

## Safer Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 4 – Period 1st January 2013 to 31st March 2013

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets during the fourth quarter of 2012/13; for service areas within the remit of the Safer Policy and Performance Board.

Given that there are a considerable number of year-end transactions still to take place, and in order to avoid providing information that would be subject to further change and amendment, it has not been possible to include Financial Summaries within this report.

The final 2012 / 13 Departmental Financial Statements 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.

The report has been structured by the following key priorities for Safer PPB, as identified in the Directorate and Corporate Plans:

- Community Safety
- Safeguarding and Dignity (including Consumer Protection and Substance Misuse)
- Domestic Violence

The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

### 2.0 Key Developments

There have been a number of developments within the Directorate during the fourth quarter which include:-

#### **Domestic Abuse**

Executive Board have agreed the priority is to improve the existing refuge provision and consider options for remodelling. Meetings have been held with Riverside/ECHG and draft plans for remodelling the building have been produced. We are currently waiting for Riverside/ECHG Board to approve the capital funding required for the service improvements.

Commissioners and the Domestic Violence Co-ordinator have been working with colleagues in Halton CCG to develop a Perpetrator Scheme to address abusive behaviour and to prevent incidence of repeat abuse. It is proposed that the scheme will be provided through Self-Help, a third sector Provider contracted by Halton CCG to deliver the Improved Access to Psychological Therapies Service (IAPT). Four members of staff will be trained under the respect programme to provide High Intensity Therapy.

The service will have capacity to deliver a 26 week programme to eight Perpetrators. Subject to completion of the necessary training it is proposed that the service will be piloted in July 2013.

### **Mental Health Services**

Section 136 Mental Health Act 1983: these are powers which allow the police to detain in a place of safety someone found in a public place who appears to have a mental health problem which would place themselves or other people at risk. Work continues with the police to develop a policy and procedure for these police powers which can operate across the Cheshire footprint. A county-wide group, chaired by an Assistant Chief Constable, meets regularly to deliver this. Additional work is going on within this group to look at the outcomes of referrals by the police of members of the public about whom they have general concerns as to their welfare.

Emergency Duty Team (EDT): the scoping work to consider the appropriateness of another Local Authority joining the EDT Partnership has continued, and a formal request has now been made by that Authority to take this work forward. This will be considered by the Directorate and the EDT Partnership Board, to identify further steps to take.

Social Work Reform Board: work has been continuing within the Directorate to deliver the recommendations of the social work reform board, in conjunction with children's services. Four newly-qualified social workers from within the Directorate are now undertaking the first Assessed and Supported Year in Employment (ASYE), which is a rigorous process designed to ensure that professional training and education continues beyond the immediate qualification period, and that staff are fully equipped for their work. A review of the council's position against the national standards for employers of social workers has now been undertaken and work on this will be taken forward in the next Quarter within both Directorates.

### Supported Housing Project

In preparation for the tender of Supported Living Services for People with Learning Disabilities and Mental Health Issues, a multi-disciplinary task and finish group has been established. The core function of the group will be to carry out reviews of people in receipt of a service and to quality assure the current providers. This information will be used to evaluate how assessed needs are currently being met and whether this represents value for money, whilst ensuring quality and safety of provision is of a high standard and values are maintained. Learning will then inform the development of the new service specification.

### **Integrated Care Homes Support Team**

Within Halton, plans are in place to develop a multi-disciplinary 'Care Home Support Team' to provide additional support to residential and nursing homes, initially as a 12 month pilot project. The team will act as a bridge to support care homes to access existing health services, such as G.P's Community nurses, Geriatricians etc. It will work closely with the local authority Quality Assurance and Contract monitoring Services and the newly developed Safeguarding Unit. The service will have an educational role and provide enhanced support/training to care homes to improve overall standards of care and competencies within the care home sector. Staff are now recruited and the team is being established.

### **Halton Community Alarm Service**

Halton Community Alarm Service was inspected by the Telecare Services Association and has, for the third year on the run, achieved platinum accreditation. This will help to

assure service-users, their families and carers that they are in receipt of a quality service they can rely on.

### **Adult Safeguarding**

In 2012 an Integrated Safeguarding Unit was developed using temporary funding. The work of the unit has been evaluated and demonstrates that this approach has improved the timeliness and quality of the investigation and management of critical safeguarding issues with a focus on multi-agency working. The unit has also supported Halton's Adult Safeguarding Board and key stakeholders in improving the outcomes for people who use services and their families and carers. Halton CCG and Halton Borough Council have agreed ongoing funding for the unit.

## **3.0 Emerging Issues**

### **Community Multi-disciplinary Teams**

During 2013/14 work will commence to develop community based Multi-disciplinary Teams focused around GP practices and neighbourhoods. Bringing together staff from different professional groups and organisations in the borough to jointly assess and plan treatment, care and support for people with long term conditions and frailty this development will support Halton CCG and Halton Borough Council to commission services that deliver care closer to people's homes.

## **4.0 Risk Control Measures**

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2012/13 Business Plan , the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks has been undertaken during Quarter 4. Progress against the application of the risk treatment measures is reported at the end of the report.

## **5.0 Progress against high priority equality actions**


There have been no high priority equality actions identified in the quarter.

## 6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key priorities that have been identified for Safer PPB, as stated in the Directorate and Corporate Plans.

### 1 COMMUNITY SAFETY (P McW)









#### Key Objectives / Milestones





Ref	Milestones	Q4 Progress
CCC1	Review Community Safety Team in line with reductions in funding arrangements <b>Mar 2013</b> (AOF9 & 11)	

#### Supporting Commentary

Review completed.

#### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
CCC 24 SCS / HH1a & SH10	Reduce Alcohol related hospital Admissions (Previously NI 39) (per 100,000 population)	2651.7	3027	2200.0 (At January 2013)		
CCC 25 (SCS / SH1)	Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down in youth and adult incidents (Previously NI 17)	7434	8463	7228		
CCC 26 SCS / SH2	Arson incidents (Previously NI 33 - Total deliberate fires per 10,000 population)	46.77	41.72	34.61		
CCC 33 SCS / SH11	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM Scheme – NEW) (Formerly NI 30) PPO – Priority offenders RO – Repeat offenders	PPO: 77.13% reduction RO: 36.73% reduction Shift in offence type	To maintain & reduce offending rates for PPO:40% reduction and RO's:4% reduction	PPO 77.78% reduction  RO 27.93% reduction		N/A
CCC 34 SCS / SH13	Reduce the use of custody (Ministry of Justice proposal) (New measure)	11	To maintain or improve on 2011/12	1		N/A

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
			outturn 11			
CCC 35  SCS / SH14	Reduce the proportion of individuals within the navigate cohort whose offending is substance misuse related. (New measure)	New measure	Target to be set once baseline established	Refer to comment	Refer to comment	N/A
CCC 36  SCS / SH16	Reduce Serious acquisitive crime rate (per 1000 population) (Previously NI 16) from: <ul style="list-style-type: none"> <li>• Domestic Burglary</li> <li>• Theft of motor vehicle</li> <li>• Theft from motor vehicle</li> <li>• Robbery (personal and business)</li> </ul>	1548 (rate 13.10 per 1,000)	1652	1400 (rate 11.84 per 1,000)		
CCC 37  SCS / SH17	New Revised Measure: Assault with injury crime rate (per 1000 population) (Previously NI 20)	804 (6.8 rate per 1,000)	1074	724 (6.12 rate per 1,000)		

### Supporting Commentary

**CCC24** – Full year's data for (12/13) will be available around July 2013. Data as at quarter 3 suggests we are on track to improve upon previous year's position.

**CCC25** – Numbers have decreased this quarter by 9.73% across Halton (179 less recorded ASB incidents when compared to the same period last year). Runcorn have demonstrated an impressive 20% reduction (185 less incidents over three months). Widnes however has increased by nearly 1% with an additional 6 incidents when compared with the same period last year. Reductions have been recorded this quarter due to the lowest number of incidents recorded during March 2013 for many years (March saw a 27% decrease, 205 less incidents in one month).

**CCC26** – Direction of Travel for deliberate fires in Halton is positive, with year-end figures showing performance positively below target by 18%. This equates to a 26% reduction compared to 2011/12 outturn.

This trend continues across the whole of Cheshire and can, in part, be contributed to poor weather conditions recently. Local initiatives do, however, help to reduce these incidents.

**CCC33** – Figures stated are at 25.03.13. There is no comparable data for last year as the way the measure is recorded has changed and is new this year.

**CCC34** – For Q4 we have seen only 1 young person from Halton sentenced to a custody disposal. The YOS have the following in place:-

1. All court Pre-Sentence Reports/Breach Reports (PSR/BRs) are gate-kept by an Operational Manager or Senior Practitioner

2. The YOS will not recommend a custodial sentence to the Court in a PSR/BR but will always propose a Community Order, including requesting an Intensive Supervision and Surveillance (ISS) Requirement as a direct alternative to custody.
3. An Operational Manager will review all cases where a young person receives a custodial outcome to ensure all options have been considered to avoid incarceration. The YOS introduced their 'Compliance Procedures' in November 2011 which has introduced a number of measures (including a Pre-Breach Meeting chaired by a Manager) to try ensure that the young person does not breach their Order/Licence.

**CCC35** – The current Strategic Navigate Report includes data for those on the Scheme where offending is influenced by substance misuse. However, it does not capture specific data in relation to a reduction in offending because drug use has reduced or ceased.

**CCC36** – The cumulative figure per 1,000 population for Halton is 11.84 for the period April 2012 to March 2013 which equates to 1400 incidents of which; 839 incidents were in Widnes and 561 in Runcorn.

During Q4 (Jan 13 to Mar 13) there have been 323 incidents of Serious acquisitive crime recorded, of which 137 incidents were in Runcorn and 186 were in Widnes.









The serious crime rate has reduced steadily over the year compared to the same time last year















**CCC37** – The cumulative figure per 1,000 population for Halton is 6.12 for the period April 2012 to March 2013 which equates to 724 incidents of assault with injury; of which, 338 incidents were in Widnes and 386 in Runcorn.



During Q4 (Jan 12 to Mar 13) there have been 153 incidents of assault with injury recorded, of which 83 incidents were in Runcorn and 70 incidents were in Widnes.

## 2 SAFEGUARDING AND DIGNITY (SWB, PMcW)

### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
<b>PA 5</b>	Percentage of VAA Assessments completed within 28 days (Previously PA 8)	85.78%	82%	86.73%		
<b>PA 6</b>	Percentage of VAA initial assessments commencing within 48 hours of referral(Previously PA 9)	84.80%	64%	77.76%		
<b>PA 8</b>	Percentage of existing Halton BC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years. (Previously PA 11)	46%	48%	52%		
<b>PA 9</b>	Number of Halton BC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning (Previously PA 12)	127	130	135		

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
<b>PA 10</b>	Number of external Adult Social Care Staff that have received Adult Safeguarding Training, including e-learning (Previously PA 13)	581	250	458		
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	66.2%*	54%	N/A	N/A	N/A
PA 23	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B Previously PA 36)	79.1%	79.1%	N/A	N/A	N/A
<b>PA 25</b>	a) % of scheduled Local Air Pollution Control audits carried out  b) % of Local Air Pollution Control Audits being broadly compliant.  (Previously PA 18)	81%  85%	93%  78%	90%  95%	  	  
PA 26	Food Establishments in the Area which are broadly compliant with Food Hygiene Law (Previously NI 184, PA 19)	90%	78%	90%		
<b>PA 27</b>	<b>a)</b> % of high risk Health & Safety inspections undertaken <b>b)</b> Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system (Previously PA 20)	100%  268	100%  200	75%   129	  	  
<b>PA 28</b>	Placeholder: Overarching Trading Standards Measure (TBC)	New measure	New measure	Refer to comment	N/A	N/A
CCC 29 SCS /	Increase the % successful completions (Drugs) as a proportion of all in treatment 18+ (New measure)	13%	14.5% (Above NW)	19%		

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
SH7a & HH 12			Average)			
CCC 30 SCS / SH7b & HH12	Increase the % successful completions (Alcohol) as a proportion of all in treatment 18+ (New measure)	New measure	Target to be set once baseline established in 2012/13	Refer to comment	Refer to comment	Refer to comment
CCC 31 SCS / SH8a	Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) (New measure)	11%	13.1%	7.1%		
CCC 32 SCS / SH8b	Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) (New measure)	New measure	Target to be set once baseline established	Refer to comment	Refer to comment	Refer to comment

### Supporting Commentary

**PA 5** – We have exceeded this target. The discrepancy from last year's figure is due to changes to the Safeguarding threshold.

**PA 6** - We have exceeded this target. The discrepancy from last year's figure is due to changes to the Safeguarding threshold.

**PA 8** - Obtained 2012-13 training registers to date and produced e-learning report, identified HBC staff that have attended courses or completed the e-learning. Training includes, Safeguarding Referrers, Investigators, Chairing Skills & Basic Awareness via e-learning.

**PA 9** - Obtained 2012-13 training registers to date and produced e-learning report, identified HBC staff that have attended courses or completed the e-learning. Training includes, Safeguarding Referrers, Investigators, Chairing Skills & Basic Awareness via e-learning.

**PA10** - Obtained 2012-13 training registers to date and produced e-learning report, identified external staff that have attended courses or completed the e-learning. Training includes, Safeguarding Referrers, Train the Trainer & Basic Awareness via e-learning.

**PA 22** – Performance increased from 2010/11 to 2011/12, 66.2% of those who responded to the Adult Social Care survey in 2011/12 reported 'I feel as safe as I want'.

**PA 23** - 79.1% of those who responded to the Adult Social Care survey for the first time in 2011/12 reported that support services helped them to feel safe. This indicator reflects directly whether the support services that Halton Borough Council provides has an impact on an individual's safety. This is in comparison to PA21 which is a general measure of whether an



individual feels safe – which could be as a result of a multitude of factors. A higher figure is better.

**PA 25** – Annual figure for audits falls slightly below the target, this equates to one inspection. The broadly complaint figure exceeds the target and demonstrates the improvement in performance of pollution processes we inspect.

**PA26** - Provisional annual figure based on Halton’s data – however official performance is reported by the FSA based on data exported.

**PA27** - There has been a fundamental change in the guidance given to local authorities on the priority planning and targeting of inspections. This has resulted in a change in definition of premises that are suitable for intervention. Local authorities are required to consider alternatives to formal inspection. Therefore in addition to the inspection programme – which resulted in lower number of inspections than anticipated the team completed a total of 362 “alternative interventions” including advisory visits and targeted interventions. Further changes will be made in May 2013. It is recommended that this indicator is suspended for 2013-14 until the performance requirement for the authority is known.

**PA28** - Measure under discussion with the Department.

**CCC29** – Latest data is rolling 12 months to January 2013. In spite of the low number of discharges in the last quarter of 2011/12 (handover to new Service Provider, CRI), the percentage is on target. The number of successful completions is 120/637 (19%). This compares to January 2012 where the rate was 14%


**CCC30** – Data not available in this format, however, work is underway to develop datasets in line with local and national treatment agency requirements. No comparative data available for 11/12 as this is a new measure.

**CCC31** - Latest data is rolling 12 months to January 2013. 1/16 Problem Drug User opiates (PDU) and only 2/26 non PDU represented during this period, making 3/42 (7.1%) in total. Due to the low numbers involved, a decrease of one in the overall total would result in the percentage figure decreasing from 7.1% to 4.8%.

**CCC32** – Data not available in this format, however, work is underway to develop datasets in line with local and national treatment agency requirements. No comparative data available for 11/12 as this is a new measure.

### 3 DOMESTIC VIOLENCE (PMcW)

#### Key Objectives / Milestones

Ref	Milestones	Q4 Progress
CCC1	Introduce specialist support provision for victims of a serious sexual offence <b>Mar 2013</b> (AOF11)	

#### Supporting Commentary

**St Mary's Sexual Assault Referral Centre (SARC)** provides a comprehensive and co-ordinated forensic, counselling and aftercare service to men, women and children living in the Cheshire area including Halton who have experienced rape or sexual assault, whether this has happened recently or in the past.



The Centre comprises a team of experts with a wealth of knowledge and experience in advising, supporting and treating anyone who has been raped or sexually assaulted.

Services are available for men, women and children and young people. They include:

- Immediate Crisis Support
- Forensic Medical Examination
- Access to Emergency Contraception
- Sexual Health Screening for Sexually Transmitted Infections
- Access to counselling support for as long as you need it
- Access to an Independent Sexual Violence Advisor to provide support through any court action taken

Aftercare **Rape And Sexual Assault Support Centre (RASASC)– Halton** referrals have been consistent from both self-referring clients and the public sector, particularly the SARC, police and social services. National awareness campaigns and the high-profile media coverage of historical child sexual abuse has led to a slight increase in clients reporting to the police, which has in turn reinforced the role of the ISVA. It has been identified that a large number of voluntary agencies have closed in Halton over the past year or two, and this may have had a negative impact on referral rates. 32 new referrals have been made this quarter, with 6 of those under the age of 17.

### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
CCC 28 SCS / SH6	Reduce repeat incidents of domestic abuse within the MARAC Cohort (Formerly NI 32)	27.6%	27%	36%		

### Supporting Commentary

#### CCC28 –



(27%) is a local historical target and we should be looking to move away from it 2013-14; CAADA (Coordinated Action Against Domestic Abuse) is the National lead for all things MARAC, I have included their guidance in the update, CAADA suggest that for a mature MARAC such as Halton's the range should be between 28% 40% so in that sense we are in fact on target and I would suggest that in the future we should be looking to their National expertise rather than local historical targets.

*Research has shown that it takes the average victim of domestic abuse more than 35 incidents of domestic abuse incidents against them before they call the Police – consequently and particularly if a victim chooses to stay in the relationship and the case has appeared at MARAC once and not again, it is very likely domestic abuse is continuing in the household but they are choosing not to seek support, a worse scenario especially if there are children or vulnerable adults in the household. There is an argument to suggest that repeat cases at MARAC could be indicative that victims have a growing confidence in local statutory agencies and their ability to assist not only them but their children.*

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
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### Commissioning & Complex Care



Ref	Description
CCC1	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.

1	Not implementing the Local whole system Dementia Strategy.	Review existing action plans to ensure consistency.		The local Dementia strategy has been reviewed and refreshed, although there are a small number of actions that have not been completed the strategy and action plan have been refreshed to clearly react to the new commissioning requirements of the Clinical Commissioning group.
2	Failure to implement 5 Boroughs NHS Foundation Trust proposals to redesign pathways for people with acute Mental Health problems and services for Older People with Mental Health problems.	Monitor the usage of inpatient beds at 5boroughs and resulting pressures on the associated systems.		The planned rollout has taken place from January 2013. All of the processes are in place and the new pathway and associated referral processes will go live in June 2013. Although this is later than originally planned, it has been important to ensure that the rollout is ready and not rushed.

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
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### Prevention & Assessment

Ref	Description
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.

1	Transition of responsibility for Public Health and Health Improvement to HBC not fully embedded and appropriately embedded.	Ensure sufficient transfer of finance associated with Public Health to ensure effective delivery of statutory responsibilities.		The announcement of the ring fenced public health grant allocations on 10th January was favourably received with national figures of £2.5billion for 2013/14 and £2.8billion for 2014/15 representing real term growth. The allocation for Halton is £8,510 million for 2013/14 and £8,749 million for 2014/15 which is an increase from the anticipated initial allocation of 2.8% each year.
2	Uncertainties in relation to the future direction the Department of Health will take in terms of the impact the wider health changes will have.	Work with Mersey region transition group to ensure effective and appropriate responses to changes can be made.		Halton's Transition Group has effectively worked with the Merseyside Transition Group to ensure all key milestones have been met for a smooth transfer. A paper has been signed off by Halton's Executive Board to this effect. Halton's Public Health Team are working with PHE, the NHS Commissioning Board and Merseyside Commissioning Support Unit to ensure services commissioned and delivered by parties other than the LA are in place.




## 8.0 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 intervention or remedial action taken.</i>

### Direction of Travel Indicator

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

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

### Operational Director Initials

**PMcW** - Paul McWade – Operational Director Commissioning & Complex Care

**SWB** - Sue Wallace Bonner – Operational Director Prevention and Assessment