



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.

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

Date: 28 September 2016

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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 vulnerability¹.

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. Each case should have a designated person responsible for as long as it is open.
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 Boshier; 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

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<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 Two key pieces of analysis were conducted as part of a review of anti-social behaviour in 2013. The first analysis took a dip sample of 50 cases that were active at some point between 1 April 2012 and 31 March 2013. This analysis concentrated on some basic information relating to the perpetrators and victims with a specific focus on the contributing factors behind the perpetrators actions. A diagram based on the first sample of 50 cases is shown in appendix three. The second analysis considered a dip sample of 40 cases that were active at some point between 1st April and 30th September 2013.

By combining data from the two studies, only 8.5% (8 of the 90 cases) had no known contributory factors. By contrast, 85.5% (77 of the 90 cases) had at least one contributory factor and many had more than one^[1]. The first analysis (2012/13, 50 cases) focused on contributory factors and found:

- 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

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

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

^[1] The remaining five cases were about locations or unknown perpetrators.

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).
- 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.

2.12 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.

2.13 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.

2.14 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.

- 2.15 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.
- 2.16 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.
- 2.17 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.
- 2.18 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.
- 2.19 The majority of cases involve adults only aged between 30 and 40 years old.⁵
- 2.20 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.
- 2.21 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
- 2.22 The Breaking Boundaries 2015 report⁷ 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

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>

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.

- 2.23 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).
- 2.24 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.
- 2.25 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.

The Complex Cases Group.

- 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 offending⁸ 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

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

between services and that multi-agency forums have sufficient authority to manage cases effectively.

- 3.11 The Director of Offending for Purple Futures⁹ 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)

- 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;

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

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 practice¹⁰ 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

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

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.

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

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."

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 coordinated 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.

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. Each case should have a designated person responsible for as long as it is open.	Strategy and Partnerships Manager and partners agencies/services.	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	Within existing priorities	Within budget

Recommendation	Action By	Budget & Policy Framework	Resource Implications
	& Director of Public Health		
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.

Formal Meetings Held by the Panel

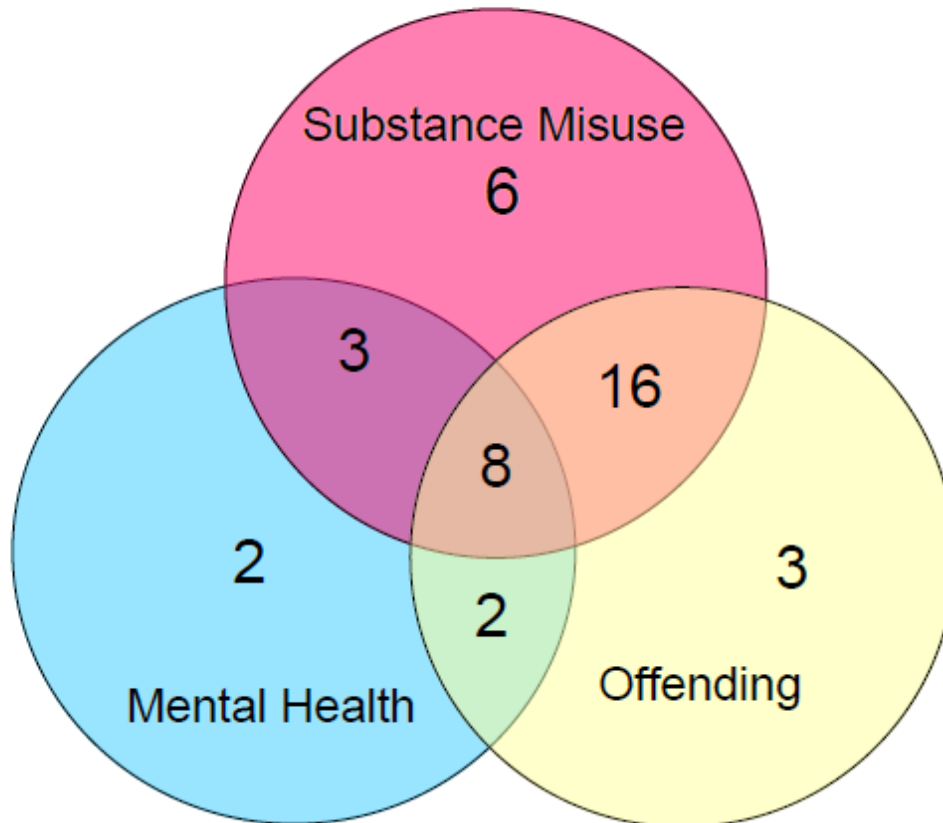
DATE	WITNESSES	DOCUMENTS RECEIVED
10 December 2015	Lisa Wills, Strategy and Partnership Manager, Regulatory Services, Community Safety and Troubled Families.	<ul style="list-style-type: none"> • Presentation • The Safer Portsmouth Partnership's Strategic Assessment 2015/16.
2 February 2016	<p>Chris White, Partnerships Inspector and Acting Chief Inspector</p> <p>Sarah Beattie, Local Delivery Unit Head, National Probation Service, Portsmouth and the Isle of Wight.</p> <p>Barbara Swyer, Head of Operations, Hampshire & Isle of Wight, Purple Futures, Community Rehabilitation Company.</p>	<ul style="list-style-type: none"> • 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	<p>Collette Hill, Clean & Green Service Manager</p> <p>Matt Smith, Public Health Consultant</p> <p>Barry Dickinson, Commissioning Programme Manager.</p>	
21 March 2016	<p>Sharon George, Positive Family Futures Transformation Team</p> <p>Dave Smith, Hampshire Fire & Rescue</p> <p>Pete Kavanagh, Hampshire Fire & Rescue</p>	<p>Presentation</p> <p>Solent NHS Trust - written submission</p>
28 September 2016	The report was signed off by the panel.	<ul style="list-style-type: none"> • Further evidence from Partnerships Inspector and Public Health Consultant.

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

Issues Present in Complex ASB Cases

Number of known issues: 10



A dip sample of 50 complex ASB cases from 2012/13, found the following issues were present within the households:

- Substance Misuse—33 (Alcohol only—7, drug misuse only—12, both —14)
- Mental Health—15
- Offending—29 (of which 2 were domestic abuse perpetrators only and 9 were had domestic abuse and other offending).

This is a simplification of the data, using the most common issues to demonstrate complexity.

Although there are 11 cases which appear to only have one issue and a further 10 with no issues, this representation does not include other factors e.g. learning difficulties, physical disabilities,

other health issues or financial issues. It also can only show the issues which were known to the Anti Social Behaviour Unit at the time, and doesn't include issues which were suspected or possible. Therefore these figures are an underestimate.