

COMMUNITY SAFETY PLAN FOR PORTSMOUTH 2021 – 2022



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FOREWORD



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We are pleased to present Portsmouth's Community Safety Plan for 2021-22. The council, police, fire service, health services and probation services have a collective responsibility to identify community safety priorities for the city and put in place a plan to address them. We encourage our partners to share this document widely within their individual organisations. The strategic assessment for 2019/20 identifies the priorities and this plan sets out how the priorities will be addressed. All community safety partners and all council departments are responsible for making sure the actions in the plan are delivered. This plan supports our City Vision 2040 and aims to make sure all our residents and communities feel safe, feel like they belong, and can thrive. The plan will also inform the next Health and Wellbeing Strategy.

Over the past 20 years, the community safety partnership has regularly analysed a wide range of data in order to understand what drives crime in the city, taking what is now referred to as a 'public health approach' by refining research and focusing in on the detail as well as understanding long term trends. Plans based on the findings from this analysis have been updated and published every few years in line with statutory requirements. Crime levels and rates have come down over the past 10 years, despite changes in the way crime is recorded by police. Violence - especially most serious violence - has remained relatively stable over the past two years, although, like all densely populated urban centres, Portsmouth will always have challenges.

Overall, it is a safe city. However, there are known risk factors including domestic violence and abuse, poor mental health and substance misuse¹ that often result in young people and adults becoming involved in crime and anti-social behaviour. It is important to raise awareness that community safety issues touch so many areas of our work, and to join

up the plans and activities of a wide range of council services alongside our partners to reduce duplication and maximise efficiency. This collaborative approach can reduce costs and increases opportunities for early intervention, crime prevention and working together in active partnership to drive down crime and anti-social behaviour in the city.

As the approach to analysis has developed over the years, there has been increasing pressure on public sector resources. This has necessitated an evolving, more mainstream approach to tackling the 'wicked issues' described earlier, often challenging our established systems and changing the way we deliver services to better reflect the needs of those who are vulnerable to poor outcomes.

The 1996 Morgan Report put forward the idea that crime reduction was not solely the responsibility of the police. Nearly 25 years on, it feels as though this is understood and embraced by all partners working to improve community safety in Portsmouth.

We know the COVID-19 virus has had a huge impact on our city and on our work, and has affected different groups of people in very different ways. This plan will be refreshed in line with other key strategies in the city once the pandemic is over. The Health and Wellbeing Board approved this plan on 3rd February 2021.

¹ These are also referred to by Keith Grint as 'wicked issues' <https://www.youtube.com/watch?v=w5qt8zrXjGQ> and <https://www.leadershipcentre.org.uk/artofchangemaking/theory/critical-tame-and-wicked-problems>

INTRODUCTION

As we have discovered more and more about what drives crime, city leaders across public services have improved their focus on key priorities that will improve the lives of Portsmouth residents, the local economy and environment. Our understanding of the relationship between ‘people’ and ‘place’ continues to evolve; the more we know, the clearer it is that the underlying causes of a significant proportion of crime are the same as the underlying causes of poor health, poor educational attainment and worklessness. It is appropriate therefore that Portsmouth’s community safety partnership merged with the Health and Wellbeing Board in June 2019 to enable a more efficient leadership structure. The board brings together the human and financial resources of businesses, the voluntary and public services - in one place - to jointly tackle shared priorities.

The ‘Safer Portsmouth Partnership’ is now an integral part of this multi-agency group, responsible for health and care in Portsmouth as well as community safety, and also supports the development of the Children’s Trust Plan. Children and adult safeguarding partnerships, local economic partnerships sit alongside the Health and Wellbeing Board to create a comprehensive governance framework for the city supported by a range of working groups that coordinate, deliver and monitor improvement and development activity.

Service delivery has also changed since the Crime and Disorder Act 1998 required ‘responsible authorities’ to work together; moving from individual specialist services established to tackle newly identified priorities, such as domestic abuse, through to larger co-located multi-agency community safety teams and departments. As public sector resources dwindled, many of these specialist services were pulled back into mainstream provision. The aim is for community safety to be ‘business as usual’ for all council services², joining together with other key partners to reduce crime and improve wellbeing.

The legal requirements relating to strategic analysis and planning remain in place so the link between priorities identified in the local community safety strategic assessment and those in this plan should be clear. This plan will inform the development of the Health and Wellbeing Strategy for Portsmouth once business returns to normal, hopefully by the summer of 2021.

PLANS ALREADY IN PLACE

In June 2019, in response to a surge in serious violence and knife crime in the UK’s urban centres, the Home Office provided funding to establish Violence Reduction Units in key areas of the UK via local Police and Crime Commissioners. Portsmouth used the funding to embed the work on violence reduction within existing partnerships and strategies rather than create a competing structure without the same deep foundations³. The Violence Reduction Unit Response Strategy was approved in January 2020.

The Domestic Abuse Strategy was refreshed in 2019 and approved in January 2020. This was followed by the Children’s Trust Plan 2020-2023 in June. This plan is supported by detailed related strategies; Safeguarding Children Strategy, Youth Justice Plan, Exploitation Action Plan and the Education Strategy. Together the Domestic Abuse Strategy, Children’s Trust Plan and Violence Reduction Response Strategy set out the city’s approach to early intervention and prevention.

So, rather than duplicating effort, this short community safety plan aims to demonstrate the connectedness of these existing strategies and their collective capacity to deliver improvements for the city in relation to the identified priorities; violence, and substance misuse and early intervention and prevention. The Venn diagram at Appendix 1 (page 12) explains the co-dependant relationship between priorities.

² Section 17 Crime & Disorder Act 1998 (as amended)

³ Violence Reduction Unit Response Strategy

THREE COMMUNITY SAFETY PRIORITIES

The impact of the pandemic on staff capacity means the community safety strategic assessment has been developed over a longer period of time; from late 2019 until September 2020 when it was approved by the Health and Wellbeing Board.

The priorities for 2020-2023 are:

- 1. Tackling violent crime; continuing to focus on domestic abuse, serious violence and knife-enabled violence**
- 2. Tackling drug misuse in the city**
- 3. Early identification of interventions with children and young people at risk of exploitation or abuse, of misusing substances and of perpetrating anti-social behaviour or offending**

These priorities are based directly on the findings from the strategic assessment and community consultation as well as local research and analysis undertaken over the past three years⁴.

As referenced above, each of the community safety priorities is addressed by pre-existing plans, with agreed objectives, measures and associated delivery plans, a summary of which is set out on the next page. The full plans and strategies are available on request.



⁴ <https://www.saferportsmouth.org.uk/community-safety-survey> and <https://www.saferportsmouth.org.uk/strategic-assessments>

SUMMARY OF EACH PRIORITY



PRIORITY A: VIOLENCE (Focusing on domestic violence and abuse, serious violence and knife enabled violence)

Strategic planning group(s)	Domestic Abuse Steering Group
Key Personnel	Supt Clare Jenkins; Sarah Daly, Assistant Director, Children's Services; Bruce Marr, Head of Hidden Harm; Lisa Wills, Strategy Unit
Objectives	<ul style="list-style-type: none"> • Promote healthy relationships • Improve identification and assessment • Challenge and support those who use abusive or unhealthy behaviours • Hold to account those who use coercive control and violence • Improve performance monitoring, quality assurance and workforce development
Measures	<ul style="list-style-type: none"> • Some key measures from the new Domestic Abuse Monitoring Framework: • Number of cases where midwives, health visitors and GPs identify and discuss domestic abuse • Number of early help assessment where parental conflict is an issue • Number of Domestic Abuse Disclosure Scheme requests to police • Develop measures to evaluate the impact of interventions with perpetrators of domestic abuse and those who use unhealthy behaviours • Number of Domestic Abuse Protection Notices and Orders • Numbers of staff across all agencies attending regular multi-agency training • Number of cases where service users feel safer
Delivery	<ul style="list-style-type: none"> • Deliver 'Is this Love' campaign in all secondary schools and FE Colleges Feb-March 2021 • Make sure domestic abuse is included in new Sex and Relationship Education • Explore alternative shared city wide needs assessment alongside established risk assessment • Retender domestic abuse support services • Establish domestic abuse practitioners forum • Review the Multi-agency Risk Assessment Conference process • Work with Police to align activity in relation to offending and reoffending and develop consistent response to coercive control • Develop new monitoring framework including regular feedback from service users

PRIORITY B: SUBSTANCE MISUSE

Strategic planning group(s)	Strategic group to be established
Key Personnel	Helen Atkinson, Director of Public Health; Alan Knobel, Public Health Development Manager; Portsmouth Police (DCI)
Objectives	<ul style="list-style-type: none"> • Support more homeless people with complex needs to access drug and alcohol treatment • Increase the number of women engaged in treatment, providing specific women only provision • Continue to reduce drug related deaths • Improve pathways for people with co-occurring substance misuse and mental health needs • Explore innovative interventions which may encourage the most hard to reach in to treatment • Engage with business and partners to reduce alcohol-related harm and promote responsible retailing
Measures	<ul style="list-style-type: none"> • Number of people in drug and alcohol treatment, including: <ul style="list-style-type: none"> » Number of rough sleepers or those at risk of rough sleeping » Women • Drug related deaths • % of people accessing drug and alcohol with mental health need that is being met • Monitor and analyse drug related and acquisitive crime
Delivery	<ul style="list-style-type: none"> • Develop a new homeless drug and alcohol support service using funding from the Rough Sleeping Drug and Alcohol treatment grant – March 2021 • Retender the existing adult substance misuse service to commence in April 2022 to address, among other things, provision for: women, parents, alcohol only, offenders and homeless clients. • Develop a co-occurring conditions action plan, to form part of the work of the Portsmouth Mental Health Alliance – March 2021 • Public Health and Hampshire Constabulary to explore funding options for innovative interventions which may engage the hardest to reach in to treatment.



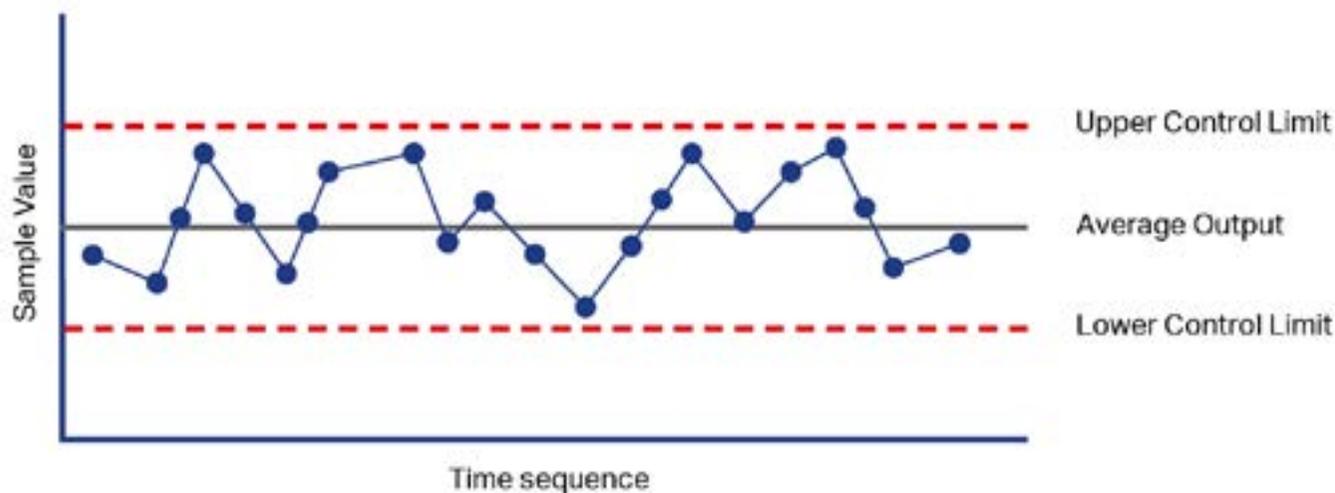
PRIORITY C: EARLY INTERVENTION

Strategic planning group(s)	Violence Reduction Unit Local Core Group, Excellent Early Help Board (Stronger Futures Phase 2) and Portsmouth YOT Partnership Management Board
Key Personnel	Sarah Daly, Assistant Director, Children’s and Families; Kelly Pierce, Head of Early Intervention and Prevention; Bruce Marr, Head of Hidden Harm
Objectives	<p>1 a) Reduce school absence and exclusion b) Review of diversionary activities in the city c) Delivery of the Domestic Abuse Strategy (see priority) d) Educate young people on serious violence and knife crime</p> <p>2 a) Develop shared data system to identify risk b) Reduce First Time entrants into Youth Justice c) Improve family-based Early Help offer to tackle criminogenic risk d) Mainstream Trusted Adults offer</p> <p>3 a) Reduce Reoffending Rate b) Reshape pathways for high risk young people through the YOT, social care and CAMHS c) Improve the multi-agency disruption of County Lines</p>
Measures	See existing monitoring arrangements
Delivery	<ul style="list-style-type: none"> • Review diversionary activities in the city – develop a youth strategy and commission appropriate services • Work with police colleagues to establish the Youth Crime Reference Group • Work with local communities to deliver crime prevention projects targeted at young people • Youth Justice Plan to support and enhance the work of partners in respect of children who are at risk of, or who are, offending • Pathway analysis of children involved in serious violence - workshop took place 12th November 2020, supported by police audit of 120 PPN1’s due early 2021 • Analysis of hospital data • Continue to delivery Trusted Adult Worker programme • Develop predictive analytics • Interviews with knife carriers

MONITORING IMPACT AND USING MEASURES

Monitoring regimes are already in place for serious violence, domestic abuse, and early intervention.

There will be no numerical targets - Portsmouth's Community Safety Analyst is now part of the central public health intelligence team and will focus on monitoring police and related data sets quarterly using Statistical Process Control (SPC) Charts that plot performance data over time. This method suggests that variation between the upper and lower control limits (see below) is to be expected and should not cause concern unless other signals are present.



The focus is on spotting and understanding the reason for unusual patterns and responding appropriately. The signals that indicate a need for further investigation or action are:

- » a point that falls outside the parameters determined by the upper and lower control limits
- » trends of six or more consecutive data points in one direction
- » a run of 8 data points on the same side
- » a clear run of 14 or more alternating points either side of the centre line
- » 3 points in succession close to a control limit line.

Figure 1

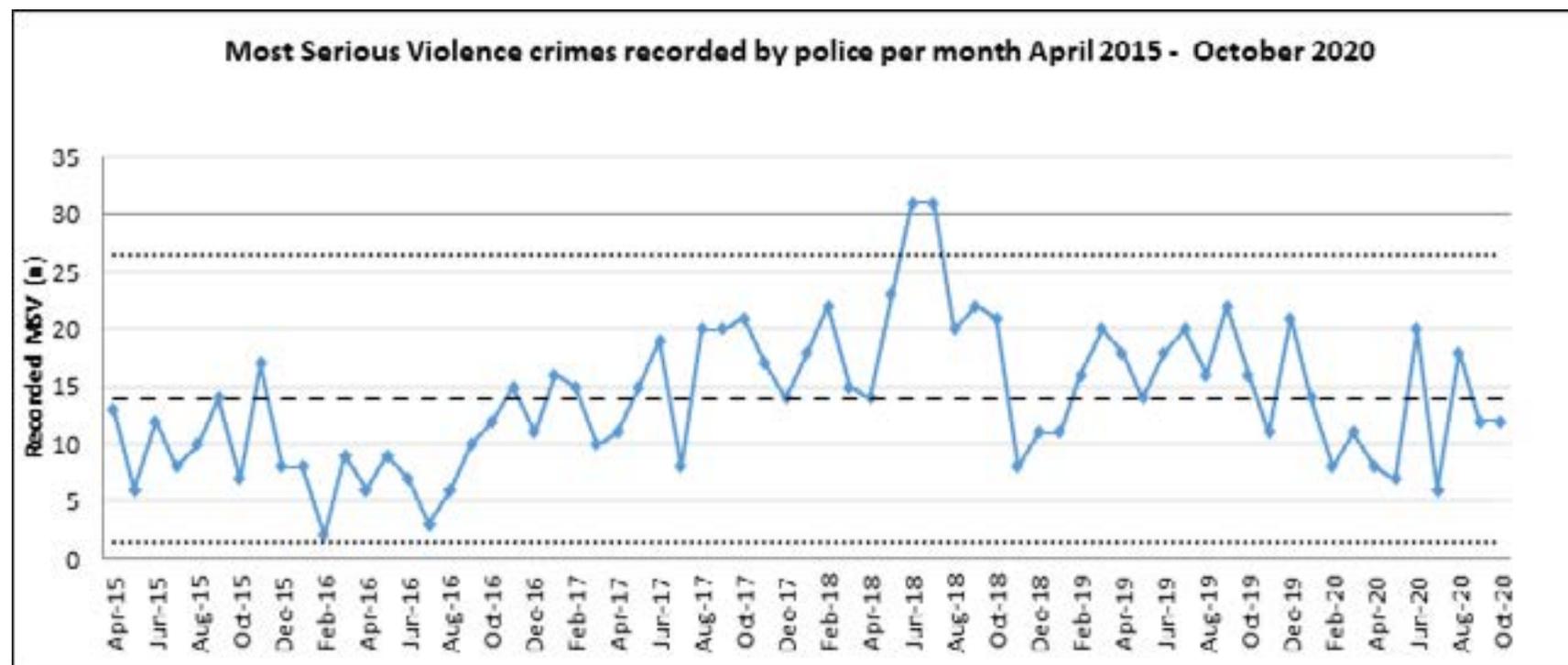


Figure 1 above shows significant increases in most serious violence recorded by police in response to which detailed analysis was commissioned in 2016 and which subsequently informed the Serious Violence Problem Profile.

This approach tracks key measures, but will also take into account the voice of service users and the experience of service providers, alongside financial considerations and statistical analysis.

Measures will be developed based on the following criteria.

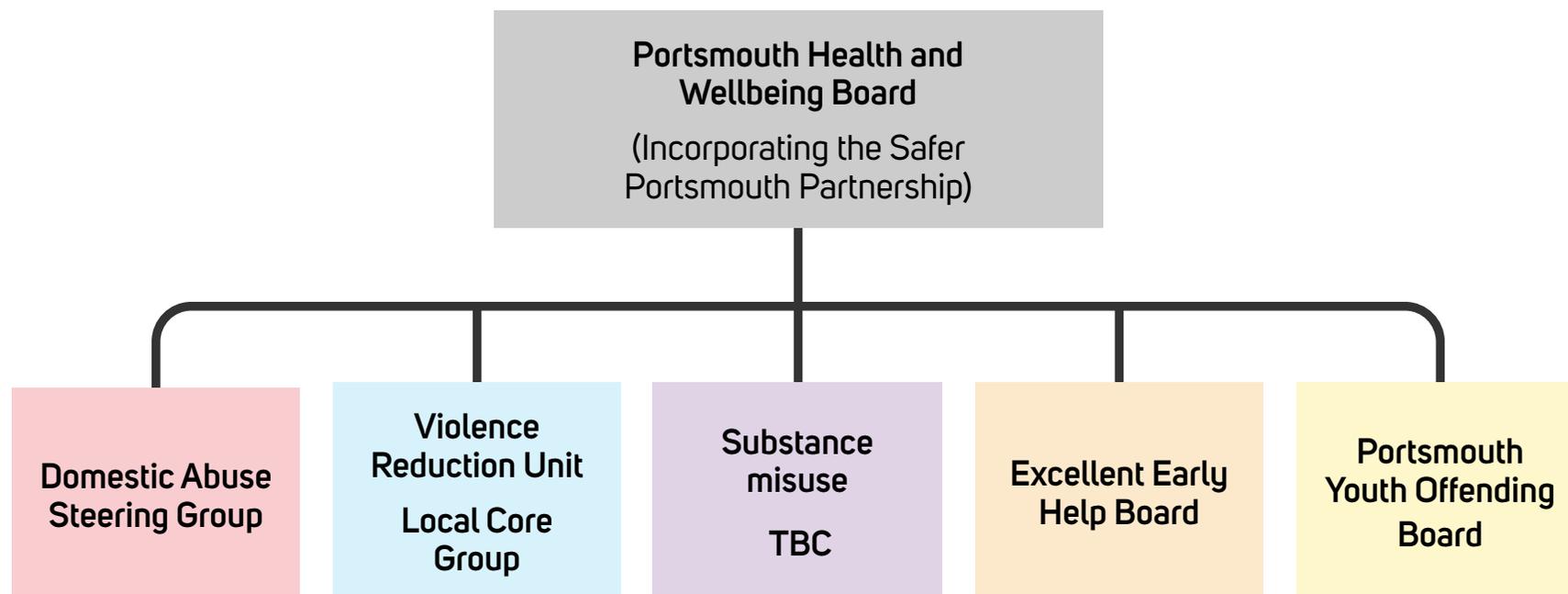
Measures must:

- » Be used by leaders to take effective action on the system
- » Show variation over time so we can see if we are improving or getting work
- » Help practitioners to learn, understand and improve the whole system

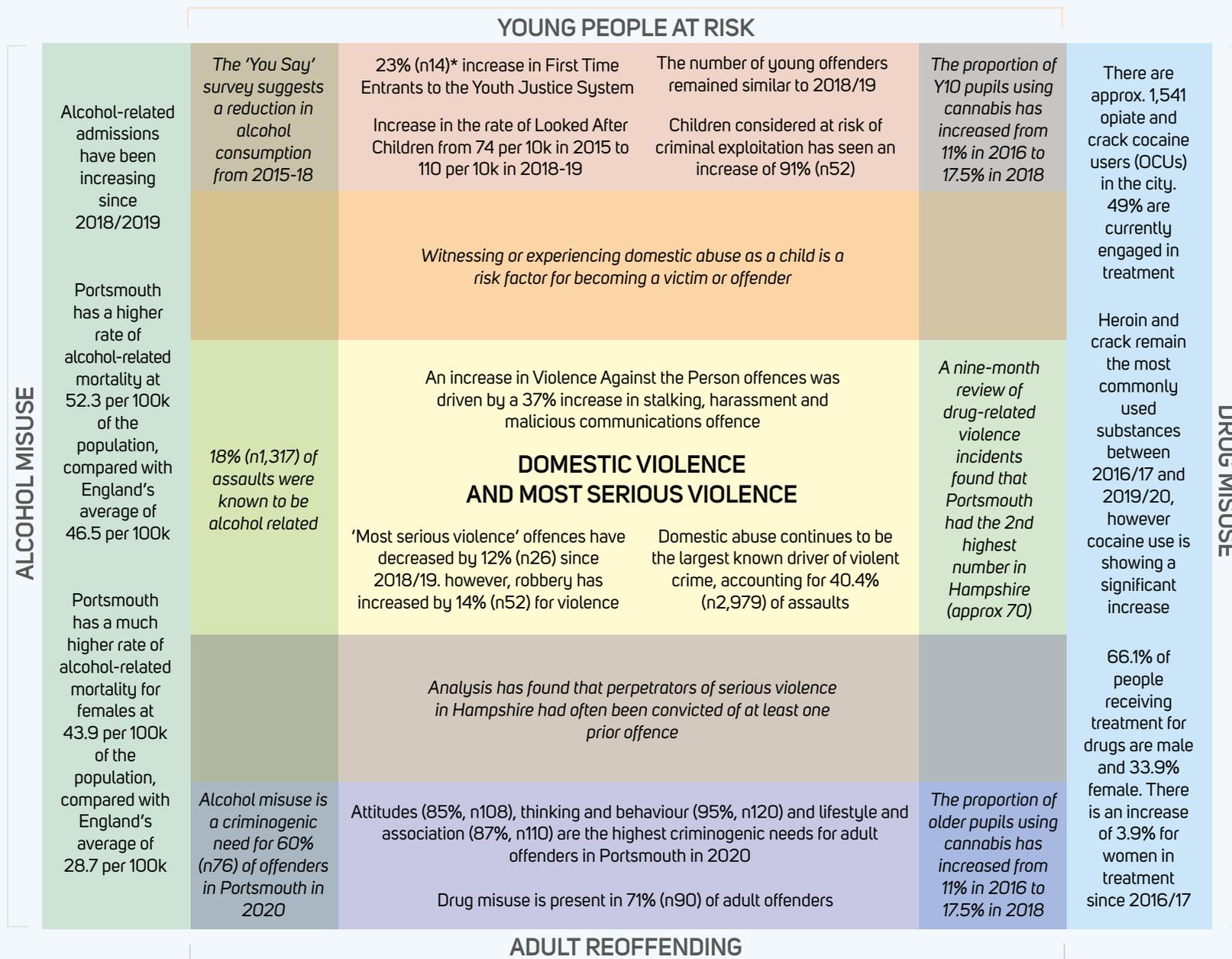
GOVERNANCE

The Health and Wellbeing Board is responsible for delivering the statutory duties of the Safer Portsmouth Partnership. The dynamic sub-groups set out in the diagram below will monitor progress and an annual progress report will be provided to the Health and Wellbeing Board. Other groups may be established on a task and finish basis as necessary.

Support services are provided by the council's Strategy Unit and Public Health Intelligence Teams.



APPENDIX 1: VENN DIAGRAM OF INTER-CONNECTED PRIORITIES



*(nX) = number



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