public Health Horizon Treatment Providers NDTMS</td>
<td>11%</td>
<td>11%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Proportion who successfully completed treatment in the first 6 months of the latest 12 month period and represented within 6 months Non Opiate Clients</td>
<td>Nicky Dennison</td>
<td>Public Health Horizon Treatment Providers NDTMS</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Criminal Justice Clients successful completions as a percentage of total criminal justice clients in</td>
<td>Nina Carter</td>
<td>Public Health Horizon Treatment Providers NDTMS</td>
<td>8%</td>
<td>9%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>treatment</td>
<td>Nina Carter</td>
<td>Public Health horizon Treatment Providers NDTMS Police</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Justice clients proportion who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
<td></td>
<td></td>
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</tbody>
</table>

- Antisocial behaviour:

<table>
<thead>
<tr>
<th>Priority Action</th>
<th>Lead Officer</th>
<th>Other partners</th>
<th>Baseline</th>
<th>Target 2012-13</th>
<th>Target 2013-14</th>
<th>Target 2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phil Coope</td>
<td>14338</td>
<td>14338</td>
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</tbody>
</table>

- Substance misuse – Alcohol:

<table>
<thead>
<tr>
<th>Priority Action</th>
<th>Lead Officer</th>
<th>Other partners</th>
<th>Baseline</th>
<th>Target 2012-13</th>
<th>Target 2013-14</th>
<th>Target 2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night Safe Haven contacts</td>
<td>Steve Morton</td>
<td>NWAS Police</td>
<td>900</td>
<td>1100</td>
<td>1500</td>
<td>2000</td>
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<tr>
<td>Counterfeit</td>
<td>Glen Phoenix</td>
<td>Police</td>
<td>300</td>
<td>350</td>
<td>400</td>
<td>450</td>
</tr>
<tr>
<td>alcohol seizures</td>
<td>Trading Stds</td>
<td>Public Health</td>
<td>(Floor target)</td>
<td>Hospital Admissions</td>
<td>Steve Morton</td>
<td>BTH CCG Public Health</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>----------------</td>
<td>---------------------</td>
<td>--------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Numbers in Treatment</td>
<td>Steve Morton</td>
<td>Public Health</td>
<td>800 (Floor target)</td>
<td>850</td>
<td>875</td>
<td>890</td>
</tr>
<tr>
<td>Rate of successful completions of clients in treatment</td>
<td>Steve Morton</td>
<td>Public Health</td>
<td>60% (Floor target)</td>
<td>65%</td>
<td>70%</td>
<td>75%</td>
</tr>
</tbody>
</table>
Contact us

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