Portsmouth CITY COUNCIL

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NOTICE OF MEETING

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

MONDAY, 21 MARCH 2016 AT 5.30PM

CONFERENCE ROOM A, SECOND FLOOR, THE CIVIC OFFICES

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Membership

Councillor Stuart Potter (Chair)
Councillor Lynne Stagg (Vice-Chair)
Councillor Ryan Brent
Councillor Lee Hunt
Councillor Ian Lyon
Councillor David Tompkins

Standing Deputies

Councillor Simon Bosher
Councillor Margaret Foster
Councillor David Fuller
Councillor Scott Harris
Councillor Phil Smith

(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

A G E N D A

1 Apologies for Absence.

2 Declarations of Members' Interests

3 Minutes of the Meeting Held on 16 February 2016.

The minutes of the meeting held on 16 February 2016 will follow.

4 Review into how community safety partners can work together to reduce demand and cost for intensive specialist services currently supporting individuals with complex needs. (Pages 1 - 2)

The panel will continue its review by hearing the views of:

Portsmouth City Council

- Sharon George, Positive Family Futures Transformation Team

Hampshire Fire & Rescue.

- Dave Smith, Group Manager, Portsmouth
- Peter Kavanagh, Community Safety Officer

The panel will also consider the written views submitted by Solent NHS Trust.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

Solent NHS Trust

Complex cases involve multifaceted problems and / or where other agencies or services have been unable to resolve the issues. They frequently include individuals and families with a lengthy history of ASB, cases that have escalated in severity or frequency or locations that are problematic. The term anti-social does not really capture the nature of all of these incidents. Some cases reveal a lengthy history of both anti-social and criminal behaviour including serious levels of harassment, intimidation and violence. In many cases there are significant contributory factors such as drug or alcohol misuse, mental health issues or domestic abuse. It is not unusual to find that the accused is vulnerable themselves and being exploited by other people (perhaps using their tenancy and causing problems).

1. Do you have a way of identifying complex cases as defined above?

Yes we identify complex cases via our assessment process and using the Care programme approach.
We have a staff member who does joint assessment, advice and signposting with the substance misuse service.
As part of the complex needs pledge we are developing a virtual group for joint agency working with complex cases.
We meet with multi agency partners regularly to promote working together.
Our staff have all signed the Pledge to work collaboratively.

2. How do you work with other agencies to manage these cases?

As part of the Care Programme approach.
We have professionals meetings to enable a joined up approach.
Attend Mappa meetings, team around the child, adult safeguarding.
We have a staff member who does joint assessment, advice and signposting with the substance misuse service.

3. Do you have an example of where the work you have done has achieved a positive outcome for the individuals and the community?

Case A is a Male aged 30 with complex needs has a poly substance misuse and mental health diagnosis of schizophrenia. He has not got settled accommodation and comes from a difficult family background. He was seen by the Children's services as a 14 year old. Has a forensic history for assault and theft.
Joint working has achieved for him a detox, Settled accommodation, his mental health needs being met ie taking medication and he is engaging with all services. He is now working with probation and even on future employment prospects.

4. Can you give me an example of where you haven't been able to achieve a positive outcome and why this was?

Case B is a Female early 50s with a long history of Alcohol misuse not wanting to change. Recent assessment of needs with mental health worker at the Hub whilst in a period of abstinence from alcohol. She was diagnosed as having a borderline personality disorder. She was at a place in her life where she wanted to make changes and she was offered Dialectic behaviour therapy with the Mental Health Recovery team the lady sadly died shortly after this due to long term effects of alcohol.

5. **How can partners work better together to prevent these cases escalating and costing the public purse more money?**

Working collaboratively earlier in the person's life.

6. **How can we collectively manage our residents expectations of public services as our budgets and resourcing reduce?**

By not cutting key services but having high expectations of the provision.

7. **How can we encourage residents to seek out and provide solutions to their problems rather than approach public services as a first step?**

Education and emotional coping skills at an early stage possibly in schools colleges and university. If you can manage your emotions you build emotional resilience and are less likely to require services.

8. **As and when public services are legitimately required, what can residents do to help achieve positive outcomes for the individuals concerned as well as their own community?**

Residents can be accepting of peoples differences and this can be achieved by education and sharing information. Better housing provision.