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# NOTICE OF MEETING

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**TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL**

**TUESDAY, 5 NOVEMBER 2013 AT 4.00 PM**

**CONFERENCE ROOM A - CIVIC OFFICES**

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## **Membership**

Councillor Caroline Scott (Chair)  
Councillor Sandra Stockdale (Vice-Chair)  
Councillor Ken Ellcome

Councillor Robert New  
Councillor Phil Smith  
Councillor Les Stevens

## **Standing Deputies**

Councillor Michael Andrewes  
Councillor Margaret Foster  
Councillor Jacqui Hancock

Councillor April Windebank  
Councillor Neill Young

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(NB This Agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

## **AGENDA**

- 1 Apologies for Absence.**
- 2 Declarations of Members' Interests**
- 3 Minutes of the Previous Meeting. (Pages 1 - 6)**

The minutes from the meetings held on 17 September are attached.

#### **4 Review of Domestic Abuse**

The panel will receive evidence from the following people:

- Bryan Stephenson, Team Manager, Safeguarding, Adult Social Care
- David Elkins, Safeguarding Inspector, Eastern Area Havant Police Station
- Dr Elizabeth Fellowes, Clinical Executive, Portsmouth Clinical Commissioning Group
- Clayton Coombs, Commissioning Manager, Portsmouth and the Isle of Wight Local Delivery Unit, Hampshire Probation Service.

# Agenda Item 3

## TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

MINUTES OF A MEETING of the Traffic, Environment & Community Safety Scrutiny Panel held on Tuesday 17 September at 4pm in Conference Room A, 2<sup>nd</sup> Floor, The Civic Offices, Portsmouth.

(NB These minutes should be read in conjunction with the agenda for the meeting which can be found at [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)).

### **Present**

Councillor Caroline Scott (Chair)  
Ken Ellcome  
Robert New  
Phil Smith

### Officers

Gill Walton, Director of Midwifery, Portsmouth Hospitals' NHS Trust  
Debbie Hill, Lead for Safeguarding Adults and Domestic Violence.  
Sarah Newman, Commissioning Manager Assessment & Intervention CSC and Safeguarding  
Bruce Marr, Hidden Violence & Young People Service Manager

### **13 Apologies for Absence (AI 1).**

Councillors Les Stevens and Sandra Stockdale sent their apologies.

### **14 Declarations of Members' Interests (AI 2).**

No interests were declared.

### **15 Minutes of the Meeting held on 16 July 2013 (AI 3).**

**RESOLVED** that the minutes of the Traffic, Environment & Community Safety Scrutiny Panel meeting held on 16 July 2013 be confirmed as a correct record.

### **16 Review of Domestic Abuse (AI 5).**

Councillor Ken Ellcome explained the role of the scrutiny panel role and its ultimate aim that is to identify where improvements could be made.

Gill Walton, Debbie Hill, Sarah Newman and Bruce Marr gave an overview of safeguarding procedures in maternity services and children's social care. The responses to questions are included in the following summary:

- The role of midwives has changed significantly over the past few years; they are more aware and proactive with regard to public health issues.
- The Safeguarding Committee for adults and children is chaired by an Executive of the Board.
- Three midwives with specific responsibility for public health issues were appointed in 2011. Ms Hill is the lead for safeguarding adults and domestic violence.

- Multi-disciplinary team meetings are held monthly at children's centres to discuss vulnerable families on the caseload.
- Safeguarding training is mandatory for midwives and support staff. The domestic abuse training is two tier: the first tier covers how to identify signs and how to ask patients whether they are suffering from domestic abuse and how to support women who disclose. Tier two covers risk assessment training. The results of safeguarding training audits are published. Staff are also required to attend annual refresher courses.
- Support and referrals are offered to staff who disclose domestic abuse issues.
- Midwives build a relationship of trust with their patients, so there is more disclosure.
- Continuity of care is provided for antenatal and postnatal care. It is not possible to provide the same midwife for the birth. However, the teams are small and the mothers' history is shared.
- Health Visitors visit 10-14 days after birth before the mothers are discharged from the midwives' care.
- There is strong evidence that Family Nurse Practitioners' (FNP) support under 19s improves the outcomes of women and their babies. A higher proportion of women under 21 are in abusive relationships than older women. They receive intensive support for 2 years after birth from one nurse who deals with a maximum of 25 families at any one time. There are 8 nurses at the moment who reach only 60% of women who would benefit from this service. The recruitment of a further four FNPs would ensure that most of them could be supported. Each FNP costs £35,000 plus supervision costs.
- The teenage pregnancy rate in Portsmouth has reduced recently and is lower than in Southampton. For some nationalities, it is normal for women to begin having families in their teens.
- Common Assessment Framework assessments are used to identify any problems.
- Educational programmes for parents are delivered by midwives and Health Visitors e.g. Pregnancy, Birth and Beyond which will be launched shortly.
- The maternity service can refer women to other agencies for support including social care services, Aurora, Portsmouth CHAT (family intervention service) and the Early Intervention Project.
- Women are encouraged to bring their partners to ante-natal appointments but the midwives ensure that they have opportunities to speak to them alone.
- In order to encourage women to speak freely, family members and local organisations are not used as interpreters.
- Aurora has funding for one volunteer to assist at the birthing centre 2-4 hours at weekends to identify and refer people who disclose.
- The safety of the woman and baby is paramount.
- 30% of domestic abuse incidents start when the woman is pregnant.
- Witnessing domestic abuse has a significant impact on children's development.
- For people from some cultures it is difficult to talk about domestic abuse or

- even to understand that rape is a crime.
- Nationally two women a week are murdered by a current or former partner.
  - An appointment with the maternity service is booked by the time the woman is 12 weeks and 6 days pregnant.
  - Midwives have meetings with their supervisors every three months during which they discuss whether they have asked their patients about domestic abuse and if not a plan for discussing it is drawn up.
  - Domestic abuse can be experienced by people of all social classes, ages, cultures, sexuality and nationality.
  - One in four women experience domestic abuse at some point in their lives.
  - The maternity services and children's social care joint working protocol to safeguard unborn babies strengthens pathways.
  - Sarah Newman manages the operational social work teams that are involved in safeguarding.
  - The Joint Action Team (JAT) is the first point of call when a concern is raised about a child. It pulls together all the information known about the child and contacts the appropriate person to take action. Between July 2012 and the end of June 2013, the Joint Action team received 9,102 contacts which was an average of 250 per week. From these contacts into JAT, approximately 120 referrals are made to Children's Social Care & Safeguarding every month.
  - Disclosures of domestic abuses are always considered as safeguarding issues and considered by the Joint Action Team.
  - The health visitors provide on-going support to the family.
  - Information sharing is generally good across services in Portsmouth.
  - When a GP refers a patient to the maternity service, relevant details are also forwarded including any history of substance misuse, mental health issues of the patient and anyone known to be living at the same residence.
  - Information about patient disclosures to midwives are shared with GPs.
  - Feedback from parents has indicated that they are happy with the midwives being based at the Children's Centres rather than GP surgeries. Prior to the move, careful mapping was carried out to ensure that parents would not have to go too far. Following a recent review, all the health hubs will be retained except for the Brambles.
  - Midwives call mothers six weeks after the birth to gain feedback on the service.
  - The maternity centre at St Mary's Hospital is very popular with women for ante natal care, birth, post natal care and education.
  - Midwives are assigned according to the GP surgery's location. However, sometimes women request a particular midwife.
  - Portsmouth has a lower than national average for midwives turnover. Nationally and locally many midwives are in their fifties so a recruitment drive will be required soon.
  - Post natal care provided by midwives lasts for a maximum of 28 days. It is essential that support is in place for afterwards to prevent social isolation.

- Portsmouth has higher levels of reported domestic abuse than elsewhere in Hampshire and the Isle of Wight.
- The government launched a national website two years ago called 'this is abuse' which was aimed at younger people.
- Every Scottish secondary school includes domestic abuse in the curriculum.
- A lot of work is being carried out in primary and secondary schools to teach children what healthy relationships are. The council's Health Improvement & Development Service commissions Personal, Social and Health Education in schools, of which domestic abuse is a small element. The voluntary sector also provides educational resources to schools including Portsmouth Abuse and Rape Counselling Service and Relate.
- A domestic abuse campaign run jointly with the police is currently being planned targeted at young people.
- Many perpetrators commit multiple domestic abuse incidents. Information sharing with the police is good. The city has few services available for perpetrators. Alcohol treatment services have reported that many of their clients are victims and many perpetrators of domestic abuse.
- Portsmouth has the biggest maternity services on the South Coast.
- There is a significant transient population in Portsmouth. When a pregnant woman moves into the area, the receiving, midwife will check her notes and if necessary get in contact with her previous midwife.
- The focus for social workers is the welfare of the child. However training is to be delivered to understand the complexities of balancing this with the needs of the protective adult.
- GPs refer patients to the maternity service as soon as they are aware. A midwife from a team that deals with that area of the city will get in contact with the patient. Every effort is made to ensure that the woman attends appointments.
- The support to the woman and unborn baby will continue even when she has moved away from the perpetrator of domestic abuse. The staff in the women's refuge, GPs, the maternity service and the Joint Action Team all work very closely together to ensure that support continues to be provided for women who leave their abusive partners. Safeguarding any children who remain at the family home is also a priority for all the professionals involved.
- Women are usually placed in refuges outside of their home area to give them some space from the perpetrator but this has the disadvantage that they leave behind schools and their support network.
- On average women leave their abusive partners up to seven times before they leave them permanently.
- More investment is required in developing perpetrator pathways in Portsmouth. The probation service offers a 32 week programme for convicted perpetrators. It might be effective to offer shorter programmes lasting one day or a fortnight for perpetrators who have not been sentenced. There are some perpetrator pathways in place in London and the North East. However the outcomes of these are not clear.
- In Southampton, first time perpetrators are cautioned and required to attend one day domestic abuse workshops.

- There is a national membership organisation called Respect.<sup>1</sup>
- Resistant perpetrators could be targeted (e.g. police focusing on other incidents such as traffic offences, TV licensing) to encourage engagement.
- A cluster of under-fives have been identified who are exhibiting behavioural problems and require intensive support.
- A system whereby every child would be allocated a number accessible by every health and social care service has been discussed. There are issues of confidentiality and cost.
- The introduction of Social Work Matters Programme has led to: the employment of more social workers; each frontline member of staff holding a lighter caseload; a higher retention rate; fewer families re-entering the system and a speedier access to court when necessary.
- Each social worker manages approximately 16 children's cases..
- As a child's needs change, the people involved in its intervention will change.

Councillor Ken Ellcome noted that the following measures could improve the support for victims of domestic abuse:

- An additional four Family Nurse Practitioners.
- The development of perpetrators pathways programmes.
- More support for troubled families.
- The introduction of an integrated IT system to enable all professionals involved in tackling domestic abuse to share information more easily.

The meeting closed at 5.25pm.

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<sup>1</sup> <http://www.respect.uk.net/>

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