

**SOUTH LANARKSHIRE COMMUNITY PLANNING
PARTNERSHIP**

PARTNERSHIP IMPROVEMENT PLAN

2017-2020

Safer South Lanarkshire

VISION

To improve the quality of life for all in South Lanarkshire by ensuring equal access to opportunities and to services that meet people's needs



Safer South Lanarkshire PIP

Community Safety Partnership Theme

1. Poverty, deprivation and inequality

The work of the South Lanarkshire Community Safety Partnership (CSP) is wide-ranging and focused on keeping people safe in their home and wider community.

The CSP has a long track record of considering what impacts on community safety along with underlying issues. This has included consideration of the way in which community safety issues are dealt with and particularly those affecting areas or groups who face disadvantage or discrimination in relation to others. In many instances there is a link between the individual circumstances of people (e.g. income) that could negatively impact on their safety at home and in the wider community.

Examples of work being undertaken in relation to the CSP's priorities include:

Mentors in Violence Prevention (MVP)

The MVP programme provides opportunities for young people to discuss a range of gender-based violence issues within the educational framework, where positive relationships, health and wellbeing are key considerations.

During 2016-17, four secondary schools across South Lanarkshire agreed to participate in MVP training. This initiative adopts a preventative and early intervention approach to reducing domestic abuse and sexual violence among young people while at the same time promoting more positive healthy relationships. Thirty education/and other agency staff and 80 young people were trained to deliver inputs and the young people have gone on to become mentors in their schools educating younger peers and raising awareness to take a stand against gender based violence. The initiative is now running in ten secondary schools in South Lanarkshire.

Drug Prevention Group

From January 2017 a number of workshops have been delivered by partners to pupils in secondary educational establishments located in areas where drug crime and drug-related deaths are most prevalent. The main objective is to educate young people about the consequences of misusing illegal drugs and the negative impact drugs can have on their physical health and mental wellbeing. They are also educated to deal with social/peer pressure. A key aim of the programme is to help break down barriers and develop positive relationships between the young people and the Police.

To date, eleven secondary educational establishments, one primary feeder school and one higher educational facility along with three additional support bases have engaged with the programme.

Particip8 Overton

In 2009 the Scottish Government confirmed a commitment to establishing a participatory budgeting pilot exercise as part of the national Antisocial Behaviour Framework. South Lanarkshire was one of five local authorities in Scotland successful in their bid to participate in the Participatory Budgeting Pilot 'Community Wellbeing Champions Initiative'.

The CSP chose Overton, an area in Halfway, Cambuslang, for the pilot as the local Problem Solving Group had already been active in the area and wanted to increase resident participation to tackle community safety issues highlighted by local residents. Issues included high levels of drug and alcohol misuse, antisocial behaviour and young people involved in gang related violence. A local community group, 'Particip8 Overton', was established, comprising local councillors, council officers, police officers, local residents and other local agencies.

Since 2009, the group has continued to deliver against the following key aims of the programme;

- Engage with local residents in prioritising the needs of their neighbourhood
- Increase cross community working
- Build resident capacity
- Involve the community in monitoring and evaluating the delivery of agreed projects

This has been achieved through organised annual events that are free of charge, with up to 1,200 residents participating. The events include Easter and Summer Fun Days, Bonfire and Christmas Light Switch On activities.

South Lanarkshire Joint Problem Solving Unit

This South Lanarkshire Council Housing Service brings together different antisocial behaviour services including the Community Warden Service, Mediation Services, and the Antisocial Investigation Team (which is responsible for dealing with more complex antisocial behaviour issues). The Joint Problem Solving Unit alongside the Scottish Fire and Rescue Service and Police Scotland work together to address antisocial behaviour concerns or crimes. This was initially trialled in Cambuslang/Rutherglen before being rolled out to East Kilbride, and with proposals to roll it out further across all localities.

The collaborative working ensures that actions, for example, joint interviews or visits, are carried out more promptly potentially negating a serious incident from occurring.

2. Statement of Ambition

The aim of the South Lanarkshire CSP is to:

“Protect people’s rights to live without fear, and to go about their lives safe from crime, disorder and free from injury or harm”

Building strong and effective partnerships has been and will continue to be central to the CSP’s approach to safety in the community and provides a fundamental basis for tackling the issues that affect residents, businesses, and visitors within South Lanarkshire.

This includes the following core membership that is represented on the Safer South Lanarkshire Board which oversees the work of the CSP:

- Police Scotland
- Scottish Fire and Rescue Service
- Community Justice Partnership
- Crown Office and Procurator Fiscal Service
- NHS Lanarkshire
- Her Majesty’s Prison Addiewell
- Lanarkshire Alcohol and Drug Partnership
- South Lanarkshire Council
- Victim Support

In the worsening financial environment and changing government policy relating to community planning it is crucial to work collaboratively with communities and partners to

make the most effective use of resources. This includes a greater focus on engaging communities and demonstrating that the CSP's activities are making a positive difference to reducing the impact of poverty and addressing disadvantage. The CSP has adopted preventative and early intervention approaches to its work targeting groups of people or areas assessed as being at greater risk to enable it to most effectively achieve this.

3. Extent and Nature of Issues

The CSP's priorities were informed by a mix of information gained through community engagement and from statistical evidence.

Community Engagement

The CSP's current priorities were informed through a strategic needs assessment (SNA) that drew from community surveys at national and local levels (e.g. The Scottish Neighbourhood Survey, Police Scotland Survey, etc.) as well as from other information sources (e.g. publications, performance data, etc.).

Community engagement is an integral part of the CSP's strategic framework, introduced in 2016. It is currently being further developed to ensure the CSP's engagement with communities is robust ensuring its five priorities remain relevant and identifies other issues or concerns that communities may have in relation to community safety.

As part of the CSP's continuing review of community safety it evaluates newly published community surveys on an ongoing basis to assess their impact on its priorities and to identify any new or emerging risks.

Statistical Evidence

The CSP undertook its first SNA in 2014 covering the period 2014-15. The SNA provides an evidence base to inform the CSP's decision making and the targeting of resources.

The CSP's commitment to this approach was re-enforced through the appointment of an analyst in 2016 and a further SNA was undertaken covering the period 2016-17.

The CSP's current priorities were established in 2016. The CSP participated in a priority setting event on 20 May 2016 to risk assess identified current and emerging issues to inform the SNA and direct the CSP's priorities during 2016-17.

The risk assessment considered those issues identified through analysis as being high volume and/or rising trend issues or concerns and included consideration of the level of risk, threat and harm posed. Discussion at the event was informed by analytical evidence, community evidence, and professional knowledge. The issues were scored using a weighted risk assessment matrix that provided a score and a percentage priority rating.

The context and drivers described under each of the CSP's five priorities describes the evidence that was used to inform its decision-making. Key points to highlight include:

1. Drug Misuse
 - A high volume and rising trend for drug possession offences.
 - A correlation between drug-related deaths and deprivation.
 - Complex health issues suffered by drug users e.g. alcohol dependency and mental health issues.
 - A progression of drug-taking from Cannabis in adolescence to Heroin in adulthood and the use of multiple drugs simultaneously.
 - The prevalence of use among males compared to females.
 - The increased availability of illegal drugs to young people and the presence of new psychoactive substances (commonly known as 'legal highs' due to the legal chemical substances they contain).
2. Domestic Abuse
 - A high volume crime and rising trend.
 - The progression of legislation to create a domestic abuse crime that is anticipated to see an increase in domestic abuse crime as the legislation will capture cases of emotional or psychological abuse that current legislation fails to capture.
 - The historic under-reporting of domestic abuse and particularly by higher socio-economic groups.
 - The additional risk of victimisation of people with vulnerabilities (e.g. suffering substance misuse, psychiatric condition, etc.) that not only increases their risk of victimisation but that where they are a victim of domestic abuse this also increases that vulnerability.
 - The wider risk of children exposed to an environment of domestic abuse.
 - The prevalence of female victimisation compared to males and the risk rising in line with puberty.
3. Road Traffic Accidents
 - A high volume of crime and offending.
 - An ongoing national focus to reduce road traffic casualties by 2020.
 - The prevalence of accidents caused by driver behaviour, e.g. speeding, mobile phone offences, or carelessness to look properly.
 - The greater levels of risk taking behaviour among males compared to females, and the greater risk of injury among males.
4. Unintentional Injury
 - A national drive to reduce unintentional injury.
 - An ageing population.
 - The prevalence of emergency admission to hospital arising from unintentional injury through a fall among people aged 75 years and over.
 - The greater risk of more severe injury among older people injured through unintentional injury.
 - The correlation between emergency admissions and deprivation; and similarly for deaths through unintentional injury.
5. Anti-social Behaviour (alcohol-related antisocial behaviour and deliberate outdoor fires involving refuse)
 - a) Antisocial Behaviour
 - An ongoing pro-active focus to tackle anti-social behaviour by partners in line with statutory obligations.
 - The high economic, health, and social costs associated with antisocial behaviour.

- b) Alcohol-Related Antisocial Behaviour
 - The correlation between problem alcohol-related behaviour and crime and offending; and ill-health or death; and deprivation.
 - The long term rising trend of alcohol-related hospital admissions.
 - The greater exposure of children to alcohol consumption, including marketing and peer pressure.

- c) Deliberate Outdoor Refuse Fires
 - Risk to life and property from deliberate fire-setting.
 - The greater vulnerability of children living in unstable homes or care settings, or with emotional problems to fire-setting behaviour.
 - A rise in deliberate fire-setting of refuse.
 - Community experiences of antisocial behaviour in relation to littering.

4. Priorities

Following the priority setting the CSP decided the priorities and key areas of focus were:

Drug misuse	Preventative educational approach directed towards secondary school pupils to deter future drug experimentation and use
Domestic abuse	Preventative educational approach directed towards secondary school pupils to re-enforce positive behaviours and healthy relationships
Road traffic accidents	Preventative approach directed towards driver and pedestrian behaviours to reduce road accidents, road casualties, and the severity of injuries arising
Unintentional injuries	Preventative pro-active approach directed towards reducing falls among people aged 65 years and over
Anti-social behaviour related activity	Preventative educational approach to deter future anti-social behaviour, alongside enforcement approaches

Each priority identified population that were disproportionately at risk relative to its population size as a result of one or more of the following characteristics:

1. Age
2. Deprivation
3. Gender
4. Vulnerability

The CSP has a clear understanding of individual member roles and responsibilities regarding the division of work, and is aware that some partners will have a greater role than others.

Lead officers have been identified for each key priority and have been instrumental in the development of the Partnership Improvement Plans.

5. Partnership Outcomes

The identified lead officers for each priority are responsible for the delivery of and the reporting of progress and performance to the Safer South Lanarkshire Board.

To support the five key priorities, five strategic outcomes were identified and agreed by the CSP, these are:

1. Contribute to reducing the health, social and economic harm caused by drug misuse.
2. Contribute to reducing both the prevalence and impact of domestic abuse upon victims, children, families and communities.
3. Contribute to making people safe and feel safe using roads in South Lanarkshire.
4. Contribute to reducing the risk of unintentional injuries within the home environment.
5. Contribute to reducing the impact antisocial behaviour has on people's lives.

Agreed outcomes, indicators and actions are set out in the accompanying templates for each of the identified priorities, to be delivered to ensure impact on the short, medium and longer term, ensuring sustainability and transformational change for our communities.

The CSP's focus on prevention and early intervention will allow it to target available resources using a Commissioning Model developed by the CSP to ensure positive outcomes are achieved.

LOIP – THEME – Community Safety – Drug Misuse

Priority Outcome 1: Contribute to reducing the health, social and economic harm caused by drug misuse.

Rationale: The Community Safety Partnership Strategic Needs Assessment 2016-17 identified drug misuse as one of five key priorities for the partnership. It has a preventative focus targeting children aged 16 years and under.

Context:

1. **Drugs Market** – The UK has the largest cocaine market in Europe. Cannabis is the most commonly used drug and demand far exceeds the estimated weight imported. Between 18 to 23 tonnes of heroin is imported annually to the UK and 25 to 30 tonnes of Cannabis. The National Crime Agency seized 147.5 tonnes of Class A and B drugs across the UK during 2016-17.
2. **Drug Crime** - Drug production and supply predominantly begins overseas being imported into the UK. It is inextricably linked to serious organised crime and modern day slavery. The Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016 are the main pieces of legislation governing illicit drugs in Scotland. The latter has criminalised the production, sale and supply of new psychoactive substances [NPS] (known commonly as 'legal highs'). NPS has been a growing drugs market and has contributed to a rise in drug-related deaths [DRD] in Scotland. In 2014, NPS were present or implicated in a fifth (19.5%, 112) of all DRDs from previous negligible levels (4 cases, 2009; 7 cases, 2010).
3. In 2016-17, drug crime in Scotland fell by 8% from 2015-16 levels and was lower than the five-year average of 35,052 drug crimes. Likewise, drug crime in South Lanarkshire is reducing; falling 13.7% from 2015-16 levels and lower than the five-year rolling average of 2,214 drug crimes.
4. **The Cost** - There are well documented health, social and economic impacts to individuals (including children) and communities from the use of illegal drugs. In 2015, there were 46,900 years lost to life through disability or early death caused by a drug use disorder in Scotland and this ranked as the eighth most prevalent health issue in terms of lost life years. The financial cost of drug misuse to Scotland is estimated at £3.5 billion annually. It has significant resourcing implications primarily for Health and Criminal Justice services but also for the wider range of statutory services.
5. **Characteristics Associated with Drug Use** - Trauma, deprivation, family issues, and mental health problems are some of the causes of both alcohol and drug misuse. Poly-drug use, alcohol and mental health vulnerabilities are common characteristics associated with people misusing drugs. There are also links between problem drug use and drug-related death with poverty and deprivation.

6. **Problem Drug Users Demographic** - In 2009-10, there were an estimated 59,600 problem drug users in Scotland; a rise of 7.8% (4,000 drug users) from 2006 levels and equivalent to 1.71% of the population aged 15 to 64 years. In 2012-13 there were 3,200 problem drug users in South Lanarkshire. It is estimated that 12% of drug users develop dependency becoming problem drug users. The problem user profile is ageing and males are at disproportionate risk. In 2006-07, 23% of people assessed for specialist drug treatment in NHS Lanarkshire were aged 35 years and over rising to 49% in 2015-16 (compared to 30% rising to 49% in Scotland). 75.8% of those assessed in NHS Lanarkshire were male compared to 71.5% in Scotland.
7. **Hospital Admissions** - In 2016-17, there were 6,535 hospital admissions in Scotland due to drug misuse. The rate was highest among people aged 35 to 39 years (351.3 admissions for every 100,000 people) and also new patient admissions (157.4 for every 100,000 people).

Drivers:

8. **Ageing Problem Drug User Demographic** - The Scottish Government's drug strategy sets the overall policy approach to tackling drug misuse and supporting problem drug users across Scotland. In July 2017, the Public Health Minister announced that the strategy will be refreshed in recognition that the scale of Scotland's drug problem remains unchanged. Part of the government's drug strategy focus is anticipated to be on older people. Class A injecting drug users are most likely to fall into this age category. There is an ageing drug user demographic ((median age rising to 41 in 2016 from 38 in 2012).
9. **Health** - The rate of drug-related hospital admissions is higher in NHS Lanarkshire, than Scotland. In 2016-17 there were 740 general acute patients' admissions due to drug misuse in NHS Lanarkshire. 64.7% of these related to new patients. The rate for general acute new patients' admissions was 75.3 for every 100,000 people in NHS Lanarkshire compared to 66.4 for every 100,000 people in Scotland. While levels of general acute new patient admissions reduced slightly across Scotland in 2015-16 compared to 2006-07 levels (285 clients) it rose 118.9% (880 clients) over the same period in NHS Lanarkshire.

Of those people referred for initial assessment for specialist drug treatment in NHS Lanarkshire, the number of people using heroin as their main illicit drug increased by 14% from 2006-07 levels compared to Scotland where the number reduced by 37.3%. Cocaine is the main illicit drug used and rose by 147.8% from 2006-07 levels in NHS Lanarkshire compared to 2.2% in Scotland.

10. **Child Exploitation** - Drugs crime is characterised by control and coercion whether that be through violence, intimidation etc. Young and vulnerable people are particularly at risk of being systematically used in drug crime. This includes debt bondage and sexual exploitation through to coercion to allow their home to be used in the storage and supply of drugs. Children and young people who suffer chaotic lifestyles being exposed to neglect, abuse, violence and instability are at disproportionate risk of becoming problem drug users.

11. **Attitudes** to recreational drug taking among school children are changing, becoming increasingly acceptable. In a 2015 survey of pupils in Scotland, a fifth of 15 year old pupils had taken drugs. 8% of 13 year olds surveyed thought drug taking was 'exciting' rising to 20% of 15 year olds. Males were more likely to think drug taking was acceptable than females. The survey found a correlation between attitudes to drug use and subsequent use and experimentation with other types of drugs. In 2016-17, there were 45 new patient drug-related hospital admissions in Scotland among children aged less than 15 years.
12. **Access to Drugs among Children** - There is a growing availability of drugs to adolescents. In 2015, 19% of 13 year olds and 42% of 15 year olds in Scotland had been offered drugs compared to 14% and 37% respectively in 2013. In 2013, 39.4% of NHS Lanarkshire children aged 15 years were being offered drugs compared to 35.6% in Scotland. While a reduction from 2010 levels (1.4%) there remains greater access to drugs in Lanarkshire compared to Scotland. This greater access to drugs is statistically significant. Of those teenagers taking drugs, 17.3% had used drugs in the last year compared with 15.5% across Scotland, and 11% had used drugs in the last month compared to 9.4% across Scotland. Drugs were most likely to be offered by friends and Cannabis was the drug most commonly offered and used; however, there has been a growing increase in the availability of Ecstasy. In 2013, 9% of 15 year olds in Scotland had been offered Ecstasy rising to 17% in 2015.

In NHS Lanarkshire the median age for first time drug use has consistently been 16 years over the past ten years to 2015-16 compared to 15 years in Scotland: in 2015-16, 25.1% of people assessed for specialist drug treatment in NHS Lanarkshire first used drugs when aged under 15 years and a further 29.9% when they were between 15 to 19 years (compared to 31.6% and 29.4% in Scotland respectively).

13. **Drug related deaths** are at their highest ever recorded levels. In 2016, 867 people died of a DRD in Scotland rising 22.8% from 2015 levels. 76.5% (663) of all DRDs in Scotland were caused by drug abuse. These have risen year-on-year since 2012, rising 33.9% (168) from 2015 levels and 127.6% (282) from 2011 levels. They mainly relate to long-term known drug users. Two-thirds (68.3%, 592 DRDs) were of males although that gap is reducing as the rate among females is rising at a faster rate compared to males (females rising 66.7% from 2012 levels; males, 42.3%). In 2016, 54.6% of DRDs related to heroin or morphine misuse. While the proportion of drug deaths arising from opiate or opioid misuse overall remains relatively static (88.2%, 2016 compared to 85.9% in 2012) the proportion attributed specifically to heroin misuse has increased by 19.3% from 2012 levels.

Likewise, DRDs in South Lanarkshire are increasing. There were 64 DRDs in 2016 rising from 31 DRDs in 2015. There was an annual average of 15 DRDs in South Lanarkshire between 2002 to 2006 rising to an annual average of 39 between 2012 to 2016. Of DRDs in 2016, 50 deaths related to drug misuse, and of these 38 (58.3%) from heroin misuse compared to 54.6% (473 DRDs) in Scotland. There are 0.09 DRDs for every 1,000 people in South Lanarkshire compared to 0.12 for every 1,000 people in Scotland. The most deprived communities are disproportionately affected.

We will measure progress towards this priority outcome with reference to the following indicators and targets

Indicator(s) and Source	Baseline	Latest figures reported	Short Term Target (1 year)	Medium Term Target (3yr)	Long Term Target (10yr)
<p>REDUCE crimes committed under s4 of the Misuse of Drugs Act 1971 - production and supply of drugs by 20%</p> <p>Source: Police Scotland</p>	<p>2014-17 (3-yr average)</p> <p>5.07 per 10,000 population</p>	<p>2017-18</p> <p>4.37 per 10,000 population</p>	<p>4.97 per 10,000 population</p>	<p>4.76 per 10,000 population</p>	<p>4.05 per 10,000 population</p>
<p>REDUCE crimes committed under s5(2) of the Misuse of Drugs Act 1971 - possession of drugs by 20%</p> <p>Source: Police Scotland</p>	<p>2014-17 (3-yr average)</p> <p>60.2 per 10,000 population</p>	<p>2017-18</p> <p>44.9 per 10,000 population</p>	<p>59.0 per 10,000 population</p>	<p>56.6 per 10,000 population</p>	<p>48.1 per 10,000 population</p>
<p>REDUCE crimes committed under s5(3) of the Misuse of Drugs Act 1971 - possession with intent to supply by 20%</p> <p>Source: Police Scotland</p>	<p>2014-17 (3-yr average)</p> <p>2.10 per 10,000 population</p>	<p>2017-18</p> <p>2.67 per 10,000 population</p>	<p>1.98 per 10,000 population</p>	<p>1.72 per 10,000 population</p>	<p>0.84 per 10,000 population</p>

We will measure progress towards this priority outcome with reference to the following indicators and targets

Indicator(s) and Source	Baseline	Latest figures reported	Short Term Target (1 year)	Medium Term Target (3yr)	Long Term Target (10yr)
<p>REDUCE crimes committed under s4 of the Misuse of Drugs Act 1971 - production and supply of drugs (accused aged under 25 years) by 20%</p> <p>Source: Police Scotland</p>	<p>2014-17 (3-yr average)</p> <p>4.95 per 10,000 population (<25 Years)</p>	<p>2017-18</p> <p>4.13 per 10,000 population (<25 Years)</p>	<p>4.85 per 10,000 population (<25 Years)</p>	<p>4.65 per 10,000 population (<25 Years)</p>	<p>3.96 per 10,000 population (<25 Years)</p>
<p>REDUCE crimes committed under s5(2) of the Misuse of Drugs Act 1971 - possession of drugs by 20% (accused aged under 25 years)</p> <p>Source: Police Scotland</p>	<p>2014-17 (3-yr average)</p> <p>87.2 per 10,000 population (<25 Years)</p>	<p>2017-18</p> <p>62.4 per 10,000 population (<25 Years)</p>	<p>85.5 per 10,000 population (<25 Years)</p>	<p>80.2 per 10,000 population (<25 Years)</p>	<p>69.8 per 10,000 population (<25 Years)</p>
<p>REDUCE crimes committed under s5(3) of the Misuse of Drugs Act 1971 possession with intent to supply by 20% (accused aged under 25 years)</p> <p>Source: Police Scotland</p>	<p>2014-17 (3-yr average)</p> <p>2.55 per 10,000 population (<25 Years)</p>	<p>2017-18</p> <p>3.10 per 10,000 population (<25 Years)</p>	<p>2.50 per 10,000 population (<25 Years)</p>	<p>2.40 per 10,000 population (<25 Years)</p>	<p>2.04 per 10,000 population (<25 Years)</p>

We will take the following actions to achieve the outcome above				
Change Required	Action to achieve change (including outcome measures and targets)	Timescale	Responsibility	Poverty focus
Children and young people develop an increased awareness of drugs (as defined within the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016) building resilience against drug misuse.	<p>To deliver educational workshops to school pupils within identified local communities:</p> <ul style="list-style-type: none"> To increase the number of preventative workshops delivered to identified schools <p>Source: Police Scotland</p>	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - Police Scotland)	4, 5
	<ul style="list-style-type: none"> To increase the number of pupils who attended preventative workshops <p>Source: Police Scotland</p>	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - Police Scotland)	4, 5
	<ul style="list-style-type: none"> To measure the number of pupils eligible for the programme against the number who participated <p>Source: Education Services</p>	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - Police Scotland)	4, 5

LOIP – THEME – Community Safety – Domestic Abuse

Priority Outcome 2: Contribute to reducing both the prevalence and impact of domestic abuse upon victims, children, families and communities.

Rationale: The Community Safety Partnership Strategic Needs Assessment 2016-17 identified Domestic Abuse as one of five key priorities for the partnership. It has a preventative focus which includes targeting children aged 16 years and under.

Context:

1. **Gender-Based Violence** is a major equality, public health and human rights issue that cuts across the whole of society. It covers a wide range of abusive behaviours including domestic abuse. Domestic abuse can be committed by partners or ex-partners and includes physical, sexual, emotional, and financial abuse.
2. **Impact on Victims** - The impact of domestic abuse against victims is well documented including a range of significant and long term psychological and/or health issues, misuse of alcohol and/or drugs and risk taking behaviours through to self-esteem issues, and offending behaviours and the physical and psychological effects are more pronounced in females than males.
3. **Impact on Children Exposed to Domestic Abuse Environment** - The impact of domestic abuse on children is well documented and includes potential health development impacts. The Scottish Crime and Justice Survey (2016) noted that children lived in households where domestic abuse occurred in 39.4% of all domestic abuse cases, and were actually present when it occurred in two out of every three of cases. Strategies to promote gender equality can affect generational change and reduce gender inequality. Gender-based violence and domestic abuse are recognised as a function of gender inequality.
4. **Economic Cost** - In 2009, the Scottish Government estimated that domestic abuse costs the economy £2.3 billion annually (based on a cost per incident of £22,869). It estimates that the introduction of the Domestic Abuse (Scotland) Act 2018 will initially cost an additional £7.3 million, rising to £10.6 million.
5. **Under-Reporting** - The under-reporting of domestic abuse creates difficulty understanding the scale of the issue. It is recognised that there are many barriers to reporting domestic abuse to the Police. For example, financial circumstances, or fear, etc. In Scotland, it is estimated that one in five victims of domestic abuse report an incident to the police compared with one in three for other types of crime.

6. **Government Legislation and Policy** - It is anticipated that government legislation and policy may increase referrals. For example, the Routine Enquiry process in NHS Scotland requires professionals to inquire about people's experience of domestic abuse and child sexual abuse in order that further assessment and potential support can be put in place. Also, the Domestic Abuse (Scotland) Act 2018 creates a statutory definition of domestic abuse and a specific offence of domestic abuse. It is anticipated that recorded domestic abuse crime could significantly increase reflecting all those cases of emotional or psychological abuse that current legislation fails to capture.
7. **People at Risk** – In Scotland, three of every four domestic abuse victims are female. Most victims are aged between 16 years to 50 years accounting for 87.6% of all domestic abuse incidents reported to the police in 2016-17. There were more domestic abuse incidents reported by people aged 26 to 30 years than any other age group (17.1% of all reported incidents in 2016-17) and of these cases four of every five victims were female. The victim was more likely to be female the younger the age. Eleven out of every 12 domestic abuse incidents involving 16 to 18 year olds reported to the Police had a female victim. This reduced among people aged 51 years and over where two of every three domestic abuse incidents reported to the police had a female victim.
8. **Situational Factors** – In 2016-17, 44% of all domestic abuse reported to the Police in Scotland involved an ex-partner. 8.8% involved a married partner, civil partner. 88% of all domestic abuse reported to the Police occurred at home (48% within the victim's own home and 24% within a home they shared). Over half (53%) of all domestic abuse reported to the Police was of victims who had previously reported a domestic abuse incident to the police. In four out of five of those cases the abuser had previously been charged with domestic abuse offending behaviour.

Drivers:

1. **Trends** – In South Lanarkshire, domestic abuse incidents reported to the Police are rising. In 2016-17, there were 3,285 incidents reported to the Police, increasing by 38.1% between 2007-08 and 2016-17. The rate of reported incidents is also rising. In 2007-08 there were 77 domestic abuse incidents reported to the Police for every 10,000 people and by 2016-17, this has increased to 104.

This trend is similar across Scotland where domestic abuse incidents reported to the Police increased by 17.7% between 2007-08 and 2016-17. The rate of incidents has also risen. In 2007-08 there were 97 domestic abuse incidents reported to the Police for every 10,000 people, this has increased to 109.

While the rate of domestic abuse incidents reported to the police in South Lanarkshire is lower than Scotland, the rise has been greater (a rise of 27 reported incidents for every 10,000 people compared to a rise of 12 reported incidents across Scotland).

2. **Under-Reporting** - The reporting of domestic abuse often relies on a victim's confidence to report as typically this abuse may not be witnessed by others due to the high prevalence of incidents that occur in the home. Domestic abuse strategies have been developed and implemented in recent years by a range of agencies ultimately looking to end domestic abuse. These approaches result in increased levels of reporting as victims have confidence to report to the police and have support from a range of agencies.
3. **Economic Cost** - The estimated financial cost of domestic abuse incidents reported to the police in South Lanarkshire during 2016-17 is £75 million. It is anticipated that there will be increased reporting of domestic abuse crime as a result of government legislation, government policy, and pro-active initiatives and that will increase the financial cost associated with domestic abuse.

We will measure progress towards this priority outcome with reference to the following indicators and targets					
Indicator(s) and Source	Baseline	Latest figures reported	Short Term Target (1yr)	Medium Term Target (3yr)	Long Term Target (10-yr)
INCREASE the number of new domestic abuse referrals to partner agencies by 40% Source: GBV Partnership	2014-17 (3-yr average) 153.2 per 10,000 population	2017-18 184.3 per 10,000 population	159.4 per 10,000 population	165.5 per 10,000 population	208.4 per 10,000 population
INCREASE the number of domestic abuse incidents reported to the Police by 10% Source: Police Scotland	2014-17 (3-yr average) 101.2 per 10,000 population	2017-18 104 per 10,000 population	102.7 per 10,000 population	105.8 per 10,000 population	116.5 per 10,000 population
MONITOR the number of domestic abuse incidents reported to the Police (victim aged less than 19 years) Source: Police Scotland	Not Established – will report from 2020-21 to allow baselines and targets to be established and allow initiatives to embed	Not Established	Not established	Not Established	Not Established

We will measure progress towards this priority outcome with reference to the following indicators and targets					
Indicator(s) and Source	Baseline	Latest figures reported	Short Term Target (1yr)	Medium Term Target (3yr)	Long Term Target (10-yr)
<p>MONITOR the number of domestic abuse incidents reported to the Police (offender aged less than 19 years)</p> <p>Source: Police Scotland</p>	Not Established – will report from 2020-21 to allow baselines and targets to be established and allow initiatives to embed	Not Established	Not Established	Not Established	Not Established
<p>MONITOR the number of crimes reported to the Police under the Domestic Abuse (Scotland) Act 2018 (All)</p> <p>Source: Police Scotland</p>	Not Established – will report from 2020-21 to allow baselines and targets to be established and allow initiatives to embed	Not Established	Not Established	Not Established	Not Established
<p>MONITOR the number of crimes reported to the Police under the Domestic Abuse (Scotland) Act 2018 (victim aged less than 19 years)</p> <p>Source: Police Scotland</p>	Not Established – will report from 2020-21 to allow baselines and targets to be established and allow initiatives to embed	Not Established	Not Established	Not Established	Not Established

We will measure progress towards this priority outcome with reference to the following indicators and targets					
Indicator(s) and Source	Baseline	Latest figures reported	Short Term Target (1yr)	Medium Term Target (3yr)	Long Term Target (10-yr)
<p>MONITOR the number of crimes reported to the Police under the Domestic Abuse (Scotland) Act 2018 (offender aged less than 19 years)</p> <p>Source: Police Scotland</p>	Not Established – will report from 2020-21 to allow baselines and targets to be established and allow initiatives to embed	Not Established	Not Established	Not Established	Not Established

We will take the following actions to achieve the outcome above				
Change Required	Action to achieve change (including outcome measures and targets)	Timescale	Responsibility	Poverty focus
To promote healthy relationships among children and young people to prevent domestic abuse occurring	<ul style="list-style-type: none"> To maintain the delivery of the Mentors in Violence Prevention programme within identified secondary schools <p>Source: GBV Partnership</p>	Ongoing Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - Gender-Based Violence Partnership)	4, 5
To increase awareness amongst professionals of the dynamics of domestic abuse to support them to identify the signs of abuse at an earlier stage enabling early intervention	<ul style="list-style-type: none"> To increase the number of multi-agency professionals engaged in domestic abuse learning and development opportunities <p>Source: GBV Partnership</p>	Ongoing Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - Gender-Based Violence Partnership)	4, 5
To embed a consistent and effective multi agency structure to support high risk victims of domestic abuse	<ul style="list-style-type: none"> To maintain the number of victims of domestic abuse discussed at a Multi-Agency Risk Assessment Conference (MARAC) <p>Source: GBV Partnership</p>	Ongoing Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - Gender-Based Violence Partnership)	4, 5

LOIP – THEME – Community Safety – Road Traffic Accidents

Priority Outcome 3: Contribute to making people safe and feel safe using roads in South Lanarkshire.

Rationale: The Community Safety Partnership Strategic Needs Assessment 2016-17 identified Road Traffic Incidents as one of five key priorities for the Partnership.

Context:

1. **Roads** – individuals and communities are reliant on and use roads going about their daily lives, and road traffic continues to increase. The challenge is to ensure the continuing safety of all road users. Road safety is a national priority in Scotland and is a strategic priority for a range of public services. The Scottish Government has set targets to reduce casualties killed or seriously injured in road accidents by 2020 and accident and casualty levels have continued to fall through complimentary engineering, enforcement and education approaches. Legislation is to be introduced by 2019 to enhance existing drug-drive offence legislation.
2. **Cost** – In 2015, there were 11,700 years lost to life through disability or early death caused by road accidents in Scotland. Devastating human costs aside, there are significant financial costs associated with road traffic accidents and a range of public services are at the centre of the response. In 2016, the average cost of a single accident in Great Britain was £83,893; a rise of £7,427 per accident from 2015 levels.
3. **Preventable** – Road traffic accidents [RTA] are largely preventable. In 2016, less than a fifth of road accidents in Scotland were caused, in whole or part, by factors that may be viewed as being outside a person's control: environment factors (16%, 1,127 accidents) and vehicle defects (2%, 120 accidents). RTAs have continued to fall despite a rise in road traffic. In 2016, road traffic accidents fell by 1.4% from 2015 levels and 36.2% from 2007 levels.
4. **Driver Attitudes** - Accidents were overwhelmingly caused by a range of contributory driver or pedestrian behaviour factors. In 2013, a study commissioned by Transport Scotland found that drivers in general did not perceive themselves as committing crimes nor did they appreciate the social impact of road traffic accidents. For a small group of drivers the risks of illegal driving behaviours were insufficient to influence their behaviour.
5. **Deprivation** – A 2012 report by the Royal Society for the Prevention of Accidents observed that road accidents are influenced by socio-economic factors including income. Children from single parent and large families are at increased risk (for example, outpriced on vehicles with high specification safety features or design).

6. **Road Traffic Offending** – continues to fall: in 2016-17 decreasing 18.9% from 2015-16 levels and 29.5% from 2013-14 levels. Falls continue across various offences with the exception of drink-drunk road traffic offences. There were 5,917 drink-drug road traffic offences in 2016-17, an increase of 8% from 2015-16 levels and above the five-year rolling average of 5,821 offences. There were 11,693 careless driving road traffic offences in 2016-17, a decrease of 3% (364 offences) offences from 2015-16 levels; however, above the five-year rolling average of 11,315 offences.
7. **Road Traffic Accidents and Casualties** - Road traffic accidents continue to fall. In 2016, road accidents in Scotland fell by 1.4% from 2015 levels and by 36.2% from 2007 levels. Casualties levels are also reducing. In 2016, there were 10,901 road accident casualties in Scotland (one in ten being a child), reducing by 8 casualties from 2015 levels and by 35.8% from 2007 levels. 17.3% of casualties were fatally or seriously injured. Fatality levels in 2016 (191 fatalities) were higher than the four-year rolling average (182 fatalities).
8. **Child Casualties** - In 2016, approximately one in ten RTA casualties (9.2%, 1,000 children) in Scotland were child casualties. There were 191 child fatalities in Scotland, a rise of 23 fatalities from 2015 levels and higher than the four-year rolling average of 182 child fatalities. A further 1,697 children were seriously injured, a rise of 97 children seriously injured from 2015 levels although lower than the four-year rolling average of 1,730 children seriously injured.
9. **Groups at Risk** –
 - a. **Child Pedestrians** - In 2016, 15.3% of all road casualties were pedestrians equivalent to a rate of 0.31 pedestrian casualties per 1,000 population and levels were below the four-year rolling average of 1,767 pedestrian casualties. 47.4% of all child casualties were pedestrians.

There were 0.33 pedestrian casualties for every 1,000 people in Scotland rising to 0.53 among children (2012-16 average). Rates were highest among children aged 12 to 15 years (0.89 for every 1,000 child aged 12 to 15 years) and rates were higher among males (0.39 for every 1,000 males) than females (0.27 for every 1,000 females).
 - b. **Adults aged 16 to 22 Years** - People aged 16 to 49 were disproportionately at risk of injury as a result of a road accident although rates were highest among people aged 16 to 22 years (4.0 for every 1,000 people compared to 2.14 in Scotland) (2012-16 average). Casualty rates were highest among males aged 16 to 22 years (4.48 for every 1,000 people compared to 2.50 in Scotland) and females aged 16 to 22 years (3.51 for every 1,000 people compared to 1.81 in Scotland) (2012-16 average).

There were 1.30 car casualties for every 1,000 people in Scotland rising to 2.82 among people aged 16 to 22 years (2012-16 average). Casualty rates among drivers/riders were 1.28 for every 1,000 people rising to 1.67 among males, and higher to 2.68 among males aged 16 to 22 years. RTA hospital admission rates were highest among 17 to 24 years (85.9 admissions for every 100,000 people) and 75+ years (91.2 admissions for every 100,000 people). Admissions among 75+ years age group has increased year-on-year since 2012-13, and most recently by 26.7% (49 admissions) during 2015-16.

- c. **Males** - In Scotland, males were at disproportionate risk of being a casualty (2.50 for every 1,000 people compared to 2.14 in Scotland) (2012-16 average). On average (2012 to 2016), three of every five pedestrian casualties were male (58%); two of every three drivers were male (63%), and two of every five vehicle passengers were male (40%). RTA emergency admissions among males were disproportionately high accounting for 64.2% (1,985) of RTA emergency admissions in 2015-16 despite comprising 48.6% of the population.

Drivers:

1. **Road Traffic Offending** – in South Lanarkshire continues to fall; however, current levels of drink-drug driving and careless are above the longer-term five-year trend. In 2016-17, RTAs decreased by 23.7% from 2015-16 levels and 72.7% from 2012-13 levels. Long term trends are reducing across a range of road traffic offences with the exception of drink-drug driving. There were 365 drink-drug road traffic offences in 2016-17 increasing 46 offences from 2015-16 levels and above the five-year rolling average, 337. There were 466 careless driving road traffic offences in 2016-17 decreasing 48 offences from 2015-16 levels; however, above the five-year rolling average of 448.
2. **Road Traffic Accident 2020 Targets** – There have been long-term reductions in road accidents in South Lanarkshire towards the 2020 Scottish Government casualty targets. In 2016, there were 466 RTAs reducing by eight accidents from 2015 levels and reducing by 32.4% from 2007 levels. Of the 466 accidents, 91 were fatal and serious accidents. In South Lanarkshire, the fire service attended an average of 241 RTAs during April 2014 to March 2017, a rise of 13 incidents from 2015-16 levels and by four incidents from 2014-15 levels.
3. **Hospital Admissions** - While road traffic accidents across Scotland are reducing, hospital emergency admissions are rising. There were 3,090 emergency admissions arising from road accidents during 2015-16 and admissions across Scotland rose by 5.4% from 2014-15 levels. In South Lanarkshire, there were 110 RTA emergency admissions during 2015-16. There were 18 fewer admissions in South Lanarkshire compared to the previous year while admissions across Scotland rose (5.4%). This may be a result of differing admissions policies across Health Boards rather than a declining trend.

4. **Road Traffic Casualties** – In 2016, there were 607 RTA casualties in South Lanarkshire increasing by eight casualties from 2015 levels although reducing 35.8% from 2007 levels. In 2016, there were 18 fatalities and 83 seriously injured casualties in South Lanarkshire. Fatality levels are rising, by 13 from 2015 levels and higher than the four-year average of 10 fatalities (2012-14 average). The level of casualties seriously injured is also rising, 13 from 2015 levels and higher than the four-year rolling average of 75 casualties seriously injured. The rate of pedestrian casualties was higher in South Lanarkshire compared to Scotland (0.33 for every 1,000 people compared to 0.31 in Scotland).
5. **Prevention** – In South Lanarkshire (2014-16), the main contributory causes of fatal and serious accidents were speed, road surface conditions, and driver and pedestrian behaviours. Road speed limits and road surface conditions impacted on the severity of the injury. 38.3% of all fatal and serious road accidents occurred on roads of 60mph+ and 45.6% occurred on a wet surface. 67.6% of fatal RTAs were on wet surfaces.

Driver error was a contributory factor in 57.3% of fatal and serious RTAs in South Lanarkshire; half (52.1%) of these were through driver failure to look properly. This contributed to 13 fatal accidents and 56 serious accidents. Pedestrian behaviour contributed to 26.6% (66) fatal and serious RTAs in South Lanarkshire; 75.8% (50) of these being due to pedestrian failure to look properly which contributed to 7 fatal accidents and 59 serious accidents.
6. **Population Changes** While long-term trends continue to positively reduce natural population changes (e.g. births, aging, etc.) create ever-evolving risk.

We will measure progress towards this priority outcome with reference to the following indicators and targets

Indicator(s) and Source	Baseline	Latest figures reported	Short Term Target (1yr)	Medium Term Target (3yr)	Long Term Target (10yr)
REDUCE road accident casualties – all killed Source:- SLC Roads and Transportation	2004-08 (4-yr average) 16 people	2017 7 people	11 people	10 people	Not established – Targets are based on the Scottish Government's National 2020 targets.
REDUCE road accident casualties – all seriously injured Source:- SLC Roads and Transportation	2004-08 (4-yr average) 121 people	2017 86 people	68 people	54 people	
REDUCE road accident casualties – children (<16) killed Source:- SLC Roads and Transportation	2004-08 (4-yr average) 1 people	2017 1 people	0.6 people	0.5 people	
REDUCE road accident casualties – children (<16) seriously injured Source:- SLC Roads and Transportation	2004-08 (4-yr average) 17 people	2017 15 people	8 people	6 people	

We will take the following actions to achieve this priority outcome				
Change Required	Action to achieve change (including outcome measures and targets)	Timescale	Responsibility	Poverty focus
Promote safe driving and pedestrian behaviours	To provide road education information and undertake awareness raising in relation to: <ul style="list-style-type: none"> • The risks of road accidents associated with road speed and road conditions Source: Police Scotland	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner – Police Scotland)	4, 6, 7
	<ul style="list-style-type: none"> • The dangers of risk taking behaviours of both vehicle drivers and pedestrians Source: Police Scotland	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner – Police Scotland)	4, 6, 7

LOIP – THEME – Community Safety – Unintentional Injuries

Priority Outcome 4: Contribute to reducing the risk of unintentional injuries within the home environment.

Rationale: The Community Safety Partnership Strategic Needs Assessment 2016-17 identified Unintentional Injuries as one of five key priorities for the partnership. It has a preventative focus targeting adults aged 65+ years.

Context:

1. **Unintentional injuries** - are preventable injuries. They are a main cause of death and a common cause of emergency admission among both children and adults. The Prevention and Management of Falls in the Community Framework (2014) focuses on prevention of falls in older people building on the existing National Falls Programme. Its approach recognises the personal, social, and economic implications of an ageing population.
2. **Cost** - In 2015, there were 20,500 years lost to life through disability or early death caused by a fall in Scotland. In 2014 it was estimated that the societal cost of an accident at home was £45.63 billion a year. In Scotland, accidents at home are estimated to cost £4 billion and emerging technologies, drugs, and health treatments contribute to increasing health care expectations. In 2012, it was estimated that one in three Scottish adults aged 65 years and over suffer falls and mainly within the home. Falls among people of this age group was estimated to cost health and social care services alone £471 million each year and with costs anticipated to rise to £660 million by 2020.
3. **Ageing Population** – In Scotland, there is a projected 6.3% population rise by 2039 from 2014 levels and a projected 28.3% rise in the pensionable age population.
4. **Health** – There are 93,000 people with dementia in Scotland and approximately 0.25 million with osteoporosis, both being common conditions associated with older age. Older carers and those suffering from health problems or disabilities are themselves vulnerable to declining health or sustaining injury. Also, people residing alone or as part of an elderly couple are at increased risk. In 2011, 87.8% of people living in a care home setting were aged 65 years and over. In 2017 it was estimated that people with dementia in care homes were three times more likely to fall than those living independently.

In 2011, 295 people of every 1,000 people had one or more long-term health condition. The prevalence rose with age: from 46 for every 1,000 children aged zero to four years rising to 742 for every 1,000 adults aged 75 years and over. People aged 50 years and over were disproportionately affected comprising 36.4% of the population but 63.5% of all people with one or more long-term health condition. This was most pronounced among adults aged 75 years and over (comprising 7.3% of the population but 18.3% of all people with one or more long-term health condition).

5. **Falls** - In 2015-16, there were 48,129 emergency admissions for unintentional injury including 39.2% fracture admissions and 24.6% head injury admissions. 61.8% of admissions were due to falls and represents a 1.2% rise from 2014-15 levels and a 7.2% rise from 2006-07 levels.

In 2016-17, there were 34,376 emergency admissions arising from falls in Scotland equivalent to 6.4 admissions for every 1,000 people. Long-term fall admissions have risen by 5.2% from 2007-08 levels although most recently have remained static from 2015-16 levels (reducing 0.3%).

The pensionable age population was most to be admitted to hospital through a fall and the risk of emergency admission rose with age. There were 6.4 admissions for every 1,000 people in Scotland in 2016-17, rising to 9.1 admissions among people aged 65 years and over, and further to 64.8 admissions among people aged 85 years and over.

There were 787 deaths from unintentional falls in Scotland during 2015, rising 6.5% (48 deaths) from 2014 levels and 22.6% rise (145 deaths) from 2006 levels. 84.2% (663 deaths) of all fall deaths during 2015 were among people aged 75 years and over, rising to 91.2% (718 deaths) among people aged 85 years and over. In 2015, four of every five fall deaths were among people aged 75+ years.

6. **Deprivation** - In Scotland, there is a correlation between deprivation and hospital admissions arising from unintentional injury among both children and adults. Similarly, a correlation between deprivation and adult deaths through unintentional injury.

Drivers:

1. **Ageing Population** – In South Lanarkshire, there is a projected 3.9% population rise by 2039 from 2014 levels and a projected 34.2% rise in the pensionable age population. The trend is more acute compared to Scotland (28.3% rise projected). By 2039, South Lanarkshire's pensionable age population is estimated to comprise 28.3% of the total, rising from 18.3% in 2014.
2. **Health** - In 2011, 30.6% of people in South Lanarkshire had one or more long-term health condition compared to 29.9% in Scotland. Of those, 10.7% were limited a lot in their daily lives compared to 9.6% in Scotland. By 2016, the Annual Population Survey estimated that 98,497 adults in South Lanarkshire suffered a long term health problem and 50,668 people were classified as disabled (equivalent to 16% of the South Lanarkshire population).

Rates of people living with long-term health conditions and multiple health conditions in South Lanarkshire are projected to rise. In 2011, 299 people of every 1,000 people had one or more long-term health condition compared to 295 in Scotland. The prevalence rose with age: from 46.0 for every 1,000 children aged zero to four years rising to 756 for every 1,000 adults aged 75 years and over (compared to 742 in Scotland). People aged 50 years and over in South Lanarkshire were disproportionately affected by ill health comprising 37% of the population but 64.5% of all people with one or more long-term health condition. This was most pronounced among people aged 75 years and over, comprising 7% of the population but 17.6% of all people with one or more long-term health condition.

Rates of people with complex health and social care needs are higher in South Lanarkshire relative to the Scottish average (279.8 per 10,000 versus 235.1) equivalent to 7,500 persons. This group accounted for 2.3% of the authority's population but almost 50% of allocated resources.

3. **Falls** - resulting in emergency admission are rising at a faster rate in South Lanarkshire compared to Scotland. In 2016-17, there were 2,090 emergency admissions arising from falls in South Lanarkshire equivalent to 6.6 admissions for every 1,000 people (compared to 6.4 in Scotland). Long-term fall admissions have increased by 26.7% from 2007-08 levels and most recently by 8.2% from 2015-16 levels whereas admission rates have most recently remained static in Scotland.

The pensionable age population was most likely to be admitted to hospital through a fall and the risk of emergency admission rose with age. There were 6.6 admissions for every 1,000 people in South Lanarkshire in 2016-17, rising to 9.4 admissions among people aged 65 years and over, and further to 66.7 admissions among people aged 85 years and over. Admissions are rising at a faster rate in South Lanarkshire compared to Scotland.

In South Lanarkshire, there were 58 deaths due to falls during 2015; a 26.1% rise from 2014 levels and a 65.7% rise from 2006 levels. 79.3% of all fall deaths during 2015 were among people aged 75 years and over, rising to 91.4% among people aged 65 years and over. Four of every five deaths were among people aged 75 years and over commensurate with wider Scotland.

4. **Deprivation** - People from the 20% most deprived areas were disproportionately likely to be admitted for unintentional injury (24.2%) and unintentional injury arising from a fall (24.5%). This extended to people aged 65 years and over but to a lesser extent (21.7% and 21.4% respectively). However, falls among people with dementia were more geographically widespread and those in the 20% most deprived areas were *not* disproportionately affected (18.1%). Consistently, people resident in areas of 21-40% deprivation (SIMD 2016, Quintile Two) were the most disproportionately affected from unintentional injury, unintentional falls, and falls among people with dementia.

We will measure progress towards this priority outcome with reference to the following indicators and targets					
Indicator(s) and Source	Baseline	Latest figures reported	Short Term Target (1 year)	Medium Term Target (3yr)	Long Term Target (10yr)
MAINTAIN emergency admissions rates for unintentional injury among people aged 65+ years Source: Information Services Division Scotland	2016-17 26.9 per 1,000 Population (65+ years)	2016-17 26.9 per 1,000 Population (65+ years)	26.9 per 1,000 Population (65+ years)	26.9 per 1,000 Population (65+ years)	26.9 per 1,000 Population (65+ years)
MAINTAIN emergency admissions rates for unintentional injury arising through falls among people aged 65+ years Source: Information Services Division Scotland	2016-17 21.9 per 1,000 Population (65+ years)	2016-17 21.9 per 1,000 Population (65+ years)	21.9 per 1,000 Population (65+ years)	21.9 per 1,000 Population (65+ years)	21.9 per 1,000 Population (65+ years)

We will take the following actions to achieve this priority outcome				
Change Required	Action to achieve change (including outcome measures and targets)	Timescale	Responsibility	Poverty focus
REDUCE the incidence of trips and falls within the home among residents aged 65+ years	To undertake a Community Safety Home Visit intervention: <ul style="list-style-type: none"> To increase the number of home safety visits undertaken among residents aged 65+ to prevent a trip or fall at home Source: Scottish Fire and Rescue	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner- Scottish Fire and Rescue Service)	5, 6

LOIP – THEME – Community Safety – Antisocial Behaviour

Prioritised Outcome 5: Contribute to reducing the impact antisocial behaviour has on people's lives.

Rationale: The Community Safety Partnership Strategic Needs Assessment 2016-17 identified antisocial behaviour as a priority issue in response to trends at that time relating to alcohol-related antisocial behaviour and deliberate fire setting of refuse.

Context:

Antisocial Behaviour

1. **Legislation** - Antisocial behaviour is governed by the Antisocial Behaviour (Scotland) Act 2004 placing a statutory responsibility on local authorities and the police to prepare, publish and review a strategy to address antisocial behaviour. While there is no statutory definition of antisocial behaviour, section 143 of the Act provides an interpretation of what constitutes antisocial behaviour. Legal remedy is provided in the Act for a range of antisocial offence behaviours (e.g. vandalism, noise, etc.).
2. **National Strategy** – In 2009, the Scottish Government's antisocial behaviour strategy 'Promoting Positive Outcomes' marked a shift from the traditional focus on enforcement recognising the necessity of prevention approaches, and of the necessity to engage the community.
3. **Cost** – In 2007, the Home Office estimated that the economic cost of antisocial behaviour in England and Wales was £3.4 billion annually equivalent to £14 million per (working) day to public service organisations. This excludes indirect personal and social costs, for example, costs to local communities – house prices/local business - from reputational damage, or emotional costs to victims, for example anxiety.
4. **Public Perceptions** of what constitutes antisocial behaviour and tolerance to these behaviours vary widely. This variance reflects the much individualised effect of antisocial behaviour on mental health and general wellbeing. A common perception is that antisocial behaviour typically includes vandalism, graffiti, and youth disorder. However, the scope and nature of antisocial behaviour is much wider and ever-changing encompassing a range of nuisance or criminal behaviours.
5. **Community Views** – In the 2016 Scottish Household Survey, 93.9% of South Lanarkshire respondents felt their neighbourhood was a very/fairly good place to live compared to 95% in Scotland. The Survey observed that antisocial behaviour was more prevalent in deprived areas.

6. Alcohol-Related Antisocial Behaviour

- a. **Alcohol-Related Behaviour** – Alcohol misuse is recognised as a major health and social issue contributing to a range of social problems including crime, domestic abuse, and antisocial behaviour.
- b. **Problem Alcohol Use** – In Scotland, alcohol consumption has lowered. In 2003 the average drinker consumed 16.1 units per week, reducing to 12.8 units by 2016. However, in 2016 a quarter (26%) of adults in Scotland were drinking above the recommended alcohol consumption levels compared to 34% in 2003 and men were more likely to drink higher quantities than women (35% men v 17% women consuming over the recommended weekly consumption level).
- c. **Alcohol Misuse** – In Scotland, hospital admission rates were highest among people aged 55 to 59 years (760 admissions for every 100,000 people) predominantly for harmful use and the mental and behavioural effects of alcohol. There was an 8.3% rise in alcohol related deaths during 2016 and rates were higher among people aged 40 years and over rising to 54 deaths for every 100,000 people aged 60 to 64 years. Two of every three deaths were male (797 deaths).
- d. **Health and Wellbeing** - Drinking can harm health and place people in risky situations through vulnerability while drunk. There are two distinct vulnerable groups: those with established alcohol misuse problems (aged 45 years and over); and adolescents either experimenting (13 to 15 years) or suffering health consequences of binge drinking (15 to 19 years).
- e. **Adolescents and Alcohol** – children are exposed to alcohol marketing through a variety of media. In 2014, a survey by Alcohol Focus Scotland reported that 95% of all ten and eleven year old children surveyed recognised the brand Foster's beer; higher than their recognition of leading brands of biscuits, crisps, and ice cream. Research evidence indicates that children exposed to alcohol marketing are more likely to drink from an earlier age and are more likely to consume more.

In 2015, a Scottish Government survey of school children reported that 40% of 13 year olds and 73% of 15 year olds thought it was 'okay' to drink alcohol at their age. 28% of 13 year olds and 66% of 15 year olds had consumed alcohol. 27% of 13 year olds and 40% of 15 year olds had consumed alcohol at the same time they had taken drugs (females being more likely). Drinking within a home environment was most common among 13 year olds and at parties among 15 year olds.

In 2016-17, there were 162 general acute hospital admissions of children under 15 years in Scotland equivalent to 19 alcohol-related admissions per 100,000 population. The reasons for this were predominantly acute intoxication and the mental and behavioural effects of alcohol. Admissions among people aged 15 to 19 years for acute intoxication was 156 admissions for every 100,000 people compared to 140 in Scotland.

7. Deliberate Refuse Fire Setting

- a. **Deliberate Fire Setting** - Deliberate fire setting endangers lives and property and antisocial behaviour and personal gain are common motivations. People are at risk not only from injury or fatality from fire, but also from setting fires in unsafe areas or where there are hazardous chemicals etc. nearby.
- b. **Cost In 2008**, the estimated economic cost of deliberate fire setting in England was £1.7 billion. It accounted for 14% of the economic cost of fire that year equivalent to £33 per person. By 2011, the cost had risen to £2.53 billion in England, and in Scotland the cost was estimated at £23.8 million equivalent to a cost of £45 per head of population. The average cost of the Scottish Fire and Rescue Service attending a fire incident is £2,000.
- c. **Public Perception** - In 2016, 30% of Scottish Household Survey respondents in Scotland believed rubbish or litter lying about was a very or fairly common problem in their neighbourhood, and 27% of respondents believing this based on experience.
- d. **Motivation** – Several international studies have examined the psychology of deliberate fire-setting. Reasons for deliberate fire setting are varied and understanding the behaviour requires consideration of both the motive and the intent. Antisocial behaviour fire-setting is generally associated with an internal motivation (for example, for gain or emotional reaction) targeted at property.
- e. **Children and Antisocial Behaviour** - In a study by the Home Office (1988) there were more deliberate fire-setting convictions from people aged 10 to 25 year peaking at 16 years.

Internal motivations in children include a range of individual and family factors. Children displaying aggressive, violent, and antisocial behaviours, using drugs or alcohol, living in unstable home environments or care settings, and children with emotional problems are more vulnerable. A study on antisocial behaviour among children estimated the average cost of supporting a child referred to mental health services because of conduct disorder (otherwise known as antisocial behaviour) was £15,382 per child.

- f. **Refuse Fires** - In Scotland refuse fires are declining in the long term (35.4%); however, there has been a year-on-year rise since 2014/15 in refuse fires (11%). This has primarily been caused by a rise in accidental refuse fires that have risen 25.3% from 2010-11 levels combined with a recent rise 12.3% in deliberate refuse fires. The rate of secondary refuse fires in South Lanarkshire is 165 for every 100,000 people compared to 147 in Scotland. In South Lanarkshire, there were 523 secondary refuse fires during 2016-17 and 98.3% (514) were deliberately set compared to 85.6% of secondary refuse fires in Scotland. The rate of deliberate refuse fire setting in South Lanarkshire was 162 for every 100,000 people compared to 126 in Scotland.

Drivers:

1. Alcohol-Related Antisocial Behaviour

- a. **Attitudes Towards Alcohol Consumption** – A 2015 Scottish Government Survey of school children reported that drinking alcohol was generally regarded as socially acceptable among teenagers and that this acceptability rises with age. It also found children were likely to mix drink and drugs. In 2016-17, there were more hospital admissions through binge drinking in Scotland among people aged 15 to 19 years than any other age group.
- b. **Cost of Problem Alcohol Use** – In 2007, the societal cost of alcohol harm in Scotland was estimated at £3.6 billion per year, including 1.7 million lost working days, £267 million health service costs and £727 million crime costs.
- c. **Alcohol Consumption** - In 2016, 17% more alcohol was sold in Scotland compared to England/Wales and alcohol sales were equivalent to 20.2 units per adult per week compared to 17.3 units in England/Wales. In 2015, 26% of adults in Scotland exceeded the recommended alcohol consumption guidelines. Of those drinking above the recommended limit, the average consumption was highest among the lowest income group. NHS Lanarkshire's 2017 health and social care plan observed that residents in the area were more likely to exceed daily drinking guidelines compared to Scotland.
- d. **Drink-Related Crime, Offending, and Antisocial Behaviour** – While reported drink-related crime and offending is reducing in South Lanarkshire (and in Scotland) the *rate* of offending and drink-related antisocial behaviour is higher compared to Scotland. In South Lanarkshire, 92.6% of all drink-related offending in 2016-17 related to public drinking offences compared to 83.3% in Scotland. This was equivalent to a rate of 33 offences for every 10,000 people compared to 24.5 in Scotland. In 2016-17, there were 7.6 alcohol-related antisocial incidents for every 10,000 people in South Lanarkshire compared to 5.0 in Scotland.
- e. **Health** - In South Lanarkshire, alcohol-related general acute admissions rates are rising. In 2016-17, the admission rate was 477.7 admissions for every 100,000 people (compared to 455 in Scotland). Long term admission trends in South Lanarkshire rose 4.5% from 2007-08 levels while falling across Scotland (17.4% decrease) and most recently admissions in South Lanarkshire rose by 8.2% during 2016-17 compared to 1.7% in Scotland.

In South Lanarkshire, alcohol-related death rates are increasing. In 2016, long term death trends in South Lanarkshire rose 26.9% from 2012 levels and most recently by 23.2% during 2016. The rate of alcohol-related deaths was 26.8 deaths for every 100,000 people compared to 21 deaths in Scotland. Death rates from alcohol conditions in NHS Lanarkshire are higher than the Scottish average and the most deprived communities are disproportionately affected.

2. Deliberate Refuse Fire Setting

- a. **Cost** –Deliberate secondary fires cost South Lanarkshire Division of Scottish Fire and Rescue Service £1.7 million during 2016-17 with deliberate refuse fires alone costing £1.028 million (equivalent to 7.6% of the total cost associated with refuse fires across Scotland). Economic cost aside, every fire deliberately set has personal, social and environmental impacts. It places lives in danger and diverts the resources and ability of the fire service to respond effectively to accidental fires or emergency situations.
- b. **Crime and Offending** – Despite long term reductions in wilful fire-raising crime in Scotland (40% decrease from 2007-08 levels) there has been a recent rise (most recently by 7.6% during 2016-17) and current crime levels are higher than the five-year rolling average of 2,671 wilful fire-raising crimes. Likewise, wilful fire-raising crime in South Lanarkshire rose by four crimes (to 188 crimes) in 2016-17 from 2015-16 levels and above the rolling five-year average of 179 crimes.
- c. **Antisocial behaviour fire-raising incidents** fell (25 crimes) in South Lanarkshire despite a rise in Scotland (8.3%) from 2015-16 levels; however, the rate of antisocial behaviour fire-raising incidents is 5.9 incidents per 10,000 population compared to 5.2 per 10,000 in Scotland.
- d. **Deliberate Fire-Setting** – In 2016-17, 95.4% of secondary outdoor fires in South Lanarkshire were deliberate equivalent to 268 fires for every 100,000 people compared to 244 in Scotland. 58.7% of these were refuse fires compared to 51% in Scotland. In South Lanarkshire, refuse fires rose by 4.5% from 2015-16 levels to 163 refuse fires for every 100,000 people compared to 147 in Scotland, and there were 158 deliberate refuse fires for every 100,000 people compared to 126 in Scotland.

We will measure progress towards this priority outcome with reference to the following indicators and targets					
Indicator(s) and Source	Baseline	Latest figures reported	Short Term Target (1 yr)	Medium Term Target (3yr)	Long Term Target (10yr)
<p>REDUCE the number of reported crimes of drinking in a designated public place recorded by Police Scotland by 50% (offender aged < 25 years)</p> <p>Source:- Police Scotland</p>	<p>2014-17 (3-yr average)</p> <p>36.1 per 10,000 population</p>	<p>2017-18</p> <p>21.7 per 10,000 population</p>	<p>34.3 per 10,000 population</p>	<p>30.7 per 10,000 population</p>	<p>18.1 per 10,000 population</p>
<p>REDUCE the number of general acute alcohol-related hospital new patient admissions due to acute intoxication by 10%</p> <p>Source:- Information Services Division, NHS</p>	<p>2014-17 (3-yr average)</p> <p>6.62 per 10,000 population</p>	<p>2017-18</p> <p>6.46 per 10,000 population</p>	<p>6.56 per 10,000 population</p>	<p>6.42 per 10,000 population</p>	<p>5.96 per 10,000 population</p>
<p>REDUCE the number of deliberate secondary refuse fires attended by Scottish Fire and Rescue Service by 5%</p> <p>Source: Scottish Fire and Rescue</p>	<p>2014-17 (3-yr average)</p> <p>15.8 per 10,000 population</p>	<p>2017-18</p> <p>14.4 per 10,000 population</p>	<p>15.7 per 10,000 population</p>	<p>15.6 per 10,000 population</p>	<p>15.0 per 10,000 population</p>
<p>REDUCE the number of reported crimes of wilful fire-raising recorded by Police Scotland by 5%</p> <p>Source: Police Scotland</p>	<p>2014-17 (3-yr average)</p> <p>5.63 per 10,000 population</p>	<p>2017-18</p> <p>6.43 per 10,000 population</p>	<p>5.61 per 10,000 population</p>	<p>5.55 per 10,000 population</p>	<p>5.35 per 10,000 population</p>

We will take the following actions to achieve this priority outcome

Change required	Action to achieve change (including outcome measures and targets)	Timescale	Responsibility	Poverty Focus
Promote positive drinking behaviours among young people	<p>Prevention and early intervention on the dangers of alcohol consumption on young people including:</p> <ul style="list-style-type: none"> To deliver alcohol awareness drama to all S1 and S2 pupils in identified South Lanarkshire secondary schools to educate in relation to alcohol consumption and health and personal safety <p>Source: SLC, Housing and Technical Resources</p>	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - SLC Housing and Technical Resources)	4, 7
Promote responsible behaviours among young people in relation to fire safety	<p>Prevention and early intervention on the dangers of fire setting and encouraging responsible behaviour including:</p> <ul style="list-style-type: none"> To deliver the Fire Reach programme to targeted young people to prevent recurrence of fire-related antisocial behaviour <p>Source: Scottish Fire and Rescue</p>	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - Scottish Fire and Rescue Service)	4, 7
	<ul style="list-style-type: none"> To deliver the 'Common Sense' programme across identified local areas to raise awareness and educate against refuse-related antisocial behaviour and crime <p>Source: SLC, Housing and Technical Resources</p>	Ongoing, Commencing 1 April 2018	Safer South Lanarkshire Board (Lead Partner - SLC Housing and Technical Resources)	4, 7

- 1 Family focused inclusion strategy**
- 2 Supporting employment / childcare**
- 3 Improving housing quality**
- 4 Supporting education, skills, development – young people**

- 5 Tackling Health inequalities**
- 6 Supporting safeguarding measures**
- 7 Improving local environment**