

Safer Plymouth - Development of Partnership

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Introduction

This paper outlines some issues for the development of Safer Plymouth in the context of wider change, and invites the partnership to indicate the direction this development should take.

Background

Since the demise of the local strategic partnership “Plymouth 2020”, a number of partnerships and groups have been developed or disbanded and numerous strategies and plans have been created. The Plymouth Plan, which will be the single strategic plan for the city, provides an opportunity to reform and rationalise the partnership landscape in order to respond to the policies set out for the city. Our partnerships will likely hold key accountabilities in the delivery of the Plymouth Plan and an element of re-organisation will be required in order to deliver against key policies.

Safer Plymouth Partnership Board

Beyond the statutory requirements placed on us as the Community Safety Partnership, there is flexibility in the way we operate locally. Although legislation refers to a “strategy group” this does not require the establishment of a traditional partnership board; and recent discussions in Safer Plymouth have indicated members’ desire to move to a more dynamic and innovative way of working (and away from a “committee” style approach to meetings). Although the partnership has adopted principles of systems leadership, we have yet to fully realise the potential for this to change our approach.

Members have indicated their desire to work more collaboratively with wider partnerships and agendas eg Safeguarding Boards around Child Sexual Exploitation (CSE).

Ways of working

There are a number of things Safer Plymouth could consider to help develop new ways of working, eg:-

- A focus on outcomes – ensuring we have a shared understanding of the outcomes we want across a broad range of partners’ priorities with clear associated commitments;
- A shared understanding of the culture we will promote to work in partnership including honesty, support and challenge;
- A focus on key issues rather than structures or geographies;
- A systems leadership approach to tackling these issues and blockages (already agreed for CSE) but could be extended to working groups sponsored by the Partnership from outside immediate membership and reporting back into it
- A broad view across the whole community safety agenda including prevention – not just crime reduction
- Reduce and simplify the reporting mechanisms and meetings.

Governance

As indicated above, there is flexibility in our governance arrangements, provided the following statutory requirements are fulfilled:-

- the group is ultimately responsible for preparing and implementing a strategic assessment and partnership plan;
- each of the responsible authorities will be represented on the group;
- if there is an elected member responsible for community safety on the council they must be represented on the group.

At present, Safer Plymouth is a stand-alone entity which, it could be argued, limits our opportunities to influence, and be influenced by, wider agendas. For example we do not have a formal link to the Health & Well-being Board which could benefit from a stronger community safety input.

The Health and Wellbeing Board

The Health and Wellbeing Board (H&WB) has already taken steps to better co-ordinate work being undertaken in relation to wellbeing by different partnership bodies. This work began with the formalisation of relationships between the Board and the Joint Commissioning Partnership, JSNA steering group, Safeguarding Boards and more recently the Children's Partnership which became a sub-committee of the Board.

These actions have improved accountability, with partnerships and other groups expected to report to the Health and Wellbeing Board on progress in relation to planned activity and escalate issues where required. Safer Plymouth may therefore wish to consider requesting it becomes a sub-group of the H&WB.

The links between community safety, health and wellbeing are many and varied and include:-

- Areas of high crime usually have significant levels of neighbourhood stress, fear of crime and mental ill-health;
- lower crime and reduced fear of crime is associated with better mental health;
- the design of the public realm can reduce or increase alcohol related violence and disorder and cost to the NHS;
- disabled and learning disabled people are at much higher risk of being victimised;
- victims of crime usually experience health problems as a result of being victimised¹, this is especially the case for victims of domestic violence;
- many offenders experience significant inequalities in health and have ongoing drug and alcohol, mental health and physical health problems²;
- good health interventions on drugs and alcohol have been demonstrated to reduce significantly acquisitive crime;
- good public realm design and control of alcohol have been shown to reduce alcohol related injuries and violence;
- speed offences are associated with avoidable injury and death in some populations, especially vulnerable children in streets;
- most offenders in custody and in the community have significant mental and physical health problems which impact on their long term rehabilitation;
- good health in offenders is associated with stabilising their rate of offending;
- good health response in victims of crime, especially crimes against the person and especially sexual assault and violence within these, are associated with better long term outcomes for those victims and better recovery from experience of victimisation;
- families who take up most criminal justice time typically have worst health and high health needs;
- the safeguarding agenda for children and vulnerable adults is of crucial importance to preventing significant avoidable burdens of ill health³.

There will be an expectation that plans developed by partnership groups and constituent agencies will align to the Plymouth Plan. The Health and Wellbeing Board, as a statutory hybrid committee of the council will be able to perform a coordinating role to ensure alignment whilst demonstrating public, democratic accountability.

¹

http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Violence_and_health_and_wellbeing_boards.pdf

² <http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/criminal-justice-system-agencies.pdf>

³ Crime, Health and Wellbeing: developing a framework for action across agencies Jim McManus, Director of Public Health, Hertfordshire County Council

Conclusion

There are a number of opportunities to help the Safer Plymouth Partnership develop and modernise its work. The meeting is invited to indicate its' view on the suggestions in this paper, in particular ways of working and governance, and to indicate how it wants to take forward associated development.