Portsmouth CITY COUNCIL

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NOTICE OF MEETING

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

WEDNESDAY, 28 SEPTEMBER 2016 AT 12.30 PM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

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Membership

Councillor Stuart Potter (Chair)
Councillor Steve Hastings (Vice-Chair)
Councillor Lee Hunt
Councillor Frank Jonas
Councillor Ian Lyon
Councillor Tom Wood

Standing Deputies

Councillor Ken Ellcome
Councillor David Tompkins
Councillor Suzy Horton
Councillor Steve Pitt
Councillor Darren Sanders

(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 Previous Meeting. (Pages 1 - 2)

RECOMMENDED that the minutes of the meeting held on 13 June 2016 be agreed as a correct record.

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 3 - 56)

RECOMMENDED that this review be signed off by the panel.

5 A review of general parking issues in Portsmouth with a view to considering alternative strategies. (Pages 57 - 58)

The panel will consider the attached scoping document for its review of general parking issues in Portsmouth with a view to considering alternative strategies.

RECOMMENDED that the scoping document be agreed.

The panel will then commence its review with a presentation from Pam Turton Director for Transport, Environment & Business Support and Alan Cufley, Director for Transport, Environment & Business Support .

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.

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

Minutes of the meeting of the Traffic, Environment & Community Safety Scrutiny Panel held on Monday, 13 June 2016 at 5.30pm at the Civic Offices, Portsmouth

Present

Councillor Stuart Potter (in the Chair)
Steve Hastings
Frank Jonas
Ian Lyon
Tom Wood

17. Apologies for Absence. (AI 1)

No apologies for absence were received.

18. Declarations of Members' Interests (AI 2)

No declarations of interest were made.

19. Minutes of the Previous Meetings. (AI 3)

RESOLVED that the minutes of the meetings held on 8 and 21 March be agreed as correct records subject to the following amendment:

21 March - Councillor Ian Lyon was present.

20. Discussion of Future Topics. (AI 4)

Members noted that parking is a significant issue for many residents and that a review could include:

- The reasons for the high volume of cars in the city
- The reason why many people choose not to walk, cycle or use public transport.
- Parking issues including the impact on residential streets and permit zones.
- Taxi usage.

Members agreed that it would be useful to look into the transport network.

Alan Cufley, Director of Transport, Environment & Business Support stated that he would be more than happy to service this review. He advised that a clear focus would be important as these are very big topics and could include an overview of the current situation regarding parking in different parts of the city, parking zones, commercial bus routes and fares.

Councillors also briefly discussed the council's night nuisance service.

RESOLVED that the Scrutiny Management Panel consider allocating a review of parking and transportation to the Traffic, Environment & Community Safety Scrutiny Panel's work programme.

The meeting concluded at 6pm.

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Councillor Stuart Potter
Chair

Portsmouth
CITY COUNCIL

Traffic, Environment & Community Safety Scrutiny Panel

REVIEW INTO HOW COMMUNITY SAFETY PARTNERS CAN WORK TOGETHER TO REDUCE DEMAND AND COST FOR INTENSIVE SPECIALIST SERVICES CURRENTLY SUPPORTING INDIVIDUALS WITH COMPLEX NEEDS.

Date published: 28 September 2016

Under the terms of the council's constitution, reports prepared by a scrutiny panel should be considered formally by the cabinet or the relevant cabinet member within a period of eight weeks, as required by Rule 11(a) of the Policy & Review Procedure Rules.

Preface

The Traffic, Environment & Community Safety Scrutiny Panel undertook a review into how community safety partners can work together to reduce demand and cost for intensive specialist services currently supporting individuals with complex needs.

The aims of this review were to look at joint working in order to manage individuals with complex needs and to reduce demand for services, identify how residents can be encouraged to self-help and how partners can intervene earlier. During the review which was carried out between December 2015 and September 2016, the panel received evidence from a number of sources, which it used to draw up a series of recommendations to submit to the Cabinet.

I would like to convey on behalf of the panel my sincere thanks to everyone who contributed to making this review a success, particularly the officers in Democratic Services and Community Safety.

……
Councillor Stuart Potter
Chair, Traffic, Environment & Community Safety Scrutiny Panel

Date: 28 September 2016

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Appendix 4 - The Portsmouth Blueprint.	Separate document.

List of Abbreviations Used.

Abbreviation	Definition.
A&E	Accident & Emergency Department
ASB	Anti-Social Behaviour
CCG	Clinical Commissioning Group
CRC	Community Rehabilitation Company
CTCG	Community, Task and Co-ordinating Group
EIA	Equalities Impact Assessment
ICU	Integrated Commissioning Unit
IOM	Integrated Offender Management
MAPPA	Multi-Agency Public Protection Arrangements
MASH	Multi Agency Safeguarding Hub
OPCC	Office of the Police & Crime Commissioner
PUSH	Portsmouth Users' Self-Help Group
SPP	Safer Portsmouth Partnership

Executive summary

The city council is committed to transforming people's life chances so that they are enabled to achieve and prosper, with a focus on improvement for those with the poorest life chances fastest, and shifting to a focus on preventative services and early intervention/ help. To support this shift we need organisations from the statutory and non-statutory sectors to work better together and intervene earlier to prevent escalation. We also need to encourage residents to self-help, rather than seek support from statutory services. In this way we may collectively be able to shift demand away from expensive specialist services.

The impact of individuals with complex needs on communities can involve persistent and escalating anti-social behaviour, drug dealing and usage, violent crime and offending.

Analysis from the Safer Portsmouth Partnership has highlighted that some cases should trigger support far earlier, alongside concerns about services responding to issues then withdrawing, rather than stepping down interventions and not assertively seeking engagement when need is identified.

To identify ways that services could work more effectively together to manage individuals with complex needs

The panel heard evidence from the commissioning manager for mental health and substance misuse who described the challenge of individuals with no clear diagnosis not meeting the threshold to receive a service. This can add to the challenge of resolving wider community issues involving people with complex needs. Some work has been done by individual agencies to improve service response but collective change by partners in commissioning and delivering services could be more effective.

To identify how partners could work together to reduce demand for partner services including mental health, substance misuse, community safety, police, probation and fire

The panel heard from a number of witnesses who explained the need for residents to be more accepting of individual differences, the need for services to manage residents' expectations and for improved community involvement and engagement.

To identify how residents can be encouraged to 'self-help' rather than ask for statutory services to intervene.

The panel heard from a Clinical Commissioning Group (CCG) representative who explained the potential benefits of emotional coping skills to build emotional resilience. Other witnesses described the need to include residents in decision making, encouraging residents to take responsibility and encouraging volunteering, facilitating investment in peer support services, promotion of self-help through advertising and through the recovery training college.

To identify how partners can intervene earlier to avoid cases becoming more and more difficult to resolve.

The panel heard evidence from the Strategy and Partnerships Manager who explained the benefits of mediation, prompt referral and assertive outreach. The

police Partnerships Inspector explained the benefits of partnership working in managing cases of vulnerability[1].

Conclusions

Based on the evidence and views it has received during the review process, the panel came to the following conclusions:

The panel recognised that:

1. The Complex Needs Group and the Blueprint for Portsmouth play an important role in encouraging joint working (sections 3.5 and 3.23).

2. Effective joint working is more important than ever particularly when budgets are reduced for all partners. Removal of duplication should help alleviate the impact (sections 2.25, 3.3-5, 3.7, 3.9, 3.10, 3.14, 3.18-20 and 6.4).

3. The method of tracking client journeys through services is a useful methodology to take the complex needs work forward (section 2.21).

4. Encouraging communities and individuals to self-help through the adoption of restorative practice is key (sections 2.15, 4.3 and 5.5-6)

5. Communication between agencies is essential (sections 5.6 and 6.4).

The panel was concerned that:

6. Support seems to be inconsistently applied or only in place at a late stage when the situation for the customer has escalated (sections 2.16 and 2.21).

7. Stable accommodation is essential for people with complex needs but is not always available (sections 3.20, 3.22 and 4.1).

8. As a result of the retendering of substance and alcohol misuse services, the number of clients that can be treated may be reduced (section 3.20).

9. Many customers do not engage with services and monitoring them is essential (sections 2.12, 2.15, 2.18, 3.20, 4.1 and 6.2).

The panel noted that:

10. It is important that residents help themselves, where they are able, rather than rely on statutory services, but if they do not receive any feedback from services they will quickly become discouraged (section 5).

[1] Hampshire uses the definition from the Association of Police Chief Officers guidance and defines a vulnerable adult as:
"Any person aged 18 years or over who is or may be in need of community care services by reason of mental, physical, or learning disability, age or illness AND is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation."

Recommendations

1. Identify a cohort of approximately 20-30 complex cases involving anti-social behaviour in the city and work with existing services to secure the most positive outcomes for these individuals

2. Map the journey of selected cases to identify missed opportunities and gaps in service

3. Use the learning from the journey mapping to shape system design and delivery

4. Contribute to the Homelessness Working Group

5. Work with the police and other front line services, including adult social care, substance misuse and mental health to improve early risk assessment and develop case tracking systems

6. Raise awareness with the public in relation to risk factors such as alcohol and drug misuse

7. Embed information exchange processes between services and organisations

8. Develop a more robust and assertive outreach service and monitoring of cases

9. Work with the police and crime commissioner to understand the impact of the restorative practice contract in Portsmouth.

10. Encourage schools to deliver services to support the development of emotional coping skills and resilience and peer support.

1. Purpose

The purpose of this report is to present to the Cabinet the recommendations of the Traffic, Environment & Community Safety Scrutiny Panel following its review into how community safety partners can work together to reduce demand and cost for intensive specialist services currently supporting individuals with complex needs.

2. Background

2.1 At its meeting on 10 December 2015 the Traffic, Environment & Community Safety Scrutiny Panel discussed the scope of the review and at its meeting on 2 February 2016 agreed the scoping document with the following objectives subject to the condition that revisions could be made during the course of the review if the panel thought appropriate:

In relation to complex cases of anti-social behaviour:

1. Identify ways that services could work more effectively together to manage individuals with complex needs.

2. Identify how partners could work together to reduce demand for partners' services including mental health, substance misuse, community safety, police, probation and fire services.

3. Identify how residents can be encouraged to 'self-help' rather than ask for statutory services to intervene.

4. Identify how partners can intervene earlier to avoid cases becoming more and more difficult to resolve.

2.2 The Traffic, Environment & Community Safety Scrutiny Panel comprised:

Councillors: Stuart Potter (Chair)
Lynne Stagg
Ryan Brent
Lee Hunt
Ian Lyon
David Tompkins

Standing Deputies were: Councillors Simon Bosher; Margaret Foster; David Fuller; Scott Harris and Phil Smith.

On 17 May 2016 date the following councillors were appointed to the panel:

Councillors: Stuart Potter (Chair)
Steve Hastings (Vice Chair)
Lee Hunt
Frank Jonas
Ian Lyon
Tom Wood

Standing Deputies were: Councillors Ken Ellcome, David Tompkins, Suzy Horton, Steve Pitt and Darren Sanders.

2.3 The panel met formally on 7 occasions between 10 December 2015 and 13 June 2016.

2.4 A list of meetings held by the panel and details of the written evidence received are attached as appendix 1. The minutes of the panel's meetings are published on the council's website and copies of all the documentation reviewed by the panel are available from Democratic Services upon request. A glossary of all the abbreviations used can be found immediately after the contents page.

2.5 The city council is committed to transforming people's life chances so they are enabled to achieve and prosper, with a focus on improvement for those with the poorest life chances fastest and shifting to a focus on preventative services and early intervention/ help. The case study below is unfortunately not an unusual example, but one which has immense personal, social and financial cost.

2.6 Case study

Matthew is 25 years old. He has difficulty holding a job down due to his ongoing depression and difficulties controlling his temper. When he was 10, his mother's boyfriend started to abuse him and this continued until he was 13 when the boyfriend was arrested for abusing other children. At this point Matthew came forward with his story thus supporting the police case much to the anger of his mother. At 16 he was thrown out of the family home and sofa surfed with friends. When they asked him to leave after arguing and using violence against his friends, he slept on the streets and got his food by shoplifting and begging. Up until then he had only experimented with drugs but for Matthew they are the only way to cope with the cold and the isolation. Using drugs has not helped him cope with his mental health issues and services cannot agree if they should treat his mental health issue or his substance misuse issue first. He has managed to get his own accommodation but lost it when he could not pay his rent and found himself sofa surfing and sleeping rough again.

Definition of complex cases

2.7 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 anti-social behaviour (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 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.[2]

2.8 The Strategy & Partnership Manager explained that the Crime & Disorder Act 1998 makes it clear that it is not a single organisation's responsibility to reduce crime. The Act requires the Safer Portsmouth Partnership (SPP) to use data from a number of sources, including the ambulance service and the Accident and Emergency Department (A&E) at Queen Alexandra Hospital, to produce a regular strategic

[2] http://democracy.portsmouth.gov.uk/documents/s9735/Summary%20of%20research%20projects%20on%20two%20complex%20ASB%20cases.pdf

assessment of the issues driving crime, anti-social behaviour, substance misuse and reoffending in the city.

2.9 The SPP's Strategic Assessment 2015/16 reports that 'Portsmouth has seen a larger increase in police recorded crime (9%) than the national average (3%); this increase has largely been driven by an increase in violent crime, which suggests either real increases in some types of crime or that levels of previous under-recording by police in Portsmouth and Hampshire as a whole, were higher than found nationally'.[3]

2.10 Violent crime now accounts for 36% of all crime compared to 29% in 2013/14. Some types of violent crime have seen substantial increases, including sexual offences (74%, n207); public order offences (83%, 649 - a 60% (n247) increase on the previous year); racially and religiously aggravated violence (52%, n98) and youth related violence (where young people are either victim or offender, 656)). Domestic abuse is still the largest category of violent crime accounting for 31% of all assaults (n1,554). There was a 29% (n348) increase on last year.

What the data tell us

2.11 The Strategy and Partnerships Manager provided evidence to the panel which contextualised the problem of complex needs. [4]

2.12 As part of a review of anti-social behaviour conducted in 2013, it was identified that a significant number of cases had either rapidly escalated in frequency and severity or had a long history of anti-social behaviour or locations that were problematic. Local research confirms that only 8.5% (8 out of 90 sampled cases) had no known contributory factors. By contrast 85.5% (77 of the 90 cases) had at least one contributing factor:

- 54% (n27) were known offenders. The levels and type of offending varied but 22% (n11) had a history of violence which included two Multi-Agency Public Protection Arrangements (MAPPA) cases and two known for racially or religiously aggravated assaults. 16% (n8) have recently served prison sentences. Three were known to Portsmouth Mental Health Criminal Justice Team.

- Drug misuse was a factor in 52% (n26) of cases; 30% (n15) were involved or believed to be involved in class A drug use. This was most commonly heroin and crack cocaine. In 12 cases (13%) either the ASB perpetrator was dealing drugs or involved in drug production or their property was being used by drug dealers from outside of the city. Most were known to drug services but many were difficult to engage.

- 42% (n21) misused alcohol and this contributed to ASB; 16 (72%) of these are known to services and have significant problems. One was a 'frequent flyer' (regular attender at the hospital) known to multiple services and regularly involving police, ambulance services and A&E.

[3] Conclusions from the 2014/15 SPP strategic assessment, page 1

[4] http://democracy.portsmouth.gov.uk/documents/s9735/Summary%20of%20research%20projects%20on%20two%20complex%20ASB%20cases.pdf

- 30% (n15) had reported mental health issues that contributed to the ASB. Nine of these (60%) were known to mental health services and four (26%) had been sectioned under the mental health act at some point during the ASB case history. Usually, the ASB in these cases was linked to mental health issues. In some cases, their behaviour put themselves and other residents at risk.

- Domestic abuse was a factor in 22% (n11) of cases. This is a complex issue. Sometimes the noise and disruption caused by domestic abuse was reported by other residents as anti- social behaviour. Sometimes, the victim of the abuse was also misusing drugs or alcohol and behaving anti-socially. In some cases, it was clear the domestic abuse offender was causing the anti-social behaviour. Four are known for other violence and offences as well.

- Only 4 (8%) involved young people under eighteen. There were child protection concerns in all cases.

2.13 The relationship between risk factors and crime or anti-social behaviour is complex; it is not that these issues cause offending and anti-social behaviour in themselves, but rather that the risk factors are similar and offending or anti-social behaviour may emerge from those issues.

2.14 The research found that it is not unusual for perpetrators to also be victims of crime. For example, some of the people vulnerable to exploitation by transient drug dealers using their properties may also have complex needs themselves; or the tenant of a property reported for causing anti-social behaviour may be also the victim of domestic abuse. Hand in hand with these issues are problems with accommodation, employment training and education, financial management skills and other life skills. Understanding and responding to these issues above may have a greater impact on crime and anti-social behaviour; the earlier they are identified, the quicker interventions are put in place to prevent escalation.

2.15 The research concluded that **early risk assessment** can identify those cases:

- Most likely to be resolved through mediation or Portsmouth Assessment Service, using restorative approaches, and/or prompt referral to relevant services
  - Presenting risk factors that would indicate a more complex case. Prompt referral and assertive outreach to engage these people may reduce the on-going impact and length of the anti-social behaviour
- That will only benefit from a combined multi agency and in some cases bespoke response.

2.16 Although only limited victim analysis has been conducted at this stage, it is clear that some cases should trigger victim support far earlier in the process. Incidents where perpetrators are known for a history of violence or where there are significant threats of harm should trigger immediate responses. Victim support is promptly implemented where the victim is deemed as vulnerable but does not seem to be consistently applied or regularly reviewed.

2.17 Both reports highlight concerns of yo-yo service responses with interventions and support put in place when the anti-social behaviour is most pronounced but when

things quieten down the services are reduced or withdrawn, or the case is not monitored so robustly.

2.18 Some perpetrators with multiple problems do not engage with services and this is sometimes recorded as failure to engage. A more robust and assertive outreach together with enforcement may encourage service take up. This is most noticeable where the perpetrators have serious substance misuse issues.

2.19 The most effective means of supporting staff across agencies is through training and information to identify and respond appropriately to each new case; monitoring those most in need and offering single points of contact; supporting the development of multi-agency work by improving understanding and co-ordination between services and empowering multi agency forums to be more effective.

2.20 The majority of cases involve adults only aged between 30 and 40 years old.[5]

2.21 The Positive Family Futures Transformation Manager described the method used in Portsmouth to redesign the way her team works with families by identifying and engaging with them at the earliest point of concern. The historic experiences of 8 families' contact with agencies in the city were tracked through the system to understand how services responded. The work identified a range of missed opportunities where actions could have been taken, which would conceivably have prevented issues from escalating. Each contact with services was plotted and costed and one case was estimated to have cost £200,000 over two years. The work found that most families had been in contact with numerous agencies and professionals often over a long period of time.

2.22 A similar approach to complex needs may be beneficial and supports the council's strategy of rolling out the Vanguard systems thinking approach across the city council.[6]

2.23 The Breaking Boundaries 2015 report[7] recommends that alongside an expanded Troubled Families programme, the government should consider creating a new 'Troubled Lives' programme, based upon similar principles to the Troubled Families Programme. While the Troubled Families programme is aimed at coordinating support for workless families with problems of crime and antisocial behaviour and truancy, Troubled Lives would be targeted at approximately a quarter of a million individuals who experience two or more of the following problems: homelessness, substance misuse and reoffending. This approach would help to improve the lives of some of the most excluded people in society, support the integration of local services, and reform poorly targeted spending.

[5] ASB research conducted by the SPP researchers in 2015

[6] Vanguard systems thinking is an approach to improving the way that the 'work works' and doing that from the customer's or user's perspective. It aims to create a better service, reduce costs, improve staff morale and increase capacity.

[7] http://democracy.portsmouth.gov.uk/documents/s9736/Breaking%20Boundaries%20by%20the%20Institute%20for%20Public%20Policy%20Research.pdf

2.24 The report also notes that government spending still tends to be focused on expensive crisis care services, rather than on coordinated and preventative support. One recent study found that better coordinated interventions from statutory and voluntary agencies can reduce the cost of wider service use for people with multiple needs by up to 26 per cent (Battrick et al 2014).

2.25 Because services are set up to deal with single issues such as drug or alcohol use, homelessness or mental health, rather than addressing the various needs of the individual, multiple professionals are often working with the same person. It is not unusual for people to receive help from as many as eleven services or more, resulting in gross waste and inefficiency (Anderson 2010). The Troubled Families programme was developed precisely to address this problem. However, there is no framework for disadvantaged adults who do not meet the programme's criteria.

2.26 A growing number of initiatives around the country are demonstrating that investing in better local coordination and intensive support for individuals with multiple and complex needs can reduce demand for expensive crisis care services.

3 Identify ways that services could work more effectively together to manage individuals with complex needs.

<u>The Complex Cases Group.</u>

3.1 There are a number of multi-agency groups already operating in the city which include representatives from police, fire, health, council and probation services. The paragraphs below combine evidence from officers and witnesses.

3.2 The Complex Cases Group (formerly known as dual diagnosis group) discusses management issues around people with mental health and substance misuse issues. The council's Commissioning Manager for drug treatment explained that dual diagnosis had been an issue in the city for a number of years which services have not yet successfully addressed; service users with both substance misuse and mental health issues struggle to access the services they need. Their needs are complex and lifestyles often chaotic. The dual diagnosis working group has recently changed its name to the 'complex needs group' in order to encompass people with a wider range of needs. In general, people with no clear diagnosis do not meet the thresholds of mental health services.

3.3 More recently the Assistant Director of Property and Housing (Environment) explained that the Anti-Social Behaviour Unit Manager set up a meeting to bring together representatives from anti-social behaviour services, property services, the police, Central Point, housing options, alcohol misuse services, Portsmouth Users' Self-Help (PUSH) Group to identify a small number of rough sleepers (8) in the Guildhall Square and around the civic offices and agree how they would be supported.

3.4 The council's Community Safety Strategy and Partnership Manager explained that efforts continue to improve partnership working and reduce duplication of effort. The original list of 8 people has now been developed with information from a number of different support services. There appear to be approximately 40-50 people with the most complex needs across the city, who need active support and management.

Virtual Group

3.5 As part of the dual diagnosis pledge (appendix 3) developed by the Complex Needs Group, a 'virtual group' is being developed now to respond where urgent/emergency decisions are required to manage joint agency working with complex cases.

The Integrated Offender Management (IOM) Service

3.6 The most prolific offenders are older than the offender population as a whole and there is a correlation with complex anti-social behaviour cases where there are emerging issues such as alcohol and drug misuse, homelessness, rough sleeping, threats from drug dealers, domestic abuse, and mental health issues, and for young people, child protection issues.

3.7 The Integrated Offender Management Service brings a cross-agency response to the crime and reoffending threats faced by local communities and has been operating since 2006. The most persistent and problematic offenders, many of whom have complex needs, are identified and managed jointly by partner agencies working together. The Portsmouth team is based in the civic offices and meet to review cases fortnightly as the Integrated Offender Management steering group; this group currently reports to the Local Criminal Justice Board and the safer Portsmouth Partnership.

3.8 Data shows that the integrated offender management approach in Portsmouth is successful with a 58% reduction in offending[8] over 18 months; beyond the time they are on the Integrated Offender Management programme. Once the offender is on the Integrated Offender Management cohort (even if they are in prison) they will be worked with by the team until a) the end of their order which is now at least 12 months or b) everyone agrees they should be removed

3.9 The Police and Crime Commissioner has sought to develop joint commissioning arrangements from April 2016 as well as providing some grant aid for the Portsmouth scheme. Partners from across Hampshire are currently working to deliver a supported housing scheme for offenders (referred to as 'IOM houses') from April 2017.

3.10 The Strategy & Partnerships Manager explained that it is important that the effectiveness of services is regularly monitored, particularly in view of the reduction of resources. This ensures that there is mutual understanding and co-ordination between services and that multi-agency forums have sufficient authority to manage cases effectively.

3.11 The Director of Offending for Purple Futures[9] Hampshire explained that there is a range of programmes to reduce offending addressing issues from drug and alcohol use, sex offending and domestic abuse.

Community Tasking and Co-ordination Groups (CTCGs)

[8] Individuals who began a period of supervision by the IOM Team in 2011/12 were tracked until December 2014

[9] Purple Futures is the Hampshire community rehabilitation company which works with low and medium risk offenders as stipulated by the Offender Rehabilitation Act 2014

3.12 The police Partnerships Inspector reported that from 2006 to 2012 the police provided co-ordination support for the operation of four community tasking and coordination groups (CTCGs) which aimed to problem-solve local crime and anti-social behaviour issues with a range of partner agencies (health services were not included). These have gradually ceased to function after police cuts forced the withdrawal of the co-ordinator post. Responsibility for managing the groups was given to the police beat teams and, ultimately, the need for meetings was reviewed by the police. As a result, the meetings stopped. The anti-social behaviour theme champion for the Safer Portsmouth Partnership is currently looking into how these groups could be re-instated and linked up to other work across the city.

3.13 It is important that the new partnership structures and objectives are understood by all and that information and resources are shared.

Multi-Agency Public Protection Arrangements (MAPPA)

3.14 The Assistant Chief Officer, Southampton, Portsmouth and Isle of Wight, National Probation Service, outlined the Multi Agency Public Protection Arrangements, which are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. Local criminal justice agencies and other bodies dealing with offenders are required to work together in partnership to deal with these offenders. It is a mechanism through which partners can discharge their statutory responsibilities and protect the public in a coordinated manner. No agency should feel pressured to agree to a course of action which they consider to be in conflict with their statutory obligations or wider responsibility for public protection

SafetyNet database

3.15 The police and the (former) Police and Crime Commissioner support the SafetyNet data base to manage cases of anti-social behaviour. Partners have access to this system and are expected to provide financial support to continue the development of the system.

3.16 In order to improve the wider management and sharing of information between partners including the responsible authorities, the police and crime commissioner has recently undertaken a review of information management across Hampshire and the Isle of Wight. The review recommended that the Police and Crime Commissioner take over the management of SafetyNet, whilst options for the most appropriate solution for the longer term are explored. The Assistant Director Property and Housing explained that this database was used to input and review data about incidents around the city other than that it is not widely used by city council services; these services tend to have systems specific to the needs of their service delivery and clients. The Strategy & Partnerships Manager added that the council has agreed to make a financial contribution to SafetyNet in 2015/16, though it is currently used by a limited number of agencies in Portsmouth as the city has had its own anti-social behaviour case management system (Caseworks) since 2001.

3.17 The Police and Crime Commissioner is of the view that in the past Hampshire Constabulary has been regarded as the de facto organisation to fall back on when other agencies were unable to fulfil their statutory responsibilities to attend to people in mental health crises. Work has been ongoing with partners to improve the management of demand and prevent incidents escalating by the placement of a full

time mental health professional in the police call centre to speak directly with call handlers, frontline officers on the ground and callers who are in crisis with mental health issues and are calling the police. The mental health professional has full access to medical records, which ensures individuals get the most appropriate help and support.

Joint Commissioning

3.18 Joint commissioning of services is recognised as a key vehicle through which complex problems can be more effectively tackled and has become a dominant theme in the face of austerity. These strong partnership approaches can foster a collective sense of purpose, with benefits for crime prevention, community safety and public security, as well as reducing duplication and saving money.

3.19 The council has developed its own Integrated Commissioning Unit, bringing together local authority and health (Clinical Commissioning Group) budgets to commission services for the city. In addition to this, the community safety team have jointly commissioned support services for perpetrators of domestic abuse. Since 2012, the police and crime commissioner has also developed a number of jointly commissioned services across Hampshire and the Isle of Wight, including a collaboration with Hampshire County Council and Southampton City Council on the development of a contract to manage domestic abuse perpetrators.

3.20 The council's public health consultant explained that the Integrated Commissioning Unit is responsible for redesigning the substance and alcohol misuse services for high end needs. The recovery element works well and there is a strong relationship with PUSH. A significant concern for the cohort with complex needs is securing stable accommodation for them. The service will be retendered shortly and the new one launched on 1 November 2016. The service's budget will be reduced from £3m to £2m per annum. The importance of having an assertive outreach service to support people who do not want to engage was stressed. If they are not reached, problems will be stored up for the future. The number of clients that can be reached may diminish as a result of the reduction in budget and contract size. A multi-agency response is required to manage clients with high needs.

3.21 The CCG representative explained that mental health services in Portsmouth are commissioned directly from Solent NHS Trust. The service is currently being remodelled. A lower threshold support service and self-referral should be available in April 2016.

3.22 Service capacity for people with complex needs is less of an issue than getting clients to engage. The CCG representation reiterated that stable accommodation is the biggest issue for clients and that the CCG was concerned about the large reductions to substance misuse services and a reduction in capacity of support for homeless people (Central Point) as a result of budget savings targets. Although the reduction in capacity may mean the priority will be only the most complex cases, the re-tendering of substance misuse services provides an opportunity to join up with supported accommodation.

3.23 The CCG representative went on to describe the 'Blueprint' for Portsmouth (see appendix 4) and how this approach might provide a single mental health and substance misuse service across the city.

Identifying complex cases.

3.24 The CCG representative informed the panel that complex cases are identified via an assessment process and using the Care Programme approach. A staff member carries out a joint assessment, gives advice and signposts to the appropriate substance misuse service.

3.25 Solent NHS Trust mental health staff have all signed the complex needs pledge to work collaboratively.

3.26 The police Partnerships Inspector explained that officers complete prescribed forms for adults at risk or children and young people to report specific safeguarding concerns. These are sent to the Multi- Agency Safeguarding Hubs (MASH) where they are assessed and then forwarded to the appropriate agency/ies.

4. To identify how partners could work together to reduce demand for public services including mental health, substance misuse, community safety, police, probation and fire services.

4.1 The CCG representative explained that residents could be more accepting of people's differences and this can be achieved by education and information sharing. Better housing provision would help prevent escalation of issues experienced; early intervention with outreach services is often the best way to engage those with complex needs.

4.2 The former Police and Crime Commissioner suggested that partnerships need to inform the public and need to be very clear about what services they will be providing, the ones which will no longer be provided and the reasons why. Unrealistic public expectations must be dealt with at the earliest opportunity; partners need to be forthright and honest with the public.

4.3 The police Partnerships Inspector explained that the development and delivery of solutions such as restorative justice and mediation services for self or agency referral are essential in order to manage collectively residents' expectations of public services as budgets and resourcing reduces.

4.4 From a financial perspective, commitment to finding a solution comes from recognition that people cost us money anyway such as through police/ criminal justice and health when they become very acutely unwell; if services intervene early enough the level of resourcing should be smaller. So, for instance, a commitment could be made at the most senior level that no one should be homeless. Staff across all agencies have complete authority to escalate activity to shift operational risk by bringing in other agencies to share in the management of risk. The conversation becomes "what can you do to help this risk be managed" rather than "we can't take the risk because…"

5. To identify how residents can be encouraged to 'self-help' rather than ask for statutory services to intervene.

5.1 The CCG representative explained that education about emotional coping skills at an early stage possibly in schools, colleges and universities is essential. If you can manage your emotions, you build emotional resilience and are less likely to require services when things go wrong. She also suggested increased levels of peer support.

5.2 The former Police and Crime Commissioner explained that the starting point is to include residents in the decision-making process, so that they feel they have a stake in any decision that may affect them, their welfare and their communities. Residents need to be informed about why decisions have been made, the consequences for them, as well as a means for them to help themselves. If communities feel empowered they may feel more confident about developing their own solutions to problems and becoming more self-reliant.

5.3 Promoting this agenda may encourage residents to take responsibility for their neighbourhoods and communities, which may strengthen community spirit. In turn this may manifest itself in a range of ways from checking in on vulnerable individuals within the community, or developing solutions to problems such as drug dealing in their communities.

5.4 Residents can help deliver those services by volunteering to support service delivery. To ensure any intervention remains longstanding and positive, residents can help agencies by supporting individuals and inform agencies as soon as possible if an individual is relapsing or is in need of additional support.

5.5 The former Police and Crime Commissioner commissioned a service to deliver restorative practice[10] services in Portsmouth (in addition to Southampton, south west and south east Hampshire). The provision is specifically for face to face restorative conferencing and will include assessment, supporting appropriate victims and harmers through the conferencing process and signposting to other support services where necessary. The provider works in partnership with other agencies to ensure that the appropriate risk assessment and level of support is given to those engaging in the process, which is voluntary for all concerned.

5.6 The service is led by the needs of victims and is not dependent on the victim making a formal police complaint. It is intended that restorative justice is available to all victims of crime and anti-social behaviour at all points of the criminal justice process. The police Partnerships Inspector explained that communication is essential through the relevant public and private channels (websites, mail-drops, emails, leaflets in GP surgeries) explaining which services are available. It is also important to have greater investment in peer support services, promotion of self-help through advertising and recovery college training. Relatively small sums deliver big outcomes by funding groups in communities.

[10] Restorative Practice is a process which brings those harmed by a crime or conflict and those responsible for the harm, into communication, thereby enabling everyone affected by the incident, to play a part in repairing the harm caused, and to find a positive way forward for all parties

5.7 Local groups and individuals should be actively involved in finding solutions to their community's needs. Using opportunities such as police independent advisory groups is a way of identifying the issues and services that are required by communities and then tailoring the relevant service delivery to meet those needs.

6. To identify how partners can intervene earlier to avoid cases becoming more and more difficult to resolve.

6.1 The Strategy & Partnership Manager explained that the early help profile (previously known as the early intervention audit) identifies children who may be at risk of developing problems; for instance when they have poor attendance at school, missed medical appointments, have parents with substance misuse issues etc. The early help profile will be used to drive the work of the multi-agency teams being developed under the governance of the Children's Trust Board. Over the last few years, there have been many changes in the way organisations work and are funded. This has resulted in reductions in early intervention and requires a different way of working.

6.2 As previously mentioned (paragraph 2.15), early risk assessment can identify those cases:

- Most likely to be resolved through mediation or Portsmouth Assessment Service and/or prompt referral to relevant services.
- Presenting risk factors that would indicate a more complex case. Prompt referral and assertive outreach to engage these people may reduce the on-going impact and length of the anti-social behaviour.
- That will only benefit from a combined multi agency and in some cases bespoke response.

6.3 Improvements to the first assessment of cases that have known risk indicators might facilitate earlier interventions and investment before the cases become entrenched and extremely complex to solve, causing major problems for both the perpetrator/victim and local community members.

6.4 The police Partnerships Inspector explained that comprehensive partnership working is the key to successful outcomes relating to managing cases of 'vulnerability'[11]. This needs early identification and communication of potential clients, referral into the correct services often via MASH. Governance is crucial and should ideally be owned by a body such as the SPP, with work being driven and accountable through appropriately named working groups or panels. These need the correct membership and the ability to deliver on actions or activity across all relevant agencies, in a co-ordinated fashion. Shared resources, focussed energy /effort and effective communication are critical.

6.5 The CCG representative explained that working collaboratively earlier in the person's life would prevent these cases escalating and costing the public purse more money.

11 Hampshire uses the definition from the ACPO guidance and defines a vulnerable adult as: "Any person aged 18 years or over who is or may be in need of community care services by reason of mental, physical, or learning disability, age or illness AND is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation."

7. Recommendations and Budget and Policy Implications

The following table highlights the budgetary and policy implications of the recommendations being presented by the panel:

Recommendation	Action By	Budget & Policy Framework	Resource Implications
Identify a cohort of approximately 20-30 complex cases involving anti-social behaviour in the city and work with existing services to secure the most positive outcomes for these individuals.	Strategy and Partnerships Manager	Within existing priorities	Within budget
Map the journey of selected cases to identify missed opportunities and gaps in service.	Strategy and Partnerships Manager	Within existing priorities	Within budget
Use the learning from the journey mapping to shape system design and delivery, including consideration of the use of multi-disciplinary case workers	Strategy and Partnership Manager	Within existing priorities	Within budget
Contribute to the Homelessness Working Group	Strategy and Partnerships Manager	Within existing priorities	Within budget
Work with the police and other front line services, including adult social care, substance misuse and mental health to improve early risk assessment and develop case tracking systems.	Strategy and Partnership Manager, ICU Commissioning leads and Hampshire Constabulary	Within existing priorities	Within budget
Raise awareness with the public in relation to risk factors such as alcohol and drug misuse	Director of Regulatory Services and Community Safety & Director of Public Health	Within existing priorities	Within budget

Recommendation	Action By	Budget & Policy Framework	Resource Implications
Embed information exchange processes between services and organisations	Strategy and Partnerships Manager	Within existing priorities	Within budget
Develop a more robust and assertive outreach service and monitoring of cases	Strategy and Partnerships Manager	Within existing priorities	Within budget
Work with the police and crime commissioner to understand the impact of the restorative practice contract in Portsmouth	Director of Regulatory Services and Community Safety	Partnership review and monitoring of arrangements with Office of the Police and Crime Commissioner	Within budget
Encourage schools to deliver services to support the development of emotional coping skills and resilience, and peer support	Director of Regulatory Services and Community Safety and Assistant Director of Children's Services - Education	Within existing priorities	Within budget

9. Legal Comments

The recommendations of the Scrutiny Panel do not change any existing priorities or lead to any actions that would be outside of the Local Authority's powers. However, the relevant bodies involved need to ensure that the sharing of information, about individuals, needed to progress the recommendations is carried out in line with the Data Protection Act 1998 principles.

10. Finance Comments

The table contained within section 8 of this report indicates that the proposed recommendations will be implemented within the existing budget. This will therefore result in a reallocation and refocusing of existing resources.

11. Equality Impact Assessment.

A preliminary EIA has been completed which indicates that the work to support individuals with complex needs will benefit a range of service users. Once a number of the recommendations have been completed and service delivery is being adapted, further EIAs will be undertaken.

APPENDIX ONE

Formal Meetings Held by the Panel

DATE	WITNESSES	DOCUMENTS RECEIVED
10 December 2015	Lisa Wills, Strategy and Partnership Manager, Regulatory Services, Community Safety and Troubled Families.	• Presentation on X. (Put on website) • The Safer Portsmouth Partnership's Strategic Assessment 2015/16.
2 February 2016	Chris White, Partnerships Inspector and Acting Chief Inspector Sarah Beattie, Local Delivery Unit Head, National Probation Service, Portsmouth and the Isle of Wight. Barbara Swyer, Head of Operations, Hampshire & Isle of Wight, Purple Futures, Community Rehabilitation Company.	• Scoping Document. • Summary findings from two research projects by the SPP on complex ASB cases. • Breaking Boundaries - towards a troubled lives' programme for people facing multiple and complex needs - Institute for Public Policy Research • Joint written submission from the National Probation Service and Purple Futures, Community Rehabilitation Company
16 February 2016	Jo York, Head of Better Care Programming.	
8 March 2016	Collette Hill, Clean & Green Service Manager Matt Smith, Public Health Consultant Barry Dickinson, Commissioning Programme Manager.	
21 March 2016	Sharon George, Positive Family Futures Transformation Team Dave Smith, Hampshire Fire & Rescue Pete Kavanagh, Hampshire Fire & Rescue	Presentation Solent NHS Trust - written submission
28 September 2016	The report was signed off by the panel.	• Further evidence from Partnerships Inspector and Public Health Consultant.

APPENDIX TWO

References

1. Battrick T, Crook L, Edwards K and Moselle B (2014) Evaluation of the MEAM pilots – update on our findings, FTI Consulting. http://meam.org.uk/wp-content/uploads/2014/02/MEAM-evaluation-FTI-update-17-Feb-2014.pdf cited in McNeil, C and Hunter, J (2015) Breaking boundaries: towards a 'Troubled Lives' programme for people facing multiple and complex needs. IPPR

2. McNeil, C and Hunter, J (2015) Breaking boundaries: towards a 'Troubled Lives' programme for people facing multiple and complex needs. IPPR

3. Safer Portsmouth Partnership Strategic Assessment 2015/16

4. 'What is Restorative Justice?' Restorative Justice Council, found at: http://www.restorativejustice.org.uk/what_is_restorative_justice/, last viewed 20/08/2014

Dual Diagnosis Pledge and Pathway

Our aim is to improve the support and treatment for individuals who have co-existing mental health and alcohol and drug difficulties, which is known as a dual diagnosis.

Individuals with a dual diagnosis often have a range of problems, which can require a range of solutions. Help and support needs to be accessible and flexible, which will meet the needs of the individual. Treatment should be shaped by those accessing services whenever possible, based on their own personal recovery goal.

Our collective aim is to work with individuals who have a dual diagnosis, their families and supporters, to provide the treatment and support required to make recovery possible.

Overview

- Assessment- Entry points
- Planning- Who what and how?
- Review – How often and how?
- Discharge – focus on relapse prevention

Assessment

- Entry points into the system can be from a range of points
- Wherever the client enters the pathway there should be consideration given to undertaking a joint assessment
- Where it is not possible to arrange one on the same day the maximum amount of time that a client should wait is 5 days
- Where there is significant risk urgent cases should referred directly to the A2i service and this will also be the pathway into the CRHT where its deemed that an admission to hospital is needed.
- The focus at this stage should not be on diagnosis but rather a needs led assessment and determination of what service / services are best placed to meet the individuals needs.
- This should include an assessment of social needs

Planning

- The following are standard care planning areas for people with DD regardless of where in the system they are
- Accommodation and housing needs need to be taken into account
- Full physical health care planning to include physical health screen and checks and linking with primary care to determine the level of physical health care interventions
- The planning of community support for the client . Frequency of visits, intensity of the visits and mobility issues.
- Planning around how financial needs are going to be met
- Meeting the safeguarding needs of any children that may be in the household
- Coordination of community detox, rehab and recovery plan

Review

- 3 monthly multi agency meetings as a minimum requirement but more frequent if required

Discharge

- Discharge planning should include all agencies
- Discharge should be jointly managed
- Relapse prevention plans

Benefits So Far

- Joint assessments at first appointment. DD Nurse available on Recovery Hub assessment days.
- Joint assessments arranged through RW within five days.
- Joint home visits when RW has concerns about SU mental health.
- Early intervention - DD Nurse and GPs agreed rapid prescribing of anti depressant and low dose anti psychotic prescriptions. Changes of medication when adverse side affects identified.

Benefits

- Facilitation of hospital admission, professional care planning meetings and Care Coordination.
- Clear understanding of process within community teams
- Improving relationship with MH in patient teams and processes developed for joint planning at discharge

Issues To Consider

- DD Nurse funding not confirmed beyond end of March 2014, if lost how can we sustain benefits?
- Improvements from Recovery Hub to AMH services. How do we see improvements in opposite direction and engage AMH Patients with Recovery Hub?
- Can we replicate the peer led Recovery Broker model in mental health/DD settings?
- What is your agency's response to dual diagnosis, are there opportunities to promote recovery in your own settings, if so how?

health&care portsmouth

A blueprint for health and care in Portsmouth

September 2015

Portsmouth CITY COUNCIL

NHS Portsmouth Clinical Commissioning Group

Portsmouth Hospitals NHS NHS Trust

Portsmouth Primary Care Alliance Ltd

A PROPOSAL FOR PORTSMOUTH
A BLUEPRINT FOR HEALTH AND CARE IN PORTSMOUTH
September 2015

Purpose of the Report

Chief Executives, Accountable Officers and Senior Executives from Portsmouth Health & Wellbeing Board partners have been meeting throughout the summer of 2015 to discuss the right response to the challenges facing health and care in Portsmouth over the coming years. This paper sets out a proposed direction and model of care for Portsmouth. It is being brought to the Health & Wellbeing Board for open discussion, debate and endorsement.

Recommendations

The Health & Wellbeing Board is recommended to:

- Support in principle the statements in this Portsmouth Blueprint for Health & Care and;

- Require a more detailed report on the development of these proposals is brought to its Board meeting on 2nd December 2015

Introduction

Portsmouth is a busy, waterfront City, one of the most densely populated on the south coast and in the UK. There are real challenges in the City - demographic growth, increasing morbidity, continued financial pressure in public services, inequalities and stark deprivation in many communities, pressures in our workforce and services – and many of these challenges are set to escalate over the coming years.

We need a Portsmouth solution to meet these challenges and our ambition must be at a scale to match the size of the challenge. The people and organisations planning and delivering health and care for Portsmouth broadly share this same vision. We have already achieved a great deal joining up our care with the following work programmes well underway:

- Multi-agency Teams (MATs) for children
- Adult Social Care and Community Nursing for rapid response and re-ablement and continuing care
- Integrated Commissioning for adults

We also have plans to join up prevention & wellbeing services, services for people with multiple long term conditions, urgent and emergency care, out-of-hours care and mental health and learning disabilities services. Whilst these plans are good in their own right, we are not convinced, if delivered independently, they will deliver the best outcomes for Portsmouth given the scale of the challenge.

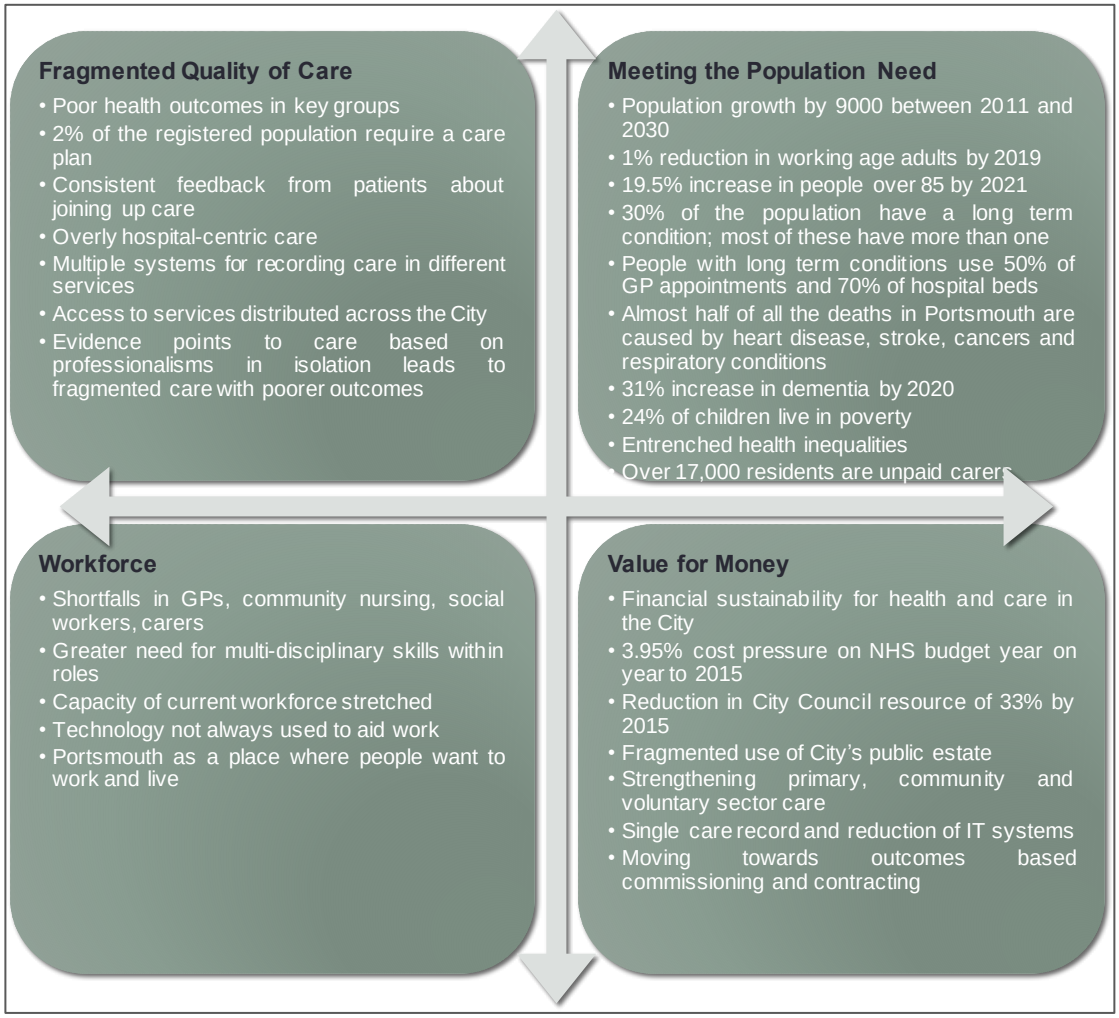
The Portsmouth Blueprint aims to bring together existing local work, national and local evidence with local thinking and feedback from the people who use our services to set out how health and care could be delivered very differently for the City.

A Case for Change

Portsmouth is a great waterfront City. 208,900 people live in the City and 217,562 people are registered with a Portsmouth GP. We know there are significant health and care challenges in Portsmouth. Too many people have poorer health and wellbeing than in other similar cities. Demand for our health and care services is increasing and more people tell us that what matters to them is ease of access and joined up services.

Figure 1 summarises the main challenges facing health and care in Portsmouth, setting out the key reasons why the way this is delivered needs to change over the coming years.

Figure 1: Strategic Case for Change



The Portsmouth Health & Care Executive

Recognising these challenges, leaders from health and care partners in Portsmouth held a series of meetings over the summer of 2015 to discuss a collective response.

This group, known as the Portsmouth Health & Care Executive, consisted of representatives from the following City partners:

- Portsmouth City Council (CX, Deputy CX and Directors from Public Health, Adult Social Care, Regulatory Services, Community Safety and Troubled Families, Children's Services and Education, and Integrated Commissioning)
- NHS Portsmouth Clinical Commissioning Group (Chief Clinical Officer and Chief Operating Officer)
- Solent NHS Trust (CEO and Chief Operating Officer)
- Portsmouth Hospitals NHS Trust (Executive Director for Strategy)
- Portsmouth GP Alliance (Executive Directors)

This paper sets out the key proposals from those discussions. These are designed to build a wider debate and discussion in the City, starting with the Portsmouth Health & Wellbeing Board, seeking to gain further expertise, engagement and commitment from people who care about the future of care services in Portsmouth.

Our Key Commitments to Portsmouth

To ensure our solution is of a scale of ambition sufficient to meet the challenges facing the City, we propose to the Portsmouth Health & Wellbeing Board that:

- We will build our health and care service on the foundation of primary and community care, recognising that people have consistently told us they value primary care as generalists and preferred point of care co-ordination; we will improve access to primary care services when people require it on an urgent basis.
- We underpin this with a programme of work that aims to empower the individual to maintain good health and prevent ill health, strengthening assets in the community, building resilience and social capital.
- We bring together important functions that allow our organisations to deliver more effective community based front-line services and preventative strategies; this includes functions such as HR, Estates, IT and other technical support services.
- We establish a new constitutional way of working to enable statutory functions of public bodies in the City to act as one. This would include establishing a single commissioning function at the level of the current Health & Wellbeing Board with delegated authority for the totality of health (NHS) and social care budgets.
- We establish a single or lead provider for the delivery of health and social care services for the City. This would involve looking at organisational options for bringing together health and social care services into a single organisation, under single leadership with staff co-located. The scope of this would include mental health, well-being and community teams, children's teams, substance misuse services and learning disabilities. In time, it could also include other services currently residing in the acute health sector or in primary care.
- We simplify the current configuration of urgent and emergency and out of hours services, making what is offered out of hours and weekends consistent with the service offered in-hours on weekdays so that people have clear choices regardless of the day or time.
- We focus on building capacity and resources within defined localities within the City to enable them to commission and deliver services at a locality level within a framework set by the city-wide Health & Wellbeing Board.

Our Vision

Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.

Talking to people who use our services, there is one consistent message we have heard – that we must continue to bring services together in a way that makes sense for the person but also allows front-line professionals to deliver care in a way that is not restricted by professional, organisational or financial boundaries. Our strategy is thus based on joining up (integrating) services around the care of the person. We will build on the well-known, well-established services that Portsmouth people know and use but not be afraid to significantly transform these where the evidence supports this.

Primary and community care is at the core of our strategy. We recognise and value the contribution made by GPs and all primary care professionals to health & care in

Portsmouth and understand they are highly valued by patients. GPs and pharmacists are the main point of contact for the majority of patients and their skills are essential for all aspects of health care, including health education and health promotion.

We will commission a sustainable health and care system that achieves a shift in focus from acute care to community and primary care, early intervention, prevention and maximizes the contribution of the voluntary and community sector. In order to deliver our strategy, improve the quality of services, meet rising demands and costs and ensure safe services at all times we will need to achieve at least £40m of efficiencies across health and social care by 2019; this figure is likely to rise as national and local spending reviews and settlements are confirmed.

Outcomes

Portsmouth's Health & Wellbeing Board sets the strategic outcomes for Portsmouth's health and care; these incorporate not just the findings from our ongoing Joint Strategic Needs Assessment (JSNA) but also considers feedback from people in the City, users of our services and their representatives as well as national and local evidence, modelling and planning from its constituent health and care partners.

For the People of Portsmouth

Within 5yrs Portsmouth people will:

- be able to access effective services to meet their goals to manage their own health and stay well and independent;
- be able to plan ahead and keep control at times of crisis in their health and care;
- spend less time in hospital and institutional care;
- access responsive services which help them to maintain their independence;
- have access to the right information and support about services available;
- have access to simple, effective services when they have an urgent health, care or welfare need;
- have a strong voice about how services are designed and delivered;
- feel confident that their care is coordinated and that they only have to tell their story once;
- benefit from the use of technology to help them stay well and independent.

For the City

The outcomes for Portsmouth we are specifically aiming to improve are:

- A radically improved offer of early intervention and preventative health and social care services that allow individuals to have more choice and control over their own lives
- A healthy and sustainable environment, which supports wellbeing and in which people can live healthier lives - improved housing, warmth, transport and green space, better access to employment, healthier food and drink and clean air
- Support for wellbeing - both physical and mental wellbeing - that is holistic, integrated and promotes positive behaviour change and draws on strengthened community assets
- All children have the best start in life and parents are supported to keep their children healthy; families are supported to build positive relationships and provide safe and nurturing parenting

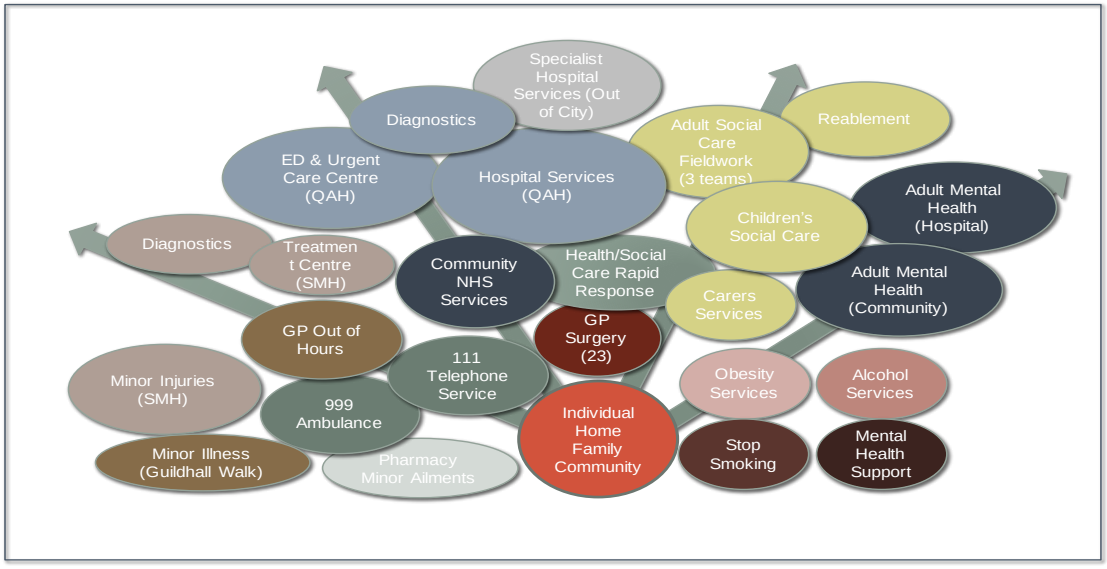
- A reduction in the number of children requiring a statutory safeguarding response
- A reduction in children's absence from school
- Communities are able to support the needs of our most vulnerable those with learning difficulties, with enduring mental health or physical health problems including hearing or visual loss or problematic addictions
- Older people are well engaged and supported in the community to prevent isolation
- An increased proportion of older people remaining at home 91 days after a discharge from hospital
- Further reductions in delays to transfers of care from the acute setting to the community, with improved quality of the discharge process
- People with complex needs who need to go into hospital are known to community locality teams and are safely and actively managed back into their home
- A further reduction in acute bed days for older people who need to go into hospital
- More people able to die in their preferred place of death

Health and Care in Portsmouth Today

People are living longer in Portsmouth in line with national trends but the burden of long term conditions and co-morbidity leads to a poorer quality of life for many people, especially those in the most deprived circumstances. Poor mental health is closely linked to poor physical health and unhealthy behaviour of tobacco and alcohol addiction, poor diets and poor levels of physical activity leading to obesity.

Health and care services for people in Portsmouth are, overall, extremely good and have evolved over many years as a result of national and local policy and decisions. Whilst this model of care has delivered good care for the majority of people, its design has a number of problems which will significantly restrict the City's ability to meet our challenges and deliver our Vision, most notably the fragmented nature of how both the person and the professional navigate through the various services. As an example, Figure 2 below summarises the main health and care services available to an adult living in the City.

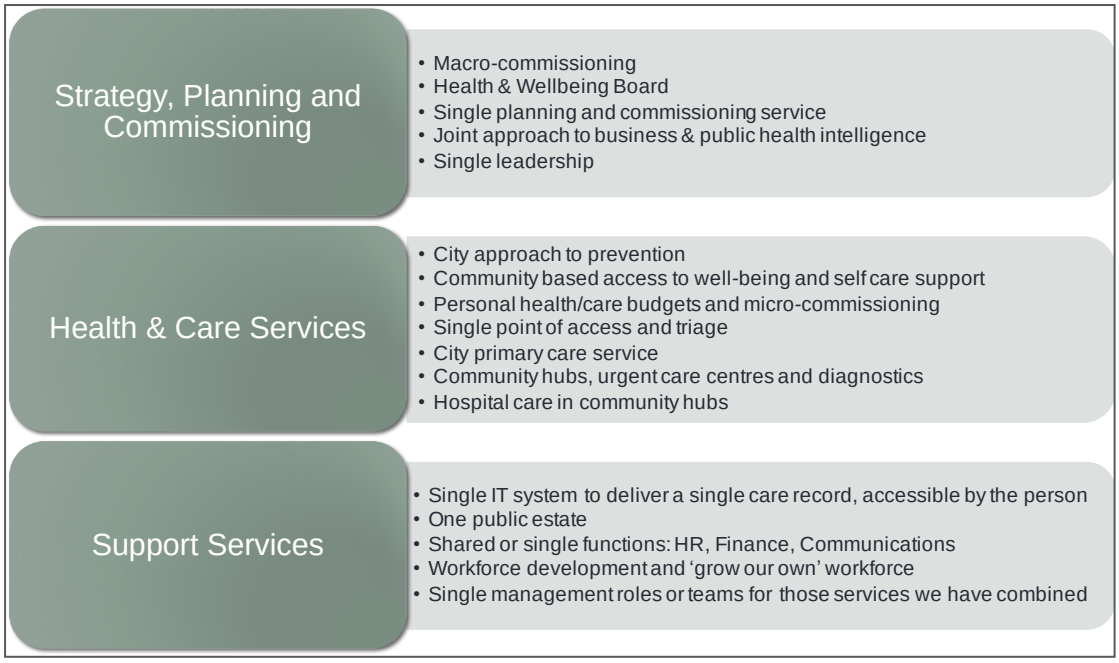
Figure 2: Current Configuration of Adult Health and Care Services in Portsmouth



A Blueprint for Health and Care in Portsmouth in 5 Years

Our aim is to create a single health and care system for the City – this includes delivery of services but also planning, commissioning and managing these services. There are three broad functions we have the opportunity to bring together in the City; these are described in Figure 3.

Fig 3: The Functions We Aim to Change for Portsmouth



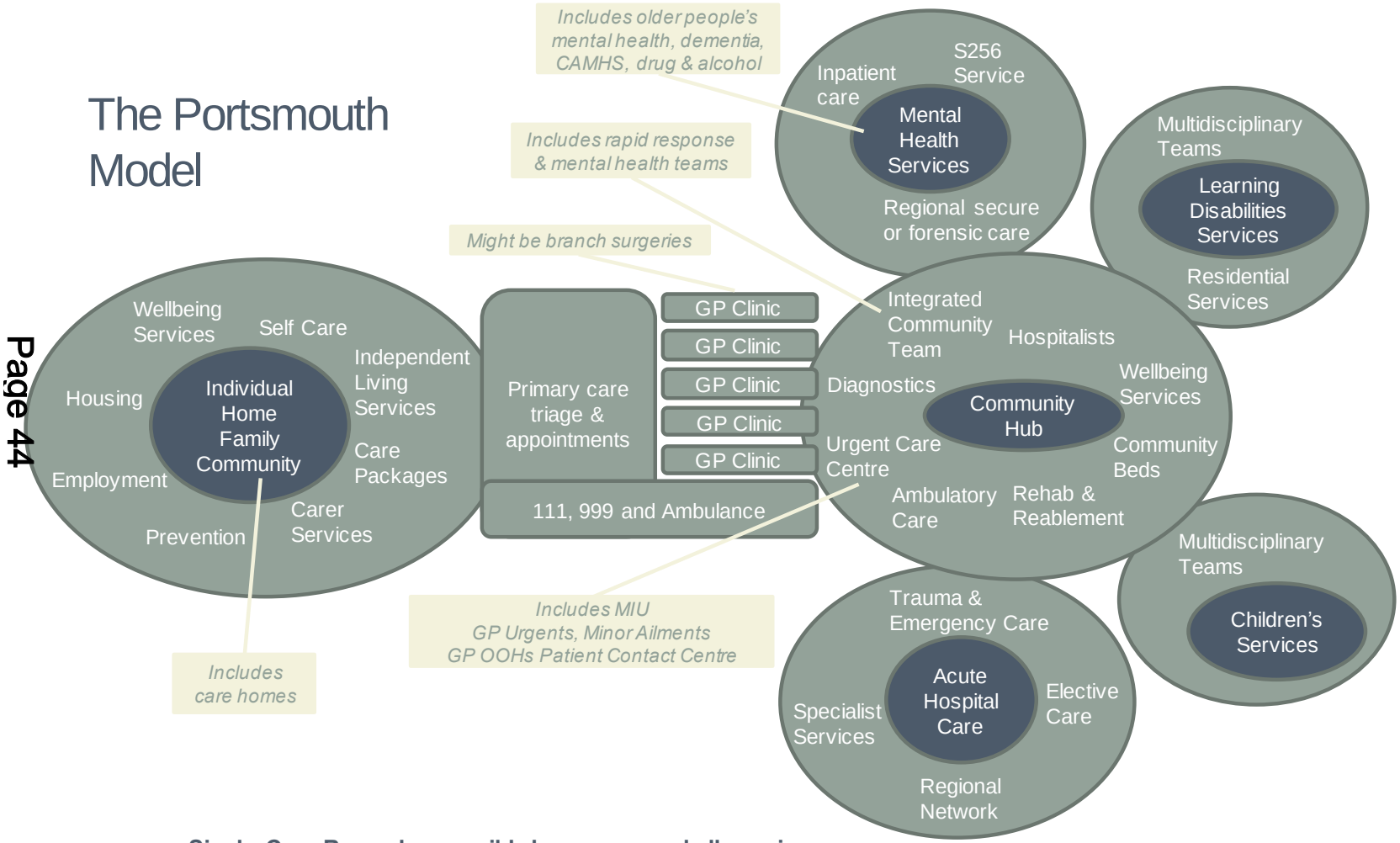
How We Will Organise Health & Care Provision

To achieve this will mean bringing together some existing services, providing other services at scale, embracing technology and ensuring that people only go to hospital to receive care that can only be done in a hospital setting.

Over the next five years we propose to change the way we offer services across the whole spectrum of health and care. Figure 4 gives an overview of how the main health & care services could be organised in Portsmouth within 5 years.

The sections that follow Figure 4 begin to set out the key features of each element of this overall model of care, giving further detail about the types of services that could be delivered and how we intend to change the health & care offer for Portsmouth.

Fig 4: The Portsmouth Model of Health and Care



Prevention and Wellbeing

We will build on the work of our community development teams working closely with diverse communities across the City to share understanding of the issues, agree priorities for action and develop better capacity and resources in each neighbourhood and community to support wellbeing.

We will create wellbeing services in or close to people's communities so that people can access support for a range of lifestyle issues which allows them to manage these better themselves.

We will work with parents, families and early years, school and college settings to promote wellbeing for all our children.

We will work with the business community to create healthy workplaces.

We will build support and capacity in all our neighbourhoods to support wellbeing and independence and build social capital for older people and their families recognising the importance of intergenerational support and cultural and ethnic diversity.

Single Point of Access and Triage

We will establish a single point of access for all health and care services in the City; people and their families will find it easier to understand, access and contact services and will be enabled to manage their own support. They will have access to information and advice and only tell their story once.

We will bring together 111 and current primary care out-of-hours provision for the City to be part of the single point of access to care, ensuring it is part of the overall primary care offering in the City.

This single point of access will also deliver the primary triage, assessing health and care need and directing people to the best service based on that assessment. Currently the 111 service is a primary triage service based on clinical pathways, however these are not yet comprehensive or efficient enough to deliver the type of triage service required for the City. Our aim is that a person receives the same level of primary triage regardless of which service they choose to access – and regardless of whether it is by walking in or by telephone or online.

Keeping Independence

We will improve the range of services people can access to maintain their independence, whether this be in their community, at home or in the place they usually live and work.

We will make more use of personal budgets routinely across health care – people, their families and their carers will have more control, choice and flexibility over the support they receive

Establishing Community Hubs

We will create single health & care teams based within key City localities or 'community hubs'; these teams will act as one and include a range of skills and services including primary and hospital care, social care, well being & self care, mental health (including elderly mental health) and community therapies (such as physiotherapy, occupational therapy). These teams will be seen as the same as and part of primary care services in the City.

We will do away with multiple assessments that duplicate, establishing a single assessment framework to reduce the number of times people and their carers or family have to tell their story.

We will place more specialist services in the same localities as the community teams so that professionals have direct access to the right type of support to better manage the care of people – including ambulatory care, reablement and rehabilitation

services and also a range of diagnostic services. In particular, we will move the delivery of services for frail, older people out of the hospital setting into services that deliver within the community hub, GP practices and within the person's own home or community (including care homes). This 'frailty service' will include a strong prevention element to its work, keeping people as active as possible and reducing, for example, the amount of falls experienced by older people in the City.

Through the community hubs, we will also establish a 7-day per week health and care service for the City, ensuring those services that are needed by the City are open 7-days-per week and across a 24hr period. In particular, we will prioritise those services that enable people to have a quicker discharge from hospital as well as avoid unnecessary admissions at weekends.

In building this single health & care service, we will collaborate with the well-established range of voluntary, community and not-for-profit services in the City so that they form a key part of the support available and are integrated with the community health & care teams to deliver parts or the whole of people's care.

We will also simplify the range of urgent care services so that when people require health or care support on an urgent basis it is clear where they can get this; this will include access to primary care on an urgent basis as well as services that can deal with minor injuries and emergencies 24/7. We will base these urgent care services next to the locality community services and within community hubs, making it clearer for people where services can be accessed as well as making best use of shared support services, diagnostics and the public sector estate. We want to enable our existing primary care services to provide the urgent care in-hours (and potentially out of hours) provision where this is sustainable; this may involve GP practices coming together to collectively provide services in partnership with other providers.

Ambulance services (including 999 call handling) will become much more a part of the urgent care service in the City; we will organise ambulances not just to convey people to hospital but also to other locations where there will be services better able to provide for the person than a hospital stay, including the community hubs.

We will include 111 and current out-of-hours provision for the City in our single urgent care service and ensure it is part of the overall primary care offering in the City, with services out-of-hours delivered from the community hubs but accessed via the 111 service.

We will bring together services for children, adults and older people where there is commonality of provision – meaning that we will offer an ageless service and a family-centred approach where there is no case for a distinction between age groups to be made; however we will clearly maintain more specialist services for different age groups where this is required (e.g. frailty services, paediatric services etc).

We will provide excellent support for families with children with special needs working closely with schools and third sector organisations as well as health and care services. We will provide better integrated care with people with co-morbidity and recognising the importance of mental wellbeing as well as physical wellbeing.

Creating a Different Primary Care Service

We will create a different primary care service for the City, one that retains the GP as the basis for the service but with a wider workforce which sees individual GP practices working together or merging to provide services collectively for the City. Primary care will be delivered as part of the single community teams but will also offer specific GP services in localities (similar to practices currently).

For people who need to access primary care, we will join up in-hours and out-of-hours health & care so that access to urgent primary care appointments are seen as part of the overall urgent care service.

We will create a different type of workforce for delivering primary care for the City, one which will draw upon existing professions such as nursing, social work, emergency care and pharmacy to deliver primary care alongside GPs to ensure we have a workforce that can deal with the needs of the City. As part of this we will support the development of a 'specialist primary care' workforce, enabling GP and other primary care practitioners to create portfolios, to specialise in areas of interest or take on salaried roles; this will help with career and workforce development but also create Portsmouth as an attractive city in which to develop a health & care career.

We also believe it is time to give primary care access to a range of diagnostic tests which, currently, require a referral to a hospital service. We will establish within the community hubs diagnostics directly accessible by GPs. The same diagnostics will also be available to the single community teams and urgent care services operating in the same hub. We will ensure access to diagnostics includes access to advice and guidance by specialists.

In order to do this, we will use the commissioning powers within the City to help primary care decide how it can provide services at a larger scale than currently. We will enable GP practices to speak and act as a single voice for primary care provision in the City and we will support those in primary care who want to innovate and change.

Changing the Nature of Hospital Care

Hospital care will become more focused around planned (elective) care where such an acute intervention is clinically correct and where people have been seen and assessed within their primary care service. By its nature, a single health and care service for the City will be less hospital-centric; in order to do this we will require hospital clinicians to be working together with GPs and other out of hospital professionals to determine and manage the changes.

Trauma and emergency medicine will continue to be provided by hospital specialists, as will a range of complex specialist services, However, we will seek to make available the model of acute care for the City that is supported by good evidence; this may mean hospitals working as networks so that local people can access the best of specialist hospital care elsewhere in the region to improve their outcomes.

The majority of community mental health care will form a part of the single service offered within communities and within hubs. However, there will always remain a need to provide inpatient care for some people, within dedicated specialist services staffed with experts or offering specific services such as forensic mental health, dementia care or services working with the police for the proper care of people with mental health problems who are detained.

Delivering Social Care for the Future

We will create better opportunities for our children and young people, and reduce the numbers of children in care, in the offender system and young people not in education, employment or training.

We will create better opportunities for our most vulnerable members of the community including those with mental health problems, addiction problems or with learning difficulties.

We will work with employers and work support agencies to support those people with health problems to remain in employment where possible.

We will continue to develop resources and capacity to support older people, especially for those with health problems including dementia and their carers.

Multi-disciplinary Teams for Children and Families

Co-located and integrated children's specialists will be part of the model. The current work to establish Multi-Agency Teams will continue but over time will become part of the broader Community Hubs.

We will ensure that in the design of the offer for children and families that our safeguarding children processes and practice remain robust and that there is a clear support pathway for children not just from primary care but also from nurseries, schools, colleges and the police.

We will ensure that the offer for children and families is family-focussed and fully integrates services for vulnerable parenting adults, notably around substance misuse, mental health, learning disability and domestic abuse.

In designing the offer for children and establishing the single provider, we will ensure that there are clear lines of accountability for risk around safeguarding and for the quality of services inspected by Ofsted.

How We Will Establish a City Approach to Strategic Planning, Prioritisation and Commissioning

Establishing a single health & care service for Portsmouth will require a joined up approach to planning, prioritisation and commissioning across the current public sector organisations. We will establish a single approach to strategic planning and commissioning for Portsmouth, bringing together functions and expertise from NHS Portsmouth CCG and Portsmouth City Council into a single service. We will develop the role of the Portsmouth Health and Wellbeing Board to act as the single statutory Board for setting strategy, decision making, allocating resource and prioritisation for health and care in Portsmouth.

We will bring together how we use the information and expertise we have available to us currently – such as planning, commissioning and contracting services within the public sector but also the City's Joint Strategic Needs Assessment (JSNA), our Public Health capability and our developing approach to outcomes-based and population-based contracting.

How We Will Make Better Use of Public Sector Expertise and Support Services

Using Technology

We will establish a single IT system for the City that can work across all health and care providers so that each person has a single care record which can be accessed by those who are providing their care. We will give people access to their own care record as well as giving them direct control over who else can access their record.

We will actively use current and future technology to support people to care for themselves or access services including the use of mobile apps, telehealth/care but also using technology to allow people to self-triage and book appointments for care.

Making Better Use of the Public Estate

In establishing a single health & care service for the City, we will review and manage the totality of the health & care estate in Portsmouth, including establishing ways of supporting current GP practices with their primary care estate. The City's total public sector estate will be used to enable our delivery of a health and care service but also will be our first point of call for the location of any specialist, support or management services.

In particular, we will maximise the use of key strategic sites for health and care in the City including (but not limited to) St Mary's campus, Civic Offices and Queen Alexandra Hospital. We will also maximise the use of community space to build capacity for community based organisations and activities.

Growing Our Workforce

We will not assume that tomorrow's health & care service will be provided simply by bringing together today's workforce, professions and services and requiring these to work differently or for longer hours; we cannot build a sustainable service for the future on this basis.

We will thus develop a workforce that matches the differing types of delivery this future model requires. Working with local and regional education providers as well as the national professional bodies we will aim to 'grow our own' workforce – ensuring that we not only design new roles but also establish the means by which they are trained and developed.

It is likely that our future workforce will include the following features:

- The right knowledge, skills and expertise to deliver their role
- Not constrained by current organisational forms and boundaries but working within the Portsmouth model of care
- Primary care specialists or consultants, able to work across the acute, community and social care sectors to manage the complete care of the individual
- Flexibility for professionals to portfolio work, mixing more general care delivery with specialist expertise

Our aim will be that the local health and care workforce expresses pride in the work they do, feels valued and sees Portsmouth as a place to work, pursue their career and live.

How We Will Deliver the Changes

Priority areas for work

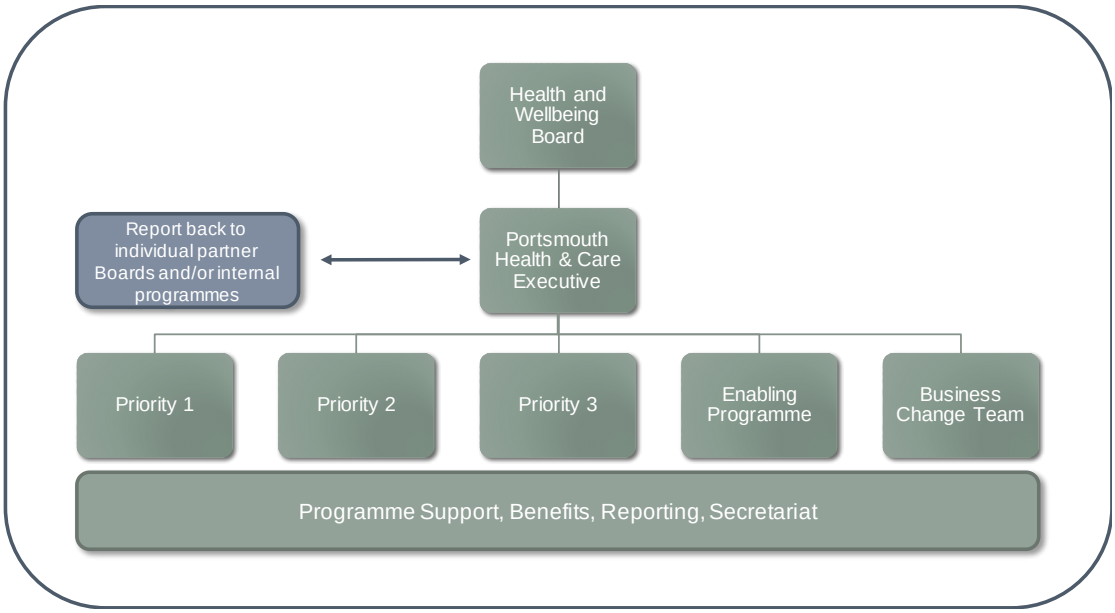
The City health & care partners are currently reviewing our individual work programmes to identify the level of alignment with this Blueprint. Our aim to is to refocus the capability and capacity that exists within the City to deliver this Blueprint. This will require prioritisation of effort, a review of key roles and will lead to the cessation or slowing of work programmes that do not enable us to deliver this model of care. Our aim will be to use the capacity and expertise we already have in the City and minimise the expense to the taxpayer of implementing these changes.

Delivery Arrangements and Change Team

The scale of change we are aspiring to achieve will require us to collectively establish a City programme based on the priorities and phasing of the changes we have agreed to deliver.

Figure 5 below gives a broad overview of how this programme might look; a more detailed work-up of this programme will be completed by the end of September but many of its elements are already in place (eg Health & Care Executive, Better Care Fund, Children's Programme, Commissioning programmes).

Figure 5: The Portsmouth Change Programme Structure



Programmes do not deliver change in isolation. Using good practice (such as Portfolio Management techniques), we will establish a single change team to run this programme by using existing roles, people and resource available across our organisations in the first instance.

These changes will be delivered whilst also maintaining the delivery of 'business-as-usual' in our services. This will require engagement and use of our best operational managers within this change programme. We will achieve this by having a defined Business Change Team within the programme – using experienced operational and commissioning managers to ensure the changes being developed by the programme can be introduced to our services. This also ensures the change programme benefits from having the experience of people who manage and deliver our services involved in delivering change.

Engagement and Consultation

Whilst a great deal of engagement, discussion and consultation has already occurred with people and staff in Portsmouth – this has tended to be about specific service changes. There has been some engagement with broader strategic direction – such as children's services and the Better Care Programme. However we have yet to engage people in shaping and delivering this broader programme that seeks to transform how health and care is delivering in the City.

We will this establish a specific communications and engagement Workstream as an early priority. This will utilise resource, expertise and work already in place – on work such as Better Care, children's transformation, Wellbeing services etc – refocusing this to ensure routine engagement and communications about this Portsmouth Blueprint.

We also believe that Healthwatch Portsmouth must be a key partner in this change programme to gain their early input and steer about how we go about this broader engagement work.

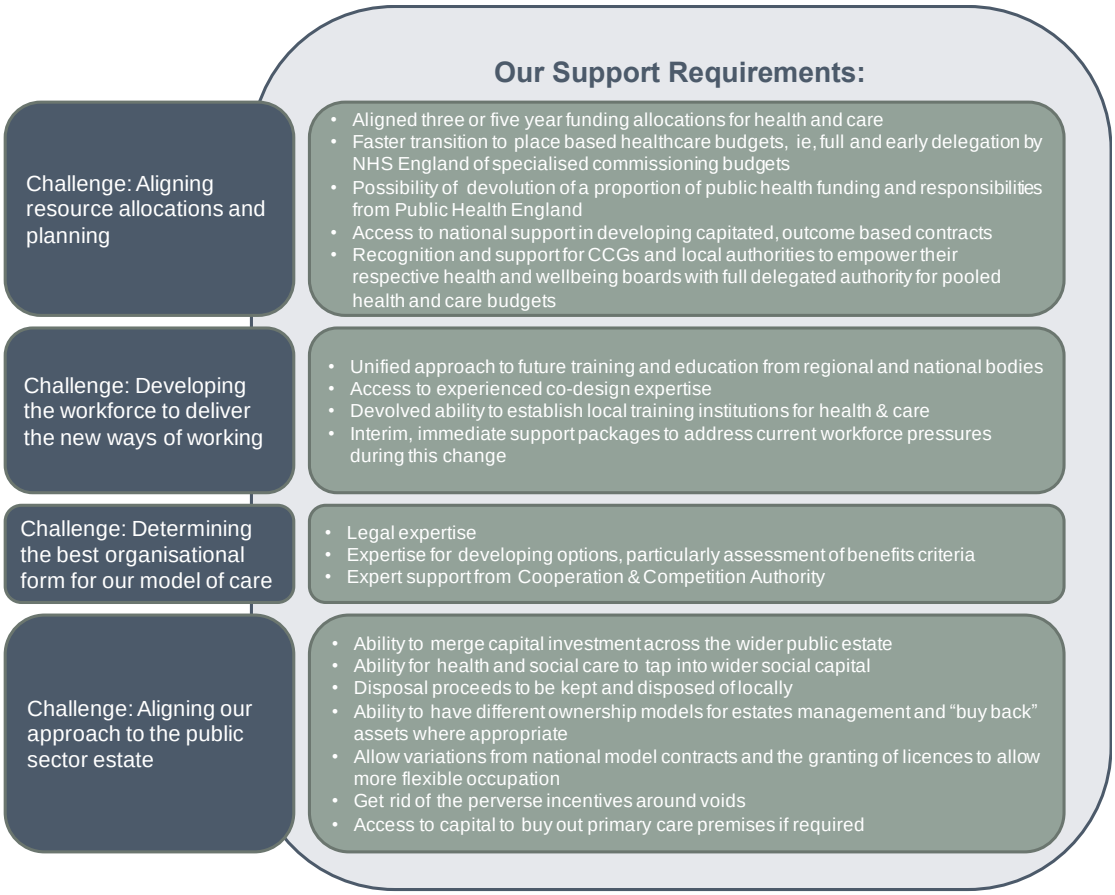
Our Challenges and Support Requirements

Changing services at this scale will require taking challenging local decisions. Whilst there is much within our current powers that will enable to us to do this, we do and will have requirements for support from other organisations outside Portsmouth, including central government.

These support requirements are currently being considered for inclusion within a wider proposal for devolved powers and authority to a wider Hampshire and Isle of Wight governance model.

Figure 6 below lists some immediate challenges to enacting this Blueprint and proposes the potential support required for our local plan

Figure 6: Our Challenges and Support Requirements



The Journey Towards Change

Whilst the change programme will define in detail the main actions and timescales (or milestones) required to deliver this ambitious transformation in health and care for Portsmouth, we will identify and agree a set of top level milestones by which we will judge collectively whether we are on track. This will be particularly important for the first 12-18 months as the programme begins to tackle fundamental issues such as pooled finances, risk shares, organisational form and individual roles.

The Portsmouth Health & Care Executive are currently reviewing and agreeing proposed top level milestones for this first 18 month period and these can be reported to a future Health & Wellbeing Board.

Innes Richens, Chief Operating Officer, NHS Portsmouth Clinical Commissioning Group

On behalf of the Portsmouth Health & Care Executive

September 2015

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Equality Impact Assessment

Preliminary assessment form v5 / 2013

www.portsmouth.gov.uk

The preliminary impact assessment is a quick and easy screening process. It should:

- identify those policies, projects, services, functions or strategies which require a full EIA by looking at:
  - negative, positive or no impact on any of the equality groups
  - opportunity to promote equality for the equality groups
  - data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

Directorate: Director of Regulatory, community safety & troubled families

Function e.g. HR, IS, carers: Strategy

Title of policy, service, function, project or strategy (new or old) :

Review of individuals with complex needs

Type of policy, service, function, project or strategy:

- ☐ Existing
- ★ New / proposed
- ☐ Changed

Q1 - What is the aim of your policy, service, function, project or strategy?

To improve outcomes and services in place to support individuals with complex needs

Q2 - Who is this policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

The work will benefit individuals with complex needs - homeless people, people with mental health problems, substance misuse problems. The work is also likely to benefit veterans.

Q3 - Thinking about each group below, does, or could the policy, service, function, project or strategy have a negative impact on members of the equality groups below?

Group	Negative	Positive / no impact	Unclear
Age	☐	★	☐
Disability	☐	★	☐
Race	☐	★	☐
Gender	☐	★	☐
Transgender	☐	★	☐
Sexual orientation	☐	★	☐
Religion or belief	☐	★	☐
Pregnancy and maternity	☐	★	☐
Other excluded groups	☐	★	☐

If the answer is "negative" or "unclear" consider doing a full EIA

Q4 - Does, or could the policy, service, function, project or strategy help to promote equality for members of the equality groups?

Group	Yes	No	Unclear
Age	★		
Disability	★		
Race		★	
Gender		★	
Transgender		★	
Sexual orientation		★	
Religion or belief		★	
Pregnancy or maternity		★	
Other excluded groups	★		

If the answer is "no" or "unclear" consider doing a full EIA

Q5 - Do you have any feedback data from the equality groups that influences, affects or shapes this policy, service, function, project or strategy?

Group	Yes	No	Unclear
Age		★	
Disability		★	
Race		★	
Gender		★	
Transgender		★	
Sexual orientation		★	
Religion or belief		★	

Pregnancy and maternity	☐	★	☐
Other excluded groups	☐	★	☐

If the answer is "no" or "unclear" consider doing a full EIA

Q6 - Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, service, function or strategy?

☐ yes ★ No

Q7 - How have you come to this decision?

This scrutiny report provides the basis for developing a new approach for working with individuals with complex needs; the recommendations for action are not service or strategy or service specific. Instead they involve identification of a cohort of individuals, journey mapping and improved links to existing work/strategies such as alcohol and substance misuse awareness and information exchange. Once the journey mapping has been completed a more detailed understanding of the changes needed for Portsmouth can be developed

If you have to complete a full EIA please contact the Equalities and diversity team if you require help Tel: 023 9283 4789 or email:equalities@portsmouthcc.gov.uk

Q8 - Who was involved in the EIA?

Lisa Wills - Strategy and Partnerships Manager

This EIA has been approved by: Rachael Dalby - Director of Regulatory Services and Community Sa

Contact number: 023 9283 4040

Date: 5th August 2016

Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.

Telephone: 023 9283 4789

Email: equalities@portsmouthcc.gov.uk

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

SCOPING DOCUMENT

A review of general parking issues in Portsmouth with a view to considering alternative strategies.

1. **Background**
   The topic was agreed by the Scrutiny Management Panel on 8 July 2016 for this municipal year.

2. **Objectives of the inquiry**
   1. To understand and evaluate the current parking situation in the city which would include :
      - The legislative background.
      - The management of supply and demand for parking, both on and off street.
      - Parking Permits.
      - Parking of commercial vehicles in residential streets.

   2. To investigate how effectively other local authorities deal with parking issues.
   3. To identify and evaluate possible long-term solutions.

Note: The review will not consider the location or circumstances of individual residential parking zones, nor will it cover enforcement.

3. **Possible witnesses**
   - Director of Transport, Environment and Business Support.
   - Assistant Director of Transport, Environment and Business Support.
   - Companies with employee parking schemes (home and business)
   - Parking Manager
   - Cabinet Member for Traffic and Transportation
   - Local Authorities
   - University of Portsmouth

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