



AGENDA

NOTE: In the case of non-members, this agenda is for information only

- Committee - **POLICY DEVELOPMENT AND REVIEW PANEL 3**
- Date & Time - **TUESDAY, 27TH NOVEMBER, 2007 AT 10.00 AM**
- Venue - **NORFOLK ROOM, THE CONFERENCE SUITE, ELIZABETH HOUSE, DEREHAM**

Members of the Committee requiring further information, or with specific questions, are asked to raise these with the appropriate officer at least two working days before the meeting. If the information requested is available, this will be provided, and reported to Committee.

Panel 3 Members:

Mr R.G. Kybird (Chairman)	Mr R. Kemp
Mrs S.R. Howard-Alpe (Vice-Chairman)	Mr J.P. Labouchere
Mr G.P. Balaam	Mr B. Rose
Mr P.J. Duigan	Mr F.J. Sharpe
Mrs D.K.R. Irving	Mr M. Spencer

PERSONS ATTENDING THE MEETING ARE REQUESTED TO TURN OFF MOBILE TELEPHONES

Committee Services
Elizabeth House, Walpole Loke,
Dereham Norfolk, NR19 1EE

Date: Friday, 16 November 2007

PART A

ITEMS OPEN TO THE PUBLIC

	<u>Page(s)</u> <u>herewith</u>
1. <u>MINUTES</u> To confirm the minutes of the meeting held on 16 October 2007.	1 - 9
2. <u>APOLOGIES</u> To receive apologies for absence.	
3. <u>URGENT BUSINESS</u> Members are asked at this stage to declare any interests that they may have in any of the following items on the agenda. The Members' Code of Conduct requires that declarations include the nature of the interest and whether it is a personal or prejudicial interest.	
4. <u>DECLARATION OF INTEREST</u> Members are asked at this stage to declare any interests they may have in any of the following items on the agenda. The Members' Code of Conduct requires that declarations include the nature of the interest and whether it is a personal or prejudicial interest.	
5. <u>NON-MEMBERS WISHING TO ADDRESS THE MEETING</u> To note the names of any non-members wishing to address the meeting.	
6. <u>DRUG AND ALCOHOL ABUSE TEAM</u> Report by Daniel Harry, Drug and Alcohol Abuse Team.	10 - 18
7. <u>HOUSING BENEFITS – ANGLIA REVENUES PARTNERSHIP</u> Presentation by the Anglia Revenues and Benefits Partnership.	
8. <u>PRESENTATION ON THE FINDINGS OF THE BLACK AND MINORITY ETHNIC (BME) RESEARCH AND THE DEVELOPMENT OF A BME STRATEGY FOR HOUSING</u> Presentation by the Strategic Housing Manager.	
9. <u>BVPI 166 – PEST CONTROL, LICENSING & PRIVATE SECTOR HOUSING</u> Report by the Environmental Health Manager.	19 - 24
10. <u>EMERGENCY PLANNING</u> Report by the Environmental Health Manager.	25 - 26

11. **WORK PROGRAMME**

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To receive the Work Programme and note any amendments.

12. **FUTURE MEETINGS**

To note that the next meeting of Policy Development and Review Panel 3 will be held on Friday, 11 January 2008 at 10.00 am in the Norfolk Room, Elizabeth House, Dereham and discuss to dates from February 2008 to April 2008.

PROTOCOL

The Working Style of the Policy Development & Review Panels

This document sets out the roles of Members and Officers, and the general principles to be adopted by the Policy Development & Review Panels (PD&RP) overseeing the Panel's mode of operation.

Member Leadership

Members of the Panel will undertake scrutiny topics as directed by the Overview & Scrutiny Commission (O&SC) and will recognise that best practice identifies scrutiny as a Member-led activity. The Panel will expect Cabinet members, to take responsibility for answering their questions about topics which primarily relate to the Council's activities.

A Constructive Atmosphere

Meetings of the Panel will be constructive and not judgmental. Panel recognises and accepts that effective scrutiny is best achieved through challenging and constructive enquiry. People giving evidence at Panel should be given due respect and not made to feel under attack.

Independence

Members of the PD&RP will not be subject to whipping arrangements by the party groups.

Respect and Trust

Meetings will be conducted in a spirit of mutual respect and trust.

Consensus

Members of the Panel will work together and, while recognising political allegiances, will attempt to achieve consensus and agreed recommendations. There will be recognition that the Panel has a primary duty to scrutinise on behalf of the community.

Openness and Transparency

The PD&RP's business will be open and transparent, except where there are sound reasons for protecting confidentiality. The minutes of the Panel's meetings will explain the discussion and debate so that they can be understood by an outside reader.

Impartial and Independent Officer Advice

Officers who advise and support the Panel will give impartial and independent advice, as officers support all members of the Council.

Regular Review

There will be regular reviews of how the scrutiny process is working, and a willingness to change if it is not working effectively.

Programming and Planning

The Panel will have a programme of work assigned by the Overview & Scrutiny Commission. The Panel will be able to suggest additional topics for review through the O&SC for approval in the work programme. Before each topic is commenced, the O&SC will agree the scope of the exercise, what information they will need initially, and which members, officers and external witnesses they wish to see.

Managing Time

The Panel will aim to conclude the business of each meeting in reasonable time. The order of business will be arranged as far as possible to minimise the demands on the time of witnesses. Where possible, members should give advance notice of specific questions being provided at the time of the meeting to save items being deferred.

BRECKLAND COUNCIL

At a Meeting of the

POLICY DEVELOPMENT AND REVIEW PANEL 3

**Held on Tuesday, 16 October 2007 at 10.15 am in
Thetford Town Council, King Street, Thetford**

PRESENT

Mr R.G. Kybird (Chairman)	Mr R. Kemp
Mrs S.R. Howard-Alpe (Vice-Chairman)	Mr J.P. Labouchere
Mr G.P. Balaam	Mr B. Rose
Mr P.J. Duigan	Mr M. Spencer
Mrs D.K.R. Irving	

In Attendance

Anita Brennan	- Strategic Housing Manager
Mark Broughton	- Scrutiny Officer
Sian Harland	- Senior Committee Officer
Stephen McGrath	- Principal Committee Officer
Martin Seymour	- Health Improvement Officer

Action By

44/07 MINUTES

The Minutes of the meeting held on 11 September 2007 were confirmed as a correct record and signed by the Chairman.

45/07 APOLOGIES

An apology for absence was received from Mr F.J. Sharpe.

46/07 IMPACT OF THE REORGANISATION ON THE NEW PRIMARY CARE TRUSTS

Tara-Studholme Lyons, Assistant Director, Norfolk Primary Care Trust was in attendance to give Members a presentation on the impact of the reorganisation on the new Primary Care Trusts.

The Norfolk Primary Care Trust (PCT) was an amalgam of five Primary Care Trust covering six local authority areas.

According to National Guidance the functions of a Primary Care Trust was to:-

- engage with the local population to improve health and well-being.
- commission a comprehensive and equitable range of high quality, responsive and efficient services, within allocated resources, across all service sectors.

Action By

- directly provide high quality responsive and efficient services where this gives best-value.

The priorities for the NHS for 2007/2008 would be to:

- gain financial stability.
- achieve a maximum of an 18 week wait milestone.
- reduce rate of healthcare acquired infections.
- reduce health inequalities and promote health and well-being.

In the context of the Norfolk PCT the priorities for 2007/2008 would be firstly to become financially stable in order to gain a license to operate which would allow the PCT to commission its own services. Three out of the five PCTs had a deficit and this, in its entirety, amounted to £40 million which had to be re-paid. It was noted that the way in which the PCT was funded was complicated but it was moving towards getting a larger proportion of funding equal to its demography.

The PCT would re-invigorate Partnerships and Joint Working to improve health and well-being; develop services responsive to local need; consider "health" in its widest sense and offer opportunities for public/patient engagement.

Progress in implementing Practice Based Commissioning (PBC) would be accelerated and GP surgeries were fully engaged and were embracing the commissioning agenda.

Obviously, managing demand and increasing efficiency were areas which were constantly under review.

There was a Provider Section of the PCT and this was kept separate from the Commissioning Section. Although the Provider Section would be able to bid for contracts to provide services.

There were six Assistant Directors: four worked with locality briefs; one working with mental health, children and the elderly and one working with elective care.

With regard to engaging with local stakeholders Members suggested that the Norfolk PCT could use Breckland Voice to target Breckland residents. Ten issues were sent out each year to every household within the Breckland district.

In relation to commissioning service the Norfolk PCT would be looking towards private companies such as Boots and Lloyds. This would be to improve primary care; such as improving weekend access to services. However, it was made clear that what was national guidance was not always appropriate for local needs.

Action By

With regard to ensuring that Members were kept up-to-date with issues facing the Board it was noted that the Norfolk PCT Board minutes were available on-line on the Norfolk PCT website. However, for information at grass roots level there was a Clinical Executive Committee and a Committee for Practice Based Commissioning. It was not clear whether these papers were in the public domain. It was agreed that the Scrutiny Officer would investigate what minutes regarding the work of the Norfolk PCT were available in the public domain and, if so, where they could be found.

Members discussed consultation processes and it was noted that although Patient Participation meetings were set-up they may not be the best consultative group. Using Breckland Voice would target a whole community.

Traditionally the PCTs had not been good at consultation and by working in partnership with other organisations this would improve comprehensive engagement by working with neighbourhoods which provided a community focus. Although the PCTs had mainly focussed on reactive health services it would start to focus on providing proactive services to improve health and wellbeing to prevent people from becoming unwell.

RESOLVED that

- (1) the information be noted.
- (2) the Scrutiny Officer inform Members before the next meeting of Panel 3 which of the Norfolk PCT minutes are in the public domain and where they can be found.

Mark
Broughton

47/07 HOUSING IMPROVEMENT PLAN – MONITORING

The Strategic Housing Manager presented progress against the delivery of the Housing Improvement Plan and requested that Members agree the recommendation for future reporting.

Breckland had been awarded the Homelessness Regional Champion status as a result of the huge improvement the Team had made in relation to this service area. The award meant that Breckland's Housing Team would peer review other local authorities for improvement.

As well as the above Breckland's approach to Black, Minority and Ethnic Groups had been seen as one of the leaders following the work commissioned in relation to these Groups.

Members were informed that progress against the targets contained within the plan had been consistent since its adoption despite pressure on the team to respond to other national and local targets not contained within the plan itself. The Team had responded well to the challenges and the majority of targets had been met. Several targets were still in progress and Members were informed of the progress as follows:-

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Migration of Housing Service into Customer Contact Centre

It was believed that this would happen in the future as part of the Strategic Alliance discussions and proposed increase in the capacity of the Contact Centre, however no date had yet been set for migration. The benefits of migrating the housing service were thought to be that better signposting of clients with generic housing enquiries could take place, freeing up the professional officer time. Enquiries relating to homelessness would however still need to be put straight through to the Housing Team due to the vulnerable nature of the client group. The Council would want to avoid inadvertently operating a 'gatekeeping' approach to telephone calls which could deter those that needed the help most from seeking guidance.

Diversity/BME Issues

Breckland had led a Norfolk and Waveney Wide consultation on BME issues with a concentration on migrant worker issues. The results of that consultation could be viewed at the next meeting of Panel 3. An Action Plan would be developed from the results of that consultation and to raise the profile of migrant workers.

It was hoped that the consultation would dispel myths around BME Groups within Norfolk; such as the perception that there was a high number of asylum seekers and illegal immigrants within Norfolk. However, it was noted that the Government was looking to disperse these Groups around Britain to avoid a concentration within urban areas.

Affordable Housing Policies/Approach

Within Breckland developers were requested to provide 30% of affordable homes within a development. Officers working on the Local Development Framework (LDF) were working towards the maximisation of affordable housing within the District and it was intended to increase that percentage.

The Housing Market Assessment from July 2004 stated that the need in Breckland for social rented and low cost home ownership units was 600 per year. That had now increased to 900 per year and the Council needed to have a realistic approach and investigate ways to improve delivery year on year to provide that housing need.

Breckland would be bidding for government funding and had been successful in the past. At present Breckland did not have any internal budgets set aside for additional affordable housing provision as per other local authorities. The Housing Team were seeking to rectify this position with a bid to Star Chamber. It was also suggested that the Breckland's Policy not to transfer land to Registered Social Landlord at nil cost should be reviewed.

Action By

Members were informed that although developments, which included an element of affordable housing, were coming through Development Control Committee the Council could not dictate when those properties would be built. It was hoped that 100 units would be built this year which was an increase of 20 compared to the previous year.

In response to the proportion of housing being built in towns as opposed to rural sites the Strategic Housing Manager stated that it was mainly windfall sites in urban areas coming forward at the moment as they were awaiting the adoption of the new local plan, but that in future allocated sites contained within the LDF would facilitate a better spread across the District. There needed to be a more strategic approach to providing housing by taking the commuted sum provided by a developer and spending 80% of that sum on the site but investing 20% in the rural parishes.

As the issue of affordable housing would be discussed in conjunction with the LDF in the near future the Panel requested a Plan of the District showing the housing need within each area. This information was contained within the Housing Needs Assessment and this could be broken down into sub-areas which would include the towns and the rural areas.

The Strategic Housing Manager added that in parallel to the LDF and the Housing Needs Assessment there would be a review of the Allocations Policy. This would be open to a wide consultation and it was hoped that housing people with a local connection would be high on the agenda.

Norfolk Wide Physical and Sensory Disability Strategy

Members were advised that Supporting People was a Social Services Fund which supported people in their own homes; £17million was distributed per year. Breckland Council sat on the Commissioning Board which decided how that funding was split between all the councils within Norfolk. Floating Support provided assistance for people to remain in their own homes avoiding the need to enter a care home.

Supporting People improved the quality of care people received as it allowed the customer to choose that support.

One success story was the Domestic Violence Refuge which had been funded from a grant awarded at a regional level. Attracting such grant funding was an on-going task for the Team.

Strategic Approach to the Provisions of Temporary Accommodation

When the Audit Commission first assessed the Housing Team there were a number of families and young people being housed in Bed and Breakfast Accommodation in Great Yarmouth and other locations outside of the Breckland District. This was considered to be unacceptable. Since the inspection, Girling House had been re-developed to provide temporary accommodation and there were plans to re-develop John Roome House to provide this type of accommodation over the coming year. The Team had been working with Bed and Breakfast providers

Action By

within Breckland to temporarily house people within the District. To house people in the District meant that they could stay within their community which would enable them to help themselves more by keeping their jobs and not uprooting children to a different school etc.

A scheme to mediate between families and young people had been established, to try to heal relationships and allow young people to stay at home, in some cases this had meant the Council making payments to parents to keep their children at home. If the child was still evicted this still represented a saving to Council budgets.

The hostel in Thetford housed young people on a temporary basis and recently this has led to a spate of anti-social behaviour. This had demonstrated that the staffing cover was at present inappropriate and needs to be addressed as part of the redevelopment. There also needed to be a protocol with Social Services to provide guidance on which duties each would provide a service. It was felt that 16/17 year olds were still vulnerable children and as such needed to be supported. Housing was not always the solution for young adults and this issue needed to be tackled.

Further to the above for young people entering the hostel, work was in progress to introduce a system whereby they would have to sign-up to a behavioural contract and if their behaviour had systematically been considered anti-social or they had been involved in criminal activity they would not be given any further support from Breckland Council.

There were further problems in providing housing for young adults and this included Registered Social Landlords being unwilling to provide them with a tenancy and Breckland would not act as a guarantor.

As a way forward the Housing Team were bidding for National Lottery funding in order to provide supported accommodation for young people which would provide housing, life skills, access to education and then hopefully access to work and ultimately independence.

Members queried the affect of the government's plans to extend compulsory full-time education to 18 years old. In response the Strategic Housing Manager stated that within some households 16 year olds were required to work in order to provide the household with additional income. There would still be expulsions and families requiring the Council re-home their children when they became 16. The Housing Team had started to talk to school pupils regarding the role of the Council and what they can and can't expect the Council to do in the event of them becoming homeless. Specialist mediation firms had been used to provide assistance to families with young adults, but attendance at such schemes was not compulsory. The Government's Policy for dealing with families with such issues was likely to change and that if a family did not engage with the Council the Housing Application for the young person would not be accepted.

Members suggested that information regarding the housing of young people could be put in Breckland Voice. The Strategic Housing Manager stated that this had been done in previous editions.

Action By

Private Sector Housing Strategy

There was work being undertaken around Housing in Multiple Occupation (HMOs) and Empty Dwelling Management Orders (EDMO) to improve the delivery of the Council services.

The Warm Front Scheme had been implemented to help families facing fuel poverty.

Further work would be undertaken with the private sector to reduce homelessness figures.

The Grants and Loans Scheme would be reviewed to consider introducing a scheme to release equity to owner occupiers to enable them to fund their own repair scheme. Assistance would be given to those people who wished to downsize to a smaller property thus releasing larger houses onto the housing market.

All of these schemes would be collated into one document to provide easy access to information regarding private sector housing.

Further to the above the Strategic Housing Manager added that new legislation had been introduced on 1 April 2007 regarding deposits paid to Landlords by Tenants. Any deposits received must be paid to an Independent Body who would keep that deposit until the Tenant wished to vacate the property. If the Tenant had kept to the tenancy agreement the Landlord would then request that the deposit be released. If, however, the Landlord did not follow this protocol they would be taken to court to request release of the deposit.

Members stated that sometimes there was a problem with the tenancy agreement whereby the Tenant may not have kept the property in good order. In response the Strategic Housing Manager informed the Panel that as well as a Landlords' Pack the Team were working towards producing a Tenants' Pack.

RESOLVED that

- (1) progress against the Housing Improvement Plan and the matters arising be noted;
- (2) progress be reviewed against any outstanding items in April 2008; and
- (3) the Strategic Housing Manager provide all Members with a map showing the areas of housing need in accordance with the Housing Needs Assessment, preferably by 22 October 2007;
- (4) progress on young people's hostels and partnership working be made available;
- (5) progress on the Young Persons Homelessness Forum be made available; and

Anita
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k Broughton

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Action By

- (6) priority be given to work being undertaken in relation to Section 106 agreements and how commuted sums could be spent in the future.

48/07 THETFORD HEALTHY LIVING CENTRE

Members had been given the opportunity to visit the Healthy Living Centre, Thetford. Whilst discussing the issues with their guide, Marilyn Boulton, they came to the following conclusions:

- The person responsible for the Travel Plan had only just been made aware that this Plan formed part of their duties. This person was the Business and Performance Manager and Members agreed that they should be invited to attend a meeting of the Panel, in 3 months, to provide further information regarding the monitoring of the Travel Plan.
- There was an urgent need for an ambulance turning bay to ensure that the Centre was being used to its optimum level. At present ambulances could not pick-up or drop-off as there was no safe access or egress for an ambulance.
- There was a need to provide local signage to the Centre and this needed to be subject to an urgent review as it was not clear to those visiting the Centre where it was situated. Members were informed that patients were coming in from well outside the district as Papworth Hospital held clinics at the Centre.

RECOMMEND that

- (1) the Overview and Scrutiny Commission support the need for a turning bay for ambulances at the Health Living Centre, Thetford; and
- (2) the Overview and Scrutiny Commission support the need to provide adequate signage on the highway for the Healthy Living Centre, Thetford.

49/07 WORK PROGRAMME

The Scrutiny Officer circulated the latest Work Programme for Policy Development and Review Panel 3.

The Panel considered dates of future meetings and agreed that the principle of rotating Panel meetings around the district continue. In relation to a meeting in January 2008 it was

RESOLVED that a meeting of Panel 3 be held on 11 January 2008 at 10.00 am in the Norfolk Room, Elizabeth House, Dereham.

Action By

50/07 NEXT MEETING

That the next meeting of the Policy Development and Review Panel 3 be held on Tuesday, 27 November 2007 at 10.00 am in the Norfolk Room, Elizabeth House, Dereham.

The meeting closed at 12.45 pm

CHAIRMAN

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An Overview of Alcohol Harm Reduction work undertaken by Norfolk Drug and Alcohol Action Team 2006/07 and 2007/08.

Strategic Context.

NDAAT.

Who we are and what we do:

- Implement the National Drugs Strategy 1998 at a local level.
- Created in 1995 – “Tackling Drugs Together”.
- Re-focussed in 1998 – “Tackling Drugs to Build a Better Britain”.
- Four key areas – Treatment; Young People; Availability and Communities (and criminal justice?).
- Lead commissioning responsibility for substance misuse (inc. alcohol) in Norfolk.
- Co-ordinate the delivery of new alcohol treatment services.

NDAAT and Alcohol Harm Reduction.

There are significant financial constraints on funding alcohol treatment:

- National shortage of funding.
- Key NDAAT budget (Adult Pooled treatment Budget) is unable to purchase alcohol specific treatment services.
- Young People Substance Misuse Partnership Grant, can be used for alcohol

National Alcohol Harm Reduction Strategy 2004.

The national strategy provides some direction but has no funding attached:

- Prevention of any further increase in alcohol related harm.
- Alcohol related harm cost £20 billion per annum.
- Partnership approach – no lead identified.

It outlines four key areas of work:

- Education and Communication.
- Identification and Treatment.
- Alcohol Related Crime and Disorder.
- Supply and Industry Responsibility.

Safe, Sensible, Social - Next Steps for the Government’s National Alcohol Strategy.

The National Alcohol Harm Reduction Strategy (2004) was re-focused in 2007 with the publication of ‘Safe, Sensible, Social - Next Steps for the Government’s National Alcohol Strategy’. This strategy emphasised the following:

- a sharpened criminal justice response to alcohol-related crime and disorder.
- a review of the impact of alcohol-related harm upon the NHS, to inform targeted spending.

- expansion of access to information and support.
 - targeting underage sales.
 - sensible drinking guidance for parents and young people.
 - expansion of public information campaigns - 'Know Your Limits'.
 - enhanced role for CDRPs to tackle alcohol-related crime, disorder and ASB.
-

NDAAT and Alcohol Harm Reduction.

Despite the lack of funding, NDAAT has been able to progress the alcohol harm reduction agenda in Norfolk. Detailed below is a brief overview of key pieces of recent work. It is by no means exhaustive.

Policy research.

NDAAT has worked to support research into the policy implications of the introduction of the Licensing Act 2003, in Norfolk, that was been undertaken by Dr John Greenaway of the School of Political, Social and International Studies at the University of East Anglia. This research was been funded by the Alcohol Education Research Council, as a pilot project, to the sum of £5,000. The research has been completed and is now available from the AERC website: www.aerc.org.uk.

The Executive summary is in Appendix A.

Alcohol Strategy Officer.

The NDAAT Alcohol Strategy Officer will be in post on 19 November 2007. The focus of this 18-month post will be upon devising a strategy and action plan to reduce alcohol related harm in Norfolk, based upon the findings of the Alcohol Research that has been commissioned by NDAAT. The belief is that alcohol harm reduction needs a full-time champion in NDAAT who can help ensure that key partners see the added value in supporting the work. The funding, £76,000, was secured through Norfolk County Council Second Homes money through the Norfolk Local Area Agreement.

Alcohol Related Harm Research.

We commissioned research into alcohol related harms in Norfolk. This was undertaken by a team based at the Eastern Region Public Health Observatory. The research commenced in February 2007 and the final report was produced in October 2007. The final reports (full report, executive summary, and complete data) will be disseminated via the DAAT partnership in November 2007. The funding for this research, £30,000, was secured via Norfolk County Council Second Homes money through the Norfolk Local Area Agreement. The Executive summary is in Appendix B.

Local Area Agreement.

Ongoing work to incorporate broader alcohol harm reduction targets into the Norfolk Local Area Agreement, in addition to the treatment targets that are already in place. There may be increased opportunities to weave alcohol harm reduction through the Norfolk Local Area Agreement as it moves away from a block-based approach to a thematic approach. At present it appears that alcohol would come under the GO themes of health inequalities and crime hotspots.

Direct Activity in Breckland.

Listed below is a range of services and initiatives commissioned or instigated by NDAAT that help to reduce alcohol related harms in the Breckland area. Many of these are delivered at a county level.

- Poly drug treatment to adults via: The Community Alcohol and Drugs Service at King's Lynn and Thetford; the Trust Alcohol and Drug Service at Norwich; and the Matthew Project at Thetford.
- Alcohol and drug treatment to young people (under 19) via: T2; and IMPACT.
- Free alcohol and drug awareness training.
- Research into alcohol related harms and the NDAAT Alcohol Strategy Officer.
- Engagement of primary care (GP and A&E) in the delivery of brief interventions and the Paddington Alcohol Test.
- Nightsafe in Dereham and Thetford.
- Development of alcohol arrest referral, dependent upon the outcome of the evaluation of similar schemes in Norwich and Great Yarmouth.
- Think Safe – Drink Safe campaign.

Alcohol related harm in Breckland.

There follows a number of tables taken from the recently completed NDAAT research into alcohol related harms in Norfolk. The tables show a breakdown to district level of a number of alcohol related harms. In general terms, this indicates that Breckland is experiencing the health, social, and crime and disorder related harms associated with alcohol misuse but at a level that is lower than the national, regional and county average.

It is important to note that these tables have been taken out of context of the research report. I would strongly suggest that the report is read in whole before making any policy decisions.

Estimated number of dependent drinkers by district in Norfolk.

Area	Estimated number of mild, moderate and severely dependent drinkers 15+ (thousands)
Norfolk	35.2
Breckland	5.4
Broadland	5.0
Great Yarmouth	3.8
Kings Lynn and West Norfolk	5.6
North Norfolk	3.7
Norwich	7.2
South Norfolk	4.5

A problem drinker is defined as someone drinking above 'sensible' levels and experiencing harm and symptoms of dependence. It is defined as a cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that previously had greater value. A central characteristic is the desire (often strong, sometimes overpowering) to drink alcohol.

Years of life lost and standardised years of life lost per 10,000 population for Norfolk, its districts and England; 2003-05.

Area	YLLrate	SYLLrate
ENGLAND	21.0	20.3
Norfolk CC	11.7	10.6
Breckland CD	13.4	12.2
Broadland CD	7.7	7.0
Great Yarmouth CD	21.6	19.6
Kings Lynn and West Norfolk CD	11.9	10.2
North Norfolk CD	6.4	4.5
Norwich CD	17.1	18.1
South Norfolk CD	3.9	3.3

Percentage of all crimes where alcohol is recorded as an attributable factor.

District	% violent crime with alcohol recorded as a factor	
	2005/6	2006/7
Norwich	31%	41%
Broadland	17%	33%
South Norfolk	18%	20%
North Norfolk	19%	36%
Gt Yarmouth	25%	37%
Kings Lynn	24%	36%
Breckland	25%	40%
Norfolk	25%	37%

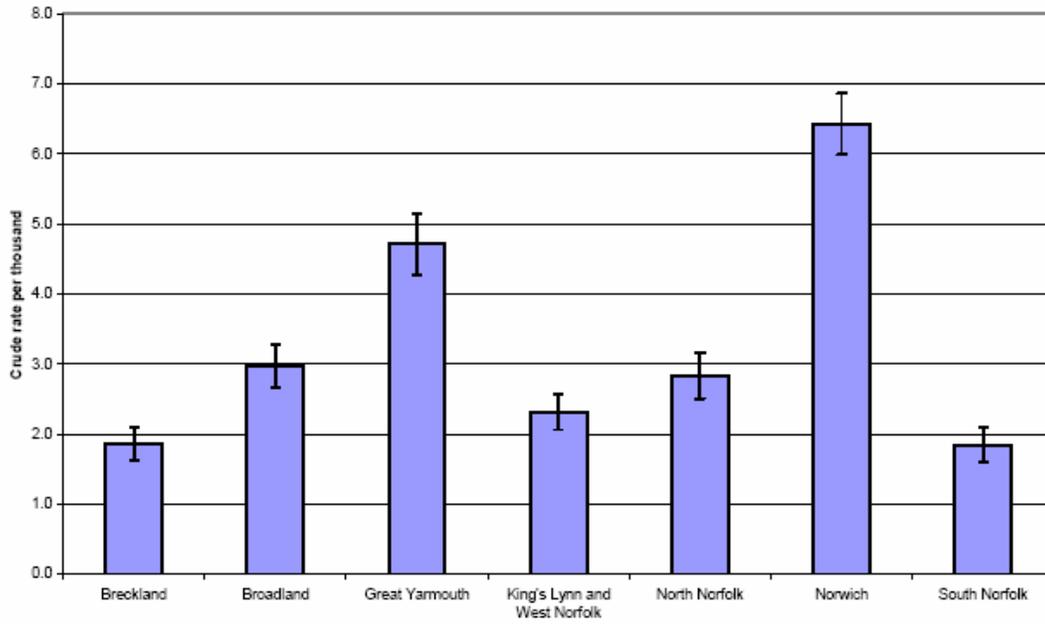
Over 50% of all alcohol related violent crime in the county occurs in ten Norfolk wards.

Ward	% of all alcohol related violent crime Sept 2006-Sept 2007
Thorpe Hamlet	15
Nelson	9
St Margaret's with St Nicholas	7
Mancroft	7
Central And Northgate	3
Thetford-Castle	2
Dereham-Central	2
Bowthorpe	2
Wensum	2
Town Close	2

Public perception of drunkenness in public places, 2003-2004.

Area	The percentage of residents who think that people being rowdy or drunk in public places is a very big or fairly big problem in their local area		
	2003/4	2006/7	% change
Breckland	43	28	35%
Broadland	44	8	82%
Great Yarmouth	28	32	-13%
King's Lynn and West Norfolk	62	22	64%
North Norfolk	43	23	46%
Norwich	56	31	44%
South Norfolk	29	15	49%
Norfolk	43	22	49%
England	48	31	35%

Crude rates per thousand population in treatment for primary alcohol problems.



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Appendix A - The Impact of the Licensing Act 2003 upon three Norfolk Local Authorities - Report for Alcohol Education and Research Council.

Research Undertaken by: Dr John Greenaway, Senior Lecturer in Politics, School of Political, Social and International Studies, University of East Anglia and Dr Peter Handley, Research Associate, School of Political, Social and International Studies, University of East Anglia.

Executive Summary/Abstract

This research, based on a series of elite interviews from a range of stakeholders, assesses the impact of the 2003 Licensing Act upon three Norfolk Local Authorities. Although there were initial confusion and teething problems surrounding the implementation of the Act, the existence and activity of informal networks comprising a range of stakeholders helped overcome these difficulties. The shift of local responsibility for liquor licensing from licensing magistrates to local licensing authorities is a central feature of the Act and has been regarded as beneficial by our interviewees. The improved networking and efficiencies appear to have vindicated some of the democratic aspirations of the Act and has facilitated a good deal of partnership among relevant agencies. On the other hand, the scope of this participation is limited, with some voices largely excluded: notably stakeholders with an interest in health and social problems. The much-feared rise in alcohol-fuelled, anti-social behaviour, stemming from greater availability of alcohol and longer hours, appears not to have occurred in the areas investigated for this research. It emerges strongly that a key factor in explaining this is the extensive preparatory work carried out by local crime reduction initiatives based upon extensive networking. However, there was no sign that the Act had fostered a 'café culture' or Continental pattern of drinking which had been one of its objectives. There has been a shift of late-night drinking away from city and large urban centres to suburbs, but the research found conflicting views as to whether this had led to an increase in anti-social behaviour in these areas. It is no surprise, perhaps, that the research revealed the tensions licensees face between social responsibility and minimising social problems stemming from excess alcohol consumption and maximising alcohol sales. The role of off licences and supermarkets in contributing to alcohol problems, such as low-level anti-social behaviour and underage drinking, is an under-researched area and interviewees felt that the extension of hours in this sector had been detrimental. The report concludes by identifying a number of areas where further research is needed.

Appendix B - The Harm Done By Alcohol in Norfolk - Research into Alcohol Related Harms in Norfolk (October 2007) by Eastern Region Public Health Observatory and Norfolk Drug & Alcohol Action Team.

Executive Summary

The misuse of alcohol has widespread effects on the health and welfare of the population of Norfolk.

20 key findings of this research for Norfolk, in brief are:

1. Extrapolating from national data one in four men drinks in excess of sensible limits – this proportion has remained stable over the last decade. By contrast the proportion of women exceeding sensible limits has increased from 1 in 8 to 1 in 6 largely due to increases in heavy drinking in younger women.
2. One in seven adults in Norfolk is estimated to binge drink.
3. There are an estimated 120,000 people in Norfolk with “problem drinking” and as many as 25,000 with moderate to severe alcohol dependence.
4. As a measure of the overall harm due to alcohol, alcohol misuse reduces the life expectancy of the Norfolk population by about 8 months on average for men and 3.8 months for women. Survival rates for people with cirrhosis are poor.
5. Death rates and hospital admission rates from cirrhosis in Norfolk are increasing reflecting an increasing prevalence of heavy drinking in the past.
6. Whilst Norfolk generally has lower indicators of alcohol-related harm than England as a whole, within Norfolk, Norwich and Great Yarmouth fare worse than the rest of the county and in some cases than England.
7. The effects of alcohol misuse are greatest in the more deprived areas of Norfolk – the months of life lost in the most deprived areas are three times that of the least deprived. At a district level most indicators of alcohol related harm are highly correlated with deprivation.
8. Rates of alcohol poisoning in Norfolk are increasing reflecting increased binge drinking, particularly in young women.
9. There are emergent trends in underage drinking particularly affecting girls. Girls are more likely to attend A&E departments for alcohol poisoning, be admitted to hospital and be in treatment for alcohol problems. At the same time underage sales from off licences are declining.
10. By contrast the effects of binge drinking on young men appear to be ameliorating with reductions in assaults and violent crime and reductions in road collisions although some of the data on this is conflicting.
11. We estimate that as many as 13,000 children live in a household with at least one dependent drinker (adult or sibling).

12. City centres and the night time economy still generate considerable police and health service activity but there has been a reduction in overall violence related incidents. Alcohol related violent crime is highly concentrated in a few areas in the county – 50% of all offences occur in 10 wards.

13. Positive breath testing rates in Norfolk have fallen from 20% to 6% over the last 5 years.

14. Probation data reveals the strong associations between alcohol and crime in Norfolk. Of 1,688 offenders with completed assessments more than 60% had a current or past alcohol problem, and in over half, alcohol was associated with offending.

15. Alcohol problems are very common amongst people who are arrested for all types of offence.

16. 410 people were claiming severe incapacity benefit as a result of alcohol dependency across Norfolk at the end of 2006.

17. Alcohol has significant impact on sickness absence - we estimate as many as 240,000 working days lost to alcohol misuse across Norfolk each year.

18. 2,179 people in Norfolk received specialised treatment for alcohol problems in 2006-07 – this represent perhaps 8-10% of all people who might benefit from similar treatment across the county. Of these 144 are under-18 and of these 63% are girls.

19. There are significant information gaps: lack of local data on alcohol consumption and patterns of problem drinking including those most in need of specialist treatment; data from general practice on alcohol problems and treatment; information about the effects of alcohol on the elderly; readily obtainable data about alcohol related antisocial behaviour; information about the effects of alcohol on the work place; and information about the effect of alcohol on children and families.

20. Existing datasets and alcohol intelligence could be improved if alcohol use were recorded more often and more consistently using an agreed method between agencies. Nevertheless there is a wide range of indicators which can be used to track alcohol-related harm across Norfolk on an ongoing basis.

BRECKLAND COUNCIL

COMMITTEE - POLICY DEVELOPMENT & REVIEW PANEL 3 - 27 November 2007

REPORT OF THE OPERATIONS MANAGER ENVIRONMENT

(Author: Mike Wheatley - Head of Environmental Health)

BEST VALUE PERFORMANCE INDICATOR 166

Summary: PDRP requested a report on BVPI166, the performance indicator that is applicable to Environmental Health and Trading Standards services. This report highlights the current situation for Members consideration and comment.

1. INTRODUCTION

- 1.1 BVPI 166 is made up of a list of ten questions about the recording and reporting procedures that cover some of the statutory functions and best practices of the services. In Breckland only the Environmental Health aspects need to be redressed as Trading Standards regulatory responsibilities fall to the County Council.
- 1.2 The ten questions are made up of sub questions. The actual BVPI performance result is a “snap shot” taken in March at the end of each financial year and each question scores a maximum of one point. The scores for each question are added together and taken as a percentage value. See appendix 1 showing the ten questions and their score values.
- 1.3 Where there are several functions carried out by Environmental Health then these are deemed covered within the BVPI, hence the new function of Licensing is included. Private Sector Housing is staffed by Environmental Health Practitioners (EHP's) and is seen nationally as an Environmental Health Service therefore Private Sector Housing is included in the BVPI. Should any one service function not score for any sub-question and the rest do, the score will be zero for that sub-question. All services must achieve the standard to achieve any score.

2. KEY DECISION

- 2.1 This is not a key decision

3. COUNCIL PRIORITIES

- 3.1 The matter raised in this report falls within the following Council priorities

- A safe and healthy environment
- A well planned place to live which encourages vibrant communities
- A prosperous place to live and work

4. 2007 BVPI RESULT

- 4.1 The varied nature and diverse descriptive nature of the statutory functions delivered by Environmental Health make it difficult to establish SMART measurable performance indicators. In recognition of this the Audit Commission created BVPI 166 which requires robust documentary proof showing that Regulatory, guidance and best practices are used across all functions. The BVPI does not reflect performance outputs; it is based more on procedures, consultations and paper evidence.

- 4.2 The evidence produced by Environmental Health has been checked and verified by internal audit. It was decided that one of the eight sub-questions of question 1 was not supported by sufficient evidence. This part of the question 1 was worth 0.125 of a mark giving us a total score, for the ten questions, of 9.875 i.e. 98.75%. Another way of looking at this is that we scored 9 (and seven eights) out of a possible 10.
- 4.3 During this year we are working to improve our documentation across all areas and working towards achieving 100% score before next March as per the STP target.

5. CONCLUSION

- 5.1 The report and Officer are available to provide information for members questions, consideration, comment and steer.

The services referred to in this report are available to all residents and stakeholders and the report complies with the following:
Equal Opportunities, Section 17, Crime & Disorder Act 1998,
and Human Rights Act 1998

Function	Food Safety	Health & Safety	Housing Standards	Pollution Control	Pest Control	Licensing	Score
Written enforcement policies							
1 a) Does the authority have written and published enforcement policy/policies, formally endorsed by its members that cover all aspects of environmental health[and trading standards enforcement]?	Yes	Yes	Yes	Yes	Yes	Yes	0.125
b) Is non-compliance with statutory requirements followed up in accordance with the enforcement policy/policies?	Yes	Yes	Yes	Yes	Yes	Yes	0.125
c) Do the policy/policies confirm that the authority has signed the Enforcement Concordat?	Yes	Yes	Yes	Yes	Yes	Yes	0.125
d) Do the policy/policies take into account the guidance set out "The Code for Crown Prosecutors"?	Yes	Yes	Yes	Yes	Yes	Yes	0.125
e) Do the policy/policies include the criteria to be met before formal enforcement by the authority?	Yes	Yes	Yes	Yes	Yes	Yes	0.125
f) Do the policy/policies make provision for situations where there is a shared enforcement role?	Yes	Yes	Yes	Yes	Yes	Yes	0.125
g) Do the policy/policies make provision for the particular interests of consumers within the authority's area including business owners, employees and the public?	Yes	Yes	Yes	Yes	Yes	yes	0.125
h) Are the policy/policies mentioned above followed, monitored, and reported on, and any variations addressed within a service plan or BVPP?	yes	yes	?	?	?	?	0

Function	Food Safety	Health & Safety	Housing Standards	Pollution Control	Pest Control	Licensing	Score
Planned enforcement activity							
2 Does the authority have risk-based inspection programmes, and sampling and surveillance regimes for regulatory services that:							
a) meet legal requirements;	Yes	Yes	Yes	Yes	Yes	Yes	0.333333
b) otherwise have regard to official guidance;	Yes	Yes	Yes	Yes	Yes	Yes	0.333333
c) otherwise have regard to other appropriate professional guidance and standards	Yes	Yes	Yes	Yes	Yes	Yes	0.333333
3 Are the programmes and regimes mentioned above in point 2 followed, monitored, and reported on, and any variations addressed within a service plan or BVPP?	Yes	Yes	Yes	Yes	Yes	Yes	1
4 Does the authority have targeted educational and information programmes?	Yes	Yes	Yes	Yes	Yes	Yes	1
5 Are the programmes mentioned above in point 4 followed, monitored, and reported on, and any deviations from the planned programmes addressed within a service plan or BVPP?	Yes	Yes	Yes	Yes	Yes	Yes	1

Function	Food Safety	Health & Safety	Housing Standards	Pollution Control	Pest Control	Licensing	Score
Reactive and responsive enforcement activity							
6 Does the authority have and implement policies, procedures and standards for:							
a) responding to and dealing with complaints made to the local authority about a third party and requests for services regarding statutory enforcement functions?	Yes	Yes	Yes	Yes	Yes	Yes	1
[b) supporting the provision of consumer advice, including participation in a Consumer Support Network?]	N/A	N/A	N/A	N/A	N/A	N/A	
7 Does the authority have and implement policies, procedures and standards for responding to and dealing with:							
a) statutory notifications (e.g. RIDDOR reports of accidents, occupational diseases and dangerous occurrence)?	Yes	Yes	Yes	Yes	Yes	Yes	0.5
b) the referral to other regulators of relevant information received where there is wider regulatory interest?	Yes	Yes	Yes	Yes	Yes	Yes	0.5
8 Are the policies, procedures and standards mentioned above in points 6 and 7 followed, monitored, and reported on, and any variations addressed within a service plan or BVPP?	Yes	Yes	Yes	Yes	Yes	Yes	1

Function	Food Safety	Health & Safety	Housing Standards	Pollution Control	Pest Control	Licensing	Score
Appropriate Resources							
9) Has the authority within the last five years benchmarked its resources for relevant services against similar local authorities or comparable service providers including private and voluntary?	Yes	Yes	Yes	Yes	Yes	Yes	1
Consultation and satisfaction levels							
10 a) Does the authority have a range of mechanisms in place to consult stakeholders affected by their service regarding the development of the enforcement policy?	Yes	Yes	Yes	Yes	Yes	Yes	0.333333
b) Does the authority have a range of mechanisms in place to consult stakeholders affected by their service regarding satisfaction levels?	Yes	Yes	Yes	Yes	Yes	Yes	0.333333
c) and are the consultation responses considered and acted upon?	Yes	Yes	Yes	Yes	Yes	Yes	0.333333
						Total Score:	9.875
						Percentage:	98.9%

BRECKLAND COUNCIL

COMMITTEE - POLICY DEVELOPMENT & REVIEW PANEL 3 - 27 November 2007

REPORT OF THE OPERATIONS MANAGER ENVIRONMENT

(Author: Mike Wheatley - Head of Environmental Health)

EMERGENCY PLANNING (civil contingency)

<p>Summary: PDRP requested a report on the involvement of the Civil Contingencies service and the plans relating to flooding. This report highlights the current situation for Members consideration and comment.</p>
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1. INTRODUCTION

1.1 The Civil Contingencies Act made the previous discretionary emergency planning role into statutory functions for the Council to risk assess their district, produce a Emergency Response Plan, test that plan and prepare communities for civil disasters. Breckland Council is a category one responder within the legislation; we must prepare and support businesses and the local communities to achieve self resilience.

The Civil Contingencies Act also introduced the statutory duties to provide Council Business Continuity and for the Council to raise awareness of Business Continuity in the local commercial community.

1.2 A report has been requested by Overview and Scrutiny Commission for 13 December (jointly prepared by Planning Development, Environmental Planning and Environmental Health) on how the Council deal with flooding and its prevention. This report will cover where development is allowed and permissions given to develop land including flood plains etc.

1.3 To assist and help residents to become self reliant and prepared for possible emergencies we have produced a residents guide booklet. This is expected to be made available to the communities via our web site, libraries, Town Council offices, Members etc. in the very near future. The booklet has a specific section on flooding advice to residents. A draft copy will be available at the meeting.

2. KEY DECISION

2.1 This is not a key decision

3. COUNCIL PRIORITIES

3.1 The matter raised in this report falls within the following Council priorities

- A safe and healthy environment
- A well planned place to live which encourages vibrant communities
- A prosperous place to live and work

4. PLANS

4.1 The response to any emergency, irrespective of the cause (flooding, power failure, explosion etc.) for this Council is very similar. The blue light services, with the help of Environmental Health Practitioners advice, deal with the immediate issues of threats to life and property, crime prevention and crime scenes. The Council supports by providing immediate care to the people, make safe the environment and the return of the economy and neighbourhood back to normality.

- 4.2 The most important common theme to all emergencies is the need to evacuate and care for people caught up in an incident. This is where Breckland concentrates its emergency response in the provision of evacuation or Rest Centres to care for people. In Breckland we have 14 Rest Centres each with a plan dedicated to the specific premises and local community contacts.
- 4.3 We have one major plan that covers all incidents “The Emergency Response Plan” (copy available at meeting). The format and contents of the Plan are shared by all Councils across Norfolk to enable a common approach to be used in line with the requirements of the Civil Contingencies Act principles. A good example of inter-Council operational support is the provision of Breckland staff to run a Rest Centre in Gorleston from 06.00 hours to care for evacuees during the November coastal flooding.

5. FLOODING INCIDENTS

- 5.1 Flooding and surface water drainage are discretionary services and are dealt with by several functional areas within the Council working with our partner organisations Environment Agency, Norfolk County Council, Internal Drainage Boards. Environmental Health and Street Scene (e.g. sand bag provision for Rockland residents) have resourced some support to the public at times of flooding and Environmental Health through the Drainage Officer whose role is to try to find anything that can be done to prevent or minimise future flooding. This can be by taking formal action against the riparian owners of drainage systems.

6. CONCLUSION

- 6.1 The report and Officer are available to provide information for members questions, consideration, comment and steer.

The services referred to in this report are available to all residents and stakeholders and the report complies with the following:
Equal Opportunities, Section 17, Crime & Disorder Act 1998,
and Human Rights Act 1998

Policy Development & Review Panel 3**Work Programme & Meeting Schedule**

Topic/Item	Lead Officer (s)	16 Oct 2007 Thetford	27 Nov 2007 Dereham	11 Jan 2008 Dereham
Healthy Living & Lifestyles – PFI Leisure Centres (1)	Joe Liggett			
Housing Improvement Plan – Monitoring (3)	Anita Brennan			
Housing Waiting List – Allocations Policy & Choice Based Lettings	Anita Brennan			
Impact of the Reorganisation on the new Primary Care Trusts	Martin Seymour (Tara Studholme Lyons, Norfolk PCT)			
Breckland Health & Wellbeing Forum	Martin Seymour			
Drugs and Alcohol Abuse – DAAT	Martin Seymour (Daniel Harry, DAAT)			
BVPI 166 – Pest Control, Licensing & Private Sector Housing	Mike Wheatley			
Emergency Planning	Mike Wheatley			
Housing Benefits – Anglia Revenues Partnership	Darryl Smith/ARP			
Housing Strategy – BME Report	Anita Brennan			
Thetford Healthy Living Centre – Green Travel Plan Monitoring (2)	Nicola Reeve (THLC)			
Monitoring of Homeless Strategy Action Plan	Anita Brennan			

Notes:

- (1) Bring forward to February 2008
- (2) Bring forward to February 2008
- (3) Bring forward to April 2008