

# Safer Portsmouth Partnership Plan 2013-18

## 2016 Update



# Contents

|   | Page |
|---|------|
| <b>Forward by Councillor Rob New, Chair of the Safer Portsmouth Partnership</b> |      |
| <b>Introduction</b>   |      |
| <b>Our local strategic priorities</b>   |      |
| • <b>Substance misuse</b>   |      |
| • <b>Domestic abuse</b>   |      |
| • <b>Anti-social behaviour (complex individual cases)</b>                       |      |
| <b>National Priorities</b>  |      |
| • <b>Preventing violent extremism</b>   |      |
| <b>Areas to monitor</b>   |      |
| • <b>Reducing adult re-offending</b>  |      |
| • <b>Troubled families (Positive Family Steps)</b>                              |      |
| • <b>Young people at risk</b>   |      |
| <b>Appendices</b>   |      |
| <b>Appendix A - Substance misuse delivery plan</b>                              |      |
| <b>Appendix B - Domestic abuse delivery plan</b>                                |      |
| <b>Appendix C - Anti-social behaviour (complex cases) delivery plan</b>         |      |

## **Foreword – Councillor Rob New, Chair of the Safer Portsmouth Partnership and Cabinet Member for Environment and Community Safety**

Portsmouth is a great city to live and work in, as well as great place to visit. As the chair of the Safer Portsmouth Partnership (SPP) I know that we are having a positive impact on issues of crime and substance misuse in the city; our unique community safety survey of 1,200 Portsmouth residents tells us fear and experience of crime has reduced since 2014 and 82% of residents were not victims of crime or anti-social behaviour. This supports police data in showing a downward trend in overall crime and anti-social behaviour.

We are however in challenging times for the public sector, with hard decisions having to be made about where we prioritise our diminishing resources. These challenges make effective partnership working even more important and reducing resources also encourage us to look at more innovative ways to achieve our goals. We can achieve much more by targeting our interventions based on robust data analysis and co-ordinating our efforts rather than working in silos: the partnership is greater than the sum of its parts.

This year's plan recognises these challenges, which is why the Safer Portsmouth Partnership has re-prioritised it's work, focusing on the areas which the partnership can have the most impact.



*"The partnership is greater than the sum of its parts"*

*Cllr Robert New*

*Chairman, Safer Portsmouth Partnership*

## Introduction

The **Safer Portsmouth Partnership** is responsible for reducing crime, substance misuse and reoffending in Portsmouth. Police and fire services, local authority, health services, the National Probation Service and the new community rehabilitation company for Hampshire (Purple Futures) have been working together for many years to make the city a safe place to live, work and visit. However, austerity measures over the past few years have presented significant financial pressures and for the first time in nearly a decade we have seen recorded crime increase in the city, by 9%; this compared against a national increase of 3%<sup>1</sup>. These pressures include:

- A major restructure of probation services as part of the Transforming Rehabilitation agenda.
- Reduced resources across partner agencies which impact on the way in which services are designed and delivered.

Findings from the **Community Safety Survey 2016** also confirm that whilst reductions have been seen in most types of crime reported comparison in 2014, slight increases were seen in assault, theft from a car and robbery and people with disabilities were significantly more likely to be victims of crime in particular, mugging, hate crime or online harassment/intimidation. These findings demonstrate the importance of consulting residents directly as well as referring to existing data sets to get a more complete picture of crime and anti-social behaviour in Portsmouth<sup>2</sup>.

**Members** of the Safer Portsmouth Partnership Board include Portsmouth's police commander; Portsmouth City Council's Cabinet Member for Environment & Community Safety, Chief Executive; senior leaders from Hampshire Probation Trust, Hampshire Fire & Rescue Service, and the Chief Operating Officer for the NHS's Clinical Commissioning Group as well as a representative from the voluntary and community sectors and Portsmouth University.

For more information about the Safer Portsmouth Partnership and more detail on crime trends, causes and analysis, visit: [www.saferportsmouth.org.uk](http://www.saferportsmouth.org.uk)

---

<sup>1</sup> Changes to police crime recording following the HMIC data integrity report 'Crime recording: making the victim count' 2015 will have had an impact on these figures.

<sup>2</sup> The full report Portsmouth Community Safety Survey 2016 will be published on the SPP website in July 2016.

## Our local strategic priorities

Every year the Safer Portsmouth Partnership undertakes a 'Strategic Assessment'. This detailed document uses a range of data from partner agencies, including police recorded crime, and provides a summary of local and national analysis and research to assist in setting and revising its action plan by:

- Checking the partnership's current priorities and identifying any emerging issues
- Providing a better understanding of local issues and community concerns, and
- Providing knowledge of what is driving the problems to help identify appropriate responses

The **Strategic Assessment 2015** uses data from the period April 2014-March 2015 and a 'scan' of up to date crime figures and recommends priorities for the SPP's plan. As a result of continuously reducing resources, this year's plan also recommends refocusing the number of strategic priorities down from six to three. Based on evidence in the strategic assessment the 2016/17 priorities are:

- **Substance misuse** - drug and alcohol misuse remains the significant driver of acquisitive<sup>3</sup> and violent crime.
- **Domestic abuse** - remains the single biggest driver for violent domestic crime in the city and is the most significant factor in the majority of child protection cases, where children are coming into social care. Portsmouth City Council is currently undergoing a domestic abuse service review and evidence shows that the third sector could play a more important role in direct service provision.
- **Anti-social behaviour (complex individual cases)** - our research tells us that people who have a range of complex needs, including mental health problems, substance misuse, domestic abuse and homelessness can also be involved in crime and anti-social behaviour; this is a cross cutting priority involving many different services and requires co-ordination.

## National Priorities

- **Preventing violent extremism**

---

<sup>3</sup> Theft and burglary

## SPP will monitor other priority areas

- **Preventing adult re-offending** - the new community rehabilitation companies launched in June 2015 across the UK; it is too early to measure the success of the new arrangements so partnership support for this work has been re-directed to other areas.
- **Young people at risk** - this continues to be a major priority for the city, however it is more appropriately managed by the Children's Trust, which has strategic leadership for young people generally and oversees the majority of financial resources in this area including early intervention and prevention (as part of the development of the multi-agency locality teams) and Portsmouth's Youth Offending Team. The performance and development of **Positive Family Steps** (the 'troubled families' service) will continue to report to the partnership on progress to reduce youth offending, domestic abuse and substance misuse.

## Substance misuse

Reducing drug misuse and alcohol related harm have previously been separate priorities. With the reduction in funding available for prevention and treatment services in both areas, the work to reduce harm will be joined up to deliver the required level of savings.

Significant improvements have been seen in substance misuse in the past 10 years as a result of significant investment in drug and alcohol provision. This has delivered increased numbers of people accessing treatment services. In addition the number of young people misusing alcohol and drugs has also reduced.

### A changing landscape:

#### 2010

- Total funding for drug (and alcohol)<sup>4</sup> services in 2010 was: £4.8 million
- An additional £750, 000pa was allocated by Portsmouth City PCT to tackle specific alcohol related harm in 2010.
- Dedicated strategic leads for both drug and alcohol work
- National drive to increase numbers in treatment

---

<sup>4</sup> Delivery is integrated

- Significant expansion of treatment capacity on previous years
- Developed the award winning Alcohol Specialist Nurse Service at Queen Alexandra Hospital.

## 2016

- Services remodelled in 2013, with improved focus on 'recovery' and improved outcomes.
- The Alcohol Interventions Team merged into the new 'Integrated Wellbeing Service', which now delivers alcohol, smoking and health weight provision
- Significant reduction in the capacity of specialist treatment services likely in October 2016 as part of a remodel and retender.
- Public Health moved from the NHS to Portsmouth City Council in 2013, leading to reduction in investment in drug and alcohol services
- Remodelling required again in 2016 to meet further funding reduction.
- Comparable total funding for 2016 will be: £3.2 million
- Increased numbers of street-homeless people with multiple vulnerabilities and associated increased incidences of alcohol and other substance related anti-social behaviour.
- Portsmouth City Council has created a Homelessness Working Group to address the needs (and complex needs) of homeless individuals and how best to help them access the services needed.
- Alcohol related harm continues to be a major burden on public services, including health services, as highlighted by the Nuffield Trust<sup>5</sup>

## 2020

- Anticipated funding total for 2020 will be below £2,700,000 (a reduction of over 44% since 2010)
- Continued reduction of specialist provision.
- Reduction in strategic capacity to support substance misuse harm reduction, despite increasing levels of harm.

## Current performance and evidence

Portsmouth continues to face challenges related to alcohol misuse, but investment in response and treatment services in recent years is beginning to have an impact. This is reflected in the reductions in alcohol related hospital admissions, which this year, for

---

<sup>5</sup> <http://www.nuffieldtrust.org.uk/media-centre/press-releases/stark-challenge-nhs-alcohol-consumption>

the first time, dropped below the national average and the average for our comparator group of areas. However, alcohol specific and alcohol related mortality and chronic liver disease continue at a higher rate than for England, our comparator group and the South East region. To impact on these health indicators requires sustained improvements over ten to twenty years and we are still to reach these milestones since improved investment and prioritisation of alcohol misuse.

We have made good progress towards achieving the plans set out in the 2009-13 Alcohol Strategy. However, despite the progress in reducing alcohol related hospital admissions the burden on public services caused by alcohol misuse is increasing<sup>3</sup>. There has been a reduction in the capacity of our alcohol treatment services and there has been an associated reduction in the number of people receiving treatment. The percentage of people successfully completing treatment has remained stubbornly low, however action has been taken to remedy this and this area has significantly improved by the second half of the year.

Alcohol screening and brief advice continues to be provided in key settings, including Queen Alexandra Hospital and pharmacies.

Drug use in the city continues to be higher than national averages, particularly for ecstasy and powder cocaine. Whilst this may reflect the urban and age demographic of the city, it continues to be a priority area. There have also been some important changes in the drug profiles for the city with an increase in the use of new psychoactive substances (NPS). For young people this is now the third most reported substance use after alcohol and cannabis<sup>6</sup>. NPS's can be easily accessed regardless of age and are in fact easier for young people to purchase than alcohol and cigarettes. Existing treatment services are more geared to opiate and crack cocaine. So, whilst the figures for NPS use are still relatively small, increased use and the unknown impact on long term health indicators mean it is important to ensure response and treatment services are aware of and responsive to this new challenge. The impact of the new legislation from May 2016, making illegal the sale and purchase of these substances, has yet to be seen but will be monitored.

The new service model began to deliver improved performance, particularly in relation to opiate users successfully completing treatment from the second half of 2014. Particular highlights being the growth of the intensive community rehabilitation service; our consultation work has highlighted the continued growth in the positive impact of peer support and reduced use of in-patient detoxification and residential rehabilitation.

---

<sup>6</sup> Portsmouth Drugs Survey 2015



## Update on progress of the 2013-18 plan

|   | <b>Five year aims</b>   | <b>Summary of progress</b>   |
|---|---|--|
| 1 | A successful outcome-focused, user-led community treatment model established within the city  | On target with many milestones achieved, including Portsmouth Users Self Help (PUSH) successfully completing process to become a charitable company.   |
| 2 | An increased number of people successfully completing drug treatment and achieving sustainable recovery   | Partially achieved; ambitions to improve this further need to have a funding stream.   |
| 3 | Fully implemented family-focused working across the substance misuse treatment and recovery services to improve outcomes for young people affected by familial substance misuse | This has been well embedded into Recovery Hub working practices. The re-modelling of young people's services, including "Roundhouse" has introduced different aspects to this which are being worked through between the hub and young people's public health team.                    |
| 4 | An increased range of peer-led support and interventions, to further increase the visible recovery community in Portsmouth  | We have expanded the availability of SMART groups and introduced RAW group for women in recovery <sup>7</sup> . Brokers are embedded in all the delivery teams in the pathway, contributing to achieving this aim.   |
| 5 | An increased number of people accessing 'detox' in an appropriate and effective setting leading to long-term sustained recovery   | We have shifted the detox model away from the hospital in-patient only to a more diverse and responsive range of units matched to people's needs; the next step in this process is to increase the use of home/community detox to further reduce costs and hopefully improve outcomes. |
| 6 | A reduction in rates of substance misuse related offending, including acquisitive crime and violent crime.  | Achievements against this aim have levelled off in the past year following several years of good progress. Evidenced links between substance misuse and crime mean we are likely to see increases in levels of crime and ASB in the coming years.                                      |
| 7 | Alcohol related hospital admissions, to at or below the England average by 2018   | Portsmouth's rate of admissions is now consistently below the England average. In 20014/15 the Portsmouth rate per 100,000 was 2,035, compared to the England average rate of 2,151 per 100,000  |

<sup>7</sup> SMART is Self-Management and Recovery Training, is a recovery support initiative based on motivational interviewing and cognitive behavioral therapy approaches. RAW - Recovery Available for Women - a women only support group. For more information visit: <http://pushrecoverycommunity.org/>

|   |   |   |
|---|---|---|
| 8 | An increase in the number of people completing alcohol treatment successfully | We have recently been able to increase the percentage of people successfully completing alcohol treatment successfully; however this is primarily due to recording changes. During 14/15 and 15/16 we have seen a reduction in the number of people engaged in alcohol treatment as capacity has reduced due to funding reductions. |
| 9 | A reduction in the percentage of under 18s getting drunk                      | More young people have never drunk alcohol (40% in 2014), which has been steadily increasing since 2011 (26%). There has been a slight increase in the % of pupils getting drunk (22.6%), however this increase is not statistically significant.   |

## Delivery Plan for 2016-18 (for detailed delivery plan see Appendix A)

### Prioritising activity

- Re-model and procure a new service to achieve the required budget savings over the two year period from 2016 - 2018
- Maintain focus on recovery and increasing achievement of positive outcomes despite resource constraints
- Positively reduce numbers of people in long-term substitute prescribing treatment
- Reduce the numbers of drug related deaths
- Increase awareness, knowledge, skills and confidence in broad workforce to support people experiencing problems with New Psychoactive Substances (NPS)
- Improve joined-up/multi-agency working, particularly to engage the most complex/vulnerable/challenging people to meet their treatment and support needs and reduce risks to themselves and others (see also ASB/complex needs page 16)
- Support the new treatment provider(s) to design and develop the services to prioritise activities aligned to achieving these priority outcomes.
- Maintaining some level of alcohol specialist nurse provision at QA hospital.

### Early intervention and self help

- Developing capacity amongst non-specialist services to deliver alcohol identification and brief advice (GPs, hospital, social care etc.).
- Continue to work with schools and other children's services to address substance misusing parents and prevent young people from developing substance misuse behaviours.

## Domestic abuse

Domestic abuse not only causes emotional harm to victims but has wider consequences for the victim and other family members including loss of opportunity, isolation from friends, poor physical and mental health, and detrimental impact on employment.<sup>8</sup> Domestic abuse is a commonly quoted reason for homelessness in women.<sup>9</sup> Many children are exposed to domestic abuse and violence at home and are denied a safe and stable home environment.

Where domestic abuse services offer support to victims throughout the court process, a higher proportion result in a successful court outcome. Domestic abuse is monitored by a specialist domestic abuse review group as it remains the most common driver for violent assaults and is thought to cost Portsmouth services around £13.5 million per year. This includes costs of over £6 million to health services, over £3 million to the criminal justice system (excluding police), over £2 million to the police, over £1 million to children's social care and £600,000 to local authority housing services.<sup>10</sup> There has been a significant amount of activity throughout the year to develop a more coordinated community response to domestic abuse within the city.

### A changing landscape:

#### 2010

- Funding for provision of domestic abuse support services included £385,000 for victims plus refuge funding for 21 beds, £30,000 for group work and 121 support for young people.
- Multi-agency training funded by external grants or spot purchased
- As a result of the last commissioning review in 2011/12, funding *increased* by £195,000 (£155,000 from Primary Care Trust and £40,000 from Children Social Care)
- No domestic homicides in Portsmouth for a number of years

---

<sup>8</sup> 21% of women who reported domestic abuse in the self-completion module of the 2001 British Crime Survey took time off work because of the abuse and 2% lost their jobs (Walby & Allen, 2004).

<sup>9</sup> 40% of homeless women stated domestic violence was a contributor to their homelessness (Cramer & Carter, 2002).

<sup>10</sup> Graves, S. (2015) The cost of domestic abuse in Portsmouth - available from [csresearchers@portsmouthcc.gov.uk](mailto:csresearchers@portsmouthcc.gov.uk)

## 2016

- Funding for domestic abuse - including the voluntary sector - is predominately provided by the local authority with an alarmingly small contribution from Office of the Police Crime Commissioner and a larger one off grant in 2015/16 from central government for work with perpetrators.
- While the budget for commissioned services for victims of domestic abuse through the local authority and partners totals £775,000, additional income is generated from other sources on an ongoing basis.
- Funding for perpetrators of domestic abuse increased during 2015/16 following a £305,000 grant from the DCLG to a total £370,000; however this increase was for 1 year only.
- While the government have recently announced central funding, (such as the £15 million set aside from the 'Tampon Tax') local authorities have yet to be informed how this will be allocated and have been excluded (for unknown reasons) from national communications. Whereas, some of this money has already been pass-ported to national domestic abuse charities, who have also excluded local authorities - such as Portsmouth - from their plans.
- Improved partnerships to support multi-agency delivery across different agendas and needs
- No domestic homicides in Portsmouth for over 10 years, whilst in Hampshire there have been at least five.

## 2020

- Given the current financial pressures the future of current non-statutory services is uncertain
- If current early intervention services are lost or not significantly redesigned to ensure both an efficient service and a service that really does benefit end users, rather than a tokenism 'service provision', it's likely that there would be an increased demand on public services and third sector organisations who should be preparing to better provide specialist services.

## Current performance and evidence

- There has been an increase (n495) in the number of domestic incidents reported to the police in 2014/15 (total 4745) compared with the previous year. However, because of the way police record incidents/crimes, the data available for analysis is not sufficient to understand the drivers for rises in domestic abuse incidents and it is therefore difficult to draw any firm conclusions about these increases.
- Domestic abuse continues to be the largest category of violence in the city, accounting for over 31% of assaults (n1323).
- 70% of court cases had a successful conviction, a significant improvement on 66% in 2012/13.
- The number of high risk cases taken to the multi-agency risk assessment conference (MARAC) increased further to 648 in 2014/15, up by 30 on the previous year and 189 since 2010/11

- There were 1,625 referrals to specialist services which is a 27% (n337) increase from 2013/14 and 55% (n757) increase since 2012/13. Again, we do not know if this is due to an increase in domestic violence, or an increase in reporting of incidents.
- Where victims received specialist support, 81% experienced a reduction in risk and of the families engaged with Positive Family Steps, 85% experienced improved outcomes.
- 13,184 people viewed the domestic abuse pages on the Safer Portsmouth Partnership website, which is an increase of 26% compared with 2013/14.
- In 70% of cases on the child protection plans, domestic abuse is a significant factor. Keeping a child in care or fostered for 12 months costs the council in the region of £22,000 p.a.

### Update on progress of the 2013-18 plan

|   | Five year aims   | Summary of progress   |
|---|--|---|
| 1 | Co-ordinated community response where each individual agency understands their unique role in responding to domestic abuse.  | 88% of agencies who completed the Section 11 audit judged themselves good or better for staff responsibilities and competencies. New contracts include provider's responsibility in supporting victims and having trained staff. Key agencies in the city have signed up to the Public Health pledge to support staff who are victims. High numbers of staff attending specialist training. |
| 2 | Residents in the city, particularly young people, understand the difference between a healthy relationship and domestic abuse and come forward to seek support at an early stage.  | Whilst there have been over 13,000 visits to the SPP website and over 2,000 contacts with young people however there is a need to have better monitoring and delivery of PSHE provision.  |
| 3 | Front line staff from key public services are confident to 'ask the question'; they can identify domestic abuse (it is not just violence) and are confident in assessing risk in order to target demand for specialist services. | While feedback from specialist domestic abuse training is consistently positive, most referrals (80%) to MARAC continue to come from the police which would indicate there is much more work to do and that many of the organisations accessing the specialist domestic abuse training are not putting it into practice.  |
| 4 | Those working with children and families fully understand the impact of domestic violence, substance misuse and mental health on healthy child development and family functioning. They are confident to work with children and  | 281 professionals have attended domestic abuse training and specialist training has been offered to the children's workforce to support identification and responding to victims. More work is required to develop and effective measure for this aim. With   |

|   |   |   |
|---|---|---|
|   | families to reduce risk and increase safety and capacity for recovery.  | the very low level of referrals from professionals, it's difficult to know how effective this training is, if at all.   |
| 5 | Specialist services have sufficient capacity to manage an open referral process, including self-referrals, and provide a high quality, nationally accredited and effective service. | There has been a 27% (n337) increase in referrals to specialist agencies and 81% experienced a reduction in risk. Of the families engaged with Positive Family Steps, 85% experienced improved outcomes in relation to domestic abuse |

## Delivery Plan for 2016-18 (For details see Appendix B)

### Prioritising activity

- Due to increasing demands, funding pressures and the current strategy being in place for over 3 years the SPP has commissioned an update of the strategy.
- Funding for victims of domestic abuse will be maintained at their current level for 2016/17 with a new strategic launch in April 2017.
- Continue to develop shared funding proposals that will deliver a 'coordinated community response' to victims of domestic abuse whereby all public agencies, including children's and adult's services, statutory and non-statutory provision contribute in one way or another.
- Raise the profile of domestic abuse and the costs to public services nationally.

### Early intervention and self help

- Developing capacity amongst non-specialist services to identify and respond to victims of domestic abuse.
- Continue to work with children's services and Positive Family Steps to develop a coordinated response to victims of domestic abuse including developing services where there is conflict or violence between young people and their parent/carer.
- Continue to encourage self-help by publicising information and advice on the SPP site and awareness raising communications campaigns.

A detailed delivery plan will be published once the current strategic review is complete in late Summer 2016.

## Anti-social behaviour (complex individual cases)

Analysis of complex cases of ASB over the past two years has identified a range of associated risk factors (mental health, substance misuse, persistent offending, domestic abuse, child protection, learning disabilities) present in a high proportion of cases, some of which have been on-going for as long as 8 years, taking up huge resources.

These cases are managed largely by the ASB Unit and many involve **individual adults** (as opposed to young people or families); often the distinction between victim and perpetrator is unclear, for example some women 'perpetrators' are also victims of domestic abuse; others who are vulnerable to exploitation by transient drug dealers using their properties may also have complex needs themselves. Hand in hand with these issues are problems with accommodation; employment, training and education, financial management skills and other life skills. Like 'troubled families', these individuals can be involved with a number of different services at any one time or may fall between services, or fail to hit service thresholds and receive no support until critical incidents bring them to the attention of emergency services.

### A changing landscape:

#### 2010

- ASB Unit and partners achieved Beacon Area status in 2008 and were being used by other authorities to disseminate best practice in relation to partnership work in 2015.
- Integrated anti-social behaviour unit (ASBU), with local authority housing staff, police officer and solicitor
- Environmental Enforcement Team, issuing fixed penalty notices and monitoring waste and highways
- Preventing Youth Offending Project (early intervention), actively working with many ASB cases involving young people and their families
- Dedicated community warden team patrolling whole city, providing reassurance and early intervention around known risk factors
- Dedicated hate crime team supporting victims of racial, homophobic and disability hate crime
- Safer Neighbourhood Teams integrated in the community and four multi-agency community tasking and co-ordinating groups, problem solving local issues and attended by local councillors.

## 2016

- Community warden team and the environmental enforcement team refocused on providing a community warden functions as well as a clean city service and responsive patrols, which despite a reduction in staffing numbers, has seen capacity increase and productive outcomes increase across the city.
- Enforcement team, also managed by property services now working with Estate Service Officers (local authority housing).
- The ASB Unit continues with one caseworker in post.
- Preventing Youth Offending Project ended in 2012, with resource moving to the Integrated Targeted Youth Support Service, which has subsequently ceased.
- Hate crime service ended to eliminate duplication of Police support.
- Changes to police structures and priorities being reviewed but no further cuts to police budgets in 2015 spending review. The Hampshire Police and Crime Commissioner had an additional surplus in his budget which could have been used to provide Community Safety services in Portsmouth.

## 2020

- All non-statutory services provided by the council will all be at risk including the remaining staff in ASB Unit, Early Intervention Project.
- Uncertainty in relation to police and fire priorities pending further internal restructures and reviews
- Reduction of wrap around services e.g. substance misuse and other Public Health cuts

## Current performance and evidence

Reported levels of anti-social behaviour (ASB) continued to reduce in Portsmouth, as well as nationally. However, Portsmouth has a higher number of incidents 42.5 per 1000 than the national average of 31 per 1000. This may partly be explained by comparing an urban data set with a national (urban *and rural*) data set or it may reflect more conscientious recording of incidents. Even so, ASB incidents are down nearly 3% (n269) on last year and nearly 14% (n1423) from 2012/13. As a result of recording practices across a number of agencies, including the police, it is difficult to understand what is driving increases or decreases in anti-social behaviour. The SPP has conducted a resident's survey for many years and, as referenced above, has recently undertaken 'dip' sampling from the city's case management database to better understand the issues so that appropriate responses can be delivered.



## 2016 Community Safety Residents Survey

In 2016, working with Portsmouth University Students, the Safer Portsmouth Partnership Research and Analysis team completed 1,245 face to face interviews with Portsmouth residents; this provides good representative sample of the population. Key findings from the survey included:

### Anti-social behaviour

- The quality of life reported by respondents was marginally higher and there was slightly less concern about anti-social behaviour in comparison with the 2014 survey. This corresponds to a 14% (5 percentage point) increase in respondents who have not experienced or witnessed anti-social behaviour.
- Reductions have been seen for most types of anti-social behaviour reported to this survey in comparison with the 2014, but increases have been seen in traffic issues, begging and neighbour disputes.
- The most commonly experienced or witnessed types of anti-social behaviour were: noise in the street, litter, street drinking, domestic noise, dog mess, traffic issues and criminal damage.
- Residents in Charles Dickens ward reported experiencing the most anti-social behaviour, followed by Central Southsea, St Thomas and Fratton.

Overall, the level of people avoiding or being fearful of some areas in Portsmouth has decreased since 2012. The top three areas that people most fear or avoid have remained fairly constant - Somerstown, Buckland, Fratton. The main reason for avoiding areas continues to be due to a bad reputation. However, the **City Centre and Southsea have crept up from not being ranked at all to 4<sup>th</sup> and 5<sup>th</sup> position** in the last two surveys.

A copy of the full report on the survey findings is available on [www.saferportsmouth.org.uk](http://www.saferportsmouth.org.uk)

## Update on progress of the 2013-18 plan

|   | Five year aims  |  |
|---|---|--|
| 1 | A reduction of 3% each year in anti-social behaviour reported to the police.              | There has been a 3% reduction (n269) to the previous year and 14% Reduction (n1423) from 2012/13. Based only on the police data, this aim has been achieved.   |
| 2 | Less people believe anti-social behaviour is a problem in their area                      | Community Safety residents' survey shows slightly less residents believed anti-social behaviours is a problem in their area.   |
| 3 | Reduced fly tipping and littering   | Community Wardens and Environment Enforcement Officers have formed a safe, clean and tidy team to tackle fly tipping and littering. The Community Wardens are now all trained and will issue Fixed Penalty Notices for littering.  |
| 4 | Reduced complaints about noise  | There has been a 10% reduction in noise nuisance cases referred to the Noise Pollution Control Team (n243) although this could be connected with less referrals from the police. More research is required to understand what particular issues are driving noise complaints and whether these issues are linked to risk factors in other areas. |
| 5 | Vulnerable and repeat victims are identified early and have appropriate support in place. | Individual agencies continue to work towards this but there is no central recording system currently being used by all partners to capture numbers. This will be prioritised in 2016/17 and linked to the complex needs work.  |

## Delivery Plan for 2016-18 (For delivery plan see Appendix C, p. 27)

### Prioritising activity

- The partnership will prioritise the needs of complex individuals.
- Work to improve support for a small cohort of individuals with a 'dual diagnosis' has been on-going for some years. SPP partners have agreed the need to prioritise and support this work in 2016, focusing on individuals with complex needs (not necessarily a diagnosis).
- Partnership support officers will work with an existing multi-agency group (complex needs group) led by the head of community health services to develop this work as part of 'Pledge 9' of Portsmouth's mental health strategy to identify a priority cohort (approx. 20-30 individuals);

- Support the implementation of a virtual process to address current case management issues across different agencies
- Undertake a pathway analysis that will help to identify duplication, gaps and opportunities for efficiency savings and driving down demand.

### **Early intervention and self help**

We will use process re-engineering to improve initial responses to known risk factors and link this to work being led by the police in relation to the re-design of community tasking and co-ordinating groups. With staff reductions in the ASB unit, training staff in other services and linking closely with the new multi-agency teams to spot these risk factors early, and co-ordinate appropriate responses will also be a priority.

A more detailed delivery plan will be published later in the year to include the outcome of the above work.

## **Preventing violent extremism**

The Prevent strategy is one of the four elements of CONTEST, the national counter terrorism strategy, and covers all forms of extremism and has three strategic objectives:

- a. Respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- b. Prevent people from being drawn into terrorism and ensure that they are given appropriate support; and
- c. Work with sectors and institutions where there are risks of radicalisation that we need to address

The Counter Terrorism and Security Act 2015 has placed new responsibilities on "specified authorities" in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism".

The Prevent agenda is overseen by the Safer Portsmouth Partnership and Portsmouth City Council has recruited a Prevent Coordinator who has;

- a. Developed and coordinated a risk assessment and action plan for the City with partners and
- b. Set up a Prevent delivery board consisting of representatives from the specified authorities

A channel panel is already established in Portsmouth and is chaired by Adult Social care. The Channel Panel considers individual cases where there is concern of radicalisation and provides appropriate support and interventions.

## **Priority areas to monitor**

### **Reducing re-offending**

The internal focus required to restructure the National Probation Service and the new Community Rehabilitation Company (Purple Futures) over past 12 months has meant performance data has not been available for partners to measure success in reducing reoffending. It is hoped that new IT systems being developed by Purple Futures will provide this data and that the new delivery model (including Integrated Offender Management and Through the Gate services at Winchester Prison) once established will improve outcomes for offenders and the communities in which they live and work.

### **Troubled families (Positive Family Steps)**

The Positive Family Steps service contributes to all three of the new SPP priorities as well as those identified as areas to monitor. The Troubled Families Outcomes Plan sets out what partners consider to be successful outcomes for families against each of the six headline problems (crime and anti-social behaviour; education; children who need help; worklessness/NEET; domestic abuse; and health). On-going development work in 2016/17 includes:

- Streamline the identification of families with multiple problems who are eligible for the Troubled Families Programme through targeted use of the Early Help Profile and via the Multi-Agency Teams allocation process.
- Procure an IT system for recording families eligible for the Troubled Families Programme (and other families with multiple problems), tracking their progress and making PBR claims (where appropriate). If possible, procure a single system that can support the Troubled Families Programme, Multi-Agency Teams and the Early Help Profile.
- Continue to expand provision of intensive family support to families with multiple problems (Tier 3).
- Embed Single Assessment Framework - lead professional-led whole family working to support families with multiple problems to make significant and sustained change.

### **Young people at risk**

#### **Changing landscape**

In 2010 the YOT was part of the broader pan Hampshire Wessex YOT. As a consequence there is no comparable data, however overall resources would have been more extensive than now. Currently the YOT is seeking to identify savings for 2016 onwards,

though budgets have yet to be set. A proposed service delivery model is going to the YOT Board in early 2016 which reconfigures the YOT to integrate with the proposed Multi-Agency Teams (MATs). The risks to service delivery in lieu of this are obvious. Currently the Ministry of Justice is reviewing Youth Justice with results due for publication in the summer. This will dictate anticipated resourcing in 2020, which is anticipated to be significantly different from now

Reducing the number of first time entrants to the criminal justice system is a major priority for the city and this will now be overseen by the Children's Trust which has strategic leadership for young people and resources in this area. The following section includes a review of the work since 2013 to date, but to avoid duplication, will not include a delivery plan for future years.

### Current performance

Good progress has been made towards achieving strategic plans. The target reduction of young offenders was met and the reduction in offences is on target. There has been a change in the way we measure the number of young offenders causing five or more offences so we are unable to provide up to date data at this time. The Youth Offending Team (YOT) Board are overseeing the work to address these data issues. The YOT was inspected by HMIP in 2015 and the report published was overwhelmingly positive. An improvement plan was drafted, which forms part of the Youth Justice Strategic Plan approved by the SPP and was considered alongside improving poor outcomes for young people with multiple problems.

### Update on progress of the 2013-18 plan

|   | Five year aims   | Summary of progress   |
|---|--|---|
| 1 | To significantly reduce the number of young people committing 5 or more offences               | By the end of the year only 18 young people had committed 5+ or more offences over a rolling 12 month period  |
| 2 | To continue to reduce the number of first time entrants (FTE) into the criminal justice system | First Time Entrants Data fluctuated and there were queries about integrity of YJB data. Nonetheless, there had been a 4% reduction in three years according to data published by the YJB in September (103 FTE for 12/13, 111 for 13/14 and 99 for 14/15) |
| 3 | To support other city priorities to reduce poor outcomes for young people                      | Roll out of Multi-Agency Teams (MATs) to support early intervention and reduce likelihood of poor outcomes, including offending, is being developed.  |
| 4 | To Continue to reduce the number of young people entering custody                              | By the end of 2014/15, the rate of young people entering custody was below the National Average- though not below the regional average  |

# Delivery plans

## Appendix A - Substance Misuse

| Main indicator  | Lead Officer    | Target 16/17   |
|---|-----------------|--|
| Number of people accessing treatment for drug dependency- Target 2014/5 was 852   | Barry Dickinson | 852  |
| Proportion of people successfully completing drug treatment   | Barry Dickinson | Top Quartile for MSG   |
| Full recording of parental status for people accessing substance misuse treatment - Target 2014/5 was 100% compliance   | Barry Dickinson | 100% compliance  |
| Number of recovery brokers providing peer support. Target 2014/5 was 25 fully trained - 40 to attend PUSH forum   | Barry Dickinson | 15 complete training; 15 working in Hub                                  |
| Proportion of people successfully completing 'detox and not representing in 6 months  | Barry Dickinson | Top Quartile MSG   |
| Reduction of violent crime rate- serious acquisitive crime and overall acquisitive crime - Target 14/15 was 5% reduction on 2013/14 figures   | Alan Knobel     | 5% reduction   |
| Increase successful completions as a proportion of all in treatment - opiates & non opiates   | Barry Dickinson | Top Quartile:  |
| Increase successful completions as a proportion of all in treatment - non   | Barry Dickinson | Top Quartile   |
| Reduce number of representations :Non opiates& Opiates (proportion who successfully completed treatment in the first 6 months of the latest 12 months period) Target 14/15 top quartile range | Barry Dickinson | Top Quartile   |
| Reduce alcohol related hospital admissions to the England average by 2017/18.   | Alan Knobel     | England average rate   |
| To treat at least 15% of our dependent drinker population annually  | Alan Knobel     | THIS INDICATOR HAS BEEN ABANDONED AS IT IS NO LONGER POSSIBLE TO ACHIEVE |
| To screen 15000 people annually for their alcohol use in GP's surgeries, pharmacies A&E etc.  | Alan Knobel     | 15000 screened annually  |
| Proportion of people successfully completing alcohol treatment  | Alan Knobel     | To achieve England average   |
| Reduce the percentage of young people getting drunk in the past four weeks from 21% in 2012 to 18% in 2017/8  | Alan Knobel     | 18%  |
| Reduce number of representations into alcohol treatment to the  | Alan Knobel     | England average  |

|  |  |                |
|--|--|----------------|
| England average  |  |                |
| Increase percentage of off licenses participating in the Reducing the Strength scheme  | Rob Anderson-Weaver  |                |
| <b>Priority activity 2016/17</b>   | <b>Lead Officer and organisation</b>                             | <b>By when</b> |
| Re-modelling and procurement of drug and alcohol treatment service   | Barry Dickinson ICS  | November 2016  |
| Implementation of national and local actions regarding NPS   | Alan Knobel PCC  | June 2016      |
| Implement effective working protocols to better support drug and alcohol users with multiple/complex/challenging needs   | Barry Dickinson  | March 2017     |
| Implement improved and more integrated supported housing for drug and alcohol users  | Barry Dickinson  | March 2017     |
| Work with university partners, including the University of Portsmouth and the University of Southampton to bid for funding and undertake research in innovation in Portsmouth                                    | Alan Knobel / Barry Dickinson                                    | March 2018     |
| Support the Integrated Wellbeing service to deliver effective alcohol interventions  | Alan Knobel  | March 2017     |
| Work with partners, such as the Fire service and Adult Social Care, to expand the amount and range of settings alcohol identification and brief advice is delivered in.  | Alan Knobel  | March 2018     |
| Deliver the Community Alcohol Partnership in Milton and Fratton areas and seek to expand to other parts of the city.   | Karen Monteith, Public Health; Tracey Greaves, Trading Standards | March 2017     |
| Continue to promote the Reducing the Strength scheme, encouraging retailers to stop selling super strength cider and beer.   | Rob Anderson-Weaver  | March 2018     |
| Take a pro-active stance in making appropriate licensing representations.  | Police & PCC   | March 2018     |
| Seek to maintain the cumulative impact area in the city centre for on licensed premises. Where appropriate seek new cumulative impact areas for off licensed premises if alcohol harm can be suitably evidenced. | Alan Knobel  | March 2017     |
| Seek to develop a 'Wellbeing Centre' at Queen Alexandra Hospital   | Wellbeing Service Manager  | July 2016      |

## Appendix B - Domestic Abuse

| Main indicator  | Lead Officer                         | Target 16/17  |
|---|--------------------------------------|---|
| TBC Increase referrals to MARAC from agencies other than the police   | Bruce Marr                           | 60% to 75% of referrals to be from the police   |
| <b>Secondary indicators</b>   |                                      |   |
| Residents in the city, particularly young people, understand the difference between a healthy relationship and domestic abuse and come forward to seek support at an early stage  | Bruce Marr                           | 1000 children and young people aged 6 to 18 receive health relationship training                  |
|   |                                      | 8000 visits to the SPP website  |
| Those working with children and families fully understand the impact of domestic violence, substance misuse and mental health on healthy child development and family functioning. They are confident to work with children and families to reduce risk and increase safety and capacity for recovery | Bruce Marr                           | 120 professionals to be trained   |
| Specialist services have sufficient capacity to manage an open referral process, including self-referrals, and provide a high quality, nationally accredited and effective service  | Bruce Marr                           | Reduce risk of victims accessing support in 75% of cases  |
|   |                                      | Referrals to specialist domestic abuse provision to be maintained between 1200 and 1400 referrals |
|   |                                      | Reduce risk for those accessing Up2U: Target to be set when strategic review is complete          |
| <b>Priority activity 2016/17</b>  | <b>Lead Officer and organisation</b> | <b>By when</b>  |
| To complete DA strategic review   | Bruce Marr                           | Summer 2016   |
| Review refuge contract  | Bruce Marr                           | March 2017  |
| Deliver a coordinated community response to victims of domestic abuse through embedding systems within governance arrangements, multi-agency training and working in partnership.   | Bruce Marr                           | March 2017  |
| Identify and streamline funding   | Bruce Marr                           | March 2017  |



## Appendix C- Anti-social behaviour (complex cases)

| <b>Main indicator</b>   | <b>Lead Officer</b>                  | <b>Target 16/17</b> |
|---|--------------------------------------|---------------------|
| To be identified during 2016/17   | Lisa Wills                           |                     |
| <b>Secondary indicators</b>   |                                      |                     |
| To be identified during 2016/17   |                                      |                     |
| <b>Priority activity 2016/17</b>  | <b>Lead Officer and organisation</b> | <b>By when</b>      |
| Co-ordinate activity to develop a multi-agency response to complex cases  | Lisa Wills<br>Barry Dickinson        | March 2017          |
| Co-ordinate commissioning between Portsmouth City Council and Portsmouth Clinical Commissioning Group to improve integration substance misuse, rough sleeping and homeless healthcare services. | Barry Dickinson                      | March 2017          |
| Work with the Complex Needs Group and other partners to undertake a pathway analysis, using a Systems Thinking approach.  | Barry Dickinson and Lisa Wills       | March 2017          |