

HALF YEAR REPORT RETURN - COMMUNITY SAFETY FUND 2019-20

Please return completed and signed return by **Friday 1 November 2019**.

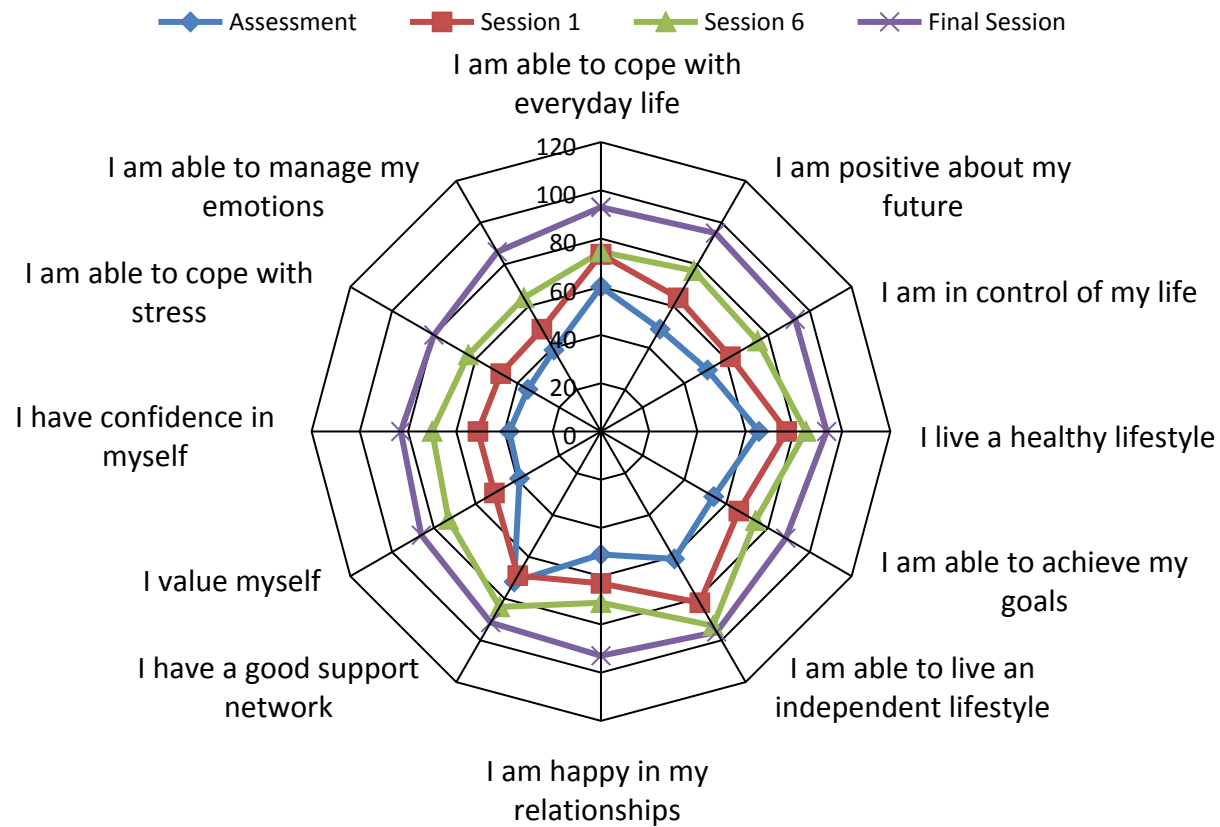
Name of area and partnership e.g. CSP/YOT	Safer Plymouth
Half year end date (Month/Year)	October 2019
Total Community Safety Fund Allocation £	£400,468 (plus cfwd £11,000)
Amount Claimed for (First/Second) half year £	£200,234 (plus cfwd £11,000)
Projects/activities being funded. Please indicate the status of the provider i.e. statutory/vol/independent and where appropriate, through which commissioning body it receives its funding e.g. YOT	
(Project A)	Plymouth Domestic Abuse Service
Amount of funding (£0,000s) If part funded please indicate what % of funding	£210k 37% of the total service cost of £560k delivered by Sanctuary Housing The remainder of the service comes from the Local Authority core budget. An additional £5,000 has been invested in further workforce development of DASH training Delivered by Sanctuary Housing Association which is a charity
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	£105,000 Provision of a refuge, dispersed units, support, IDVA and MARAC services, DASH training and the sanctuary scheme

Intended Outcomes	<p>21 outcomes against the St Andrews measures</p> <p>Outcomes focus on improving the safety of victims and their families and encouraging them to engage with services and ideally move on from an abusive relationship, examples include:</p> <ul style="list-style-type: none"> ▪ 100% of victims engaging with the service are supported to minimise risk to their selves and others, as well as achieving other positive outcomes. ▪ 75% or above victims referred to the service engage with the service ▪ Re-referral rate is below 20% ▪ Staff trained are satisfied ▪ 90% of victims exiting the service do so in a planned way 						
How are these measured?	Quarterly contract returns and contract monitoring meetings						
To what extent have these been achieved?	<p>1362 referrals received</p> <p>1140 engaging with the service and receiving support; this is an engagement rate 84%</p> <p>Re-referrals are at 5% - slightly up on last year</p> <p>67 referrals were considered high or very high risk</p> <p>83 people have received DASH training</p> <p>26 people have been supported to stay in their own home via the sanctuary scheme</p> <p>58 children and young people were supported within PDAS accommodation based services</p>						
Actions put in place to achieve outcomes?							
Rag Rating (✓) as appropriate	<table border="1" data-bbox="593 1134 1272 1251"> <tr> <td style="background-color: #008000; color: white;">Outcomes Achieved</td> <td style="text-align: center;">✓</td> </tr> <tr> <td style="background-color: #ffff00;">On Track to Achieve</td> <td></td> </tr> <tr> <td style="background-color: #800000; color: white;">Not Achieved/Behind Schedule</td> <td></td> </tr> </table>	Outcomes Achieved	✓	On Track to Achieve		Not Achieved/Behind Schedule	
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Not Achieved/Behind Schedule							

(Project B)	Therapeutic Counselling sexual violence
Amount of funding (£0,000s) If part funded please indicate what % of funding	£25k 1/3 of the total service with an additional £25,000 from NHSE and a further £25,000 from OPCC (£75,000 total) Delivered by First Light a registered charity It should be noted that in addition, this contract now includes a service for Children and Young People funded by NHSE £44,500 per annum
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	£37,500
Intended Outcomes	The overall outcome is to ensure that we support victims of sexual violence with access to therapeutic counselling services and that services users are better able to cope with the experience they have had and recover from it.
How are these measured?	The current contract with First Light (previously Twelves Company) is subject to ongoing ¼ly contract review meetings. A range of performance indicators are monitored on a quarterly basis which incorporate: <ul style="list-style-type: none"> ▪ Positive responses by service users to a Cope and Recover questionnaire, ▪ National SARC data indicators for counselling service user wait times. In additional, we have a local SARC Board and a Peninsula SARC Broad that provide ongoing Governance, support and quality assurance.
To what extent have these been achieved?	Overall outcomes and experiences for clients remain good: <ul style="list-style-type: none"> ▪ 233 adult referrals were received – including 20 people receiving pre-trial therapy ▪ 75% of referrals received an assessment within 4 weeks ▪ 647 counselling sessions were delivered ▪ Feedback from people using the service: ‘My overall experience with my counsellor has been really positive, she has gone out of her way to help me giving me online resources, recommendations and help from the team manager.’ ‘sadly the charity is so busy today and every day. Therefore, you have to wait for a quality service. The counselling was second to none and mine was a credit to her profession.’

The following illustrates the overall progress and distance travelled made by clients in the first quarter which remains positive:

Q2 Cope & Recover Therapeutic Summary



Actions put in place to achieve outcomes?							
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Not Achieved/Behind Schedule							

(Project C)	Community based drug and alcohol service
Amount of funding (£0,000s) If part funded please indicate what % of funding	Harbour drugs and alcohol service now part of the Alliance £93,575 – total alliance contract £7.7m
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	As a commissioned service a full cost recovery is available on request
Intended Outcomes	Ensure access to an alcohol and substance misuse programme that will ensure those at risk of committing crime or being a victim of crime are supported with appropriate treatment.
How are these measured?	As a commissioned service we carry out contract review meetings, monitor performance 1/4ly and utilise the National Diagnostic Outcomes Monitoring Executive Summary (DOMES) report: <ul style="list-style-type: none"> Proportion of the treatment population in contact with the criminal justice system compared to national average broken down by Opiate; non-opiate; alcohol; alcohol and non-opiate Successful completions as a proportion of Criminal Justice clients of all in treatment compared to national average Proportion of Criminal Justice clients who successfully completed treatment in the first 6 months of the latest 12 month period and re-presented within 6 months compared to national average
To what extent have these been achieved?	The most recent full Domes report for Plymouth is attached and a narrative report from the Harbour Centre can be found within the appendix. Utilising DOMES for Q1 2019 – official statistics*



1. Proportion of the treatment population in contact with the CJ system

	Plymouth Q1		National average
	%	(n)	%
Opiate	23.7%	297/1254	19.7%
Non opiate	10.1%	10/99	10.6%
Alcohol	7.9%	26/330	5.8%
Alcohol and Non opiate	9.5%	15/158	9.9%

Comment we have a higher percentage of people in touch with the CJ system than other areas. This reflects both our levels of complexity and the many years of partnership working in the city.

2. Successful completions as a proportion of CJ clients of all in treatment

	Plymouth Q1		National average
	%	(n)	%
Opiate	4.4%	13/297	3.5%
Non-opiate	20.0%	2/10	31.6%
Alcohol	23.1%	6/26	37.4%
Alcohol and non-opiate	26.7%	4/15	31.6%

Comment: Note the small numbers in all categories other than ‘opiate’ whereby very small changes in numbers can have large percentage effects. The low numbers in these categories relate to patterns of referral from CJ agencies – opiate use is more criminogenic than other forms of drug use and there is a clear relationship between treatment and crime reduction, hence CJ agencies refer cases. For other drugs, eg alcohol, the relationship between treatment and reduced criminality is much less clear and referrals tend to be lower.

3. Proportion of CJ clients who successfully completed in the first 6 months in the latest 12 month period and represented within 6 months

	Plymouth Q1		National average
	%	(n)	%
Opiate	0.0%	0/9	17.7%
Non-opiate	0.0%	0/1	5.2%
Alcohol	0.0%	0/2	6.8%
Alcohol and non-opiate	100%	1/1	7.0%

Comment: In normal circumstances lower percentages equate to better performance in this domain, however, in this quarter our local numbers are so small no meaningful conclusions can be drawn at this stage, statistics are reported cumulatively so as the year progresses we should have a better handle on our actual performance.

* Plymouth's drug treatment cohort is of greater complexity than most other areas and so comparisons with the national average do not give as 'true' a picture of our performance as would be derived from comparison with our Local Outcome Comparators (LOC), however, these data are derived from the nationally compiled DOMES report which doesn't yet include LOC data comparison.


In addition, we are reviewing the outcome used within the total Alliance system

Actions put in place to achieve outcomes?

Rag Rating (✓) as appropriate

Outcomes Achieved	✓
On Track to Achieve	
Not Achieved/Behind Schedule	



(Project D)	EMPOWER Plymouth – healthy relationships
Amount of funding (£0,000s) If part funded please indicate what % of funding	£10,000 50% of total contract value STP/CCG funding £10,000 The national charity NSPCC lead via the city partnership together for childhood
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	£5,000 as a commissioned service we do not
Intended Outcomes	<ul style="list-style-type: none"> - School based staff feel more confident to deliver RSE - Schools (5) have a coordinated and sequenced training and support package to deliver quality assured RSE - Parents / carers of primary school aged children better understand what their children want to know with regards to RSE and the school to home links. - Safer Plymouth better understand the needs of special schools and opportunities to improve school to home links with promoting healthy relationships education
How are these measured?	A contract is in place and a steering group provides governance under the Together for Childhood structures NSPCC has an evaluation officer supporting the whole together for childhood and we will monitor the bi-annual healthy schools behaviour survey to review long term impact.
To what extent have these been achieved?	See delivery plan embed here  Copy of RSE delivery plan v1 Sept 2019.xlsx
Actions put in place to achieve outcomes?	
	Outcomes Achieved

Rag Rating (✓) as appropriate	On Track to Achieve	✓
	Not Achieved/Behind Schedule	

(Project E)	Harmful Sexual Behaviour Audit
Amount of funding (£0,000s) If part funded please indicate what % of funding	£5,000 National NSPCC team
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	None at the 6 month mark – intended spend and activity due to commence in November
Intended Outcomes	<p>We will have a formal arrangement and contract with the NSPCC to deliver. The framework will:</p> <ul style="list-style-type: none"> • support an integrated understanding of, and response to, HSB • identify a continuum of responses to children and young people displaying HSB, ranging from early community-based identification and support, to assessment, intervention and intensive work • promote effective assessment as key to preventing unnecessary use of specialist time and intensive resources with lower risk cases, and to support earlier interventions, • ensure children and families are offered the right level of support by suitably trained and skilled workers • involve frontline agencies and workers in earlier recognition, assessment and intervention, increasing the chances of engaging earlier • encourage inter-agency work designed to reduce the isolation and anxieties that are commonly felt in decision making for this group, and that may result in under and overestimation of risk

	<ul style="list-style-type: none"> • promote the use of a shared language, skills and training exchange, and development of appropriate local peer support systems 						
How are these measured?	The audit will create a clear action plan that will sit with the together childhood governance structure and progress will monitored						
To what extent have these been achieved?	Launch event on 19 th November						
Actions put in place to achieve outcomes?							
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On Track to Achieve	✓						
Not Achieved/Behind Schedule							

(Project F)	CYP trauma
Amount of funding (£0,000s) If part funded please indicate what % of funding	£20,000 The Zone is a registered charity based in Plymouth
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	£10,000 commissioned service – a full cost recovery breakdown is available on request
Intended Outcomes	It is already widely understood that trauma impacts on school performance and impairs learning, it can also result in a young person experiencing physical and emotional distress, or experiencing

	<p>behavioural problems, and for some young people their suffering linked to trauma may not be apparent at all.</p> <p>Our intention is to work with a range of pupils from years 8 and 11 to explore trauma in ways that are age appropriate and that provide opportunity for those young people to talk about and make sense of trauma in safe and accepting environments.</p> <p>These are not sessions for young people who have experienced trauma, but instead sessions aimed at raising awareness of trauma, and to explore with young people the types of support that should be made available to them if required.</p> <p>As a result of this work we aim to have raised awareness of trauma, supported the development of a range of resources developed with young people for addressing trauma (including webinars and videos), and inputted into training that is trauma informed aimed at professionals who work with young people.</p> <p>We intend working initially with Torbridge High and Stoke Damerall Community College. These schools were chosen due to their existing involvement in the Plymouth Trauma Informed Network and their links with Safer Plymouth in relation to Trauma Informed Practice.</p> <p>We also intend working with pupils for Plymouths Special Schools, wanting to explore the opportunity of learning from the voice of our more vulnerable young people.</p> <p>In addition it has also been agreed that we will use findings from Progeny’s work with pupils to inform and influence the content of additional training in ‘trauma informed practice’ for professionals, planned to be rolled out later in the year via the Plymouth Trauma Informed Network.</p>
<p>How are these measured?</p>	<p>Varied existing contract with The Zone under the emotional health and wellbeing schools project and therefore contract monitoring with children’s commissioners will take</p>

<p>To what extent have these been achieved?</p>	<p>Stage 1 In progress: workshops to Year 8 Pupils to explore if trauma was to have an impact on them where would they go for support and who would they want to support them. With regard to people they would want to support them we will explore the skills and language necessary to make this effective.</p> <p>Stage 2: workshops to Year 11 Pupils building on information gathered from Year 8 pupils to help co-develop training that is trauma informed and young people centred including; language and response.</p> <p>We will seek to develop resources, webinars and videos as part of this training.</p> <p>We will work with the identified schools to agree the number of pupils with which we shall work across both Year 8 and Year 11 ensuring that we have a representative sample from both year groups.</p>						
<p>Actions put in place to achieve outcomes?</p>							
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<p>(Project G)</p>	<p>Campaigns, Conferences and workforce development</p>
<p>Amount of funding (£0,000s)</p>	<p>£5,000</p>

If part funded please indicate what % of funding							
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	No expenditure to date						
Intended Outcomes	Ensure key themes are kept high profile with the public and professionals via campaigns and awareness raising events. This will focus on areas directed by the CSPs priority area for the coming year.						
How are these measured?							
To what extent have these been achieved?							
Actions put in place to achieve outcomes?	Following strategic crime assessment update and agreement of Safer Plymouth changes will be in a position to decide on the area of focus						
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Outcomes Achieved							
On Track to Achieve							
Not Achieved/Behind Schedule	✓						

(Project H)	ASB
Amount of funding (£0,000s) If part funded please indicate what % of funding	£4,813
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	No spend in the first 6 months



Intended Outcomes	This work seeks to ensure: <ul style="list-style-type: none"> • Communities see a response to ASB • Communities and citizens have the confidence to report ASB • Communities and citizens feel safe 							
How are these measured?								
To what extent have these been achieved?								
Actions put in place to achieve outcomes?								
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(Project I)	Mental Health
Amount of funding (£0,000s) If part funded please indicate what % of funding	£23,000 (£23k total for this variation) Colebrook – headspace crisis café
Breakdown of expenditure	Commencing on 1 st October this will enable a 6 month experiment Commissioned service – a full costs recover breakdown is available on request

<p>e.g. staffing/ one to one referrals/materials/rent etc</p>	
<p>Intended Outcomes</p>	<p>This service is aimed at people who are not engaged with statutory services such as secondary M/H services, but who are repeatedly using wider crisis services.</p> <p>To support individuals through a period crisis helping them develop an understanding of their crisis, coping strategies, networks and contacts to enable them to act proactively in the future reducing likelihood they reach crisis or the need for further escalation improving their quality of life and reducing their need to access crisis services.</p> <p>This service will offer a safety net for individuals who may require a brief follow up after contact with statutory services and to prevent re-engagement with acute and emergency services.</p> <p>Referral into service could be via several routes</p> <ol style="list-style-type: none"> 1. Head Space – could include <ul style="list-style-type: none"> - People visiting the service who the team are concerned about in terms of risk, or - Repeat visitors who are using multiple 1:1s over a period of time suggesting that use of Head Space isn't quite enough 2. Police triage car – for people who are experiencing a mental health crisis who require quick, timely intervention but Glenbourne or A&E is not the right place. For these people Head Space may be an option if open and referral can be made via the head space team or outside of this if the service is not open or the client does not want to attend. 3. Glenbourne – for people who are discharged as they are not unwell enough to need the service / be detained but are expected to resurface due to their current crisis or complexity. <p>The service will offer a 4-6 week intervention. This would be agreed with the client based on their individual situation but could include initial contact within 48 hours of referral and regular contact in</p>

the first two of weeks reducing as things settle. The team can offer face to face as well as phone contact and link in with other services involved with an individual's support as needed. After referral (which would ask for a level of information/risk etc), an initial meeting would help develop a picture of the client and identify the focus of work with someone, depending on their situation. The team would create a wellness and recovery action plan that would form the basis of their contact with the client, monitoring progress and would link in with local services, groups and other elements of support to respond to areas that were impacting on MH. This could mean linking people to MH services if they are not currently known and linking to partners in advice and information, social prescribing, wellbeing hubs and specialist services. The service would aim to support people to have new resources, coping strategies, networks and contacts for dealing with their situation in the future

	Estimated weekly hours allocated
Individual contact hours	30
Admin, liaison, follow up, supervision etc	9
Flexible hours to deliver the 'safety net'	2

Hours will vary per client depending on need (and will be a mixture of face to face or phone support) but we project that we can be working with approximately 10-12 clients at any one time. Once the initial cohort have started to progress through the support period, we are taking on new clients each week and will be working with a mixture of new and exiting clients, with availability for some response those who have left the service.

How are these measured?

Patient reported WEBWMS - WEMWBS (Warwick and Edinburgh Mental Wellbeing Scale).

Activity Monitoring



	<ul style="list-style-type: none"> • Number of contacts • Activity related to each client eg Number of contacts/type of contacts • Crisis contacts by the individual • Referral sources • Service outcomes Escalations/ de-escalations <p>Reports will be submitted to: Safer Plymouth and Plymouth Mental Health programme Board</p> <p>This is a pilot and therefore review will be ongoing to allow for learning as the service is mobilised</p>						
To what extent have these been achieved?	This pilot commenced on 1 st October						
Actions put in place to achieve outcomes?	Contract variation issued and project commenced						
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(Project I)	WRAP training
Amount of funding (£0,000s)	£1,500 Delivered by Education, Participation and Skills team within the local authority

If part funded please indicate what % of funding							
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	Staffing costs and resources						
Intended Outcomes	To continue to raise awareness of the prevent duty and the identification of radicalisation. This will ensure the Home Office 'Workshop to Raise Awareness of Prevent' is delivered across the city. A minimum of 4 sessions over the year, reaching a minimum of 100 people.						
How are these measured?	Training evaluation feedback						
To what extent have these been achieved?	So far we have delivered 4 sessions to 35 people, one session has been cancelled to due to lack of participant numbers						
Actions put in place to achieve outcomes?	Wider advertising and reaching to different groups Analysis on trainer feedback to be carried out						
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(Project K)	ENTE – Taxi Marshall
Amount of funding (£0,000s) If part funded please indicate what % of funding	£10,000



Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc							
Intended Outcomes							
How are these measured?	Rob M						
To what extent have these been achieved?	Update required						
Actions put in place to achieve outcomes?							
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(Project L)	Key analysis
Amount of funding (£0,000s) If part funded please indicate what % of funding	£4,075
Breakdown of expenditure e.g. staffing/ one to one referrals/materials/rent etc	ARID data £2,500 check Lynx consultancy
Intended Outcomes	The aim of the ARID data service is to provide data relating to assault-related hospital attendances, to support partnership activity relating to the following outcomes:

	<ul style="list-style-type: none"> • Reductions in assaults and alcohol related incidents • Improvements in target hardening around the night time economy • Enhanced licensing activity • Increased data comparison and corroboration • Increase in Public Reassurance and fear of crime <p>The ARID information exchange process at hospitals in Devon and Cornwall is instrumental in providing a data set that helps to fill in the gaps that existed around assault related incidents that were not reported to the authorities and now help deliver focused interventions.</p>						
How are these measured?	We will receive a product from						
To what extent have these been achieved?	A service level agreement is in place with agreed products to be delivered						
Actions put in place to achieve outcomes?							
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TO BE COMPLETED AND SIGNED BY CSP MANAGER

SIGNATURE:

JOB TITLE:

NAME:

DATE:

TO BE SIGNED BY TREASURER / CFO

SIGNATURE:

JOB TITLE:

NAME:

DATE:

Electronic signatures are accepted. Please email to: pcccommissioning@devonandcornwall.pnn.police.uk

