

Departmental Quarterly Monitoring Report

Directorate: Community Directorate

Department: **Relevant Departmental Extracts for:** Community Safety, Drug and Alcohol Action Team, Domestic Violence, Environmental Health and Prevention and Assessment Services.

Period: Quarter 4 - 1st January 2012 – 31st March 2012

1.0 Introduction

This quarterly monitoring report covers the Commissioning and Complex Care and Prevention and Assessment Services extracts for the fourth quarter period up to 31st March 2012. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which symbols have been used to reflect progress is explained within Appendix 6.

2.0 Key Developments

Integrated Multi Agency Safeguarding Hub

Work has begun on establishing an Integrated Safeguarding Unit which is jointly funded with the Clinical Commissioning Group (CCG) to lead on adults safeguarding and dignity work across the health and social care economy. The Unit will operate as a hub and spoke model which is a multi-agency efficient, flexible and responsive service to the local population. A steering group has been established and recruitment processes initiated.

Domestic Violence

During February the HBC Domestic Violence Co-ordinator, the Community Safety Supervisor and the Halton Domestic Abuse Service worked collaboratively to deliver a 2 day training course for Registered Social Landlords (RSL's). The well attended course focussed upon the role of RSL's in making homes more secure for victims of Domestic Violence.

The Halton Domestic Abuse Forum (HDAF) Strategic group members have completed the Audit Commissions Self-Assessment on local area response to domestic abuse. The findings of this piece of work have overall been extremely positive and have highlighted several areas of local good practice.

Notably Halton's commitment and culture to support joint work, well-established and efficient partnership arrangements, priorities and strategies for development and improvement. The report summarises that Halton has an active approach to preventing future abuse and reducing risks to victims and involves victims and survivors in service improvement. The HDAF Strategic Group has agreed to devise and develop an action plan to address the areas of development identified within the self-assessment tool to improve Halton's response to Domestic Abuse and Sexual Violence. This action plan will be both monitored and driven within the remit of the Strategic Group.

Anti-social behaviour

Despite a slight rise in a small number of areas in Widnes and one in Runcorn incidents of ASB have decreased by 12% as compared to 2010 – 11, a decrease of over 1, 000 incidents. The Youth Offending Team and the ASB Victim and Witness Support Service have worked closely to involve stakeholders in community / restorative disposals including participation on Referral Panels and Restorative Conferences. Feedback to date has been extremely positive and the Council and other agencies will continue to work in close collaboration to address ASB issues throughout the borough.

Additionally the delivery of targeted outreach activities in identified outreach wards, including use of the VRMZ outreach bus, has helped to reduce youth nuisance calls related to substance misuse.

Substance misuse

A meet and greet event, involving key stakeholders, was held in February which enabled the Council and it's partners to learn more about the new Substance Misuse Service that was being introduced in the borough.

3.0 Emerging Issues

Domestic Abuse

The Public Protection Unit is proposing to make funding available to provide a targeted advertising campaign to cover domestic abuse and sexual violence. This campaign will include the availability of the Independent Domestic Violence Advocate (IDVA).

Substance Misuse

Further improvement in 'successful completions' anticipated and as 'the number of individuals representing' has increased , which has been raised with CRI the new substance misuse service provider, whose contract commenced during February 2012. An action plan will be developed and agreed to support this during the first part of the coming financial year with the first performance review meeting being scheduled for May 2012.

Consultation will soon begin on a new Alcohol Strategy for the borough, aligned with the new National Strategy for England, which will include a local publicity campaign, a collaboration with local businesses to make drinking environments safer and more attractive and targeted messaging to children, young people and families e.g. through school and colleges.

Health & Safety

The Health & Safety Executive have issued new guidelines regarding work planning for occupational health & safety enforcement. There is a drive towards less reactive inspections and more towards planned programmed inspections as part of national and local strategies.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	1		1		0		0
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The 'Key' objective has met its annual target as planned. Further details can be found in Appendix 1.


4.2 Progress against 'other' objectives / milestones

Total	2		2		0		0
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Two of the 'Other' objectives have met their annual targets as planned. Further details can be found in Appendix 2.

5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	2		2		0		0
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Two of the 'Key' performance indicators have met their annual targets as planned. Further details can be found in Appendix 3.

5.2 Progress Against 'other' performance indicators

Total	28		17		0		2
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Seventeen 'Other' performance indicators have met their annual targets as planned. Two indicators, the reduction in the number of recorded hate crimes and the number of primary fire incidents have failed to meet their respective targets for the financial year. There are nine indicators which cannot be reported at this time. Further details can be found in Appendix 4.

6.0 Risk Control Measures

During the development of the 2011 -12 Service activity, the service was required to undertake a risk assessment of all Key Service Objectives.

No 'high' risk, treatment measures were identified.

7.0 Progress against high priority equality actions

As a result of undertaking a departmental Equality Impact Assessment no high priority actions were identified for the service for the period 2011 – 2012.

8.0 Data quality statement


The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, sourced externally, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

9.0 Appendices

- Appendix 1 Progress against 'key' objectives / milestones
- Appendix 2 Progress against 'other' objectives / milestones
- Appendix 3 Progress against 'key' performance indicators
- Appendix 4 Progress against 'other' performance indicators
- Appendix 5 Financial Statement
- Appendix 6 Explanation of use of symbols

Appendix 1: Progress Against 'key' objectives / milestones



Ref	Objective
CCC 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q 4	Supporting Commentary
Introduce specialist support provision for victims of a serious sexual offence Mar 2012 (AOF6 & 7)		<p>A Sexual Assault Referral Centre (SARC) is a dedicated unit staffed by experienced people who provide crisis and aftercare services to anyone who has been raped or experienced serious sexual abuse whether now or in the past. A SARC provides a comprehensive and co-ordinated forensic, counselling and aftercare service to men, women and children who have experienced rape or sexual assault.</p> <p>The service includes</p> <ul style="list-style-type: none"> • Immediate crisis support • A forensic medical examination • Emergency contraception and pregnancy testing • Information relating to infection and sexually transmitted diseases • Support through the criminal Justice system • One to one counselling • 24 hour advice and information line <p>RASAC is the aftercare service for rape and sexual assault victims. Referrals have raised slightly with police referrals now surpassing the amount of self-referrals.</p>

Appendix 1: Progress Against 'key' objectives / milestones

		<p>This is potentially due to the launch of the Dedicated Rape Unit. This period has also seen a significant increase in the amount of cases being taken up by the Crown Prosecution Service; four clients have been informed that their perpetrators have been charged and two court dates have been set for later in the year.</p>
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Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective	
Service Objective: PA 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people	
Milestones	Progress Q 4	Supporting Commentary
<i>Contribute to the safeguarding of vulnerable adults and children in need, by ensuring that staff are familiar with and follow safeguarding processes. Mar 2012 (AOF6)</i>		There is a full training programme available enhanced by e learning opportunities and the safeguarding induction booklet.
<i>Implement Action Plan to improve on the findings of Care Quality Commission Inspection. Mar 2012 (AOF 6)</i>		The implementation has now been completed and improvements implemented. The development of the integrated multi agency safeguarding hub will further enhance safeguarding across health and social care.



Appendix 3: Progress Against 'key' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery

<u>PA 8</u>	Percentage of Vulnerable Adult Abuse (VAA) Assessments completed within 28 days (Previously PCS 15)	78.12	80	90.67e			Figure provided is an estimate based on data currently available. Estimated performance is much higher than target and 2010/11 actual. Final year-end figures will not be known until completion of statutory returns at the end of May 2012.
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Area Partner National Indicator

<u>PA28</u>	Repeat incidents of domestic violence (Previously NI 32)	Q4 = 29% End of year average = 25%	27%	27.6%			Changes in reporting procedure to reflect guidance by CAADA has led to all high risk cases now being discussed at MARAC, and an increase in the number of repeats. 27.6% repeat incident rate represents 70 cases out of a total of 253 cases, one repeat incidence causing a 0.4% increase.
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Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
PA9	Percentage of VAA initial assessments commencing within 48 hours of referral	-	New Indicator Baseline to be set from this year	81%e	Refer to comment	Refer to comment	Figure provided is an estimate based on data currently available. Comparisons on target and previous years' performance cannot be made as 2011/12 is a baseline year as this was a new indicator for 2011/12. Final year-end figures will not be known until completion of statutory returns at the end of May 2012.
PA11	Percentage of existing Halton BC staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years.	-	New Indicator Baseline* required	46%	Refer to comment	Refer to comment	As this is a new indicator for 2011/12 there is no comparable data. This information will be used to set a baseline for future years.







Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
PA12	Number of Halton BC staff that have received Adult Safeguarding Training, including e-learning, in 2011 – 2012 (new indicator)	-	New Indicator Baseline required	127	Refer to comment	Refer to comment	As this is a new indicator for 2011/12 there is no comparable data. This information will be used to set a baseline for future years.
PA13	Number of external staff that have received Adult Safeguarding Training, including e-learning, in 2011 – 2012 (new indicator)	-	New Indicator Baseline ¹ required	581	Refer to comment	Refer to comment	As this is a new indicator for 2011/12 there is no comparable data. This information will be used to set a baseline for future years

Quality							
PA17	Achievement in meeting standards for the control system for animal health (Previously NI 190)	Level 1	Level 1	Level 1			Target attained. 100% of premises now inspected in line with risk assessment.

¹ It has not been possible to set a target as there is no baseline, but the baseline will be established this year.

Appendix 4: Progress against 'other' performance indicators



Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
PA19	Food Establishments in the Area which are broadly compliant with Food Hygiene Law (Previously NI 184)	87%	75%	90%			The Health & Safety Executive have issued new guidelines regarding work planning for occupational health & safety enforcement. There is a drive towards less proactive inspections and more towards interventions targeted at specific work sectors and activities based on national and local priorities.
PA20	a) % of high risk Health & Safety inspections undertaken	100%	100%	100%			The Health & Safety Executive have issued new guidelines regarding work planning for occupational health & safety enforcement. There is a drive towards less proactive inspections and more towards interventions targeted at specific work sectors and activities based on national and local priorities.
	b) Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system	68	200	268			

Appendix 4: Progress against 'other' performance indicators



Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Area Partner Indicators:





The indicators below form part of the old National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will now sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.

CCC 16	Domestic burglaries per 1,000 households (Previously BVPI 126 & CL L11).	545	545 2010/11 Guide Measure	526 Q 1-4			124 burglaries reported in Q4, 53 in Runcorn, 71 in Widnes. During Q4, 17 Smartwater packs have been issued to victims of burglary. They have also been provided with Personal Attack alarms, timer units and window shock alarms where appropriate. Two new Homewatch and Smartwater zones in the Beechwood area of Runcorn and the Upton rocks in Widnes has been set-up. These were organised following an increase in burglary's and shed breaks and following community group conferences with the police. Over the last few weeks there has been some great work in relation to the recent burglaries//shed and garage breaks around Runcorn. As a result 8 men have been arrested and dealt with.
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Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
CCC 17	Number of hate crime incidents recorded by the Authority per 100,000 population (Previously BVPI 174 & CL L12).	77.1	77.1 2010/11 Guide measure	Q 1-4 89			Since the review of the management of hate crime incidents there is a significant increase in the number of hate incidents documented as a result of more accurate, effective data analyses as opposed to a sudden increase in incidents. Racial 23 Sexual Orientation 8 Faith 0 Disability 1
CCC 18	% Of hate crime incidents that resulted in further action.	51.1%	51.1% 2010/11 Guide measure	Refer to comment	NA	NA	Of the 32 incidents reported 13 were recorded as crimes Widnes – Racial 6 Sexual orientation 3 Runcorn – Racial 4

Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
CCC 22	Reduce Hospital Admissions for Alcohol related harm (Previously NI 39) Rate per 100,000	2809	2916	2651.7			Q3 updated, Q4 is a proxy based on Feb 12 data. Q4 will be updated in the next report. Alcohol Related admissions (formerly NI39) have continued to rise, in line with the North West and England as predicted, however, there has been a reduction in the rate of increase between 2009/10 and 2010/11, from 7.8% (2008/9 to 2009/10) to 5.9% (2009/10 to 2010/11). 2011/12 full year verified data is required.
CCC 24	Serious violent crime rate (Previously NI 15).	88	88 2010/11 Guide Measure	62 Rate 0.52 per 1,000			This figure is the cumulative figure for Halton for Q1 - Q4. The figure for January 2012 to March 2012 was 11 at a rate of 0.09 incidents per 1000 population of Halton. There were a total of 4 violent crimes in Runcorn and 7 in Widnes during Q4. During 2012 the total for Runcorn was 26 violent crimes and Widnes 36. Police now monitor performance against 2010/11 guide measures.





Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
CCC 25	Serious acquisitive crime rate (per 1,000 population) (Previously NI 16).	1652 Rate per 1000 13.65	2010/11 Guide Measure 1652	1548 Rate 13.10 per 1,000			This figure is the cumulative figure for Halton for Q1 - Q4. The figure for January 2012 to March 2012 was 363 incidents. There were a total of 163 serious acquisitive crimes in Runcorn and 200 in Widnes during Q4. The cumulative figure for 2010/11 was 1629 compared to this year which shows a decrease in crime for the same period.
CCC 26	Adult re-offending rates for those under probation supervision (Previously NI 18).	Q4 10/11 8.88 %	No target set by MOJ but baseline predicted rate is 8.71%	8.69% Q3			Q1 11/12 is the latest data published. It shows reoffending rate of 8.69% against a predicted baseline re-offending rate of 8.71%. Halton is improving and now below the predicted rate.







Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
CCC 27	Rate of proven re-offending by young offenders in IOM Cohort. (Previously NI 19). 2011/12	N/A	Baseline Year	Refer to comment	Refer to comment	Refer to comment	The YOT have now ceased reporting on the old NI19 – Reoffending Rate of Young Offenders. From April 2011, a new unified reoffending measure will be reported to the Ministry of Justice directly from Police National Computer data In its place the YOT aim's to work closely with young people on the Integrated Offender Management (IOM) scheme to reduce the rate of re-offences.



Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
CCC 28	Assault with less serious injury crime rate (per 1000 population) (Previously NI 20).	1074 8.23 Rate	2010/11 Guide Measure 1074	804 Rate per 1,000 6.80			This figure is the cumulative figure for Halton for Q1 - Q4. The figure for January 2012 to March 2012 was 188 incidents at a rate of 1.59 per 1,000 population. There were a total of 95 Assault with less serious injury crimes in Runcorn and 93 in Widnes during Q4. Comparing the cumulative figure of 980 for the same period last year there is a decrease in this crime rate. The Q4 figure last year had a total of 213 incidents compared to 188 for Q4 this year. The number of recorded assaults with less serious injury has continued to reduce over time.
CCC 29	Serious knife crime rate (Previously NI 28).	80	2010/11 Guide Measure 80	46 Rate per 1,000 0.39			The cumulative figure for the period April 2011 to March 2012 is 46 serious knife crime based on a rate of 0.39 per 1,000 population for Halton. The figure for January 2012 to March 2012 was a total of 12 serious knife crimes within Halton during Q4.







Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
CCC 30	Gun crime rate (Previously NI 29).	24	2010/11 Guide measure 24	19 Rate per 1,000 0.16			The cumulative figure for the period April 2011 to March 2012 is 19 for the gun crime rate based on a rate of 0.16 per 1,000 population for Halton. The gun crime rate figure for January 2012 to March 2012 was 2 at a rate of 0.02 per 1,000 population for Halton during Q4.
CCC 31	Re-offending rate of prolific and priority offenders (Previously NI 30).	Q3 4.62%	Guide measure PPO 40% reduction	77.13% Reduction Q 1–3			Police Officers and the designated Probation staff continue to undertake regular visits to those offenders on the Navigate Scheme. It is recognised that annual reductions in rates of offending vary with the length of time an offender has been on the scheme. Q4 data not available until mid May.
CCC 32	Drug-related (Class A) offending rate (Previously NI 38).	0.64	N/A	Refer to comment	Refer to comment	Refer to comment	Data no longer available from 'I quanta' - the national database.
CCC 33	Domestic violence – murder (Previously NI 34).	0	2010/11 Guide Measure 0	0			This is reported quarterly by the Police National Dataset.

Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
CCC 34	Arson incidents (Previously NI 33). Total deliberate fires per 10,000 population	52.75	51.94	46.77			Although deliberate fires and anti social behaviour continues to be a problem within Halton, targeted Fire Service work and initiatives in conjunction with partners continue to ensure these incidents decline steadily
CCC 35	Offenders under probation supervision living in settled and suitable accommodations at the end of their order or licence (Previously NI 143).	87%	80%	Refer to comment	Refer to comment	Refer to comment	Awaiting statistical data from Probation.
CCC 36	Offenders under probation supervision in employment at the end of their order or licence (Previously NI 144).	48%	40%	Refer to comment	Refer to comment	Refer to comment	Awaiting statistical data from Probation.

Appendix 4: Progress against 'other' performance indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
CCC 37	Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks (Previously NI 49). Number of primary fires (i)	201 actual	189 actual	199 actual			<p>As per the Cheshire Fire and Rescue Service vision of 'no deaths, injuries or damage from fires', Halton continues to see positive performance against fatality and injury indicators.</p> <p>Although slightly over target, Primary fires (those involving property, injuries or five or more fire appliances) have seen a positive downward fire year trend.</p> <p>Cheshire FRS is part of the CFOA Family Group 4, formed of fire and rescue services from England, Wales and Northern Ireland. Of the 18 Services in the group, Cheshire is ranked 12th in terms of population size, with 1st representing the highest volume. Although average values cannot be given at present, as at the end of Q3 2011/12, Cheshire FRS was ranked 4th and 10th for deliberate primary and secondary fires respectively.</p>
	Number of fatalities in Primary Fires (ii)	0	0	0			
	Number of non-fatal casualties, excluding precautionary checks in Primary Fires (iii)	9	7	5			




Appendix 5: Financial Statement

COMMUNITIES – PREVENTION & ASSESSMENT AND COMMISSIONING & COMPLEZ CARE DEPARTMENTS

Given that there are a considerable number of year-end transactions still to take place a Financial Statement for the period has not been included within this report in order to avoid providing information that would be subject to further change and amendment. The final 2011/12 financial statements for the Department will be prepared once the Council's year-end accounts have been finalised and made available via the Council's Intranet. A notice will also be provided within the Members' Weekly Bulletin as soon as they are available.




Appendix 6: Explanation of Symbols

Symbols are used in the following manner:

Progress		<u>Objective</u>	<u>Performance Indicator</u>
Green		Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber		Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red		Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an <u>intervention or remedial action</u> taken.</i>

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		Indicates that performance is better as compared to the same period last year.
Amber		Indicates that performance is the same as compared to the same period last year.
Red		Indicates that performance is worse as compared to the same period last year.
N/A		Indicates that the measure cannot be compared to the same period last year.