

What are Crime & Disorder Reduction Partnerships?

The Crime and Disorder Act 1998 provides for the development of CDRPs. Police and local authorities are responsible jointly for the development and implementation of a strategy to tackle crime and disorder in their area in consultation with a wide range of other local agencies including health, education, the private and voluntary sectors and the wider community. There are 354 CDRPs in England and 22 in Wales. Strategies are required to be published every three years, the first being published in April 1999.

What are Drug Action Teams?

DATs bring together senior representatives from local agencies including health authorities, education, social services, housing, police, prisons and probation to deliver the National Drugs Strategy locally. DATs are headed by a DAT Chair and supported by a co-ordinator. DATs may also choose to include alcohol and solvent abuse in their remit. In each DAT area there is also a Drug Reference Group whose membership comprises a range of local professionals. The new National Treatment Agency will be developing and co-ordinating the delivery of a national treatment strategy. Its primary aim is to oversee the expanded and pooled national treatment budget, ensuring that those requiring treatment are able to access quality services regardless of their route of referral.

What are Primary Care Trusts?

Primary Care Trusts (PCTs) are free-standing, legally established, statutory NHS bodies that are accountable to their Strategic Health Authority. PCTs have the same overall functions as Primary Care Groups, thus allowing continuity with the strategic plans developed by them for their community. PCTs offer an unparalleled opportunity for local stakeholders - family doctors, nurses, midwives, health visitors, the professions allied to medicine, social services and the wider community they serve - to shape services to provide better health, better care and to reduce health inequalities.

What are Local Strategic Partnerships?

A Local Strategic Partnership (LSP) is a single body that:

- brings together at a local level the different parts of the public sector as well as the private, business, community and voluntary sectors so that different initiatives and services support each other and work together;
- is a non-statutory, non-executive organisation;
- operates at a level which enables strategic decisions to be taken and is close enough to individual neighbourhoods to allow actions to be determined at community level; and
- is aligned with local authority boundaries.

Primary Care Trusts are expected to link closely with Local Strategic Partnerships, and the partnerships they support, such as the CDRPs and DATs.

Useful websites

www.crimereduction.gov.uk

Provides regional contacts and details of Crime Reduction Teams

www.crimereduction.gov.uk/toolkits

Online guidance for working in partnership for crime reduction

www.doh.gov.uk

Provides details of the NHS plan and details of local NHS services including contact details for Primary Care Trusts

www.drugs.gov.uk

www.hda-online.org.uk

The Health Development Agency website provides evidence of what works to improve health and reduce health inequalities, including reports, guidance and tools.

www.natpact.nhs.uk

www.lga.gov.uk

www.nhsconfed.org.uk

www.idea.gov.uk/knowledge



Home Office

BUILDING A SAFE, JUST
AND TOLERANT SOCIETY

IMPROVING Partnership WORKING

Primary Care Trusts and Tackling Crime and Disorder and the Misuse of Drugs

 Department
of Health


Local Government Association



Health Development Agency

Health and Crime in our communities

The health and well being of a community relies on a number of factors. Tackling crime and disorder and the misuse of drugs are key elements. Achieving healthy and safe neighbourhoods requires partnership working at a local level with local communities.

Crime and Disorder Reduction Partnerships (CDRPs) are led jointly by police and local authorities. They involve local statutory, private and voluntary sector agencies working together to reduce crime and disorder and improve the environment in which people live. Drug Action Teams (DATs) have responsibility for delivery of the Government's anti-drugs programmes at a local level.

Health organisations have a central role in these partnerships. Primary Care Trusts (PCTs) have the lead role in improving the health of the population in their area and contributing to improve the quality of life of communities. When developing Health Improvement and Modernisation Plans (HIMPs) for their area, PCTs should:

- engage in continuous partnership working with key stakeholders (including Strategic Health Authorities, NHS Trusts, Local Authorities and local communities);
- become key stakeholders in Local Strategic Partnerships (LSPs) to help deliver on national health inequalities targets and contribute to neighbourhood renewal; and
- align with other local plans including the Local Authority Community Strategy.

The Impact of Crime on Health

Crime and its destructive consequences impacts on us all. There is the financial cost of crime through damage and loss and the consequential costs. But there is also the more damaging impact on the health of individuals and communities.

Personal injury as a result of violence, assault, sexual attacks, drink and drug-related road accidents impact directly on the health of a victim. There may be physical effects. From any type of crime, there may also be a psychological impact leading to a sense of isolation and victimisation giving rise to a fear of

crime. Both real and perceived fear of crime can affect people's lives on a daily basis. The National Drugs Strategy has four key aims: encouraging young people to resist taking drugs in the first place so they can reach their full potential; helping communities to protect themselves from drug related anti-social and criminal behaviour; providing treatment to help people overcome their drug misuse; and disrupting the supply of drugs.

The Cost of Crime to the NHS

- Around 65,000 NHS staff are the victims of violent incidents assault each year¹
- Bed days related to crime and disorder costs the NHS between £1.1 and £2.3 billion per year²
- Property damage, risk, liability or injury to staff costs between £300 million and £678 million per annum³

Why should health organisations contribute to crime reduction and how?

Why?

The cost each year of dealing with crime and crime-related health throughout the NHS from GPs and district nurses, hospitals and after care treatment is not just financial.

Reducing crime can free up NHS resources which are currently spent on crime-related ill health. This, in turn, can improve access to preventative and emergency services for the wider community.

Working together on crime is not just about helping police and others to achieve better crime figures. It is also about helping to achieve health targets to reduce inequalities, improve health and access to services such as:

- modernising primary care services by developing closer links with police and local authorities
- reducing waiting times by reducing the demands on services from crime-related ill health
- reducing pressures on emergency services

¹ NHS Executive (2000) *We don't have to take this: resource pack for NHS Zero Tolerance Zones*. London: NHS Executive

² Based on figures for bed days caused by crime related illness and injury and UK studies reporting that in-patient costs £5,200 to care for an average length of hospital stay of 12 days. Office of National Statistics (2000a) *Hospital Episode Statistics 1998/99*, London: ONS

³ Based on a telephone survey of NHS agencies

- improving the working conditions for NHS staff by reducing the chances of violent attacks
- reducing the mental health problems associated with the consequences and fear of crime
- promoting independence among vulnerable groups through partnerships to improve community safety
- improving the health of children and young people by preventing youth offending and supporting those at risk of violence

How?

By working with police, local authorities and other agencies to enable:

- early intervention of crime 'hotspots' by mapping out trends and patterns from people coming into contact with the NHS
- information sharing on crime and health issues, such as road accidents and violent attacks
- the development of integrated services at local level around issues such as reducing domestic violence, working with young offenders, supporting mentally disordered offenders, drug prevention and treatment, reducing alcohol misuse, prison health
- joint approaches to reduce the fear of crime and sense of isolation particularly with vulnerable people

Are health agencies already involved with CDRPs?

Yes they are, but the involvement is patchy across the country. At present, health authorities have a duty to co-operate under the Crime and Disorder Act 1998 with the responsible authorities (police and local authorities) to formulate and implement a strategy for crime and disorder reduction in their area.

There are proposals that PCTs in England and HAs in Wales might become responsible authorities, with the police and local authorities, for delivering CDRPs from 2004/5. In the meantime, PCTs might consider the place of crime and disorder reduction and community safety within their strategic planning process for HIMPs and as part of their partnership working within their LSP.