

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

Minutes of the meeting of the Traffic, Environment & Community Safety Scrutiny Panel held on Tuesday, 8 March 2016 at 5.30pm at the Civic Offices, Portsmouth

Present

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

48. Apologies for Absence. (AI 1)

No apologies were received.

49. Declarations of Members' Interests (AI 2)

No interests were declared.

50. Minutes of the Previous Meeting. (AI 3)

RESOLVED that the minutes of the meeting held on 2 February 2016 are agreed as a correct record subject to the following note:

Page 4 - Catch 22 is a charity not an organisation.

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

Collette Hill, Clean & Green Service Manager explained that:

- She manages the community wardens team which aims to help the city safe, clean and tidy in line with the Safer Portsmouth Partnership's priorities.
- They respond to waste and anti-social behaviour issues; engage with people and signpost them to the appropriate organisations.
- They have also set up a litter map to enable resources to be targeted appropriately.
- The Anti-Social Behaviour Unit Manager set up a meeting bringing together representatives from anti-social behaviour services, property services, the police, Central Point, housing options, alcohol misuse services, Portsmouth Users' Self-Help group (PUSH) to identify rough sleepers and agree how they would be supported. At the first meeting, some simple cases were resolved e.g. a local authority tenant who had lost his keys and was sleeping rough because he did not know how to obtain a spare set. A small group with complex needs were identified. Many people in this group have both substance misuse and mental health issues. Support from Central Point was not available to some because they had been violent to staff.

- At the second meeting a complex needs group was established.
- Community Wardens are involved in co-ordinating the meetings and putting items on the agenda.

In response to questions from the panel, she clarified the following points:

- The community warden service was designed and numbers were reduced from 15 to 5; five are on duty Mondays and Tuesdays; four on Wednesdays, Thursdays and Fridays; two on Saturdays and Sundays. Most of the demand is generated from other council departments, so there is less at the weekend.
- They rarely wait for work. There are on average of 16 new jobs a day (7 previously despite there being a bigger team).
- A community warden could walk around some areas and not come across any issues.
- Sixty percent of demand is picked up when on patrol.
- The effectiveness of community engagement is monitored to ensure that work can be targeted.
- There are 8 or 9 people rough sleeping in the Guildhall Square and 40-50 in the whole of the city.
- The Central Resource Controller enters a follow-up date into the system for when a service user is expected to enter a service.
- If a person is not engaging with the system, it is difficult to monitor their wellbeing.
- She attends a working group with the police.
- Partners can enter and check information in the police's Safety Net System.
- The community wardens recently swiftly when drug paraphernalia was found in Guildhall Walk by arranging for it to be cleared and talking to people to understand their needs.
- The cases where people are not able to access Central Point services are looked into by the Complex Cases Group.
- Every park is checked very early every morning for litter and drugs paraphernalia. Anything found is recorded, reported and removed. If a trend is identified, the issue is raised with other agencies. If there was thought to be a problem, the park might be locked at night.
- Anyone found caught taking drugs are reported to the police as it is a criminal matter. This does not happen very often.
- The wardens encourage the public to report problems to the police as well as to them.
- The community wardens have contacted the police 18 times so far in March.
- The police have a database called Safety Net which many agencies, including the council, can input and retrieve data about incidents around the city. The council also uses its own case management system.

Lisa Wills, the Strategy & Partnership Manager added that:

- The Housing Options Manager was meant to attend the Complex Cases Group meeting but unfortunately the invitation had not been sent.
- A report was published in September 2015 by the Troubled Housing Programme Institute regarding the cross over between offenders and

substance misuse. This research is being used to inform part of the Safer Portsmouth Partnership's work.

- The new Chief Inspector is keen that vulnerable people are identified and risk assessments carried out.

During the discussion, members made the following comments:

- To increase the community wardens' profile, two could patrol the north of the city every day.
- There is a perception that community wardens now spend a lot of time in the office waiting for work.
- A lot of local knowledge has been lost.
- The Community Tasking and Co-ordinating Group used to meet monthly and was very effective at monitoring people to ensure that they do not fall between organisations.
- Drug treatment saves money in the long term.
- Crime may rise because less prevention work is being carried out. o the police service.
- It is essential that cases are followed through with a person taking responsibility for ensuring that individuals receive the support they require.
- Communication between organisations is essential.
- The public conveniences in Albert Road have a drugs chute which is well used and prevents needles being dumped.

Rachael Dalby, Director of Regulatory Services, Community Safety & Troubled Families added that Community Wardens have a number of delegated powers and it is important to identify people's needs earlier.

Matt Smith, Public Health Consultant explained the following points:

- He reports to the Director of Public Health and 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 Portsmouth Users' Self-Help group.
- A significant concern for the cohort with complex needs is securing stable accommodation.
- The service will be retendered shortly and the new one will be launched on 1 November.
- For every £1 spent on treatment, £3-4 is saved across the system later on.
- The service's budget has been reduced from £3m to £2m per annum.
- It is important to have assertive outreach service to support people who do not want to engage. If they are not reached, problems will be stored up for the future.
- The number of clients that can be treated will be reduced.
- A multi-agency response is required to manage the high needs clients.

In response to questions from members, he clarified the following points:

- When redesigning the service, he considered national benchmarking by NHS England, value for money, guidelines from NICE and Public Health England, exemplar areas and feedback from service users and

professionals. Engagement was carried out to establish what elements are valued the most and the least.

- He aims to balance community and residential detoxification services; there will be a slight increase in the former.
- The provider has a duty of care towards its staff.

Barry Dickinson, Commissioning Programme Manager explained that:

- He is responsible for commissioning the service.
- There is currently no wait to access substance misuse treatment. If capacity is reduced, this may no longer be the case.
- The dual diagnosis working group has changed its name to the complex needs group in order to encompass people with a wider range of needs. Previously people with undiagnosed mental health issues could not access appropriate services.
- Professionals from accommodation services, mental health, substance misuse and the police were brought together and built a process to identify needs of people with complex needs and work together to address these needs. It has investigated two cases so far.

In response to questions from the panel, he clarified the following points:

- Baytrees residential treatment service is not closing because of budget cuts.
- There are 15 other residential treatment providers available through our purchasing framework for detox and residential rehabilitation.
- There is no strong evidence for long-term sobriety after residential treatment, the availability and quality of post-detox support is more critical to long-term sobriety than the type of detox undertaken.
- Feedback from service users shows that some people want community detoxification programmes and some prefer residential.
- Estimates of the savings from drug/alcohol treatment vary, with some suggesting that each £1 spent saves up to £8 when the criminal justice system, police, health service and the victims' costs are taken into account.
- The service currently treats approximately 1,500 people per annum.
- Some short term treatments (12 week residential intervention) cost approximately £6-7,000. There is a 20-30% long term success rate.
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- There are approximate 8-10 people who are identified as having very complex needs including substance and mental health issues.
- A very small number of people, estimated at approximately two people have been excluded from Central Point because of violence or severe behaviour difficulties.
- There has been a significant effort to improve partnership working.
- All the partners have had to work with reduced budgets.
- Staff absence rates are monitored.
- Mental health services are funded by the CCG.

Lisa Wills explained that

- There are approximately 50 individuals with complex needs in the city.
- Early intervention is essential to prevent needs escalating.

- Councillor Boshier is involved in work to map out the journeys of service users with complex needs to identify gaps and duplication. One case study has a range of issues including poor engagement, use of new psychoactive substances, domestic abuse, being financially dependent on their partner, having no fixed abode, committing anti-social behaviour, unknown mental health issues and poor physical health.
- It is a concern that the new service might not be able to offer immediate access to services.

Rachael Dalby explained that

- The council ensures that the provider who takes the tender has a Clinical Supervision Contract in place, which ensures that professional support is available to staff.
- The Troubled Families' Programme which is now called the Troubled Individuals' Programme is in phase 2 until 2020.

During their discussion, members made the following comments:

- Concern - the high cost of hospital stays caused by alcohol consumption.
- Staff retention is essential
- The number of tasks dealt with by the community wardens has doubled despite reduced resources because they are more efficient and proactive.

The meeting concluded at 7.15pm.

Councillor Stuart Potter
Chair