



SAFER PORTSMOUTH PARTNERSHIP PLAN 2018 – 2020



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INTRODUCTION

CLLR DAVE ASHMORE, CABINET MEMBER FOR ENVIRONMENT AND COMMUNITY SAFETY AND SUPT. MAGGIE BLYTH, PORTSMOUTH POLICE COMMANDER AND CHAIR OF THE SAFER PORTSMOUTH PARTNERSHIP

Police recorded crime has continued to increase since the data integrity report in 2014 by HMIC, and has risen by 17% since 2015/16. There has also been an increase in 999 calls and a slight increase in 101 calls to the police for the whole force area, which indicates an increase in demand and suggests that we are now seeing a genuine increase in some types of crime.¹

This rise in crime has largely been driven by an increase in violence, particularly violence without injury, but there have also been increases in other types of crime, including serious acquisitive crime, theft and handling offences, criminal damage, sexual offences and racially or religiously aggravated offences.

Although we know that the change in police recording practices as a result of the HMIC report may partially account for some of the increases seen, it is likely that it does not account for all of the increases. However, comparing the rate of increase in 2017/18 with the previous year we seem to be seeing a stabilisation in overall crime.² The Strategic Assessment for 2016/17 provides comprehensive and detailed analysis upon which this plan is based.³

The last plan⁴ set out how much financial resources have reduced since 2010; despite this our continued local investment in research and analysis means we understand much more about what drives crime, anti-social behaviour and substance misuse. Whilst our local strategic priorities have not changed significantly - domestic abuse, substance misuse and adults with complex needs, there is increasing focus on a small cohort of young people who may be at significant risk of harm.

The challenge now is to use this improved understanding to change the way we design and deliver services to reduce harm and improve outcomes for those affected. Even more important is *when* we deliver services.

Learning from places like Manchester⁵, collaboration, co-location and service re-design will be our strategic focus as well as improving links between long term strategic planning and operational activity. We can achieve much more by targeting our interventions based on strong evidence and co-ordinating our efforts, than by working in organisational silos.

Alongside the new focus on service design, we want to recast the language used to explain some of our pressing problems. Children who are sexually exploited are sometimes described as making ‘lifestyle choices’ implying they are complicit in their abuse or exploitation. We have learnt in recent years that this is not the case. Homeless adults with mental health and substance misuse problems living on the street are described in similar terms yet research tells us that 85% have experienced childhood trauma. Somewhere in the transition from childhood to adulthood things go very wrong for this small minority of our community.

The collaborative leadership required to tackle ‘wicked’⁶ issues like homelessness, domestic abuse, exploitation of children, anti-social behaviour, offending, and radicalisation and extremism, will take renewed focus and commitment from our senior leaders.

Embedding this collaborative approach towards a cohesive community across the workforce and dispersing leadership⁷ is a continuing task. The role of SPP partners is to find the right balance between resourcing targeted early intervention and managing increasing acute demand, to enable us to respond appropriately to new funding initiatives from central government such as the Serious Violence Strategy.

We are in challenging times across the public sector, but with increased collaboration we know that we are well placed to prioritise our respective resources.

¹ Hampshire Constabulary Analysts

² Scan Feb 2017–Jan 2018, Sam Graves

³ Strategic Assessment 2016/17 www.saferportsmouth.org.uk/images/PDF/Strategic_Assessment_2016-17_web_version.pdf

⁴ 2013–2018

⁵ See appendix 4 Place based integration – Greater Manchester Police and Greater Manchester Combined Authority

⁶ A wicked problem is a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. The use of the term “wicked” here has come to denote resistance to resolution, rather than evil.

⁷ On Leadership – John Gardner, 1993, p.9

BACKGROUND

The Safer Portsmouth Partnership is responsible for working together to reduce crime, substance misuse and reoffending in Portsmouth. Police and fire services, local authority, health services, the National Probation Service and the 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.

The partnership is required to produce a 'Strategic Assessment' that analyses a range of different data from partner agencies, including crime and anti-social behaviour incidents recorded by the police.⁸ This plan, a statutory requirement, reflects the priorities identified by the analysis. The plan, which is shared with and takes account of the priorities of Hampshire's Police and Crime Commissioner as well as national priorities, sets out local priorities for action.

There are no longer separate 'action plans' associated with this community safety plan. Activity described in this plan is embedded within existing work plans, meaning the statutory 'mainstreaming' requirement of the Crime and Disorder Act⁹ reflects the changing structural and resource landscape across SPP partner agencies. Austerity measures over the past few years have presented significant financial pressures in terms of delivery for all public services, particularly in relation to the ability to intervene earlier where there are known risk factors.

The SPP's work also delivers on key city priorities set out in the Health and Wellbeing Strategy¹⁰ such as supporting people with complex needs, and reducing the harm caused by alcohol and substance misuse.

The five year plan published in 2013 identified 24 aims across the priorities to be achieved by 2018. Of these, 23 have either been achieved (9 green) or are on the way to being achieved (14 amber). Only one has not been achieved (red). See appendix 5 for more details.

⁸ See appendix 2 for summary and priorities

⁹ Section 17, C&D Act 1998

¹⁰ Ref H&WB strategy

PARTNERSHIP REVIEW

The SPP's terms of reference, membership and operating protocol have all been reviewed to strengthen governance arrangements and the links between operational and strategic groups. Performance management has moved away from fixed targets to a monitoring approach connecting the experience of residents with key measures and commentary which will free up analytical capacity. Documentation and notes from meetings are available on the SPP website. A wider review is underway to look at improving key partnership arrangements across the city.



COMMUNITY SAFETY RESIDENTS SURVEY 2018

Alongside the detailed analysis in the strategic assessment, the community safety plan includes the views of residents to make sure the work we do delivers positive outcomes for the people of Portsmouth on the issues they care about. Working with University of Portsmouth students, the research and analysis team completed 1,200 face to face interviews with Portsmouth residents; this provides a good representative sample of the population and the findings have been taken into account when setting priorities for action as required by the Crime and Disorder Act¹¹ in the following pages:

- » **78% (n937) of respondents thought anti-social behaviour was causing problems in their area**, which is slightly higher than in 2016 (75%).
- » **68% (n820) of respondents personally experienced or witnessed anti-social behaviour in their area** which is higher than in 2016 (59%). The most commonly reported issues were: people hanging around (16%, n196), people using/supplying drugs (13%, n154) and street drinking (12%, n148). The biggest increases were people using/supplying drugs (7 percentage point (pp) increase), people hanging around (6.9 pp increase) and bullying and intimidating behaviour (5.4 pp increase).
- » **62% of respondents (n742) were worried about being a victim of crime**, which is slightly higher than in 2016 (60%) and in 2014 (59%). The crimes people were most worried about happening to them were: burglary (24%, n284), robbery (22%, n267) and being assaulted or beaten up (19%, n223). However, fear of burglary has been decreasing rapidly since 2014. Conversely, fear of robbery and assault has been increasing since 2014. The biggest increase was in fear of assault (5.3 pp).
- » There was a **large increase in the number of respondents who had been a victim of crime** in the previous 12 months; 35% (n419) in 2018 compared with 18% in 2016. The **crimes most commonly experienced** by participants were: harassment or intimidation (n93, 7.6%), damage to car or motorbike (5.1%, n61) and bike theft (4.9%, n58). The biggest increase compared to 2016 was for harassment / intimidation (5.1pp from 2.5% to 7.6%).
- » **Half of the crimes experienced by participants (n379, 56%) were reported to an agency**. Only 42% of crimes were reported to the police. The most common reason for not reporting seemed to stem from a feeling that the crime either was not that serious or that the police would not be able to do anything to rectify the situation. The **crimes most likely to be reported** were: burglary (84%), theft of car/motorbike (78%) and online financial loss (77%). The **crimes least likely to be reported** were: hate crime (25%) online harassment / intimidation (33%) and damage to car / motorbike (36%).
- » **Somerstown and Buckland have consistently been named as the top two most commonly avoided areas in Portsmouth since 2001**. Whereas Portsea has dropped from 3rd in 2001 to 7th this year. Both Commercial Road and Fratton have been rising in the ranking since 2014 and are now the 3rd and 4th most avoided areas respectively.

A copy of the full report on the survey findings is available on the partnership website alongside more information about the Safer Portsmouth Partnership, detail on crime trends, causes and analysis – visit: www.saferportsmouth.org.uk/about/our-research

¹¹ www.legislation.gov.uk/ukpga/1998/37/section/5

NATIONAL PRIORITIES FOR ACTION

1. NATIONAL SERIOUS VIOLENCE STRATEGY

The government published a Serious Violence Strategy in April 2018 in response to rising violent crime in the UK's major urban centres with gun and knife crime especially concerning in London.

Serious Violence Strategy, April 2018

We need an approach that involves partners across different sectors, including police, local authorities and the private and voluntary sector. Communities and local partnerships will be at the heart of our response. This issue must be understood and owned locally so that all the relevant partners can play their part. We will support local partnerships, working with Police and Crime Commissioners to galvanise the local response to tackling serious violence and ensure that they are reflecting local challenges within their plans'.

www.gov.uk/government/publications/serious-violence-strategy
p.10

Local analysis of 'most serious violence'¹² in Portsmouth found the main drivers to be violence in the evening economy, domestic violence and drug related harm. Whilst the local enforcement response to these findings is led by the police (see drug related harm below), the role of partners is vitally important in addressing another key element of the Serious Violence Strategy – early intervention. Risk and protective factors associated with serious violence, including witnessing domestic violence, are very similar to those associated with substance misuse and youth offending – both of which are existing priorities for the SPP – and were identified in partnership analysis at least 10 years ago. Having these risk factors set out so clearly in the national strategy provides an opportunity for the SPP to emphasise the importance of really using these risk factors to target early intervention and effect lasting system change.

'Drug related harm' is a term used by police to describe the impact of drug related offences. The term is also used by Public Health professionals to describe activity that describes the harm to the health of individuals using drugs. This is acknowledged in the foreword to the 2017 National Drugs Strategy:

2017 Drugs Strategy - foreword by the Home Secretary

The harms caused by drug misuse are far reaching and affect our lives at every level. It includes crime committed to fuel drug dependence; organised criminality, violence and exploitation which goes hand in hand with production and supply; and the irreparable damage and loss to the families and individuals whose lives it destroys.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

Although drug related criminality is a priority for the police across Hampshire (indeed for all police forces across the county), Portsmouth has seen a rise in serious incidents linked to drug related harm since January 2017. Both organised crime groups and 'county lines'¹³ are operational in the city as they are across Hampshire, and often linked with the exploitation of vulnerable children and adults. These are issues that have been identified as priorities for the Safer Portsmouth Partnership, and once again demonstrate the complex relationship between the drivers for crime, substance misuse and anti-social behaviour.

Partners will take a fresh look at serious violence together in the months following publication of this plan; Hampshire Constabulary's Force Control Strategy and the Portsmouth Police local business plan include the development of a serious violence strategy, regular focus on drug related harm and the launch of a 'pilot' project with under 18s that go missing repeatedly.

2. PREVENTING VIOLENT EXTREMISM AND COUNTER EXTREMISM ACTIVITY

The 'Prevent' priority is one part of the wider CONTEST¹⁴ strategy which is designed to reduce the risk to the UK from terrorism. Another element of the national strategy is counter terrorism which is largely led by the police but supported by partners. The third element is counter extremism. Portsmouth's counter extremism strategy was approved by the SPP in October 2017. As a priority area, Portsmouth receives Home Office funding to employ three staff (co-ordinator, education officer and community engagement officer) who deliver a range of activity across all three areas although this will cease at the end of 2018/19 in line with the government's revised threat assessment of Portsmouth.

During 2017 the Home Office led a 'peer review' in the city covering all aspects of delivery. The findings identified many areas of excellent practice as well as areas for improvement such as improving the SPP's governance and senior leadership arrangements. The local prevent board is now tasked with delivering against an agreed action plan. The council's Director of Children's Services and senior managers from Adult Social Care have now taken a more prominent leadership role. Staff have also established a panel¹⁵ that considers individual cases where there is concern about radicalisation and provides appropriate referral pathways and interventions. Many of these cases involve adults with mental health problems so strong links have also been established with Portsmouth's Safeguarding Adults Board. We have also reduced duplication and strengthened community cohesion arrangements to include counter extremism and links to hate crime. We are developing more proactive communications plans between partners.



¹² 'Most serious violence' is a Home Office term that covers a specific group of offences including murder, attempted murder, grievous bodily harm and wounding with intent.

¹³ Home Office definition: term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons."



LOCAL STRATEGIC PRIORITIES FOR ACTION

The findings from the community safety survey and the priorities identified in the strategic assessment (see appendix 2) translate into the following themes. Over the next two years, the collaborative work of SPP partners will focus on:

1. YOUNG PEOPLE AT RISK

Partners have begun to pilot more integrated working practices across police and children and family services to deliver a new model of support for adolescents who have been identified as at particular risk of harm. Tackling child sexual and criminal exploitation, and disrupting county lines drug trafficking will be a key focus. This work builds on the Stronger Futures Programme developed by the Children's Trust.

2. ANTI-SOCIAL BEHAVIOUR

Continuing to support the co-ordination of both operational and longer term responses to vulnerable people with complex needs who are often involved in long standing cases of anti-social behaviour and cause community concern. The Health and Wellbeing Board has included this work in its strategic plan in order to underline the importance of this work, providing additional support from city leaders responsible for health and social care.

3. SUBSTANCE MISUSE

Reduce the harms from alcohol and substance misuse, support the recovery community, reduce the availability of low-cost, high strength alcohol, use licensing powers to promote the responsible drinking, improve outcomes for people with complex needs (toxic trio – mental health, substance misuse, domestic abuse). This work is also reflected in the Health and Wellbeing Strategy.

4. VIOLENCE

Particularly domestic abuse, sexual offences and hate crime. Support services available to those suffering domestic abuse have been redesigned and restructured to improve multi-agency responses for young people and families at risk. We will also improve understanding of the impact on children, and increase work with repeat perpetrators.

Adults who pose a high risk of re-offending often have problems with substance misuse, mental health and housing. So whilst reducing re-offending is not a priority in itself, the work that is in place to address all four of the SPP's key priorities will also help to reduce reoffending. A summary of the priorities and our collective approach is set out at appendix 6.

1. YOUNG PEOPLE AT RISK – OFFENDING, EXPLOITATION, SUBSTANCE MISUSE AND HATE CRIME

Studies have shown that chronic traumatic stress in early life affects brain development, and also impacts on the nervous, hormonal and immunological system. This can lead to a higher state of alertness to potential danger and put a strain on a person's body, leading to an increased risk of premature ill-health. This heightened emotional state may also lead to anxiety or other mental health conditions or make it difficult to concentrate, leading to poor educational attainment.

Where children witness or experience violence in their household, these behaviours can be normalised and increase the likelihood of them either perpetrating or being the victim of violence themselves in adulthood. Furthermore, experiencing adverse childhood experiences (ACEs) can leave an individual with low self-esteem and the propensity for behaviours offering short term relief at the expense of longer-term health, such as smoking, drug and alcohol misuse, poor diet and early or risky sexual activity¹⁶.

These patterns of behaviours are often carried through to successive generations, making the cycle hard to break. It's therefore important to act early when these risk factors are identified to 'turn off the tap', hopefully reducing the numbers of adults with complex needs in future years. Children's physical health and wellbeing is a priority in the Portsmouth Children's Trust Plan¹⁷ and is likely to focus on the impact of adverse childhood experiences.

The 'Stronger Futures' programme builds on the development of the Multi-Agency Teams for children and families set up in 2015/16, co-locating children's social workers, family support workers, health visitors, and other staff in three areas across the city (co-terminus with police areas). The service seeks to further improve integrated preventative and early help support for families with a strong focus on those that fall below the thresholds for statutory services.

A central plank of the programme is restorative practice¹⁸ providing 'high support and high challenge'. This programme is also the local response to the national Troubled Families agenda whose key aims are to reduce

offending, anti-social behaviour and domestic abuse. There is also a renewed focus on making sure children and young people attend school regularly, particularly the most vulnerable, which will help to reduce the risks of offending, exploitation and substance misuse.

Local charities now provide a substantial amount of early intervention and primary prevention work (some of which is funded by the Police and Crime Commissioner) that may prevent children entering the criminal justice system. Whilst changes to the way young people were dealt with by police brought the number of first time entrants down significantly in 2011/12, numbers have remained relatively stable since then. The Portsmouth Youth Offending Team (based in Children's Services) has seen an injection of extra resource this year and will be undertaking more detailed analysis to better understand the most recent cohort of young offenders before further action is recommended.

During 2016/17, 10,477 missing person reports were recorded in Hampshire, relating to 4,920 people – almost two thirds of the recorded occurrences were related to young people. According to a police problem profile Portsmouth recorded the highest volume of missing young people in 2017 and this is disproportionate for its youth population. Repeat instances are also the highest in Portsmouth and these young people were also more strongly linked to a variety of vulnerabilities and criminality.

Young people and vulnerable adults caught up in county lines activity frequently go missing from home and school and were likely to be linked to drugs intelligence, assaults and theft offences. Going missing should be considered as a key indicator of potential gang or county lines exploitation¹⁹.

Portsmouth Safeguarding Children Board's annual report identifies children at risk of exploitation, going missing and children affected by domestic abuse as priority areas for 2017–19.

¹⁶ Strategic Assessment 2016/17, p. 21

¹⁷ http://brightfutures.portsmouth.gov.uk/files/PCC_portsmouth_childrens_trust_plan.pdf

¹⁸ See also SPP's Restorative Justice Strategy 2013

¹⁹ Young MISPER executive summary, 16/5/18, v.1.1 Hampshire Constabulary

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WHAT ACTIVITY WILL PARTNERS PRIORITIES OVER THE NEXT 2 YEARS?

- » Work with the Police to develop missing and edge of care services - co-location pilot - with particular focus on victims of child sexual and criminal exploitation
- » Police will work with partners in Children's Services and NHS services to ensure children engaged in serious violence are supported, appropriate information is shared (including information from the local community)
- » Police will implement Operation Fortress by targeting known drug dealers, disrupting drugs markets and 'county lines' using automatic number plate recognition, mobile phone blocking, criminal behaviour orders, and civil orders.
- » Support 'out of court disposals'²⁰ for those children who are at early stages of offending to divert them from crime in the first place and make appropriate use of the Modern Slavery defence where young people are being exploited
- » Implement Children's Physical Health strategy, led by Public Health that includes a focus on ACEs²¹.
- » Undertake a detailed analysis of the first time entrants cohort
- » Detailed monitoring of school attendance, fixed term exclusions, reduced timetables and elective home education, followed up by 'challenge meetings' lead by the director and deputy director of children's services where levels are high
- » A refresh of the Portsmouth School Attendance Strategy which will be completed over summer 2018 in advance of a new school attendance campaign to be launched in the Autumn
- » Provide support for the roll out of the strategy to improve wellbeing and resilience in education including restorative practice within schools
- » Provide support for Inclusion Support Panel 'managed move process' for hard to place pupils and use of other schools as an alternative to exclusion
- » Ensure all chronic absentees (below 50% school attendance) have a lead professional, in school or in the targeted early help service
- » Development of a refreshed strategy for Alternative Provision that will support reintegration of KS3 pupils from The Harbour School back into mainstream secondary schools
- » Work of the Virtual School to ensure all looked after children (LAC) have a Personal Education Plan in place and that schools are challenged and supported if attendance falls and exclusions rise, including targeted use of the LAC Pupil Premium grant. The Virtual School introduced 'Welfare Call' last year which provides up to date, daily information on LAC attendance.
- » Work with schools to identify and record hate crime

²⁰ Out of court disposals are appropriate legal sanctions that do not involve prosecution and entry into the criminal justice system. These could involve restorative justice, community order etc.

²¹ <https://democracy.portsmouth.gov.uk/documents/s18382/Portsmouth%20draft%20hwb%20strategy%2016032018%20Cabinet.pdf>

SELF-HELP AND EARLY INTERVENTION

The Early Help and Prevention Service, which includes health visitors, staff from the Family Nurse Partnership and school nurses, provide a lead professional service for all children aged 0–19. Services are delivered in family homes, schools and from six family hubs which also provide behaviour management help and activities delivered by Homestart Volunteers.

We also work with the family to develop an 'Early Help Plan' in order to address the problems identified and improve outcomes. The service provides a wide range of practical help, for example getting children back to school and attending regularly.

- » Establish the Targeted Health Visiting service (called ECHO) to work intensively with children and families who are most at risk of poor outcomes
- » Continue to adapt the Family Nurse Partnership programme in line with national requirements to make sure more of our vulnerable teenage parents are able to benefit from the programme
- » Launch the Early Years and Child Care Strategy to integrate our early years settings further with early help for children aged 0–5 year and schools to improve outcomes when measured at Year R
- » Develop the Behaviour Management approach more widely across the city by engaging wider partners in the delivery of this
- » Develop the offer from family hubs to include volunteer run groups for parents of teenagers
- » Continue to develop the Dadzclub offer from Family Hubs and other community venues which engages all male carers in a variety of innovative and positive ways to support their children
- » Review the early help offer for children and young people aged 5–19 years to make sure that the right children and families are being seen and the most effective interventions are being provided
- » Continue to develop the Team Around the Worker approach through Early Help and the Multi Agency Locality Teams to reduce referrals and improve the offer to families
- » Embed the Health Related Absence project delivered through School Nursing in all schools to reduce health related absences
- » Continue to embed Restorative Approach through all of the Early Help services
- » Increase awareness of the Troubled Families programme to embed whole family, early help working and increase revenue as a result back into Portsmouth City

2. ANTI-SOCIAL BEHAVIOUR – VULNERABILITY AND COMPLEX NEEDS

Past analysis of complex cases of anti-social behaviour²² has identified a range of associated risk factors (mental health, substance misuse, persistent offending, domestic abuse, child abuse/neglect, learning disabilities) and a blurring of the distinction between victims and perpetrators. We know from academic research with users of homeless services that 85% of those using low-threshold homeless services²³ reported childhood trauma in their lives (sexual abuse, loss, physical abuse or neglect), yet often the language used to describe these most challenging cases - abusive, uncooperative, failure to engage – does not recognise this. If we see these adults through the same lens as we see children who have been exploited or abused, we can begin to develop a different understanding about what 'support' may look like and begin to change the 'victim blaming' language often used to describe them.

Partners approved a business case to co-ordinate existing work streams in June 2017. Supported housing services have been carefully reviewed from the perspective of the clients and work undertaken to improve the delivery of drugs services in the city. Whilst the transformation programme for mental health services is part of wider sub-regional work across Portsmouth and South East Hampshire there is a focus on community mental health services becoming integral to new models of care as part of the local offer²⁴. The next phase of integration of health and social care services will begin in 2018.

Co-ordination of the operational response to reduce rough sleeping and problematic begging across the city has improved and includes a range of different services - community wardens, police and substance misuse services now work together. Important data has been gathered from people that used the night shelter - the majority of whom are Portsmouth residents - using this will help us improve services for the homeless and reduce rough sleeping. The voluntary sector continues to improve the co-ordination of their contributions but when we are unable to support people, enforcement action is taken as a last resort. Multiple meetings have been streamlined and duplication reduced. The city has now developed a strategy to address both these and the

wider systematic issues and has secured funding from the Ministry of Housing, Community and Local Government to support delivery.



²² SA 2013–14, p55

²³ Lankelly Chase (2015) Hard Edges, p28

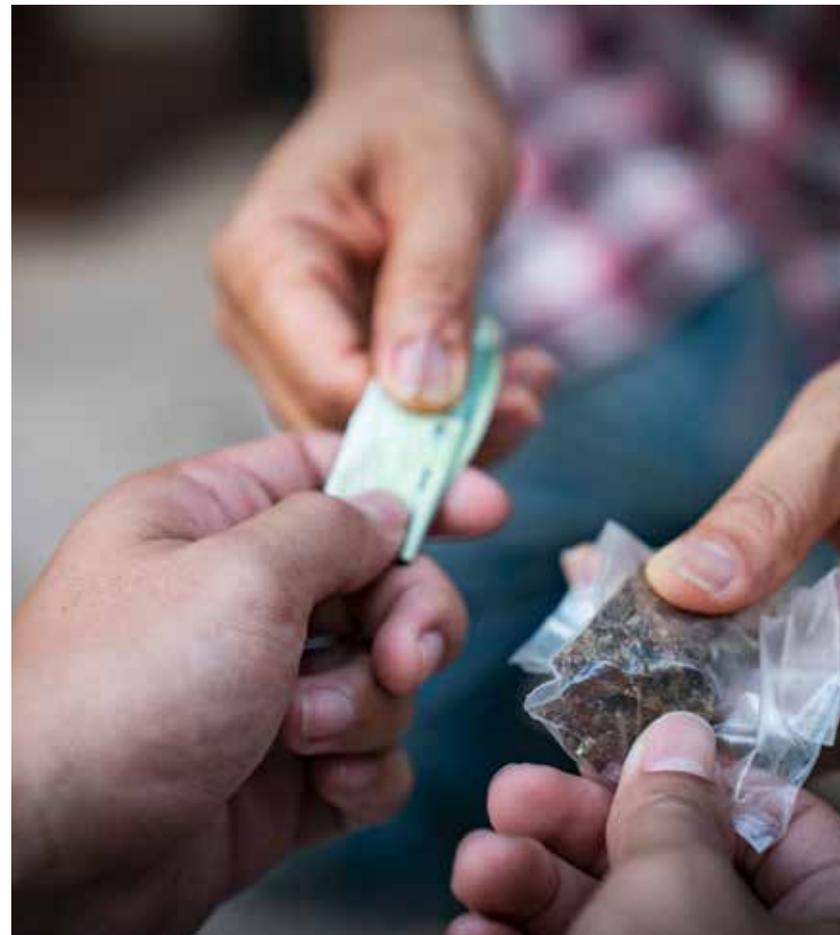
²⁴ Multi-speciality Community Provider

WHAT ACTIVITY WILL PARTNERS PRIORITISE FOR THE NEXT TWO YEARS?

- » Work more closely with Southampton
- » Overcome barriers to services sharing the right information and prioritising the needs of the client over the organisation
- » Develop and deliver a rough sleeping strategy for the city, which is likely to include a night shelter all year round, a rough sleeping support team, and locally developed data system to identify, support and track the small cohort of vulnerable people that continue to cause concern in the community
- » Revise contract specification and re-commission supported housing and homelessness services in line with recommendations from a detailed review focused on the experience of customers
- » Continue to develop a pathway for people with low level mental health needs, increasing the use of peer support from the voluntary sector.
- » Develop a psychiatric decision making unit at Queen Alexandra Hospital and the emotionally unstable personality disorder pathway.
- » Continue to work with all service providers to improve the experience of the clients with the most prevalent co-existing issues - substance misuse, mental health and housing
- » Deliver a comprehensive needs assessment for the armed forces community (including veterans) and support the development of local services in both voluntary and statutory sectors, to address those needs

EARLY INTERVENTION AND SELF HELP

The majority of early intervention work will be taken forward under the young people at risk theme - see page 09.



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3. SUBSTANCE MISUSE – HARM REDUCTION

The term substance misuse covers issues with both drugs and alcohol. Although alcohol problems are by far the most prevalent, drug related violence is one of the main drivers for 'most serious violence'. Portsmouth suffers more alcohol-related harm than the England average across a range of measures, including alcohol related deaths and many of these measures are worsening. After being on a downward trend since 2010 alcohol-related hospital admissions have risen for the second year in a row. Alcohol related violence is also rising in our night time economy areas (particularly in North End and Central Southsea) and was found to be the most common driver for the most serious violent crime. These measures should be viewed in the context of a significant reduction in the number of people receiving treatment for alcohol dependency (down 54%, n173 since last year, but down 84%, n762 since 2014/15). Anticipated funding for all substance misuse treatment in 2020 will be below £2.7m – a 44% reduction since 2010.

The use of drugs like crack and heroin often result in a chaotic lifestyle likely to drive offending behaviour and has become increasingly visible with the increase in rough sleeping. Portsmouth has a higher rate of opiate and crack cocaine users than the national estimated average and one of the highest rates of drug-related deaths in England. Analysis of these deaths showed that in addition to the illicit drugs which contributed to a number of the deaths, a high percentage also involved prescribed opiates and benzodiazepines. This has highlighted a gap in support available for those addicted to prescribed medicines, which the substance misuse service does not have the capacity to provide. There has also been an overall decline in the numbers of people in drug treatment services, (particularly those aged 18–24 years, by 28%), also linked to reductions in service capacity. Only 40 young people aged 18–24 received treatment in 2016/17 compared to 164 in 2013/14,

While drug offences and drug-related offences only account for a small volume of total crime, this type of crime can be particularly harmful and is often linked to other crimes of exploitation such as modern slavery, human trafficking, child sexual exploitation, criminal exploitation of

children and vulnerable adults. The annual reports from Portsmouth Safeguarding Boards for children and adults pick up the majority of work to combat these types of crime.²⁵

WHAT ACTIVITY WILL PARTNERS PRIORITISE FOR THE NEXT TWO YEARS?

- » Work more closely with Southampton and across Hampshire to share learning and best practice
- » Update our alcohol needs assessment
- » Whilst maintaining a focus on recovery²⁶, increase our focus on harm reduction approaches which are evidence based to improve outcomes and save lives.
- » Continue to support Safe Space in the Guildhall Walk
- » Work with partners to ensure best practice within licensed premises and the evening and late night economy to reduce crime
- » Work together to address drug related crime
- » Understand more about the increasing numbers of drug related deaths
- » Provide support and low threshold prescribing to drug users most at risk of overdose and drug related death
- » Provide Naloxone²⁷, the heroin antidote, to a range of settings, including a scheme to distribute through pharmacies
- » 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 (linked to ASB, see page 12)
- » Make better use of buildings and develop co-location of services

²⁵ Insert link to annual reports

²⁶ www.scottishrecovery.net/what-is-recovery/

²⁷ www.drugs.com/naloxone.html

SELF-HELP AND EARLY INTERVENTION

- » Public Health to deliver population level behaviour change programmes
- » Develop the Drug and Alcohol Support Service (DASS) for young people in need of support with substance misuse
- » Personal, Social, Health Education (PSHE) Officer (new post) based in Public Health Team, will work with schools to deliver high quality support, guidance and advice to primary, secondary and special schools
- » Develop resources and materials which support the personal and health development of young people in schools and other settings
- » Re-establish and lead the PSHE school leads network
- » Develop a PSHE traded service for schools
- » Explore options to provide targeted early support to young people identified as at high risk of exploitation



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4. VIOLENT CRIME – DOMESTIC ABUSE

Domestic abuse has been the most significant driver for violent assault in the city since at least 2006 and more recently, the second most significant driver for 'most serious violence'. Witnessing violence is a risk factor for perpetrating and/or experiencing further abuse and for serious violence. The majority of victims are women, and the majority of perpetrators are male, it is the crime with the highest level of repeat offending (which has more than doubled since 2014/15), and the reason most children come into care.

In relation to children, one third of all contacts with the Multi-Agency Safeguarding Hub (MASH) involve domestic abuse and the response to children living with domestic abuse is also a priority for the Portsmouth Safeguarding Children Board. According to police analysis nearly 40% of sexual offences across Hampshire are domestic related – increasing to 50% of rapes in Portsmouth²⁸. The national picture is similar – the Office of National Statistics published the findings of a self-completion survey in 2017 which provide stark headlines and suggests domestic abuse is likely to be intergenerational²⁹ (see Cycle of Abuse – appendix 3)

It is estimated that domestic abuse costs 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 services³⁰. The 2017-20 domestic abuse strategy recognises that a family focussed approach that understands the whole family is more effective than a one person approach that focuses on a single incident.

It recognises that understanding the whole family's needs, including the dynamics of the relationship and the world of the child will identify the right support to be offered at the right time, and that this support must not be predicated on the relationship between the adults ending. Therefore, to prevent opportunities for identification being missed, all professionals need to recognise all forms of domestic violence and abuse, with both women and men as victims, and be prepared to identify

and deal with issues at the earliest point, including holding perpetrators to account. The work to address domestic abuse set out below will also contribute to the long term reduction of serious violence.

DOMESTIC ABUSE IN ENGLAND AND WALES 2017

- » Estimates for the year ending March 2015 showed that around four in five victims of partner abuse did not report the abuse to the police
- » An estimated 7.5% of women (1.2 million) and 4.3% of men (713,000) experienced domestic abuse in the last year. Women were more likely than men to have experienced all types of domestic abuse in the last 12 months
- » Those with a long-term illness or disability were more likely to be victims of domestic abuse in the last year than those without one; this was true for both men (8.5% compared with 3.7%) and women (15.9% compared with 5.9%).
- » Sexual assault (including attempts) by a partner is where the largest difference between men and women was observed, with women being five times more likely than men to have experienced this type of abuse in the last year.
- » <https://www.ons.gov.uk/releases/domesticabuseinenglandandwalesyearendingmarch2017>

²⁸ Serious Sexual Offences presentation January 2018

²⁹ Also see Strategic Assessment 2016/17 p.21

³⁰ Graves, S. (2015) The cost of domestic abuse in Portsmouth – available from csresearchers@portsmouthcc.gov.uk

WHAT ACTIVITY WILL PARTNERS PRIORITISE OVER THE NEXT 2 YEARS?³¹

- » Develop the Multi-Agency Risk Assessment Conference process to ensure that those most at risk are receiving the right response
- » Increase the use of processes and resources to hold perpetrators to account
- » Improve links between police and schools when children experience or witness domestic violence and abuse
- » Commissioners of all public services to ensure all contracts set out clearly the expectations of providers in relation to the identification and response to domestic violence and abuse

SELF-HELP AND EARLY INTERVENTION

- » Develop capacity amongst non-specialist services to identify and respond to victims of domestic abuse
- » Embed systems within schools to ensure all children develop an understanding of healthy relationships
- » All agencies to have more confidence to understand and manage the competing needs of victims and children including early years to enhance attachments and opportunities for young people to increase awareness and choices around healthy relationships
- » Continue to deliver comprehensive targeted publicity campaigns
- » Support families to feel more confident
- » Continue to encourage self-help by publicising information and advice on the SPP site and awareness raising communications campaigns



³¹ See Domestic Violence and Abuse Strategy for full action plan – www.saferportsmouth.org.uk/domestic-abuse-priority

APPENDIX 1 – MEMBERS OF THE SAFER PORTSMOUTH PARTNERSHIP

MEMBERS OF THE SAFER PORTSMOUTH PARTNERSHIP BOARD INCLUDE:

- » Portsmouth's police commander
- » Portsmouth City Council's Cabinet Member for Environment & Community Safety
- » Portsmouth City Council's Chief Executive
- » Senior leaders from Hampshire Probation Trust
- » Senior leaders from Hampshire Fire & Rescue Service
- » Chief Operating Officer for the NHS's Clinical Commissioning Group
- » A representative from the voluntary and community sectors
- » A representative from University of Portsmouth

APPENDIX 2 – PRIORITIES IDENTIFIED IN THE STRATEGIC ASSESSMENT 2016/17

APPROVED BY SPP DECEMBER 2017

- » Tackling violent crime: continuing to focus on sexual offences, domestic abuse, race hate crime and night-time economy violence.
- » Tackling extremism.
- » Early identification of and interventions with children at risk of exploitation or abuse.
- » Early identification of and interventions with adults and young people at risk of perpetrating anti-social behaviour, offending or substance misuse.
- » Supporting local substance misuse services and addressing gaps in service provision to reduce drug and alcohol related harm.
- » To support multi-agency work by improving understanding and co-ordination between services particularly for adults with complex needs.
- » Develop awareness of the role of technology in exploitation and coercion.
- » Support a partnership community safety survey and conduct further research to better understand youth-related violence, alcohol and drug-related anti-social behaviour, first time adult offenders and costs of crime

APPENDIX 3 – COMMUNITY SAFETY SURVEY 2018

20

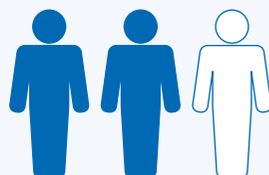
The survey spoke to 1,200 participants.

To access the full report, visit saferportsmouth.org.uk

ANTI-SOCIAL BEHAVIOUR

78%

of respondents thought ASB was causing problems in their area. *Up from 75% in 2016.*



2 in 3

had experienced ASB.

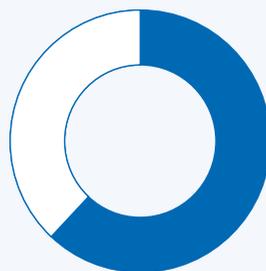
The most common types of ASB experienced were:

13% Drug use/dealing

12% Street drinking

16% Loitering

FEAR OF CRIME



62%

of respondents are worried about being a victim of crime. *Up from 60% in 2016.*

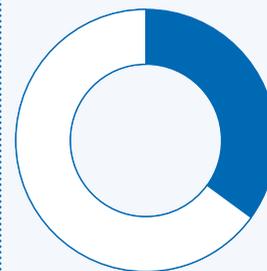
The most feared crimes were:

24% Burglary

22% Robbery

19% Assault

EXPERIENCE OF CRIME



35%

of respondents were a victim of crime. *Up from 18% in 2016.*

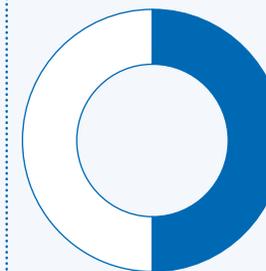
The most experienced crimes were:

8.2% Harrassment or intimidation

5.5% Damage to car

4.9% Bike theft

FEELING SAFE



50%

of respondents feel safe in Portsmouth.

Areas where people feel unsafe:

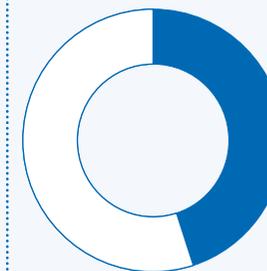


18% Somerstown

11% Buckland

9% Commercial Rd

REPORTING



42%

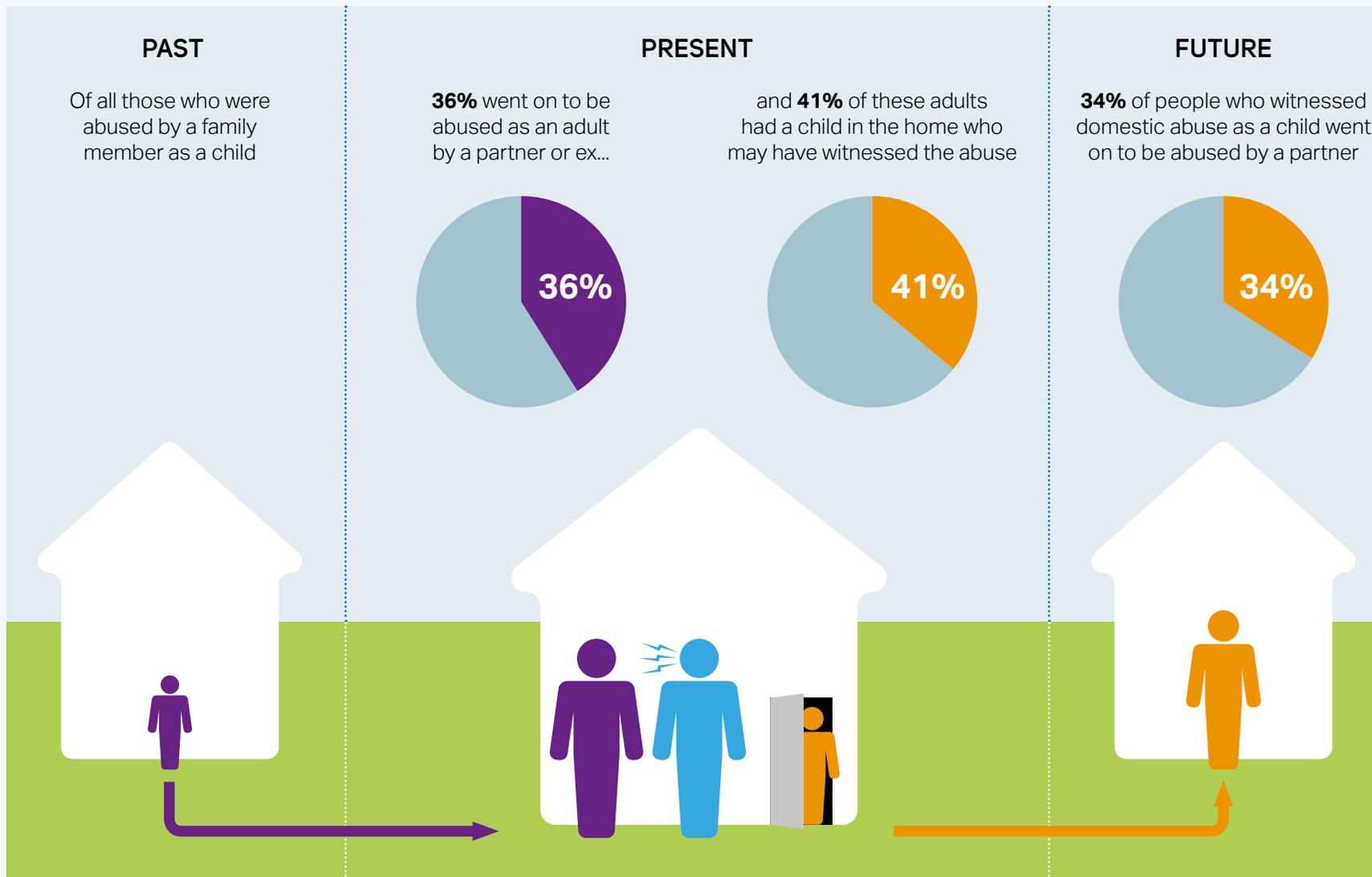
of all crimes were reported to the police.



People were least likely to report hate crime.

Only 1 in 4 reported a hate crime incident to the police.

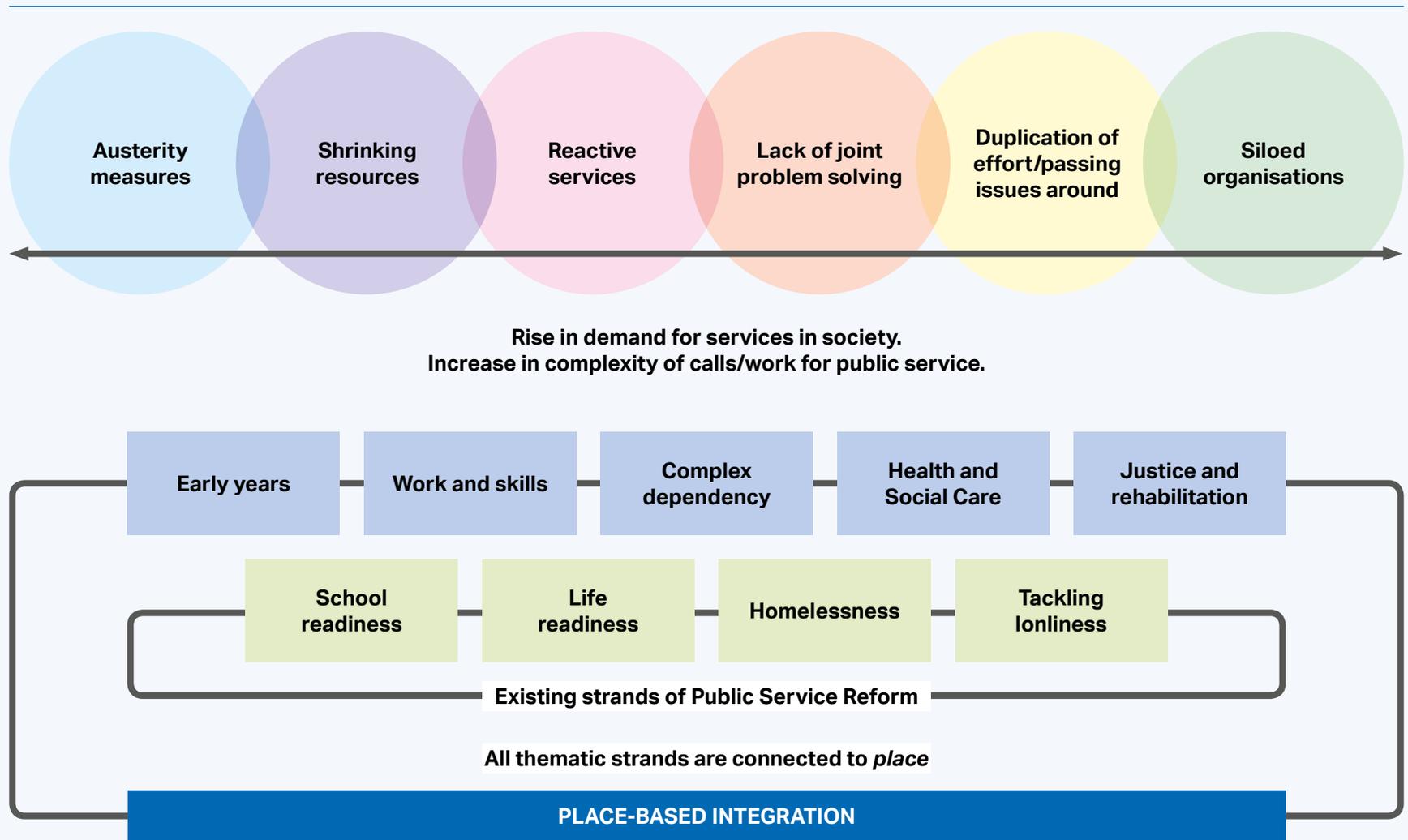
APPENDIX 4 – CYCLE OF ABUSE – OFFICE OF NATIONAL STATISTICS³²



³² Source: Impact of child abuse on later life, Crime Survey for England and Wales, year ending March 2016

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APPENDIX 5 – PLACE-BASED INTEGRATION³³



³³ Source: Greater Manchester Police

APPENDIX 6 – PROGRESS TOWARDS THE AIMS OF THE 2013–18 PLAN

YOUNG PEOPLE AT RISK

	Five year aims	2018
1	To significantly reduce the number of young people committing 5 or more offences	By the end of February 2018 only 19 young people had committed 5 or more offences over a rolling 12 month period, compared to 48 young people who committed 5 or more offences in 2012/13
2	To continue to reduce the number of first time entrants (FTE) into the criminal justice system	Whilst the number of first time entrants has dropped from 128 in 2011/12 to 69 in 2017/18, these numbers have remained stable over the past 4 years and more analysis is required to understand and identify the key characteristics of this cohort of young people.
3	To support other city priorities to reduce poor outcomes for young people	In 2017/18 the structure and governance of the YOT was strengthened with an increase in management and administration and by becoming part of the new Harm and Exploitation service within Children and Families to strengthen support for the City's most vulnerable young people.
4	To continue to reduce the number of young people entering custody	The number of young people receiving custodial sentences was down from 24 in 2011/12 to 12 in April 2018 though numbers are still higher than they should be. Portsmouth's rate is above the national average and comparison to similar areas shows a mixed picture. More analysis is required to understand the reasons for this.

ANTI-SOCIAL BEHAVIOUR

	Five year aims	2018
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	Fewer 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 fewer 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 2018/19 and linked to the complex needs work.

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SUBSTANCE MISUSE

	Five year aims	2018
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 ³⁴ . 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.

³⁴ SMART (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/>

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	Reduce 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 2014/15 the Portsmouth rate per 100,000 was 2,035, compared to the England average rate of 2,151 per 100,000
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.

DOMESTIC ABUSE

	Five year aims	2018		
1	Co-ordinated community response where each individual agency understands their unique role in responding to domestic abuse.	There has been a consistently high rate (85–90%) of agencies that completed the Section 11 audit judging themselves good or better for staff responsibilities and competencies. However referrals from partners to specialist domestic abuse provision are inconsistent which could imply other services do not regularly consider their clients being victims of domestic abuse.	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. Referrals to multi-agency risk assessment conference (MARAC) from agencies other than the police have increased to 24% and this is now only 1% outside the recommended measure of 25 to 35% of all referrals.
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.	There has been ongoing work to raise awareness of domestic violence and abuse (DVA) amongst residents including young people. There were 6,625 views on the SPP website in 2017/18 of which 61% were through a search engine. While this is a drop on the previous year this is probably due to the "is this love" campaign not being run. In the "You Say" school health survey 51% of young people thought information and advice on "relationships" was helpful but the vast majority (93%) reported that they felt it was "not at all OK" to hit a boyfriend/girlfriend.	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 families to reduce risk and increase safety and capacity for recovery. Awareness raising of domestic violence and abuse is delivered through specialist domestic abuse training, offered to specific agencies on a bespoke basis and embedded within safeguarding children training. However referrals to specialist domestic abuse victim provision remains inconsistent.
			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. The recent updated domestic abuse strategy identified a need for an increase in independent domestic violence advocate (IDVA) provision to 7 full time posts. A joint commissioning process between the city council and Hampshire Police Crime Commissioner Office has increased capacity for outreach and children's provision.

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APPENDIX 7 – SUMMARY PRIORITIES AND APPROACH

In order to tackle:

Anti-social behaviour <i>Vulnerability and complex needs</i>	Substance misuse <i>Harm reduction</i>	Violent crime <i>Domestic abuse</i>	Serious violence <i>National priority</i>	Extremism <i>National priority</i>
Continued local research shows the distinction between victims and perpetrators is blurred, significant increases in rough sleeping and links to adverse childhood experiences (ACEs).	Drug and alcohol misuse remains a significant driver for acquisitive ³⁵ and violent crime in the evening economy. There are also links to adverse childhood experiences.	Violent crime is rising. Violence now accounts for 47% of all crime and 38% of all assaults in Portsmouth happen in the home, whilst the evening economy accounts for 14%	The increase in most serious violence in Portsmouth is driven by the evening economy, domestic violence and drug related harm. The national serious violence strategy includes a focus on knife and gun crime and gang related activity	Whilst preventing all forms of violent extremism is a national priority, it is also important to develop the local evidence base in order to inform effective activity.
Priority: collaborative working and co-ordination of existing work	Priority: protecting local services and addressing gaps in service provision to reduce drug and alcohol related harm	Priority: domestic abuse, sexual offences, hate crime, and night time economy	Priority: pilot to improve co-ordination between services for vulnerable children and police	Priority: develop broader community cohesion strategy within which counter extremism is embedded

Our approach:

Whole system design - redesign services from the perspective of the clients	Using known risk and protective factors to intervene earlier	Focus on transition from children to adult services in relation to ACEs/vulnerable adults	Collaboration across services
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We will continue to monitor:

The number of children entering the criminal justice system for the first time	Rates of adult reoffending and integrated offender management
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We will improve our knowledge and develop our responses to:

First time adult offenders	Cyber-crime and internet safety	Modern day slavery	Repeat perpetrators of domestic abuse	Gang related activity and knife carrying
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