Crime Reduction & Community Safety Group

b. Tilley Awards 2008 Application form

c. Please ensure that you have read the guidance before completing this form. **By making an application to the awards, entrants are agreeing to abide by the conditions laid out in the guidance.** Please complete the following form in full, within the stated word limit and ensuring the file size is no more than 1MB. Failure to do so will result in your entry being rejected from the competition.

Completed application forms should be e-mailed to tilleyawards08@homeoffice.gsi.gov.uk.

All entries must be received by noon on **Friday 25th April 2008**. No entries will be accepted after this time/date. Any queries on the application process should be directed to Alex Blackwell on 0207 035 4811.

d. Section A: Application basics

1. Lawson Street Health Centre:

2. Anti Social Behaviour:

**Author contact details**

3. PC 440 Fagan:

4. Cleveland Police:

5. Police Station,
   Thistle Green,
   Stockton-on-Tees

6. stephen.fagan@cleveland.pnn.police.uk:

7. 01642 302248:

**Secondary project contact details**

8. Sgt Stephenson,
   Neighbourhood Policing,
   Stockton

9. Lisa.Stephenson@cleveland.pnn.police.uk

10. 01642 306639

**Endorsing representative contact details**

11. Superintendent David Brunskill

12. David.Brunskill@cleveland.pnn.police.uk
Section B: Summary of application - In no more than 400 words use this space to provide a summary of your project under the stated headings (see guidance for more information).

Lawson Street Health Centre provides primary care for general patients. Co-located on the premises is the “Birchtree” practice which is dedicated to the treatment of substance misuse patients and recovering drug addicts. There is also a pharmacy in the building that dispenses prescription drugs to all patients at the centre. Birchtree patients were reported to be selling or exchanging prescribed drugs for illegal drugs and dealers were coming to the area and either trading with patients or ‘taxing’ them of their drugs.

**Scanning:**
- Police records showed 53 reported incidents and 23 recorded crimes between January and December 2005.
- Community forums highlighted concerns about litter, drug dealing, drunkenness and anti social behaviour outside the centre.
- Information from Primary Care Trust (PCT) Staff at the centre outlined operating practices.
- Comparisons were made with similar Pharmacies in a neighbouring police district and also in London.

**Analysis:**
Anti social behaviour was occurring outside the centre while substance misuse patients were waiting for their medication. Litter was being deposited giving the location a run down appearance. Arguments and fights were breaking out and police were being called to deal with incidents reported by the centre staff, residents and nearby businesses.

There were about 700 patients at the Birchtree practice of which there was a hard core of about 25 causing most of the problems. General Practice patients, mostly local residents, felt intimidated by Birchtree patients when they went to the centre.

A nearby alley was used by some Birchtree patients for drug dealing and there were complaints of ASB and urinating.

Incidents occurred mostly on weekday afternoons with a high concentration at 5.00 p.m. on a Friday evening.

**Response:**

The following initiatives were put in place:
- Segregation between the General Practice and Drug Treatment area
- Involvement of the Neighbourhood Management Board
- Outreach services / Parents Against Narcotics in the Community (PANIC)
- Police Operations
- Alcohol free zone
- Patient contracts
- Alley gates
- CCTV

**Assessment:**
- A building programme was completed that segregated drug treatment and general patient areas
- Behaviour has improved as a result of ABC interviews and patient contracts
- A permanent pharmacist is in place providing consistency and control
- Alley gates have been installed preventing access to back lanes
- Information sharing protocols in place
- Calls to police reduced by 29%
- CCTV improvement

**State number of words**: 394
Section C: Description of project - Describe the project in no more than 4,000 words. Please refer to the full guidance for more information on what the description should cover, in particular section 11.

INTRODUCTION

Lawson Street Health Centre is located at the southern end of Stockton Town Centre in the middle of a residential area. Reports had been received that some of the patients at the centre, who were recovering drug addicts, were causing disorder outside the centre and were accompanied to the centre by friends who added to the problem. Fights were breaking out and complaints were being made by staff and patients at the centre and by local residents and nearby businesses.

Officers who dealt with incidents in the area and attended a number of meetings between police, residents groups and representation from other stakeholders raised the matter as a POP in January 2006 to tackle complaints about anti social behaviour, littering and drugs.

SCANNING:

The Health Centre is a specialist practice providing the full range of primary medical care services to registered patients. In addition, the practice provides treatment for substance misuse patients at “The Birchtree Practice”.

To receive ongoing treatment, patients with substance misuse problems who were currently registered with other GP practices in Stockton had to transfer to The Birchtree Practice. Patients are able to return to their original GP practices, when they were stabilised, by negotiation with the practice concerned. The Birchtree Practice also provided professional support and advice on substance misuse treatment to colleagues in primary care in Stockton who wish to retain patients in their own practices.

The general practice patients and the drug treatment patients were physically segregated from each other and used separate entrances with separate waiting rooms and were treated by separate doctors. The Birchtree doctors did not treat any of the general practice patients and treated the drug patients for all of their ailments, not just drug related ones, i.e. a cold or physical injury.

There was one Pharmacy in the practice which dispensed all medication to all patients but with separate waiting rooms. General patients were served at an open service counter whereas drug treatment patients waited in a separate, smaller waiting room, and were served through a hatch in the wall.

Sgt Lisa Stephenson of the neighbourhood policing team (NPT), visited a drug treatment and pharmacy in a neighbouring town and also contacted the Lambeth Drug Centre in London where matters discussed included appointment systems, enforcement of regulations, acceptable conduct and types of drugs dispensed along with their street value.

There were two CCTV cameras covering the outside of the building.

Police data systems were researched for incidents, crimes and intelligence for a 12 month period between January 2005 and January 2006

Incidents

There were 53 incidents reported in 2005 with calls every month. Figures rose during the course of the year from 8 incidents reported in the first quarter to 18 in the fourth quarter.

General headings of incident types included 17 calls reporting crimes and 20 reports of disorder.

The graph below shows the number of incidents reported each month.
Intelligence indicated that some drug addicts were collecting their prescribed medication and then either selling it for cash or exchanging it for prohibited drugs. It had also been said that some dealers were “taxing” the Birchtree patients and taking their medication for re-sale elsewhere.

People seemed to be waiting around outside the centre for long periods of time and large groups were forming. Arguments broke out and there were a number of fights. Local residents and shop owners were becoming concerned and were complaining about drug addicts loitering in the area leaving litter, causing anti social behaviour and using drugs.

Crimes

During 2005 there were 23 recorded crimes comprising 13 offences of theft that included theft from the person, theft from motor vehicle and theft of motor vehicle. There were also 2 robberies, 4 assaults and 1 case of criminal damage.

<table>
<thead>
<tr>
<th>Offence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault occasioning actual bodily harm</td>
<td>2</td>
</tr>
<tr>
<td>Breach of anti social behaviour order</td>
<td>1</td>
</tr>
<tr>
<td>Burglary other than a dwelling</td>
<td>1</td>
</tr>
<tr>
<td>Robbery personal</td>
<td>2</td>
</tr>
<tr>
<td>Theft from the person of another</td>
<td>2</td>
</tr>
<tr>
<td>Theft from motor vehicle</td>
<td>3</td>
</tr>
<tr>
<td>Theft of a motor vehicle</td>
<td>1</td>
</tr>
<tr>
<td>Theft if not classified elsewhere</td>
<td>7</td>
</tr>
<tr>
<td>Other criminal damage ~ building other than dwelling</td>
<td>1</td>
</tr>
<tr>
<td>Common assault and battery</td>
<td>2</td>
</tr>
<tr>
<td>Harassment, alarm or distress</td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>23</td>
</tr>
</tbody>
</table>

**ANALYSIS:**

The centre had recently undergone a rebuilding programme that was designed to segregate different categories of patients. The co-location of the treatment centre and pharmacy within the same building was a unique feature in Cleveland and neighbouring Police forces therefore it would not be possible to use good practice and fresh initiatives would be needed.

Historically, the Pharmacy had been run very well and had close communication with the health practice. Towards the end of 2004 the Pharmacy was sold and came under new management. The number of addicts attending the centre was the second highest in Cleveland but as there had been no problems previously and the new owners gave assurances that the practice would continue to be run at the same standard there were no concerns. It soon became apparent that the pharmacists were in fact locums who, due to their short term at the premises, did not become familiar with the drug treatment patients or their needs and the system was effectively being run by the dispensing staff.
The Birchtree practice treated about 700 registered patients. Some of them did not attend the centre in time for appointments and staff were unable to re-arrange appointment times quickly. This resulted in a number of patients waiting around for long periods of time and it was while they were waiting that a lot of the problems were occurring.

In addition, Birchtree patients were issued with their prescribed medicine from a separate part of the Pharmacy and waited in a separate waiting room where they were served through a hatch. The Birchtree practice waiting room was smaller than the general patients' waiting room and could become uncomfortable if there were a lot of people in the room. If that were the case, some of the patients would wait outside, especially in fine weather and could be there for some time. This resulted in an increase in the number of people standing around outside the centre and was a cause of concern for some local residents and general practice patients.

Birchtree patients smoked while they were outside the building and, as there were no facilities outside the centre to cater for them, a lot of cigarette ends were left lying around. In addition, some of the patients went to nearby shops and bought cans and bottles of alcoholic drinks and after they had finished drinking, they threw the containers away. Littering in the area caused an unsightly mess and was another concern to local residents and businesses.

Local residents overlooking the centre and patients using the centre saw the drug treatment patients gathering outside and assumed they were going to cause trouble, drop litter and use or deal drugs even when drug treatment patients were not causing any problems at all. Simply being there was enough to intimidate the general public.

Because the drug treatment patients remained in the area for relatively long periods, drug dealers were attracted to the area from all around the town and also from neighbouring towns. They were buying or exchanging prohibited drugs for prescription drugs and, on occasion, were forcing some of the patients to hand over their prescribed drugs or prescriptions. This activity contributed to incidents of Anti-social behaviour and physical assaults.

Complaints were reported by the public and patients that the area had become an “open air drugs market” with dealers travelling from neighbouring towns, parking their cars outside the centre and engaging in drug activity with one dealing so openly that the car was referred to as a ‘Drugs Kiosk’. There were regular calls relating to arguments between some addicts and dealers which was a matter of concern for local residents, staff at the centre and regular patients.

Disagreements broke out between patients who had been waiting for long periods and there were a number of assaults.

**RESPONSE:**

The Health Centre lies within the Parkfield and Mill Lane area of Stockton and was one of 10 locations around the country that was designated as a Neighbourhood Management Pathfinder by the Government. The aim of Neighbourhood Management is to improve the quality of life in communities by offering joined up solutions to housing, health, crime, unemployment and environmental problems.

There are 25 lead voting members on the board with representatives from the community in general, British Minority Ethnic residents, business, faith groups, the voluntary sector, schools, young people and the local housing association, the youth, business and BME forums, along with the Residents Association's elected representatives to the board.

A Neighbourhood Management meeting occurred every 3 months attended by the Parkfield and Mill Lane Drugs Action Team, local councillors, Stockton Borough Council Anti-social behaviour team, Health Centre Staff, a senior manager from the Primary Care Trust, Police officers and representatives from two drugs outreach teams “PANIC” and “Pathways”.

There was also a regular 6 weekly meeting where more sensitive issues were dealt with. These meetings were attended by almost all of the same members, with the exception of the 2 voluntary organisations, PANIC and Pathways.

PANIC (Parents Against Narcotics In the Community) is a charitable organisation that provides support and assistance for recovering drug addicts who are having difficulty engaging with the recovery programme. Pathways is run by NACRO and provides guidance for recovering drug addicts who have stabilised and are free of illicit drugs, helping them to re-integrate within the community.

A poster was produced and displayed in and around the Health Centre asking for all patients to respect their area. The poster encouraged patients to keep appointments, collect medication and leave immediately and not hang around or bring alcohol. It also drew the reader’s attention to some of the unacceptable behaviour that was going on and warned the patients of the consequences of their actions.
The Birchtree practice doctor warned his patients that if they were identified as being involved in or responsible for any disorder in the area he could remove them from his patient list temporarily or in more extreme cases, permanently and they might also find themselves being placed on an ASBO.

**Patient Contracts**
About 25 of the 700 Birchtree patients were identified by PCSO’s and police as being involved in disorder. They were offered Acceptable Behaviour Contracts (ABC’s) and warned that if they breached these contracts they were likely to be referred to Stockton Borough Council ASBO team. They were already aware that other people on ASBOs in Stockton had their details publicised around the town in the form of photographs on beer mats, posters and on public transport. They were also spoken to by the practice doctor who warned them he could remove them from the practice register.

While many of them were quite prepared to accept that their immediate families knew about their drug habits they were extremely concerned that this information might be available to extended family members, friends and, in some cases, work colleagues.

**Police Operations**
Operation Tulip and Operation Blitzen utilised police, PCSO’s and Council Enforcement Staff on increased patrols in the area during holiday periods. It had been identified that extra medication was dispensed to patients to see them over the period of the holiday when the pharmacy would be closed. In addition, other patients were given their medication early as the pharmacy would be closed. The extra medication held by the patients was likely to attract drug dealers who might try to force the owners to hand their drugs over resulting in increased instances of anti-social behaviour and violence. Operation Tulip was run during the Easter holiday and Operation Blitzen was run during the Christmas holiday.

**Pharmacy**
The Pharmacy was requested to provide a permanent pharmacist to ensure continuity and encourage communication between the pharmacist and the patients. They also improved the service times to the drugs patients so they were not waiting as long and the amount of people gathering at any one time would be reduced.

**Alley gates**
The local authority agreed to fund alley gates that directed pedestrian traffic through particular routes. Gates were installed in the alley between the Health Centre and the neighbouring street, Hartington Road. There had been reports of disorder in the alley, people urinating and drug deals being conducted. The installation of the gates prevented anyone from using the alley for criminal or anti social activity.

**Alcohol free zone**
Stockton Town Centre already had an alcohol free zone to address issues with street drinking and this was extended to the area surrounding the medical centre.

**Outreach services / Parents Against Narcotics In the Community (PANIC)**
Local services agreed to do some outreach work around the practice and encouraged their clients to socialise within the service premises rather then outside the practice. They also agreed to provide support for individuals who had been identified as vulnerable to having their medication taken from them and PANIC staff would provide an escort service for them.

**CCTV improvement**
Existing cameras were re-positioned to give better coverage outside the centre and a third camera was installed on a temporary basis on a nearby lamp post to cover the residential area near the centre.

**Assessment:**
The POP was introduced in January 2006. In March, a local newspaper published an article entitled “Drug Gang Driven Off”, in which a member of the residents group was quoted as saying “It’s definitely a lot quieter around here” and “now there is a feeling that something is getting done”.

*Evening Gazette 14th March 2006*
Police and partnership activity continued and as a consequence of initiatives introduced there have been a number of improvements in the Lawson Street area.

- Alley gates were installed between Lawson Street and Hartington Road preventing easy access to the back lanes and denying their use to people who were dealing drugs and acting in an unacceptable manner.
- A permanent pharmacist is now in place and has become familiar with the patients and the usual medicines that are prescribed preventing anyone from presenting forged or altered prescriptions.
- The pharmacist provides a faster dispensing service with the following consequences:
  a) Patients don’t have to wait as long
  b) There are less patients waiting at any one time
  c) There are less people gathering outside
  d) There is less litter
  e) Anti social behaviour is reduced
- During 2005 there were 53 reported incidents at the Health Centre. The POP was activated in January 2006 and in that year there were 35 reported incidents, a reduction of 34%. The POP was discharged in September 2007 and in 2007 up to that time there were only 17 reported incidents.
- During 2005 there were 10 recorded crimes at the health centre including 3 assaults of varying degrees of severity and 5 recorded theft offences. In 2006 there was no change with another 10 recorded crimes but only 2 assaults and 2 offences of theft of pedal cycles. Between January and September 2007 there was a 70% reduction to 3 recorded crimes with no assaults and only 1 theft offence.

The introduction of the permanent pharmacist has had a far reaching effect on the presence of Birchtree patients and patient contracts have forced many of these patients to accept more responsibility for their own actions. Information sharing between police and partner agencies has improved and multi agency meetings are a regular feature of the business of the health centre that involves all stakeholders and takes account all of their concerns.

Since the problem was discharged in September 2007 the situation continues to be monitored. During the 6 months to the end of March 2008 there have been 13 reported incidents and 4 recorded crimes including 2 offences of criminal damage, 1 theft related offences and 1 offence of harassment.

The Neighbourhood Management meeting is still held every 3 months as is the more sensitive 6 weekly meeting. The neighbourhood officers visit the centre every day as part of their patrol clock and discussions are ongoing to provide...
premises for a police office drop in centre either within the Health Centre or nearby.

State number of words used: 2687
24<sup>th</sup> April 2008

Dear Sir/Madam

Please find enclosed an application submitted by dedicated officers within my Police District for the Tilley Problem Oriented Partnership Awards 2008. This project is about joint partnership working between the Police, Local Council and other agencies.

The project is named ‘Lawson Street Health Centre’ which resulted in some excellent problem solving and innovative ideas dealing with anti-social behaviour, crime and disorder.

I fully support this application and submit it for your consideration.

Yours faithfully,

David Brunskill

Superintendent

Stockton District Commander

Checklist for Applicants:

1. Have you read the process and application form guidance?
2. Have you completed all four sections of the application form in full including the endorsement from a senior representative?
3. Have you checked that your entry addresses all aspects of the judging criteria?
4. Have you advised all partner agencies that you are submitting an entry for your project?
5. Have you adhered to the formatting requirements within the guidance?
6. Have you checked whether there are any reasons why your project should not be publicised to other police forces, partner agencies and the general public e.g. civil or criminal proceedings pending in relation to your project?
7. Have you inserted your project name as a footer note on the application form? Go to View-Header and Footer to add it.
8. Have you saved your application form as a word document and entitled your message ‘Tilley 08 entry (followed by project name in brackets)’ before emailing it?

Once you are satisfied that you have completed your application form in full please email it to Tilleyawards08@homeoffice.gsi.gov.uk. One hard copy must also be posted to Alex Blackwell at Home Office, Effective Practice & Communication Team, 4th Floor, Fry Building (SE Quarter), 2 Marsham Street, London, SW1P 4DF and be received by 25<sup>th</sup> April 2008.