

Notes from Community Safety Review Meeting

Joint Commissioning

Paper was wider than simply Joint commissioning and covered key matters of Governance.

County group's constitution would be improved if there was a clearer separation between voting members and everyone else – eg a bit like a Council meeting. This would ease the access restrictions to the meetings and help to determine who needs to achieve consensus.

Appendix 3 needs to recognise where CDRP Chairs and other statutory partners fit.

Memorandum of Understanding would benefit from the inclusion of 'Agenda and Report Preparation'. This process is currently unclear and inaccessible. It should also include other partners such as the NHS.

The County group would benefit from the development of a work plan.

There needs to be a District Council representative as a voting member. Eleven Chief Executives/Leaders would be unworkable but perhaps one CEO agreed at HIOLA as their representative would help.

The Chair of the Practitioner's Forum should have a standing agenda item on the County group agenda – reporting back the discussions and collective views of the Forum in relation to the agenda.

It would be helpful if there was some detail as to what 'core services' means.

Funding needs to be devolved to CDRPs and the proportion of funding for districts needs clarification – this is seen to be critical

Outcome Monitoring

The SPOCC system sounded like it could bring some benefits in assessing the performance of commissioned services (adults).

The paper seemed unclear to some as to who is expected to complete the information on the SPOCC system.

It would have been helpful to see what would be the resource implications of adopting the SPOCC system for Community Safety. (cost/benefits perspective).

The paper is limited to a consideration of the benefits of one system for measuring performance outcomes, but it doesn't make any reference to systems for commissioned services which are delivered to children. This limitation should ideally be specified in the paper.

The issue of who can access the system and run reports was a shared concern.

The CDRP would like to see a demonstration of this system before any decision is taken. TVBC has recently commissioned covalent as a performance management system – how will SPOCC interface with this?

How will scrutiny arrangements fit with the county strategic group?

Prolific and Priority Offenders

There was general consensus that the recommended option 3 to 9 were sound but with some cautions:

- 1) Overall cost – it was felt that the overall costs should not be greater than the current total amount of funds being put in. The idea of pulling together PPO, DIP and Alcohol (Brief Interventions and ATRO's) into one contract could yield financial savings – sufficient to fund the Integrated Offender Managers.
- 2) Some of the other related papers appears to have inconsistencies – ie DIP and Alcohol (the latter appears to suggest the establishment of an entirely new team).
- 3) Awareness is needed re boundaries to ensure that services are delivered across the borough and not just parts

Drug Intervention Program

Option 4 was supported in line with above.

Alcohol

General support for principles but Priority 1 appears very expensive – and looks like additional infrastructure rather than an expansion of existing DIP ie new supervisor, new team, admin. Should be aligned with PPO above.

The paper does not appear to cover young people at all which is an important limitation which is not explicit.

The CDRP could not come to a consensus and it was thought that more work is needed to ensure that the correct service can be delivered. The partners wanted to see a borough wide service that provided health and criminal interventions.

Domestic Abuse

There was general support for the papers identification of the widespread need for a service which delivers the IDVA role (ie one to one support and advocacy for MARAC classified very high risk cases). However there was not consensus that this meant the employment of 24 IDVA's across Hampshire in an entirely new service. This appeared to be financially unrealistic.

The paper didn't seem to work through the information in the SRIP which identified that Supporting People was already funding a large amount of DA services through refuges and floating support and that in some areas that floating support was providing one to one support and advocacy for MARAC classified very high risk cases. The consensus was that there should be scope for adjusting the Supporting People floating support contracts to specify the IDVA role and service. This would build on the current establishment and benefit from economies of scope and scale.

The paper didn't address the service which is required for medium/high risk victims, lower risk victims, same sex, male victims or child perpetrators. These limitations would have been worth making clear and would merit further work in the future.

The Adapt program was uncritically supported in the paper. However, there are concerns with its effectiveness, primarily owing to its duration (30 weeks) and its accessibility, both of which can deter potential clients from starting or finishing the program. The principle of the program is strongly supported but it would seem that some more in depth examination could result in a more effective perpetrator program.

The paper doesn't make any reference to children. This is a significant limitation and provision does need to be made.

Its recognised that this is one of the most complex areas and it was felt that the area would benefit from some external assistance with critical examination of current services and efficient ways of improving these.

Analysts

There was consensus around 8.3 option – building on CDRP system.

8.1 provides a good option for professional, management and development.

The NHS thought that option 8.2 provided a good approach with greater access to county wide data.

Agreed that a County analyst post would be helpful but not as a senior to the district analysts – but simply taking a more strategic role.

It was agreed that before there could be radical change there needed to be consensus around the role and minimum standards.

It was also agreed that the work load of CDRP analysts was a challenge and was making it difficult to recruit and retain analysts. It was felt that the current establishment may need to be built upon with perhaps a shared researcher for each OCU cluster with each district/borough having it's own analytical resource. This would improve the efficiency and effectiveness of the analysts, the partnerships and the quality of the strategic assessments – district and County.

The analytical resource was seen as a critical service that sits apart from the other papers. This could be a shared service as it is about employment and terms of service.

ASB

There wasn't a shared understanding of the options.

It was difficult to understand why the recommendations were restricted only to the subject of the ASB co-ordinator – despite other key services being mentioned in the body of the paper i.e. mediation, prevent and deter one to one and group work. Some concern that this might mean that these services (which are significant) would not continue to be funded after April 2010.

It was felt that in the absence of the above information, each CDRP should be allocated a fixed amount of ABG for this work and if they choose not to mainstream their ASB post then they would have much less to spend on their ASB services.

Common concerns

Lack of a proposed balanced budget. A number of financially unrealistic proposals are made.

There has been little or no consideration of community safety services delivered to or aimed at children. These currently account for a significant proportion of ABG and their absence from the papers raises common a concern that this work may be lost at the expense of the proposals that are currently, 'on the table'