



**Safer Policy and Performance Board**

**Tuesday, 26 June 2012 at 6.30 p.m.  
Council Chamber, Runcorn Town Hall**

A handwritten signature in black ink that reads 'David Walsh'.

**Chief Executive**

**BOARD MEMBERSHIP**

|   |                         |
|---|-------------------------|
| <b>Councillor Shaun Osborne<br/>(Chairman)</b>              | <b>Labour</b>           |
| <b>Councillor Norman Plumpton<br/>Walsh (Vice-Chairman)</b> | <b>Labour</b>           |
| <b>Councillor Susan Edge</b>                                | <b>Labour</b>           |
| <b>Councillor John Gerrard</b>                              | <b>Labour</b>           |
| <b>Councillor Robert Gilligan</b>                           | <b>Labour</b>           |
| <b>Councillor Valerie Hill</b>                              | <b>Labour</b>           |
| <b>Councillor Darren Lea</b>                                | <b>Labour</b>           |
| <b>Councillor Martha Lloyd Jones</b>                        | <b>Labour</b>           |
| <b>Councillor Margaret Ratcliffe</b>                        | <b>Liberal Democrat</b> |
| <b>Councillor Paul Nolan</b>                                | <b>Labour</b>           |
| <b>Councillor Pauline Sinnott</b>                           | <b>Labour</b>           |
| <b>Mr B Hodson</b>  | <b>Co-Optee</b>         |

*Please contact Lynn Derbyshire on 0151 511 7975 or e-mail  
[lynn.derbyshire@halton.gov.uk](mailto:lynn.derbyshire@halton.gov.uk) for further information.*

*The next meeting of the Board is on Tuesday, 18 September 2012*

**ITEMS TO BE DEALT WITH  
IN THE PRESENCE OF THE PRESS AND PUBLIC**

**Part I**

| <b>Item No.</b>  | <b>Page No.</b>  |
|--|------------------|
| <b>1. MINUTES</b>  |                  |
| <b>2. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS)</b>  |                  |
| Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item. |                  |
| <b>3. PUBLIC QUESTION TIME</b>   | <b>1 - 3</b>     |
| <b>4. SSP MINUTES</b>  | <b>4 - 11</b>    |
| <b>5. PERFORMANCE MONITORING</b>   |                  |
| <b>(A) HATE CRIME AWARENESS RAISING AND DVD</b>  | <b>12 - 15</b>   |
| <b>(B) POLICE AND CRIME COMMISSIONER (PCC) UPDATE</b>  | <b>16 - 22</b>   |
| <b>(C) SUSTAINABLE COMMUNITY STRATEGY YEAR END PROGRESS REPORT</b>   | <b>23 - 56</b>   |
| <b>(D) PERFORMANCE MONITORING REPORTS</b>  | <b>57 - 80</b>   |
| <b>6. DEVELOPMENT OF POLICY ISSUES</b>   |                  |
| <b>(A) SAFEGUARDING UNIT</b>   | <b>81 - 86</b>   |
| <b>(B) DOMESTIC ABUSE AND SEXUAL VIOLENCE</b>  | <b>87 - 90</b>   |
| <b>(C) SAFETY OF COSMETIC TREATMENTS</b>   | <b>91 - 99</b>   |
| <b>(D) ANNUAL REPORT 2011/12</b>   | <b>100 - 104</b> |
| <b>(E) COMMUNITY SAFETY REVIEW</b>   | <b>105 - 107</b> |
| <b>(F) SUMMARY OF NATIONAL ALCOHOL STRATEGY 2012</b>   | <b>108 - 121</b> |

*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 26 June 2012

**REPORTING OFFICER:** Strategic Director, Corporate and Resources

**SUBJECT:** Public Question Time

**WARD(s):** Borough-wide

### **1.0 PURPOSE OF REPORT**

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

**2.0 RECOMMENDED: That any questions received be dealt with.**

### **3.0 SUPPORTING INFORMATION**

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
  - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
  - Is defamatory, frivolous, offensive, abusive or racist;
  - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
  - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

#### **4.0 POLICY IMPLICATIONS**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE  
LOCAL GOVERNMENT ACT 1972**

8.1 There are no background papers under the meaning of the Act.

**REPORT TO:** Safer Policy and Performance Board  
**DATE:** 26 June 2012  
**REPORTING OFFICER:** Chief Executive  
**SUBJECT:** Specialist Strategic Partnership Minutes  
**WARD(s):** Boroughwide

### **1.0 PURPOSE OF REPORT**

The Minutes from the last Safer Halton Partnership meeting, which are subject to approval at the next meeting of the Safer Halton Partnership, are attached for consideration.

**2.0 RECOMMENDATION:** That the minutes be noted.

### **3.0 POLICY IMPLICATIONS**

3.1 None.

### **4.0 OTHER IMPLICATIONS**

4.1 None.

### **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

#### **5.1 Children and Young People in Halton**

None.

#### **5.2 Employment, Learning and Skills in Halton**

None.

#### **5.3 A Healthy Halton**

None.

#### **5.4 A Safer Halton**

None.

#### **5.5 Halton's Urban Renewal**

None.

**6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

8.1 There are no background papers under the meaning of the Act.



**SAFER HALTON PARTNERSHIP**

*At a meeting of the Safer Halton Partnership Wednesday, 15 February 2012 Civic Suite, Town Hall, Runcorn*

|         |             |                                     |
|---------|-------------|-------------------------------------|
| Present | D. Cargill  | Police Authority                    |
|         | S. Eastwood | DAAT, Communities                   |
|         | D. Houghton | HBC Policy and Partnerships         |
|         | D. Johnson  | Communities, HBC                    |
|         | D. Parr     | Chief Executive                     |
|         | C. Frazer   | Riverside Housing                   |
|         | M. Andrews  | Community Safety                    |
|         | A. Jones    | Democratic Services                 |
|         | A. Waller   | Cheshire Fire & Rescue Service      |
|         | J. Bucknall | Children's Organisation & Provision |
|         | T. Knight   | NHI Merseyside                      |
|         | J. Davidson | Probation Service                   |
|         | S. Boycott  | Cheshire Police                     |

*Action*

**SHP23 WELCOME & INTRODUCTIONS**

David Parr welcomed everyone to the meeting and introductions were made around the table.

**SHP24 APOLOGIES**

Apologies had been received from Councillor Osborne, Richard Strachan, Collette Walsh, Hazel Coen, Lorraine Crane, Noel Sharpe and Paul McWade.

**SHP25 MINUTES OF THE LAST MEETING**

The Minutes of the meeting held on 15 November 2012 were agreed as a correct record.

**SHP26 POLICE & CRIME COMMISSIONERS (PCC) AND POLICE & CRIME PANELS**

The Partnership was advised that from November 2012, Police Authorities would be replaced by a Police and Crime Commissioner (PCC). A Police and Crime Panel would also be established to scrutinise the activities of the PCC. It was noted that the introduction of the PCC and Panel would change the relationship with the Council and the Community Safety Partnerships and other partners involved in crime reduction, crime detection and the criminal justice system.

Appended to the report were Guidance Notes that had been produced as follows:

- *Police & Crime Commissioners – What Partners need to know*
- Home Office Guidance – *Police & Crime Panels*
- LGA Guidance – *Police & Crime Commissioners – A Guide for Community Safety Partnerships.*

It was noted that guidance relating to the PCC Elections was expected from Government imminently, and would be circulated when available.

The Partnership was advised that Halton sat within the Cheshire Police Force area and preparation was underway for the transition from the Police Authority to a PCC. Furthermore, a *Transition Group* had been established and David Parr had been nominated and accepted as the *Police Area Returning Officer (PARO)* for the election. It was also noted that Warrington Council had been nominated as the Host Authority for the *Police and Crime Panel*.

The report continued to present details of the PCC Elections; the Police and Crime Panels; Partnerships and Commissioning; and the preparations for the PCC and Panel in Halton.

It was noted that there was secondary legislation expected with regards to the role of the Deputy PCC and that it was hoped that the PCC would be invited to a future meeting of the Safer Halton Partnership (SHP).

RESOLVED: That the information be noted.

#### SHP27 SAFEGUARDING ADULTS UPDATE

The Partnership was presented with a report from the Strategic Director, Communities, Halton Borough Council (HBC) which updated on key issues and progression of the agenda for safeguarding 'vulnerable adults' in Halton.

Feedback on the *Halton Speak Out* group event that took place in September 2011 was provided. Also information was provided on the development of a pilot project in Halton, based on the *Safe Around Town* Scheme which was currently running in St Helens.

In response to feedback during the Care Quality Commission's inspection of Adult Social Care in Halton (in

2010), a working group had been formed to look at developing methods of encouraging the public to provide both positive and negative feedback on services to them. One of the outcomes was that a logo was being added to all Council literature with the strap line '*Help us to Help You*'. Dwayne welcomed the views of the Partnership on the above.

Dwayne also relayed the latest information relating to the successful prosecution of a care assistant at Ferndale Mews, sentencing would occur on 2 March 2012.

RESOLVED: That the Partnership notes the contents of the report.

SHP28 RE PROFILING OF FUNDING ALLOCATION FOR THE SHP FOR 2011-12

The Partnership was advised that in line with guidelines issued at the start of the current financial year from the Halton Strategic Partnership Board (HSPB), the Safer Halton Partnership (SHP) had agreed to set aside a portion of its 2011-12 funding to be re-profiled and used in 2012-13.

A report was presented which set out the amounts of funding to be re-profiled and provided an overview of the Community Safety review process, which informed of the allocation of this funding for 2012-13.

It was noted that the Council planned to mainstream two areas: Domestic Abuse and PCSO's, hence the zero figures in the table in 4.1 in the report. It was noted that the Partnership was pleased to support the re allocations as stated in the report.

RESOLVED: That the SHP:

1. Approves the re-profiling of the SHP 2011-12 funding, as set out within the report, for 2012-13; and
2. Approves the re-profiling of £5,000 from the Widnes Vikings Valhalla Foundation 2011-12 allocation of funding, for use in quarter one 2012-13, as set out in the report.

SHP29 COMMUNITY SAFETY REVIEW

The Partnership was updated on the Community Safety Review process and the outcome from the

consultation with key stakeholders.

It was noted that the terms of reference for the joint Police and Council Community Safety Review were reported to the SHP at the 15 November 2011 meeting. This report provided an update on the processes and the findings from the consultation with key stakeholders carried out as part of the review.

The report outlined the purposes of the community safety review together with: information relating to the current position statement; where it needed to be; and how we would get it there.

It was stated that the review had put forward a number of options for consideration by the SHP Chairs and following this, the Chairs had requested some additional work and information, which was currently being compiled. The aim was to complete the review by the end of February 2012.

The *Community Safety Review (2011)* was attached at Appendix 1. This consisted of headline results of the online survey, conducted in November 2011 by HBC Research and Intelligence Team, to identify and define their core activities and functions of the Halton Community Safety Multi-Agency Team (CST).

RESOLVED: That the Safer Halton Partnership notes the report on the Community Safety Review and the findings from the consultation with key stakeholders.

### SHP30 TASK GROUP UPDATES

The Partnership received detailed updates from each Task Group and the following points were noted:

- a) Alcohol Enforcement – Alcohol licensing enforcement and related wider partnership activity continued to develop. Following the promotion of the *ArcAngel* initiative, five premises had been awarded their certificates and *The Hive* had recently decided participate. Under Age Sales Prevention continued and premises that had recently failed the test purchasing would be revisited in three months.
- b) Quarterly Alcohol Update – Alcohol hospital admissions data for April to September 2011 was presented. Tom Knight invited feedback/queries and noted the link between domestic abuse and alcohol.

It was commented that the Leader of the Council, Councillor Rob Polhill, was keen to prioritise the alcohol issue.

Information was also provided on the Alcohol Liaison Nursing (ALN) Services being progressed in Whiston and Warrington Hospitals.

- c) Anti Social Behaviour (ASB) – Numbers of total ASB, Youth ASB, Non Youth ASB were all reduced on the last quarter. The ASB Victim and Witness Support Service was explained.
- d) Crime Action Group – There had been an increase in the number of business robberies at Co-op stores and doorstep crime / rogue trader incidents were on the increase.
- e) Domestic Abuse – The Domestic Abuse Co-ordinator position and the Independent Domestic Violence Advocate (IDVA) position would be funded in future from the mainstream budget.
- f) Drugs – Treatment & Prevention – Crime Reduction Initiatives (CRI) had been in place in Ashley House since February 2012. ‘Legal High’s’ were noted as a growing concern as substances were easily purchased via the internet. Also cannabis cultivation was still prevalent in the Borough with raids being carried out by the Police.
- g) Partnership Tasking & Coordination – The problem profiles were presented for information. Diversionary activities would be planned for Bonfire Night this year and two more Respect Weeks were being planned.
- h) Hate Crimes – The system had been improved since new ways of reporting had been in place, which may account for higher figures. Other agencies had been encouraged to report hate crime.

#### SHP31 ITEMS FOR INFORMATION

- a) Blue Lamp Reports – Quarter 3 (October to December 2011) was presented for information.
- b) Performance Framework – The finalised set of approved measures and annual targets for inclusion within the Sustainable Community Strategy (SCS) for Safer Halton, were provided for information.

- c) The Localism Act – A report updating the SHP on some of the impacts and implications of the recently agreed Localism Act was provided for information. Seminars for Members would be taking place over the next few months.

*Meeting ended at 3.45 p.m.*

**REPORT TO:** Safer Halton Policy & Performance Board

**DATE:** 26 June 2012

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Community Safety

**SUBJECT:** Hate Crime Awareness Raising and DVD

**WARDS:** All

### **1.0 PURPOSE OF THE REPORT**

1.1 To inform Members of work currently being undertaken to raise awareness of the issue of Hate Crime.

### **2.0 RECOMMENDATION: That**

- (1) Members are asked to note the report, and**
- (2) View the accompanying DVD**

### **3.0 SUPPORTING INFORMATION**

Following the adoption of Halton's Hate Crime Reduction Strategy in June 2011, a series of Awareness Raising Sessions have been taking place across Partner organisations. These sessions explain what a hate incident is, why it's so important to report every incident, as well as trying to explain why not every reported incident ends in a criminal conviction.

Liverpool City Council and Knowsley Metropolitan Borough Council have collaborated with Lancashire County Council and produced a DVD which they have shared across the NW region as a training resource. This is now included as part of the sessions in Halton and as it's real victims and their stories, is much more effective in showing how hate crime has such a devastating effect on people's lives. The DVD highlights the importance of a multi-agency approach to combatting the problems.

A list of sessions completed and those planned is attached as appendix A.

The sessions have been targeted at those staff who already have an existing relationship with clients in the hope that this might improve their confidence in reporting incidents, either for themselves or their clients. Sessions have also been given to service user groups.

The hate crime work has been linked to the safeguarding aspect, and quarterly figures are reported to both Safeguarding Boards, the Safer Halton PPB and SSP, along with the Strategic Partnership's Equalities Group.

Cheshire Police are currently establishing a Hate Crime Scrutiny Panel, of which Halton will be a member.

#### **4.0 POLICY IMPLICATIONS**

There are no policy, legal, resource or financial implications in noting and commenting on this report.

#### **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### **6.1 Children and Young People in Halton**

Life for Children and Young People will improve for living in a safer community.

##### **6.2 Employment, Learning and Skills in Halton**

None as yet identified.

##### **6.3 A Healthy Halton**

The safeguarding of vulnerable residents, and ensuring they feel safe both in their homes and in their wider communities, is crucial to their health and well-being.

##### **6.3 A Safer Halton**

Halton will have stronger and more resilient communities, where residents will feel safer.

##### **6.4 Halton's Urban Renewal**

None as yet identified.

#### **6.0 RISK ANALYSIS**

In order to ensure residents feel safe, Partners need to work together to maintain strong and resilient communities, and the increased awareness of unacceptable low level incidents will hopefully ensure there are no tragic high profiles incidents as have occurred elsewhere in the Country.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

The hate crime categories as identified by the Home Office are different than those contained within the Equality Act 1010, however no abuse of any kind is acceptable behaviour and the raising awareness of such issues can help with Halton Borough Council's compliance with the General Duty of the Act.



**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE  
LOCAL GOVERNMENT ACT 1972**

8,1 None under the meaning of the Act.

**Hate Crime Awareness Raising Sessions for Halton**

***Sessions Already Completed:-***

People's Cabinet  
Disability Learning Partnership  
Youth Cabinet  
Community Development Practitioners Forum  
Communities Directorate – Equality and Diversity Group  
Community Mental Health Practitioners  
Community Integrated Care (staff meeting with plans to do volunteers)  
Older People's Care Team  
SHAPS Commitment Council x 2 (service user groups)  
CYP Operational Leadership Team  
Safer Halton PPB  
Safer Halton SSP  
Ditton Nursery (staff, Governors and parents)  
Adults and Communities – Provider meetings x 2  
CYP – Provider meetings x 2  
Warrington Road Children's Centre (staff and parents)

***Sessions in the Pipeline:-***

Halton's Disability Partnership (one session completed – have requested a 2<sup>nd</sup> one)  
Transport Logistics (to be included in their training for providers)  
Children and Families Performance Review Conference  
Adult Placement Carers and Workers  
Arena Housing  
Strategic Equalities, Engagement and Cohesion Partnership  
Community Development Practitioners Forum  
Deafness Resource Centre  
Liverpool Housing Trust  
Halton Speak Out's annual event in June  
Halton Housing Trust  
PCSO's  
5 Borough's Learning Disabilities Health Team  
5 Borough's Learning Disabilities Social Work Team

**REPORT TO:** Safer Policy and Performance Board

**DATE:** 26 June 2012

**REPORTING OFFICER:** Strategic Director – Communities

**PORTFOLIO:** Community Safety

**SUBJECT:** Police and Crime Commissioner (PCC)  
Update

**WARDS:** Borough Wide

### **1.0 PURPOSE OF THE REPORT**

- 1.1 To update the Safer Halton Policy and performance Board on the progress on the introduction of Police and Crime Commissioners

### **2.0 RECOMMENDATION: That the report be received and noted.**

### **3.0 SUPPORTING INFORMATION**

PCCs will be elected for four years and will be required to publish a police and crime plan. This will set out the police and crime objectives of the force area. Chief constables will remain responsible for operational matters, however PCCs will have the authority to hire and, if necessary, dismiss the chief constable.

#### **3.1 The role of Police & Crime Commissioners**

[The Policing & Social Responsibility Act 2011](#) contained legislation which shifts the decision-making on the strategic management of policing away from the traditional controls of Police Authorities and central and local government; handing over strategic management control of policing to elected Police and Crime Commissioners in England (excluding from this process the other three countries of the United Kingdom). The first election of Police and Crime Commissioners are scheduled to occur on 15 November 2012. However, the powers to regionally strategically commission and manage services from the police has already been delegated to the elected Mayor of London. In January 2012, the Mayor established a new administrative structure to exercise his powers.

- 3.2 PCCs will appoint (and will be able to dismiss) chief constables, although the chief constable will appoint all other officers within the force. Shortly after their election (probably in March 2013), PCCs are expected to set out a five-year police and crime plan (the plan), although it may be refreshed each year and may be fully reopened at the PCC's discretion.

They will be required to determine local policing priorities, publish the plan, set a local precept and set the annual force budget (including contingency reserves) in consultation with chief constables. The plan will need to take account of national policing challenges, set out in a new 'Strategic Policing Requirement'.

They will receive the policing grant from the Home Office, various grants from Department for Communities and Local Government and the local precept (as well as other funding streams yet to be determined). The PCC will then commission policing services from the chief constable (**or other providers** - in consultation with the chief constable). These services will be set out in the plan where their objectives and funding will be publicly disclosed. The plan must be published and remain a public document including any updates or amendments made during the five-year period

At the end of the financial year the PCC will publish an annual report which will set out progress made by the PCC against the objectives set out in the plan. Alongside the annual report the PCC will publish annual financial accounts, including showing how resources were consumed in respect of priorities and how value for money was secured.

PCCs will have a general duty to regularly consult and involve the public and have regard to the local authority priorities.

PCCs will be able to require a report from chief constables at any time about the execution of their functions

- The PCC will be able to delegate the exercise of functions, but not the responsibility for their execution
- The local precept will be subject to the same referendum requirements as local government (triggered on rises which exceed thresholds set by government)
- PCCs will have a duty to hold their chief constables to account for having regard to codes of practice

### 3.3 What will PCCs actually do?

PCCs will aim to cut crime and deliver an effective and efficient police service within the force area. They will do this by:

- holding the chief constable to account for the delivery of the force
- setting and updating a police and crime plan
- setting the force budget and precept
- regularly engaging with the public and communities
- appointing, and where necessary dismissing, the chief constable

They will also exercise regional power and influence over the development and work of local Community Safety Partnerships (CSPs) via powers and duties. These are:

- the reciprocal duty for PCCs and CSP responsible authorities to co-operate with each other for the purposes of reducing crime and disorder
- the power to bring a representative of any or all CSPs in the PCC's area together to discuss priority issues
- the power to require reports from CSPs about issues of concern
- the power to approve mergers of CSPs (on application of the CSPs concerned)
- the power to commission community safety work from a range of local partners including (such commissioning of crime and disorder reduction work is not limited to CSPs but can include community, voluntary sector or commercial providers)

### **3.4 Scrutiny**

PCCs will be scrutinised by police and crime panels, which will be formed of a minimum of 10 representatives from the local authorities in the force area. The duties of the panel include:

- requiring the PCC to respond to any concerns they have
- making recommendations on the crime plan and annual reports
- confirming or vetoing the PCC's appointment of chief constable and the level of local tax (the precept level)
- Who can stand for election?
- Candidates must:
  - be a British, Commonwealth or EU citizen
  - be 18 years of age or over
  - be resident in the police force area

Restrictions on candidacy include a conviction for an imprisonable offence, and being a serving civil servant, judge, police officer, member of police staff or member of a police authority or member of the regular armed forces.

### **4.0 National Statement on Funding**

4.1 We are currently awaiting a communication that will provide details of arrangements in 2012-13, those funding streams that will cease from the end of March 2013, and the new Home Office Community Safety Fund that the PCCs will receive in 2013/14. The aim is for this communication to be issued this in May 2012.

### **5.0 The timetable for Police and Crime Plans**

5.1 The PCCs' first police and crime plans must be issued by the end of March 2013. The plan is a public document that will articulate the PCCs' priorities and set out their objectives for:

- The policing of the force area;

- Crime and disorder reduction in the force area;
- Discharging the police force's national and international functions.

The plan will set out the commitments to which the PCC will be held to account by the public and the PCP.

The PCC will be required to publish a copy of the issued plan and send a copy to the chief constable and all other community safety responsible authorities (Fire & Rescue Authorities, Local Authorities, PCTs and Probation Trusts) within the force area.

Police authorities are beginning work on draft police and crime plans before PCCs take office, it is vital that the full range of partners feed into the process to ensure that the resulting plan truly reflects the issues that are of greatest concern locally.

### **6.0 Candidates briefing**

- 6.1 The PCC pages of the Home Office website will be re-vamped in the coming weeks, with distinct areas for the public, partners and candidates. The partners section will include core briefs, timescales, and key publications. The candidates section will include national level candidate briefings on a number of areas – the PCC model, the national landscape, national strategies, and partnerships and commissioning.

### **7.0 Partnership working - Health and Criminal Justice sectors**

- 7.1 In February a workshop was held for frontline partners to encourage local partnership working between PCCs and health agencies. This has now formed part of the criminal justice workstrand in the National Learning Network (NLN) for shadow health and wellbeing boards and will allow criminal justice agencies to share their knowledge and expertise of working with some of the most complex, disadvantaged groups in their local community who suffer from significant health inequalities. These will highlight the links between health and crime and community safety, and the benefits of collaborative working on joint outcomes.

### **8.0 PCC transition programme update**

- 8.1 There has been media coverage recently around how we will communicate to the electorate about candidates in their area. The Home Office recently completed a statutory consultation on the secondary legislation for PCC elections with the Electoral Commission and others, which included consideration of how the public can receive information about PCC candidates. We are looking at options for this, and an important consideration will be to enable members of the public

to access information by a range of means. We expect to lay the secondary legislation on the elections in May.

A one day event was held for Police Authority Chief Executives on preparing for and working with PCCs, including talks by the Minister for Policing and Criminal Justice, Nick Herbert and London's Deputy Mayor for Policing and Crime, Kit Malthouse.

Finally, the Association of Police Authorities held a successful PCC transition conference in March at which the Minister for Policing and Criminal Justice, Nick Herbert spoke. The conference was attended by police authority members and included practical workshops led by police authority practitioners and partners (including the Home Office, IPCC, HMIC, and LGA). The workshops focused on priority issues affecting police authority transition planning.

### **9.0 PREPARATIONS FOR THE PCC AND PANEL IN HALTON**

#### **9.1 The Safer Halton Partnership (SHP) is starting to prepare for the introduction of the PCC and the Panel.**

The SHP is developing a "Welcome Pack" for the PCC. This will provide

- useful background for the PCC and will identify:
- The current operating arrangement in Halton.
- The community safety architecture in Halton.

The key players and partners involved directly and indirectly in crime and community safety in Halton.

The current crime and community safety priorities for Halton based on the JSNA, research and data.

It is hoped this document will provide the new PCC with a quick and comprehensive guide to Halton. This will enable the PCC to quickly understand Halton's needs and aspirations in respect of crime and community safety. In so doing this should encourage the PCC to invest in Halton, thereby maintaining and building on the progress made by the Police and SHP to prevent crime, tackle crime, punish offenders and rehabilitate.

The CST is also developing separate and distinct Business Plans for each of Halton's priority community safety activities. Once again this is designed to provide the PCC with clear evidence of the community safety benefits of investing in what we are doing in Halton.

### **10.0 POLICY IMPLICATIONS**

- 10.1 The policy implications of the review relate primarily to the Safer Halton priority as set out below, however this is a cross cutting work area which has wider implications on other areas of council business.

## **11.0 RISK ANALYSIS**

- 11.1 The future funding implications for non mainstreamed services may seriously impact on the Local Authorities delivery of community safety services and safeguarding issues. Further Briefings will be provided as we receive notification of the final changes to legislation.

## **12.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **12.1 Children and Young People in Halton**

The work of the Community Safety Team links very closely with that of the council's Children's' and Enterprise Directorate and the Youth Offending Team. They provide a valuable role in addressing anti social behaviour and promoting positive behaviour by young people.

### **12.2 Employment, Learning and Skills in Halton**

The Community Safety Team work closely with the Probation service and YOT, supporting offenders to change their behaviour and to access training and employment opportunities.

### **12.3 A Healthy Halton**

Addressing anti-social behaviour and crime is the key function of the Community Safety Team and without this work it is likely that both will increase having a significant impact on resident's health.

### **12.4 A Safer Halton**

Should funding for community safety no longer be available, there will be an impact on crime and anti-social behaviour with both likely to rise, having a negative impact on residents quality of life.

### **12.5 Environment and Regeneration**

If anti-social behaviour and crime are not fully addressed in Halton this is likely to lead to a deterioration in the quality of the environment and a corresponding reduction in confidence of the public and business in the borough.

## **13.0 EQUALITY AND DIVERSITY ISSUES**

None.

## **14.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE**



**LOCAL GOVERNMENT ACT 1972**

14.1 There are no background papers under the meaning of the Act.

**REPORT TO:** Safer Policy and Performance Board

**DATE:** 26 June 2012

**REPORTING OFFICER:** Strategic Director – Policy & Resources

**PORTFOLIO:** Resources

**SUBJECT:** Sustainable Community Strategy Year End Progress Report 2011/12.

**WARDS:** Borough-wide

### **1.0 PURPOSE OF REPORT**

1.1 To provide information on the progress in achieving targets contained within the 2011- 2016 Sustainable Community Strategy for Halton.

### **2.0 RECOMMENDED THAT:**

- i. The report is noted
- ii. The Board considers whether it requires any further information concerning the actions taken to achieve the performance targets contained within Halton's 2011–16 Sustainable Community Strategy (SCS).

### **3.0 SUPPORTING INFORMATION**

3.1 The Sustainable Community Strategy, a central document for the Council and its partners, provides an evidenced-based framework through which actions and shared performance targets can be developed and communicated.

3.2 The previous Sustainable Community Strategy included targets which were also part of the Local Area Agreement (LAA). In October 2010 the coalition government announced the ending of government performance management of local authorities through LAAs. Nevertheless, the Council and its Partners need to maintain some form of effective performance management framework to:-

- Measure progress towards our own objectives for the improvement of the quality of life in Halton.
- Meet the government's expectation that we will publish performance information.

3.3 Thus, following extensive research and analysis and consultation with all stakeholder groups including Elected Members, partners and the local community and representative groups, a new SCS (2011 – 26) was approved by the Council on 20<sup>th</sup> April 2011.

- 3.4 The new Sustainable Community Strategy and its associated “living” 5 year delivery plan (2011-16), identifies five community priorities that will form the basis of collective partnership intervention and action over the coming five years. The strategy is informed by and brings together national and local priorities and is aligned to other local delivery plans such as that of the Halton Children’s Trust. By being a “living” document it will provide sufficient flexibility to evolve as continuing changes within the public sector continue to emerge, for example the restructuring of the NHS and public health delivery, implementation of Local Economic Partnerships and the delivery of the ‘localism’ agenda.
- 3.5 As such, articulating the partnership’s ambition in terms of community outcomes and meaningful measures and targets to set the anticipated rate of change and track performance over time, will further support effective decision making and resource allocation.
- 3.6 Placeholder measures have also been included where new services are to be developed or new performance information is to be captured, in response to legislative changes; for which baselines will be established in 2011/12 or 2012/13, against which future services will be monitored.
- 3.7 An annual ‘light touch review’ of targets contained within the SCS, will also ensure that targets remain realistic over the 5 year plan to ‘close the gaps’ in performance against regional and statistical neighbours.
- 3.8 Attached as Appendix 1 is a report on progress to the 2011-12 year end position which includes a summary of all indicators within the new Sustainable Community Strategy and additional information for those specific indicators and targets that fall within the remit of this Policy & Performance Board.
- 3.9 Further detail is contained in the report , with corporate templates for each of the measures bringing together all relevant pieces of performance information in one place – considering the levels of performance that have been achieved over time to date. These templates also provide a contextual backdrop in relation to performance nationally, regionally and by our statistical neighbours where available. These show for a majority of measures, a continued trajectory of continuous improvement as shown by the upward direction of travel arrow, where performance is better than this time last year; or where performance has been maintained. A summary of key activities taken or planned to be taken to improve performance by the Council and its Partners is also stated for each measure by respective Lead Officers.

#### **4.0 CONCLUSION**

4.1 The Sustainable Community Strategy for Halton, and the performance measures and targets contained within it will remain central to the delivery of community outcomes. It is therefore important that we monitor progress and that Members are satisfied that adequate plans are in place to ensure that the Council and its partners achieve the improvement targets that have been agreed.

#### **5.0 POLICY IMPLICATIONS**

5.1 The Sustainable Community Strategy for Halton is central to our policy framework. It provides the primary vehicle through which the Council and its partners develop and communicate collaborative actions that will positively impact upon the communities of Halton.

#### **6.0 OTHER IMPLICATIONS**

6.1 The publication by Local Authorities of performance information is central to the coalition government's transparency agenda.

#### **7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

7.1 This report deals directly with the delivery of the relevant strategic priorities of the Council.

#### **8.0 RISK ANALYSIS**

8.1 The key risk is a failure to improve the quality of life for Halton's residents in accordance with the objectives of the Sustainable Community Strategy. This risk can be mitigated through the regular reporting and review of progress and the development of appropriate actions where under-performance may occur.

#### **9.0 EQUALITY AND DIVERSITY ISSUES**

9.1 One of the guiding principles of the Sustainable Community Strategy is to reduce inequalities in Halton.

#### **10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

|                     |   |
|---------------------|---|
| Document            | Sustainable Community Strategy 2011 – 26                    |
| Place of Inspection | 2 <sup>nd</sup> Floor, Municipal Building, Kingsway, Widnes |
| Contact Officer     | Hazel Coen DM (Performance & Improvement)                   |

#### **APPENDICES**

Appendix 1 – Year End Progress Summary for 2011/12



# **The Sustainable Community**

## **Strategy for Halton**

**2011 - 2016**

**Full Year Progress Report**  
**01<sup>st</sup> April – 31<sup>st</sup> March 2012**







**Document Contact  
(Halton Borough  
Council)**

























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This report provides a summary of progress in relation to the achievement of targets within Halton's Sustainable Community Strategy 2011 - 2016.

It provides both a snapshot of performance for the period 01<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012 and a projection of expected levels of performance to the year-end.

The following symbols have been used to illustrate current performance as against the 2011 – 12 targets and as against performance for the same period last year.

|  |  |  |  |
|--|--|--|--|
|   | Target is likely to be achieved or exceeded.             |   | Current performance is better than this time last year |
|   | The achievement of the target is uncertain at this stage |   | Current performance is the same as this time last year |
|  | Target is highly unlikely to be / will not be achieved.  |  | Current performance is worse than this time last year  |

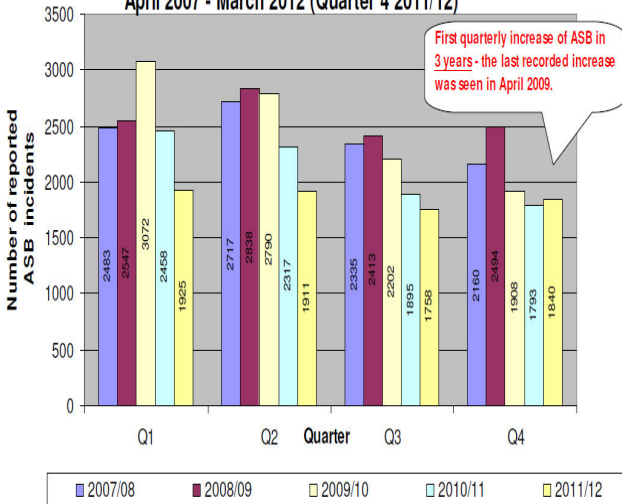
| Page | Ref   | Descriptor   | 2011 / 12 Target  | Direction of travel   |
|------|-------|--|---|---|
| 4    | SH 1  | Reduce Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents.                          |    |    |
| 6    | SH 2  | Reduce the number of Deliberate Fire incidents (NI33)  |    |    |
| 8    | SH 3  | Reduced perception by Residents of antisocial behaviour (NI 17)  |    |    |
| 10   | SH 4  | Safeguarding Children: Reduce the Number of Young People who repeatedly run away in Halton (New Measure)                               |    |    |
| 11   | SH 5  | Vulnerable Adults – Safeguarding: Increase the percentage of VAA Assessments completed within 28 days.                                 |    |    |
| 12   | SH 6  | Reduce repeat incidents of domestic abuse within the MARAC Cohort (NI32 )  |    |    |
| 14   | SH 7  | a) Increase the percentage of successful completions (Drugs) as a proportion of all in treatment (over 18)                             |    |    |
|      |       | b) Increase the percentage of successful completions (Alcohol) as a proportion of all in treatment (over 18)                           | Placeholder 2012/13   | New Measure   |
| 16   | SH 8  | a) Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) [New Measure]                                   |  | N/A   |
|      |       | b) Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) [New Measure]                                 | Placeholder 2012/13   | New measure   |
| 18   | SH 9  | Reduce the rate of young people (0-18) admitted to hospital due to substance misuse (will include alcohol)                             |  |  |
| 20   | SH 10 | Reduce Alcohol related hospital admissions (NI 39)   |  |  |
| 22   | SH 11 | Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM scheme) (Formerly NI 30)                                   |  | New measure   |
| 24   | SH 12 | Reduce the number of first time entrants to the Youth Justice System (formerly NI111).   | N/A   | New measure   |
| 25   | SH 13 | Use of Custody (New Measure)   | N/A   | New measure   |
| 26   | SH 14 | Reduce the proportion of individuals within the Navigate cohort who's offending is substance misuse related. (Placeholder New Measure) | Placeholder 2012/13   | New measure   |
| 27   | SH 15 | Reduce the re-offending rate of young offenders (Formerly NI 19)   | Placeholder 2012/13   | New measure   |
| 28   | SH 16 | Reduce serious acquisitive crime (Formally NI16)   |  |  |
| 30   | SH 17 | Reduce Assault with Injury crime rate (Formerly NI 20) New Revised Measure   |  |  |



SCS / SH1

Reduce Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents

Halton TOTAL ASB incidents reported to Cheshire Constabulary  
April 2007 - March 2012 (Quarter 4 2011/12)



| 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2 | 2011/12 Qtr 4 | Current Progress | Direction of Travel |
|----------------|----------------|---------------|---------------|------------------|---------------------|
| 8489           | 8065           | 3827          | 7434          |                  |                     |

Data Commentary:

Actual number of antisocial behaviour (ASB) incidents reported to the Cheshire Police, cumulatively in the year up to 31<sup>st</sup> March 2012. (1925 Q1, 1911 Q2, 1758 Q3, 1840 Q4)

Performance Commentary:

Total ASB numbers have risen this quarter for the first time in three years by 3% when comparing this quarter with the same quarter last year. (Increasing from 1793 in Q4 2010/11 to 1840 in Q4 2011/12. – 47 more incidents in one quarter. Youth related ASB has caused this increase, rising by 14% this quarter compared to the same quarter last year. (Increasing from 612 in quarter 4 2010/11 to 697 in quarter 4 2011/12 – 85 more youth related ASB.)

Despite the increase during this quarter, numbers overall across Halton for 2011/12 when compared with 2010/11 have still reduced by 12%.

Yearly totals: 2010/11 compared with 2011/12

**Widnes:** Birchfield (increase of 24) Broadheath (increase of 13) and Riverside (increase of 31) were the only areas to show an increase in numbers all others reduced.

**Runcorn:** All areas in Runcorn reduced in numbers reported with one exception, Windmill Hill (increase of 9) when comparing 2010/11 with 2011/12.

Halton YOUTH ASB incidents reported to Cheshire Constabulary April 2007 - March 2012 (Quarter 4 2011/12)



Summary of Key activities taken or planned to improve performance:

Working closely with the ASB Housing and Enforcement Officer has resulted in a significant reduction of anti social behaviour suffered particularly in areas identified in the Tasking Coordination Meeting -Problem Profiles. Cases are also discussed in the Multi Agency Meeting and vulnerable victims and witnesses have received re-assurance visits from PCSOs and the officers engaged with the Tasking Vehicle when it is deployed.

The ASB victim and Witness Support Service have also worked closely with the Youth Offending Team to ensure the views and opinions of victims and witnesses of Anti Social Behaviour are canvassed and where appropriate they are given the opportunity to participate in Referral Panels (attending panel meetings), Restorative Conferences and other community/restorative disposals.

A bid has also been submitted for scrutiny by this service to secure continuation funding via the National Lottery.







Seventy five referrals were made between April 2011 to March 2012 to the Victim & Witness Co-ordinator. Many positive service users' responses have been received stating that the service is delivering an effective approach. For instance "Andrew Bailey you are a caring man, who has been amazing." A range of service developments as part of the community safety team review are being considered to improve service delivery further. These are as follows:

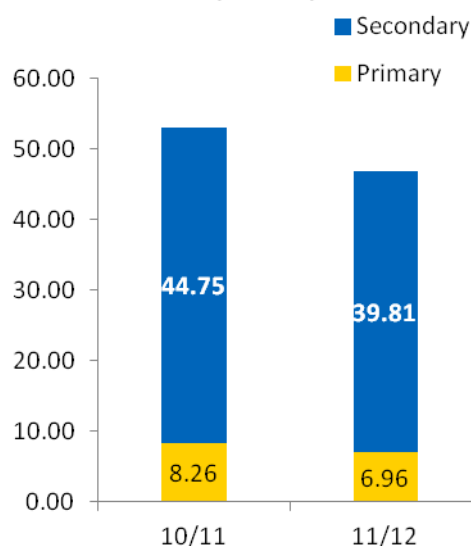
- To Pilot Neighbourhood Resolution Panel as an preventative intervention to address anti social behaviour
- Aim to receive more satisfaction surveys from service users.
- Aim to use service user feedback to improve the service provision.
- Develop a community based forum to identify community intelligence.
- Encourage service development and local event attendance by the Coordinator.
- Diversionary / reparation activities for perpetrators of ASB such as youth groups to strengthen the links with the Youth Offending Team (YOT).
- To also identify the numerous communities, voluntary and citizenship type available within the community where perpetrators can become involved on a voluntary basis.
- Bridge the links to the Children and young people outcome framework to ensure that all young people focussed activities support the categories 'stay safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing'.

Four antisocial behaviour orders were secured in this quarter 4 by the Anti Social Behaviour Enforcement Officer in the Courts. Evidence is also being obtained to support applications for a further anti social behaviour orders on four target individuals.

SCS / SH2

Reduce the number of Deliberate Fire incidents (NI33)

|   | 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2 | 2011/12 Qtr 4 | Current Progress  | Direction of Travel   |
|---|----------------|----------------|---------------|---------------|---|---|
| Primary   | 8.26           | 8.13           | 3.69          | 6.96          |  |  |
| Secondary   | 44.75          | 43.81          | 20.87         | 39.81         |  |  |
| Total   | 53.01          | 51.94          | 24.56         | 46.77         |  |  |
| <b>Data Commentary:</b>   |                |                |               |               |   |   |
| <p>Data relates to all fire incidents deemed to have been caused by deliberate ignition, between 1 April and 30 September 2011. It is the number of deliberate :</p> <ul style="list-style-type: none"> <li>(i) primary and</li> <li>(ii) secondary fires per 10,000 population.</li> </ul> <p>This is an APACS indicator: SPI 7.1 deliberate fires.</p> <ul style="list-style-type: none"> <li>• Deliberate fire is any fire where the cause of fire is suspected non-accidental.</li> <li>• Primary fire is any fire involving casualties OR any fire involving property (including non-derelict vehicles) OR any fire where at least 5 fire appliances attend.</li> <li>• Secondary fires are reportable fires that were not involving property; were not chimney fires in buildings; did not involve casualties; were attended by four or fewer appliances. An appliance is counted if either the appliance, equipment from it or personnel riding in it, were used to fight the fire. Derelict building or derelict vehicle fires are secondary fires.</li> </ul> <p>Data is correct as at 12 April 2012. 2010 Actuals have been updated as final verified figures by Cheshire Fire Service.</p> |                |                |               |               |   |   |
| <b>Performance Commentary:</b>  |                |                |               |               |   |   |
| <p>Incidents of deliberate fires have decreased by 11.8% from 2010/11. This equates to 15.7% for NI33i Deliberate Primary Fires and 11.0% for NI33ii Deliberate Secondary Fires. Comparatively, Cheshire as a whole has seen a 10.4% decrease. Performance for both of these indicators is positively under target</p> <p>Cheshire FRS is part of the CFOA Family Group 4, formed of fire and rescue services from England, Wales and Northern Ireland. Originally, membership was decided by grouping 'similar' fire services based upon factors such as population, deprivation, risk profiles and incident volumes.</p> <p>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>  |                |                |               |               |   |   |

Deliberate Fires Halton  
2010/11 - 11/12

**Summary of Key activities taken or planned to improve performance:**

These have been as follows:

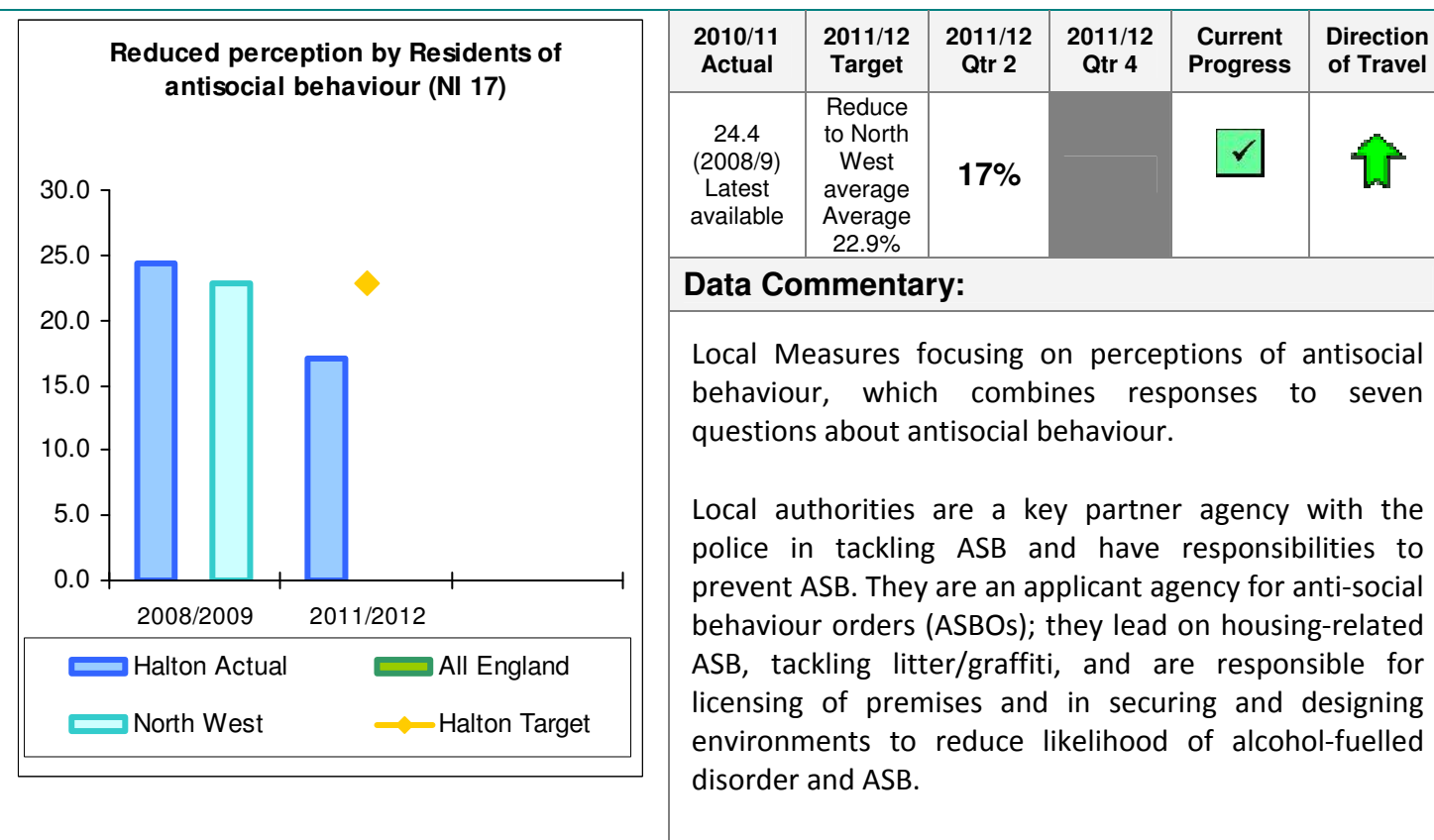
- Youth engagement activities including: RESPECT, the Phoenix Project, 2 X Fire Cadet units, Princes Trust and Fire Station Community Garden at Runcorn.
- Established Police Notification Reporting (PNR) process so deliberate fire information and intelligence gathered by fire crews is user friendly and accessible between partners. Following every deliberate fire a report is completed and sent a 'single point of contact' (SPOC) in the Police.
- Each of the stations in Halton produce a monthly arson report to identify trends and peaks in arson activity which is shared with partners from the Borough Community Safety Team.
- Areas of high activity are reported to the Halton Tasking and Coordination Group, in order to shape a multi-agency approach to the problem.
- Each of the stations have dedicated 'arson routes' which are reviewed monthly to encompass the areas of greatest anti-social fire activity. Crews patrol the areas in their fire appliances to act as a deterrent and provide reassurances to the community. They actively knock on doors and remind residents to stow away bins and likewise, businesses to arrange for skips to be removed once full.
- Advertising/ Marketing on fire appliances ref crime and arson prevention.
- Fitting of Domestic Fire Retardant Letter box covers to the vulnerable.
- Fire Safety Enforcement activity in areas of high risk for arson.
- Joint SMART Water/crime prevention/home fire safety initiatives with Police and Partners.
- Multi-agency Halloween and Bonfire initiatives.

**Future Activities:**

- 'On Line' Gaming Championships, utilising social media and online gaming – to be held over the Halloween and Bonfire Period during high risk/activity periods. (17:00-21:00hrs). The aim is to 'push' young people in- doors to take part in the competition during the high activity periods, rather than leave them on the streets.
- Discussions ongoing to increase the number of organised community bonfires and firework displays over the bonfire period.
- The concept and development of Phoenix Cadets – this is an addition to the current Phoenix Project in Halton to extend the Fire Cadets out to primary age children in schools within the community.
- Fitting Wheelie Bin Locks in areas of high activity or to vulnerable households.

SCS / SH3

## Reduced perception by Residents of antisocial behaviour (NI 17)



| 2010/11 Actual                 | 2011/12 Target                             | 2011/12 Qtr 2 | 2011/12 Qtr 4 | Current Progress | Direction of Travel |
|--------------------------------|--|---------------|---------------|------------------|---------------------|
| 24.4 (2008/9) Latest available | Reduce to North West average Average 22.9% | 17%           |               |                  |                     |

**Data Commentary:**

Local Measures focusing on perceptions of antisocial behaviour, which combines responses to seven questions about antisocial behaviour.

Local authorities are a key partner agency with the police in tackling ASB and have responsibilities to prevent ASB. They are an applicant agency for anti-social behaviour orders (ASBOs); they lead on housing-related ASB, tackling litter/graffiti, and are responsible for licensing of premises and in securing and designing environments to reduce likelihood of alcohol-fuelled disorder and ASB.

**Performance Commentary:**

From the 2011 resident's survey a figure for NI17 is 17%. However this comes with a number of caveats.

- It cannot be directly compared to the 2008 place survey, carried out by MORI, due to changes in methodology between the two surveys. Therefore should now act as a benchmark figure for future resident surveys.

There is no North West comparison figure available and is unlikely to be in the future. This is because there is no statutory requirement for Local Authorities to collect NI17 information.

**Summary of Key activities taken or planned to improve performance:**

In the absence of a nationally prescribed survey (previously the Place Survey), work has been progressed in quarter 3 to establish a more locally focused survey to capture community perceptions and satisfaction levels.

This residents survey undertaken in October 2011 includes the following questions:

1) How much of a problem respondents feel 'Teenagers hanging around the streets' 'Vandalism, graffiti and other deliberate damage to property and vehicles' 'People using or dealing drugs' 'abandoned or burnt out cars' and 'people being drunk or rowdy in public spaces' to be a very big or fairly big problem within their local area

2) Respondents experience of the above in the last 12 months

3) How safe respondents feel 'inside your home' 'in your local area during the day' and in your local area after dark'

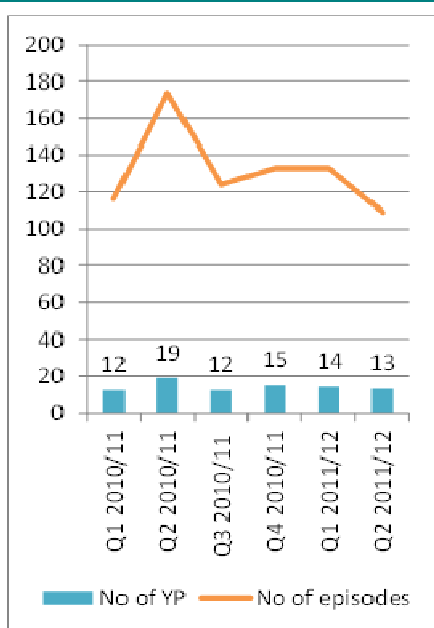
4) Confidence in the police in respondent's local area.

During February 2012, the Research & Intelligence team reported on the results of the residents' survey. About 1,800 residents returned filled in forms, sufficiently covering all wards and Area Forums to give a representative sample of the borough. The response rate was better than the previous survey carried out by MORI. The full results of the survey are available from [www.halton.gov.uk/research](http://www.halton.gov.uk/research).

It is intended to undertake future surveys every two years. In addition to the resident's survey measures, the previous NI 17 (Reduced perception of antisocial behaviour) measure will also be reported and to inform perceptions of anti-social behaviour. It will then be determined as to whether future targets will be set based on NI 17 or a selection of indicators as established and a baseline captured in 2011.

SCS / SH4

Safeguarding Children: Reduce the Number of Young People who repeatedly run away in Halton (New Measure)



| Quarter    | No YP missing from home | No episodes missing from home | No YP missing from Care | No episodes missing from Care | No YP missing from CCJA | No episodes missing from CCJA |
|------------|-------------------------|-------------------------------|-------------------------|-------------------------------|-------------------------|-------------------------------|
| Q1 2010/11 | 7                       | 62                            | 13                      | 112                           | 9                       | 85                            |
| Q2 2010/11 | 5                       | 37                            | 7                       | 85                            | 2                       | 17                            |
| Q3 2010/11 | 4                       | 21                            | 11                      | 112                           | 5                       | 25                            |
| Q4 2010/11 | 2                       | 10                            | 12                      | 132                           | 8                       | 78                            |
| Q1 2011/12 | 5                       | 32                            | 7                       | 77                            | 5                       | 51                            |

| 2010/11 Actual   | 2011/12 Target                       | 2011/12 Qtr 2 | 2011/12 Qtr 4                      | Current Progress | Direction of Travel |
|--|--------------------------------------|---------------|------------------------------------|------------------|---------------------|
| 18 Young People – 465 episodes   | 17 young people – 428 episodes       | 13            |                                    |                  |                     |
| Commissioned service provider changed during 2011/12, figures are therefore not comparable – Cheshire Police data has therefore been used to monitor performance during Q4 of 2011/12. |                                      |               |                                    |                  |                     |
| 2011 Youth: 178<br>Youth in care: 108  | 2012 Youth: 126<br>Youth in Care: 47 |               | Youth: -29%<br>Youth in care: -57% |                  |                     |

**Data Commentary:**

Data up to Q3 of 2011/12 has been provided from the commissioned service Barnardos, however due to provider changes data cannot be consistently compared during Q4, therefore data from Cheshire Constabulary has been used to update performance.

**Performance Commentary:**

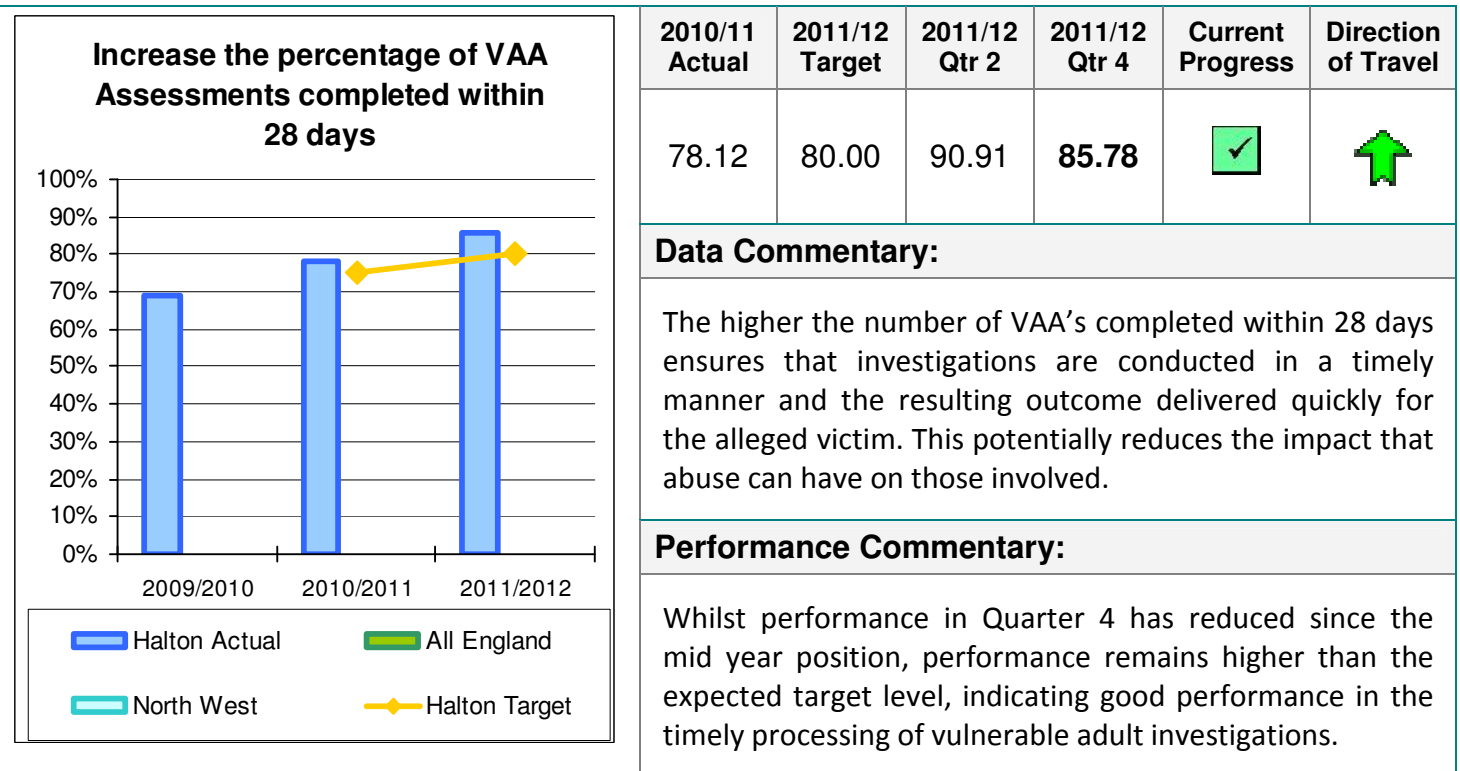
Figures show some significant reductions this quarter in both missing from home incidents and those from Care. There have been 52 less youth related missing from home incidents with the greatest reductions seen in those from care (61 less incidents) when compared to the same period during 2011.

**Summary of Key activities taken or planned to improve performance:**

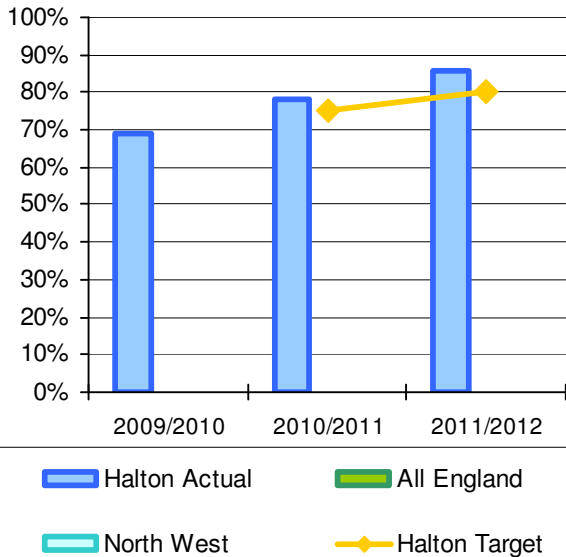
The Commissioning Manager is in the process of applying more effective mechanisms in place to monitor performance across not only Halton but across Cheshire. Future data will be collated using Police data in order to enable effective monitoring regardless of changes that may occur through the commissioning process. Measures for 2012/13 are being considered across Cheshire within a strategic meeting lead by the Halton Commissioning Manager; to set a new baseline against which performance can be monitored whilst the protocol and service provider is in its infancy.

SCS / SH5

**Vulnerable Adults – Safeguarding: Increase the percentage of VAA Assessments completed within 28 days.**



### Increase the percentage of VAA Assessments completed within 28 days



### Summary of Key activities taken or planned to improve performance:

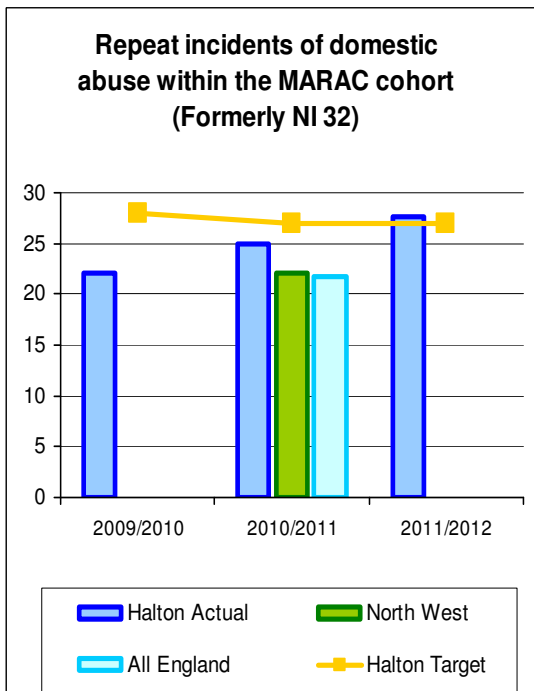
Referrals are received from a variety of sources by Social work teams who will prioritise abuse cases leading to an appropriate response within timescales.

Improvements in process timescales have been achieved in recent years. Some room for improvement is predicted and then maintenance at 82% is projected as the optimum level achievable. It is recognised that it is not possible to achieve 100% of VAA investigations to be completed in 28 days and the rationale is to maintain current levels of service, given budgetary pressures. Actual performance will be monitored on a regular basis (at least quarterly) and targets will be refreshed as necessary.



SCS / SH6

Reduce repeat incidents of domestic abuse within the MARAC Cohort (NI32 )



| 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2 | 2011/12 Qtr 4 | Current Progress | Direction of Travel |
|----------------|----------------|---------------|---------------|------------------|---------------------|
| 25             | 27             | 26%           | 27.6%         |                  |                     |

**Data Commentary:**

The 27.6% repeat incident rate represents 70 cases out of a total of 253 cases; one repeat incident causes a 0.4% increase.

For the purposes of this indicator, a repeat case occurs when a case that is reviewed at a MARAC has also been seen or reviewed at the same MARAC or a different MARAC within the same Local Area Agreement within the preceding 12 months (from the review). Each repeat case will also be counted each time it is reviewed in a given 12 month period (i.e. If a case first comes to MARAC in January and then is reviewed in February and July this will count as two repeats). If a case was reviewed at a different MARAC outside of the Local Area Agreement within the preceding 12 months, this will not be counted as a repeat.

**Performance Commentary:**

Cheshire Police Strategic PPU (Public Protection Unit) and Halton Domestic Abuse Forum identified that a lower than anticipated number of cases were appearing at Halton MARAC and did not reflect the guidance provided by CAADA. As a consequence all high risk cases are now discussed at MARAC accounting for the significant increase in the number of cases being discussed at MARAC and the increase in repeats.

A higher rate can also indicate that victims have the confidence to disclose further incidents possibly suggesting a good experience of MARAC for the first time.

**Summary of Key activities taken or planned to improve performance:**

In Halton we believe that tackling Domestic Abuse and Sexual Violence is vital to building stronger, safer and healthier communities. We recognise that Domestic Abuse and Sexual Violence can occur in many forms and can be experienced differently by different groups, such as women and girls, members of the LGBT and BME communities and men, who may disproportionately experience various elements of these abuses. It is widely evidenced that these issues not only impact on the victim, their families and children but also the wider community with the associated emotional and financial costs. Thus, as a multi-agency partnership, we aim to tackle Domestic Abuse and Sexual Violence in their widest forms and provide support to all victims within our area.

In response to the MARAC Case Review (The aim of this was to ascertain if there was any risk or protective factors for this cohort that distinguished them from non-repeat cases and could clarify possible reasons for the apparent ineffectiveness of current interventions.), Halton Domestic Abuse Forum have developed a

targeted action plan in response to the recommendations highlighted within the report. In essence the emphasis on this action plan is to ensure that cases heard at MARAC receive the best possible response agencies can collectively offer to victims and families suffering the effects of domestic abuse.; to establish and highlight the outcomes of the actions for victims and families and; to improve current interventions and protective factors ultimately leading to a reduction in identified and assessed risk.

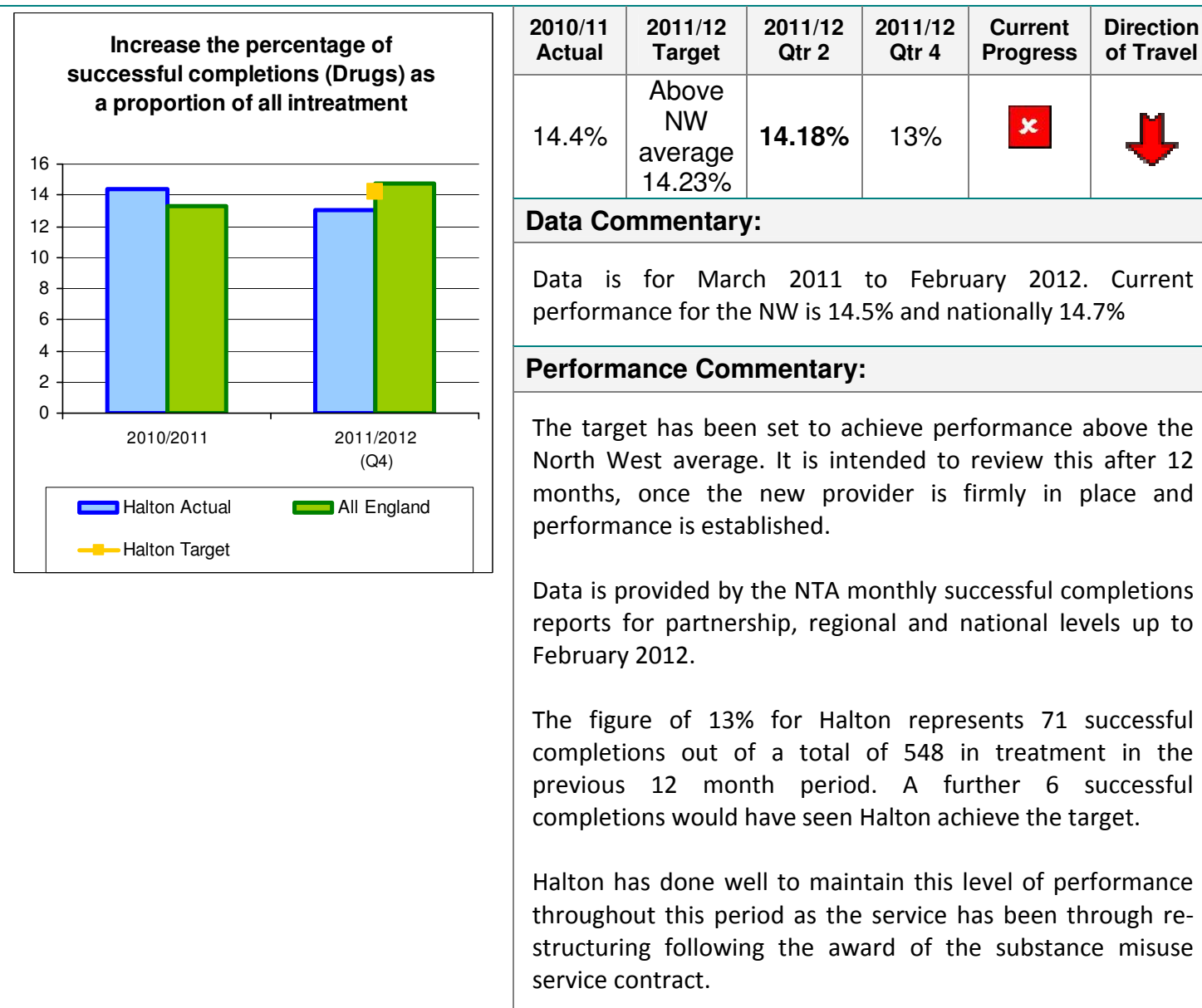
The HDAF Strategic group members have completed the Audit Commissions Self-Assessment on local area response to domestic abuse. The findings of this piece of work have overall been extremely positive and have highlighted several areas of local good practice. Notably Halton's commitment and culture to 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.

On the 25<sup>th</sup> November 2011 to mark the National White Ribbon Day, Halton Survivors Group supported by the Halton Domestic Abuse Forum delivered a of a half day conference aimed at local professionals. A series of professional presentations were provided during the event to highlight best practise, raise service provision awareness and care pathways. The Halton survivors group shared their own experiences and provided a snapshot insight in to the impact of Domestic Abuse and Sexual Violence on children, families and individuals at the event. The event was very well received resulting in a high level of awareness in the importance of multi-agency approaches and partnership working amongst professionals. The conference was well attended - 123 which included delegates, survivors guest speakers and performers, (Children's choir and Cronton 6<sup>th</sup> Form College Dance and Drama students). The event was opened by Derek Twigg MP and closed by Safer Halton Policy and Performance Board Chair Councillor Shaun Osborne.

Domestic Abuse and Sexual Violence are issues that affect young people. Ensuring that young people are able to identify abuse and have the knowledge and information available to them to enable them to make and identify healthy relationships is central to raising expectations both in males and females. The Halton Children's Safeguarding Board has identified Domestic Abuse as priority for 2012-13 within its business plan.

SCS / SH7<sup>1a</sup>

**Increase the % of successful completions (Drugs) as a proportion of all in treatment (18+)**  
**New Measure**



**Summary of Key activities taken or planned to improve performance:**

The new substance misuse service, provided by CRI, commenced on 18<sup>th</sup> February 2012. Further improvement in 'successful completions' has been raised with the new service provider and an action plan to support this will be agreed at the first performance meeting due to be held in May 2012.

<sup>1</sup> SCS / SH7a is also replicated under Healthy Halton as SCS / HH 11a

**SCS / SH7<sup>2b</sup>** Increase the percentage of successful completions (Alcohol) as a proportion of all in treatment (over 18)

|                     | 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2       | 2011/12 Qtr 4 | Current Progress    | Direction of Travel |
|---------------------|----------------|----------------|---------------------|---------------|---------------------|---------------------|
| Placeholder 2012/13 | New Indicator  |                | Placeholder 2012/13 |               | Placeholder 2012/13 | New Measure         |

**Data Commentary:**

The aim of this service is to increase the % of successful completions as a proportion of all people in treatment for an alcohol addiction. It is a measure of how successful the Tier 3 Community Service is, in treating alcohol dependency and ensuring that the in-treatment population does not remain static.

**Performance Commentary:**

This new service will be established in 2012/13. Targets will then be set following the collection of data in year 2012/13 and a baseline established.

**Summary of Key activities taken or planned to improve performance:**

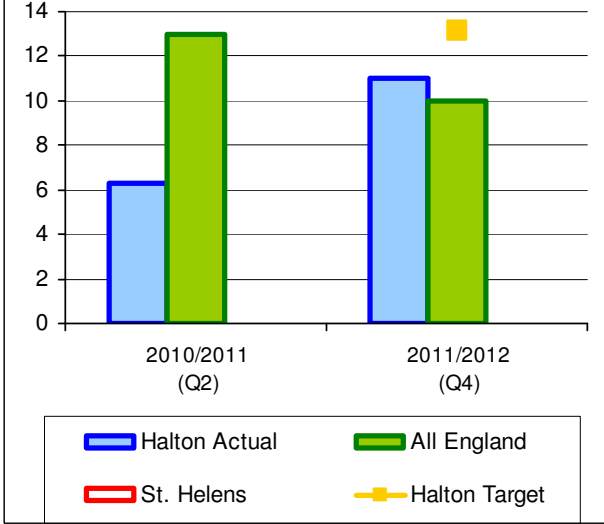
Following a robust and comprehensive competitive tender process, the new Substance Misuse Provider in Halton 'CRI' commenced service delivery on 1st February 2012. Work is underway to embed the service and to support CRI to deliver quality, recovery orientated interventions which put the service user at the centre of their recovery journey rather than being a passive recipient of care.

Key Stakeholders were invited to a 'meet and greet' event in February 2012 to enable the wider partnership to learn more about the new Substance Misuse Service.

<sup>2</sup> SCS / SH7b is also replicated under Healthy Halton as SCS / HH 11b.

SCS / SH8a

**Reduce the number of individuals re-presenting within 6 months of discharge (Drugs)**  
**[New Measure]**

| <p><b>Reduce the number of individuals re-presenting within 6 months of discharge (Drugs)</b><br/>           (Rolling figure March 2011 to February 2012)</p>  <p>2010/2011 (Q2)      2011/2012 (Q4)</p> <p>Halton Actual      All England<br/>           St. Helens      Halton Target</p>  | 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2 | 2011/12 Qtr 4 | Current Progress                    | Direction of Travel |
|---|----------------|----------------|---------------|---------------|-------------------------------------|---------------------|
| <p><b>Performance Commentary:</b></p> <p>Performance nationally now is 10% for the above period. This is the closest Halton has been to the national average in 2011 -12 and an improvement on the 12.5% recorded for quarter 2.</p> <p>Halton has done well to maintain this level of performance throughout this period as the service has been through re-structuring following the award of the substance misuse service contract.<br/>           St Helens is 9%</p> | New Indicator  | 13.1%          | 12.5%         | 11%           | <input checked="" type="checkbox"/> | NA                  |
| <p><b>Data Commentary:</b></p>  |                |                |               |               |                                     |                     |
| <p>Data represented above is based on a 12 month rolling basis March 2011 to February 2012. This provides an indication of the numbers of individuals who have left treatment and are managing to sustain there recovery in the longer term.</p>  |                |                |               |               |                                     |                     |
| <p>However, it is important to note that as the number of individuals in the cohort completing treatment is relatively small (reflective of the population size of Halton), a small increase in numbers of individuals re-presenting can have a large effect on the % re-presenting.</p>  |                |                |               |               |                                     |                     |
| <p><b>Summary of Key activities taken or planned to improve performance:</b></p>  |                |                |               |               |                                     |                     |
| <p>The new substance misuse service, provided by CRI, commenced on 1<sup>st</sup> February 2012. Further improvement in ‘reducing the number of individuals re-presenting’ has been raised with the new service provider and an action plan to support this will be agreed at the first performance meeting due to be held in May 2012.</p>   |                |                |               |               |                                     |                     |

SCS / SH8b

Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol)  
[New Measure]

|                     | 2010/11 Actual | 2011/12 Target             | 2011/12 Qtr 2 | 2011/12 Qtr 4    | Current Progress    | Direction of Travel |
|---------------------|----------------|----------------------------|---------------|------------------|---------------------|---------------------|
| Placeholder 2012/13 | New Indicator  | Baseline to be established |               | Refer to comment | Placeholder 2012/13 | New measure         |

**Data Commentary:**

This new service will be established in 2012/13. Targets will then be set following the collection of data in year 2012/13 and a baseline established. Data not currently collected on a national basis, this is a local measure.

This provides an indication of the numbers of individuals who have left treatment at the Tier 2/3 Community Service 'CRI' and are managing to sustain their recovery in the longer term. Actual data is not yet available.

**Performance Commentary:**

This measure is a measure of how successful the Tier 3 Community Service is, in treating alcohol dependency and ensuring that there has been sufficient focus on sustaining treatment gains.

**Summary of Key activities taken or planned to improve performance:**

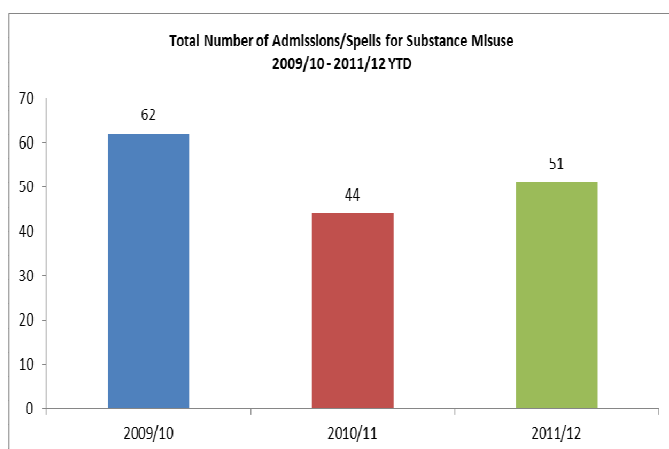
Following a robust and comprehensive competitive tender process, the new Substance Misuse Provider in Halton 'CRI' commenced service delivery on 1st February 2012. Work is underway to embed the service and to support CRI to deliver quality, recovery orientated interventions which put the service user at the centre of their recovery journey rather than being a passive recipient of care.

Part of the treatment offer involves the Provider ensuring that there are aftercare arrangements in place to support the Service User once they leave the service. This includes periodic contact, an aftercare plan and information re mutual aid and self help groups.

Key stakeholders were invited to a 'meet and greet' event in February 2012 to enable the wider partnership to learn more about the new Substance Misuse Service.

SCS / SH9

**Reduce the rate of young people (0-18) admitted to hospital due to substance misuse (will include alcohol)**



| 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2 | 2011/12 Qtr 4    | Current Progress | Direction of Travel |
|----------------|----------------|---------------|------------------|------------------|---------------------|
| 61             | 58 (- 5 %)     | 51 (-16%)     | Refer to comment |                  |                     |

#### Data Commentary:

This indicator measures the % of hospital admissions for 0 – 18 year olds where substance misuse is coded as a reason for admission per 10,000.

This chart shows a comparison year to date up to Quarter Two between 2009 and 2012. Data is produced in arrears and Quarter Four performance is not expected until September 2012.

#### Performance Commentary:

There has been an increase of 7 admissions year to date 2011/12 compared to 2010/11.

Data for previous reports on substance misuse has been called into question recently and is currently under investigation. The performance reported in the chart indicates that there was a lower rate of admissions than previously understood.

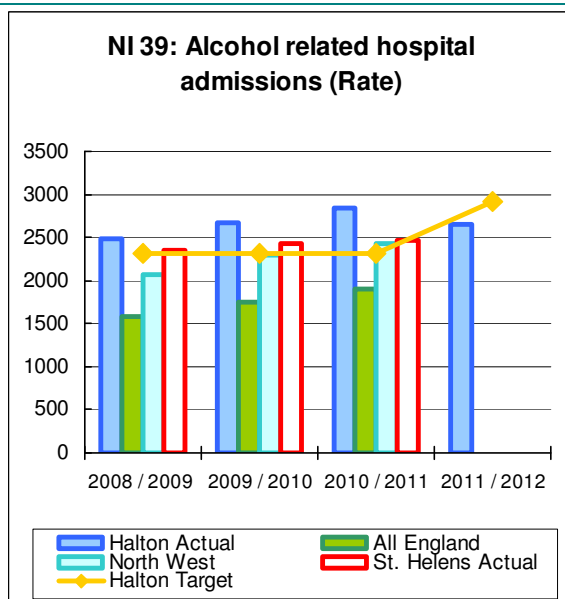
#### Summary of Key activities taken or planned to improve performance:

There are a number of developments in interventions Halton has implemented in this period including:

- We have developed outreach provision and interventions for young people with substance misuse needs, which are focussed on early and brief interventions
- We are working in partnership with the DfE co-ordinating the Skills for Change programme aimed at young people affected by parental substance misuse.
- Together with the Home Office and Mentor UK we have trained local voluntary groups to carry out brief interventions related to alcohol misuse with young people
- Peer to Peer training has been provided, to enable young people to be pro-active in delivering alcohol education session in universal provision
- 100% of young people referred into treatment are able to access provision within 5 days of referrals
- Delivery of targeted outreach/ activities in identified wards has led to a reduction in youth nuisance calls related to substance misuse
- Clear links between A&E departments, acute hospital wards and the specialist substance misuse service have been developed
- Mobile VRMZ outreach bus is routinely used and valued by young people and has impacted on a reduction in alcohol related anti-social behaviour.
- We have developed and establish young people friendly services that are available at appropriate times, delivered across the borough 7 days a week.
- Young people have been fully involved in the design and delivery of the new treatment system

- Young people have been involved in the development of posters, information campaigns informing young people of the services available in Halton.
- We have developed clear screening tools and treatment pathways for professionals and community groups on referring young people to the appropriate level of service
- Established clear links with schools and colleges to ensure that drug and alcohol users still at school or college can access individual support and activities to support their wellbeing and prevent exclusion.
- Further improved TOP reviews and completions within specialist provision.



SCS / SH10<sup>3</sup> Reduce Alcohol related hospital admissions (NI 39)

| 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2 | 2011/12 Qtr 4 | Current Progress | Direction of Travel |
|----------------|----------------|---------------|---------------|------------------|---------------------|
| 2839           | 2916           | 1419.1        | 2651.7        |                  |                     |

**Data Commentary:**

This indicator measures the rate of alcohol related hospital admissions per 100,000 population using Hospital Episode Statistics.

Verified LAPE performance data for 2011/12 is required.

Local Data can be utilised as an interim measure but verified data for final two quarters of 11/12 are outstanding in this report. Q4 is a proxy based on data to Feb 2012.

**Performance Commentary:**

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).

**Summary of Key activities taken or planned to improve performance:**

A programme of Identification and Brief Advice (IBA) Training for key frontline professionals is being rolled out across the borough. The aim is to ensure that:

- Advice is on offer for people who would benefit from reducing their drinking
- Alcohol problems are identified earlier
- There is a referral to treatment services for those requiring more intense support.

An innovative, new, integrated, recovery orientated substance misuse treatment service commenced service delivery on 01 February 2012. Considerable investment has been made to increase capacity and modernize treatment services, allowing us to change the way in which we tackle alcohol and drug related problems. The service will not only address drinking or drug taking behaviours but will aim to identify and tackle underlying causes and ensure that factors which help increase a person's chances of getting and staying well are enhanced. For example, does the service user have a job, a safe place to live, robust family relationships and feel included within the community? Support and advice will be on offer for service users and their families and the wider partnership will be engaged to explore and tackle cross cutting themes, including safeguarding and social inclusion.

Alcohol Liaison Nursing (ALN) Services are being developed in Whiston and Warrington Hospitals. The Alcohol Liaison Nursing Service will be established to provide high quality, evidence based alcohol treatment at the Emergency Departments and on hospital wards. The service will bridge the gap between inpatient

<sup>3</sup> SCS / SH10 is also replicated under Healthy Halton as SCS / HH 1


admission and community treatment by providing the opportunity for acute hospital patients to be given an alcohol intervention and education on their alcohol use and, for those who need it, the opportunity to be fast-tracked to appropriate community services. The services will avoid unnecessary admissions and enhance the care given to people who regularly attend hospital for alcohol related harm.

A Review of the Tier 4 Alcohol Treatment Service is underway at the Windsor Clinic Mersey care on behalf of Halton & St Helens and NHS Mersey. There is a requirement to ensure that service provision for very complex and vulnerable cases are aligned with the new, recently commissioned, community based Tier 2/3 Recovery Services.

A New Alcohol Strategy for 2012-15 is under development and has been aligned with the new National Alcohol Strategy for England. Extensive consultation will begin shortly on the new local strategy which includes:

- A single Alcohol Communication Strategy and local publicity campaign
- A collaboration with local businesses to make drinking environments in Halton safer, responsible and more attractive. Consideration will be given to gaining Purple Flag Status/ArcAngel.
- A Project to ensure that messages to all children, young people and families are relevant, appropriate and consistent and delivered within the most appropriate settings (including schools, colleges etc.).

**SCS / SH11 Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM scheme) (Formerly NI 30)**

|              | 2010/11 Actual | 2011/12 Target   | 2011/12 Qtr 2   | 2011/12 Qtr 4  | Current Progress  | Direction of Travel |
|--------------|----------------|--|---|--|---|---------------------|
| New Measure. | New Indicator  | To maintain and reduce offending rates for PPO's and RO's from the 2011/12 Baseline<br>PPO: 40% reduction.<br>RO: 4% reduction | PPO: 40% reduction.<br>RO: 4% reduction.<br>Shift in offence type | PPO: 77.13% reduction.<br>RO: 36.73% reduction.<br>Shift in offence type |  | New measure         |

**Data Commentary:**

Data is only available for Qtr 1 – 3 2011/12, from Cheshire Constabulary data delivery team at this point in time. The Qtr 4 position will be available on 16<sup>th</sup> May 2012.

32 individuals were included in the PPO cohort and 37 individuals were included in the RO cohort during Quarters 1-3 of 2011/12, nominated by the Police, Probation, YOT and Addaction.

**Performance Commentary:**

The principal intention behind this indicator is to enable local areas to monitor performance of their Prolific and other Priority offenders (PPO) and Repeat Offenders (RO).

Police Officers and the designated Probation staff continue to undertake regular visits to those offenders on the Navigate Scheme with noted success in reducing the rates of re-offending of PPO's and RO's.

**Summary of Key activities taken or planned to improve performance:**

Integrated Offender Management schemes have a key role in reducing re-offending amongst their cohorts. It is recognised that annual reductions in rates of offending vary with the length of time an offender has been on the scheme - in other words, it is reasonable to expect PPOs and ROs recently taken on to the scheme to show a more significant reduction in their offending over their first year on a scheme compared with an offender who has been on a scheme for 12 months, and who has already shown a steep reduction in his or her offending. The methodology for measuring this indicator allows for such factors to be taken into account.

The route causes of offending behaviour are identified by the IOM team and recognised pathways of support are provided to address these route causes. The most problematic across the whole of the cohort being 'drugs', 'lack of education, training and employment', 'attitudes, thinking and behaviour' and 'accommodation'. The aim being to seek an identified pathway outcome to reduce offending.

During this quarter 3 ( Sept – Dec 2011) one offender has secured the tenancy of a house with the assistance of the team's NACRO worker and one offender has secured employment as a result of the team's links with a local employer. One offender has attended at a local school with Police Officers to give a talk as part of a work shop for teenagers aged 15+. Exit strategies for those offenders being brought before the JAG for denomination are now completed in advance of the meeting and ratified along with denomination.

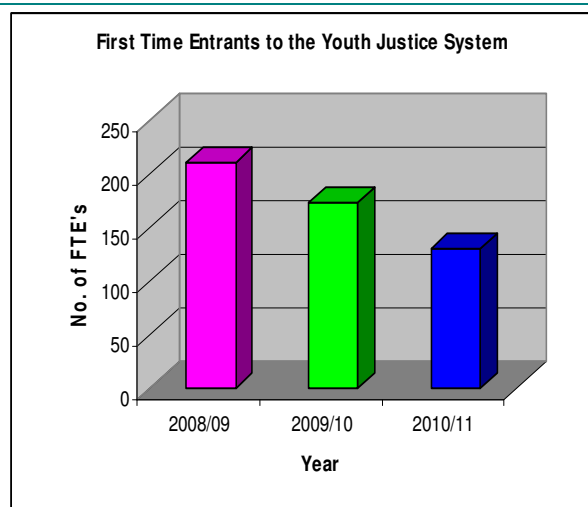
Also considered by the IOM team is the shift in offending behaviour as this reduces the impact that the cohort is having upon the community. (i.e. are any offences being committed now less serious).

For Prolific Priority Offenders baseline convictions and convictions since intervention are monitored which shows for quarter 3 a shift in the offending profile. The largest increases were seen for 'breach of court orders (15.1% increase in convictions), followed by burglary - non dwelling (4.5% increase in convictions) whereas the largest reductions have been seen around 'criminal damage' (4.5% reduction in convictions) and 'Burglary – Dwelling (3.5% reduction in convictions).

For Repeat Offenders not only has there been a majority number of reductions recorded but there has also been a shift in the main offending type for Repeat Offenders from 'Theft – Shoplifting' ( 8% reduction in convictions) and criminal damage (6.5% reduction in convictions) to 'Breach of Court Order' - (17.4% increase in convictions), followed by Drunk & Disorderly (2.1% increase in convictions).

SCS / SH12

Reduce the number of first time entrants to the Youth Justice System (formerly NI111).



| 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2                    | 2011/12 Qtr 4    | Current Progress | Direction of Travel |
|----------------|----------------|----------------------------------|------------------|------------------|---------------------|
| 130            | 234            | 117<br>( July 2010 to June 2011) | Refer to comment | N/A              | New measure         |

**Data Commentary:**

From April 2011 this measure will be reported by Police National Computer (PNC) to Ministry of Justice (MoJ) who will publish the figures. Official Police National Computer First Time Entrants figures are published quarterly on a 12 month rolling process and will always be 6 months behind. These figures will be reported when available including the rate per 1,000 aged 10-17 local population.

**Performance Commentary:**

YOT First Time Entrant (FTE) figures will be reported each quarter and any cases going through court as an FTE will be looked at to ascertain why there were not diverted.

The YOT will also monitor young people referred to the Divert Scheme during January to March 2012 for 12 months for offending activity and becoming a FTE.

YOT will now be collecting Warrington and Halton data together and not split by borough. This will be reported in Q1 2012-13.

**Summary of Key activities taken or planned to improve performance:**

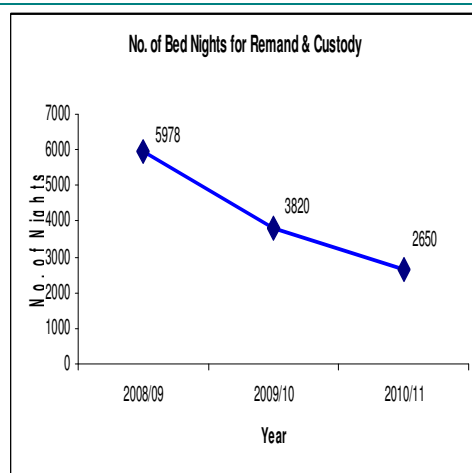
A gap was created in prevention services within Halton when the Youth Inclusion Support Programme (YISP) ceased to be funded in March 2011. It is too early to say at this time whether this will negatively impact on future FTE figures. However in April 2011 due to the success of the YISP, the commissioners of HBC and the YOT funded two Prevention Posts that are based within the CRMZ.

Referrals are received primarily from IWST and Police to provide interventions to young people and their families covering a large spectrum of identified prevention concerns including ASB, Parenting, Teenage Pregnancy, Engagement in School and Family related issues.

The YOT also operate a Divert Project which was set up as one of 6 pilots in November 2009, the aim of the project is to ensure that Children and Young People with mental health problems, speech and communication difficulties, learning disabilities and other problems such as family or social issues get the help they need at the point of arrest to prevent entrance into the youth justice system.

## SCS / SH13

## Use of Custody (New Measure)



| 2010/11 Actual | 2011/12 Target             | 2011/12 Qtr 2    | 2011/12 Qtr 4    | Current Progress | Direction of Travel |
|----------------|----------------------------|------------------|------------------|------------------|---------------------|
| New measure    | Baseline to be established | Refer to comment | Refer to comment | N/A              | New measure         |

**Data Commentary:**

This is a new measure for 2011/12 established to look at the number of young people sentenced to custody as a figure and also represented as a rate per 1,000 aged 10-17. Local population figures will be reported. As this is a new measure there is no baseline figure.

Data will be finalised at year end when 2011 general population figures become available.

**Performance Commentary:**

As well as the above, locally the YOT are compiling data in 2011/12 around the number of beds and bed nights used each quarter as this may become a budgetary cost that the authority will need to meet. The data compiled in 2011/12 will become the baseline year for future targets.

Once the baseline for the number of custodial sentences is established for 2011/12 targets will be set for future years.

**Summary of Key activities taken or planned to improve performance:**

The new national measure will look at the number of custodial sentences given per 1,000 young people (10-17 years) in each area taken from the Office of National Statistics mid year estimates.

However, locally we propose to also look at the number of beds and bed nights each quarter, as this could have significant cost implications to the local authorities if the funding stream was changed.

Plans setting out how custody for children and young people will be developed over the next three years have been published by the Youth Justice Board for England and Wales (YJB). The plans 'Developing the Secure Estate for Children & Young People in England & Wales' have been jointly produced with the Ministry of Justice and follow an extensive consultation, which included seeking the views of almost 700 children and young people in custody.

<http://www.justice.gov.uk/news/press-releases/yjb/yjb-sets-out-plans-for-youth-custody>

**SCS / SH14** Reduce the proportion of individuals within the Navigate cohort who's offending is substance misuse related. (Placeholder New Measure)

|                     | 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2    | 2011/12 Qtr 4 | Current Progress    | Direction of Travel |
|---------------------|----------------|----------------|------------------|---------------|---------------------|---------------------|
| Placeholder 2012/13 | New Indicator  | TBA            | Refer to comment |               | Placeholder 2012/13 | New Measure         |

**Data Commentary:**

To reduce the proportion of individuals within the Navigate cohort who continue to demonstrate offending behaviour related their substance misuse. The Police and Drug Team are working together to reduce this.

**Performance Commentary:**

Service not due to commence until January 2012 and reporting will not commence until 2012/13.

**Summary of Key activities taken or planned to improve performance:**

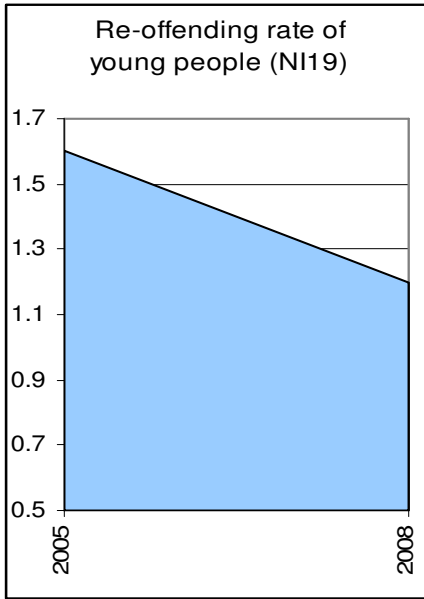
The leads for this indicator would be the Navigate Team and the new substance misuse service.

The service commenced in February 2012 and data to support the measurement of this outcome is in the process of being identified.

Targets will be linked to the service specification and outcomes for this new service.

SCS / SH15

Reduce the re-offending rate of young offenders (Formerly NI 19)



| 2010/11 Actual | 2011/12 Target             | 2011/12 Qtr 2    | 2011/12 Qtr 4 | Current Progress    | Direction of Travel |
|----------------|----------------------------|------------------|---------------|---------------------|---------------------|
| New measure    | Baseline to be established | Refer to comment |               | Placeholder 2012/13 | New measure         |

**Data Commentary:**

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.

**Performance Commentary:**

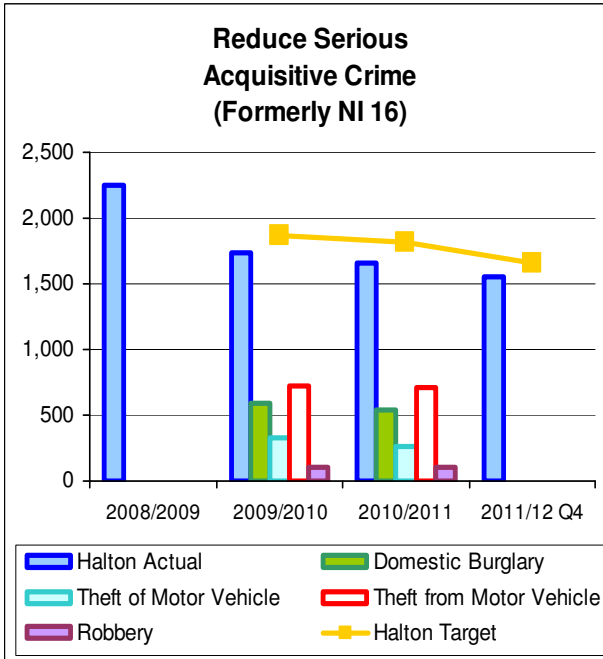
Rate of proven re-offending by young offenders in IOM cohort to be agreed with the Safer Halton Partnership once a baseline is established. The YOT will track people who entered the Integrated Offender Management (IOM) cohort between January 1<sup>st</sup> to March 31<sup>st</sup> 2011 to measure re-offending rates including frequency and seriousness 12 months prior to nomination.

**Summary of Key activities taken or planned to improve performance:**



## SCS / SH16

## Reduce serious acquisitive crime (Formally NI16)



| 2010/11 Actual                | 2011/12 Target | 2011/12 Qtr 2                | 2011/12 Qtr 4                  | Current Progress | Direction of Travel |
|-------------------------------|----------------|------------------------------|--------------------------------|------------------|---------------------|
| 1652<br>(Rate 13.65 per 1000) | 1652           | 757<br>(6.41, rate per 1000) | 1548<br>(rate 13.10 per 1,000) |                  |                     |

**Data Commentary:**

This measure covers the following acquisitive crime rates;

- Domestic burglary
- Theft of motor vehicle
- Theft from motor vehicle
- Robbery (personal and business)

It is calculated as follows:

Number of recorded serious acquisitive crimes/total population x 1,000

**Performance Commentary:**

The serious acquisitive crime rate has reduced by 6.3% compared to Qtr 4 last year.

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 Quarter 4. The cumulative figure for 2010/11 was 1652 compared to this year which shows a decrease in crime for the same period.

**Summary of Key activities taken or planned to improve performance:**

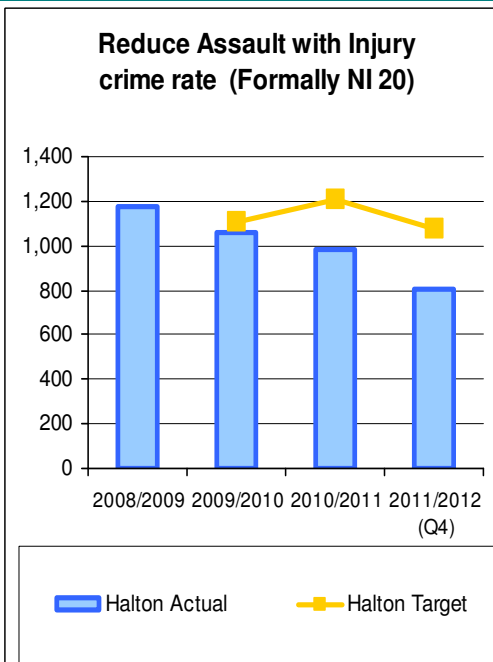
The reduction of serious acquisitive crime remains a key priority with activities undertaken to address the various elements.

- During Quarter 4, 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.
- In February 2012, the Community Safety Supervisor supported the HBC Domestic Violence Co-ordinator and the Halton Domestic Abuse service in the running of a 2 day training course for RSL's. The course was well attended and focused on the role of RSL's to make homes more secure for victims of DV (sanctuary scheme).

- Crime Prevention advice placed on daily police briefing conferences (I-brief) with the run up to the Cheltenham Gold Cup and the Grand National. The briefing included a list and location of all bookmakers for extra visible attention together with details of environmental health officers and business cards to be disseminated to premises regarding cash handling, training, forensic procedures and skimming cash held in tills.
- Alerts sent to Halebank and Astmoor industrial estates following increase in metal theft incidents.
- Joint visits with police crime reduction and HBC environmental officers to two business robbery victims.
- Meeting with the Mersey gateway team (new bridge) to raise policing concerns regarding the construction period and potential risk/threats of stolen licensed plates.
- Over the last few weeks there has been some great works in relation to recent shed burglaries/ shed and garage breaks around Runcorn. As a result 8 men have been arrested by the Police. Thefts of motor vehicles and thefts from motor vehicles have also reduced in Quarter 4.

SCS / SH17

Reduce Assault with Injury crime rate (Formerly NI 20) New Revised Measure



| 2010/11 Actual | 2011/12 Target | 2011/12 Qtr 2 | 2011/12 Qtr 4         | Current Progress | Direction of Travel |
|----------------|----------------|---------------|-----------------------|------------------|---------------------|
| 1074           |                |               | <b>804</b>            |                  |                     |
| 8.23 Rate      | 1074           | 439           | (Rate per 1,000 6.80) |                  |                     |

**Data Commentary:**

This is the number of 'assaults with less serious injury' (including racially and religiously aggravated) offences per 1,000 population as a proxy for alcohol related violent offences.

This is an APACS indicator: SPI 5.3 Assaults with less serious injury rate.

**Performance Commentary:**

The number of recorded assaults with less serious injury has continued to reduce over time.

**Summary of Key activities taken or planned to improve performance:**

This measure is not intended to focus solely on "public place" violence. There is acknowledgement that this measure will include assaults as a result of domestic violence, and a proportion of these will involve alcohol. The reduction of assault with injury remains a key priority for the Cheshire Constabulary across Halton. Day to day policing is supported by the Licensing enforcement team within the Halton Community Safety Team – this team ensures that licensed premises are meeting their obligations and seeks to reduce the possibility of alcohol fuelled assaults by ensuring premises are well run and work in partnership with the local police to address issues.

The SHP also provides funding to support the work of a domestic violence and sexual offences officer within HBC who seeks to reduce domestic violence and support the sanctuary scheme – which encourages RSLs to provide a "safe haven" for domestic violence victims within their own homes through better security and locks.

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 26 June 2012

**REPORTING OFFICER:** Strategic Director Policy & Resources

**PORTFOLIO:** Resources

**SUBJECT:** Performance Management Reports for Quarter 4 of 2011/12

**WARDS:** Boroughwide

### **1.0 PURPOSE OF REPORT**

To consider and raise any questions or points of clarification in respect of performance management reports for the fourth quarter of 2011/12, to March 2012. The report details progress against service objectives/milestones and performance targets, and describes factors affecting the service for:

- Communities Directorate – Community Safety, Drug & Alcohol Action Teams, Domestic Violence and Environmental Health (Extracts)
- Area Partner indicators from the Police, Fire and Probation Services are stated where available.

### **2.0 RECOMMENDED: That the Policy and Performance Board**

- 1) Receive the fourth quarter performance management report;**
- 2) Consider the progress and performance information and raise any questions or points for clarification; and**
- 3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 Directorate Overview reports and associated individual Departmental Quarterly Monitoring reports have been previously circulated via a link on the Members Information Bulletin to allow Members access to the reports as soon as they become available. These reports will also provide Members with an opportunity to give advanced notice of any questions, points raised or requests for further information, to ensure the appropriate Officers are available at the Board Meeting.
- 3.2 Where a Department presents information to more than one Policy & Performance Board some reconfiguration of the reports has been

actioned to reflect Board responsibilities as shown in the following papers.

- 3.3 The departmental objectives provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.
- 3.4 Since 2010/11 direction of travel indicators have also been added where possible, to reflect progress for performance measures compared to the same period last year.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 There are no policy implications associated with this report.

#### **5.0 OTHER IMPLICATIONS**

- 5.1 There are no other implications associated with this report.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 6.1 Departmental service objectives and performance measures, both local and national are linked to the delivery of the Council's priorities. The introduction of a Directorate Overview report and the identification of business critical objectives/ milestones and performance indicators will further support organisational improvement.
- 6.2 Although some objectives link specifically to one priority area, the nature of the cross - cutting activities being reported, means that to a greater or lesser extent a contribution is made to one or more of the Council priorities.

#### **7.0 RISK ANALYSIS**

- 7.1 Not applicable.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 Not applicable.

#### **9.0 LIST OF BACKGROUND PAPERS UNDER SECTIONS 100D OF THE LOCAL GOVERNMENT ACT 1972**

- 9.1 There are no background papers relevant to this report

## 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 - 1<sup>st</sup> January 2012 – 31<sup>st</sup> 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 31<sup>st</sup> 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**

|              |          |   |          |   |          |   |          |
|--------------|----------|---|----------|---|----------|---|----------|
| <b>Total</b> | <b>1</b> |  | <b>1</b> |  | <b>0</b> |  | <b>0</b> |
|--------------|----------|---|----------|---|----------|---|----------|

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**

|              |          |   |          |   |          |   |          |
|--------------|----------|---|----------|---|----------|---|----------|
| <b>Total</b> | <b>2</b> |  | <b>2</b> |  | <b>0</b> |  | <b>0</b> |
|--------------|----------|---|----------|---|----------|---|----------|

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**

|              |          |   |          |   |          |   |          |
|--------------|----------|---|----------|---|----------|---|----------|
| <b>Total</b> | <b>2</b> |  | <b>2</b> |  | <b>0</b> |  | <b>0</b> |
|--------------|----------|---|----------|---|----------|---|----------|

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 |
|-------|----|---|----|---|---|---|---|

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 <b>Mar 2012</b> (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"> <li>• Immediate crisis support</li> <li>• A forensic medical examination</li> <li>• Emergency contraception and pregnancy testing</li> <li>• Information relating to infection and sexually transmitted diseases</li> <li>• Support through the criminal Justice system</li> <li>• One to one counselling</li> <li>• 24 hour advice and information line</li> </ul> <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> |
|--|--|--|



**Appendix 2: Progress Against 'other' objectives / milestones**

| Ref  | Objective   |  |
|--|---|--|
| <b>Service Objective: PA 1</b>   | 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 |
|-----|-------------|----------------|----------------|-----------|------------------|---------------------|-----------------------|
|-----|-------------|----------------|----------------|-----------|------------------|---------------------|-----------------------|

**Service Delivery**

|             |   |       |    |        |   |   |   |
|-------------|---|-------|----|--------|---|---|---|
| <b>PA 8</b> | 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. |
|-------------|---|-------|----|--------|---|---|---|

**Area Partner National Indicator**

|             |  |                                       |     |       |   |  |  |
|-------------|--|---------------------------------------|-----|-------|---|--|--|
| <b>PA28</b> | Repeat incidents of domestic violence (Previously NI 32) | Q4 = 29%<br>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. |
|-------------|--|---------------------------------------|-----|-------|---|--|--|



**Appendix 4: Progress against 'other' performance indicators**

| Ref | Description | Actual<br>2010/11 | Target<br>2011/12 | Quarter 4 | Current<br>Progress | Direction<br>of Travel | Supporting Commentary |
|-----|-------------|-------------------|-------------------|-----------|---------------------|------------------------|-----------------------|
|-----|-------------|-------------------|-------------------|-----------|---------------------|------------------------|-----------------------|

| <b>Service Delivery</b> |   |   |   |      |                  |                  |  |
|-------------------------|---|---|---|------|------------------|------------------|--|
| 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 <sup>1</sup> 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. |

<sup>1</sup> 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<br>2010/11 | Target<br>2011/12 | Quarter 4 | Current<br>Progress  | Direction<br>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<br>2010/11 | Target<br>2011/12 | Quarter 4 | Current<br>Progress | Direction<br>of Travel | Supporting Commentary |
|-----|-------------|-------------------|-------------------|-----------|---------------------|------------------------|-----------------------|
|-----|-------------|-------------------|-------------------|-----------|---------------------|------------------------|-----------------------|

**Area Partner Indicators:**





The indicators below form part of the old National Indicator Set introduced on 1<sup>st</sup> 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<br>2010/11<br>Guide<br>Measure | 526<br>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. |
|--------|--|-----|------------------------------------|--------------|---|---|--|





**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<br>2010/11<br>Guide<br>measure  | Q 1-4<br>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.<br>Racial 23<br>Sexual Orientation 8<br>Faith 0<br>Disability 1 |
| CCC 18 | % Of hate crime incidents that resulted in further action.  | 51.1%          | 51.1%<br>2010/11<br>Guide<br>measure | Refer to<br>comment | NA  | NA  | Of the 32 incidents reported 13 were recorded as crimes<br>Widnes – Racial 6<br>Sexual orientation 3<br>Runcorn – Racial 4  |

**Appendix 4: Progress against 'other' performance indicators**

| Ref    | Description   | Actual<br>2010/11 | Target<br>2011/12                 | Quarter 4                       | Current<br>Progress   | Direction<br>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.<br>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<br>2010/11<br>Guide<br>Measure | 62<br>Rate<br>0.52 per<br>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<br>Rate per 1000<br>13.65 | 2010/11 Guide Measure 1652                                | 1548<br>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<br>8.88 %             | No target set by MOJ but baseline predicted rate is 8.71% | 8.69%<br>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<br>2010/11 | Target<br>2011/12 | Quarter 4        | Current<br>Progress | Direction<br>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<br>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<br>8.23<br>Rate | 2010/11<br>Guide<br>Measure<br>1074 | 804<br>Rate per<br>1,000<br>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<br>Guide<br>Measure<br>80   | 46<br>Rate per<br>1,000<br>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<br>Rate per 1,000<br>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%<br>Reduction<br>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<br>2010/11 | Target<br>2011/12 | Quarter 4        | Current<br>Progress   | Direction<br>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).<br>Number of primary fires (i) | 201<br>actual  | 189<br>actual  | 199<br>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 12<sup>th</sup> in terms of population size, with 1<sup>st</sup> representing the highest volume. Although average values cannot be given at present, as at the end of Q3 2011/12, Cheshire FRS was ranked 4<sup>th</sup> and 10<sup>th</sup> 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.

|   |
|---|
| <b>Appendix 6: Explanation of Symbols</b> |
|---|

Symbols are used in the following manner:

**Progress****Objective****Performance Indicator****Green**

Indicates that the objective is on course to be achieved within the appropriate timeframe.

*Indicates that the annual target is on course to be achieved.*

**Amber**

Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*

**Red**

Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

**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.

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 26 June 2012

**REPORTING OFFICER:** Strategic Director - Communities

**PORTFOLIO:** Community Safety; Health & Adults

**SUBJECT:** Safeguarding Unit

**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To outline for the members of the Board details relating to the establishment of a 12 month pilot for an Integrated Adults Safeguarding Unit within Halton

2.0 **RECOMMENDATION: That the Board notes the contents of the report**

3.0 **SUPPORTING INFORMATION**

**Context**

3.1 Keeping people safe and ensuring that they are treated with respect and dignity continues to be a high priority for the Council, NHS Merseyside, Clinical Commissioning Groups (CCG's) and Partner provider agencies who are committed to continue to build on the excellent results achieved in the Safeguarding Inspection to ensure Safeguarding and Dignity are central to the work that we do as a Health and Social Care Economy.

3.2 The Safeguarding/dignity model that previously operated in Halton was focussed in 3 key areas:

- *Strategic/Policy* - advice, guidance and policy development provided by the Adult Protection, Dignity and Domestic Violence Co-ordinator posts. (Local Authority)
- *Operational* - all Care Management cases, which have a safeguarding element to them, being dealt with directly by each respective Care Management Team; and
- *NHS Merseyside* - Safeguarding lead for Health- Operational, Commissioning and Strategic. (Local Authority).

3.3 There have been a number of recent National and Local drivers for change:

- An increase in the number of safeguarding referrals plus increasingly complex cases, including Care Homes requiring multiagency responses;

- The changes locally within the Health structure and the establishment of CCG's;
- Winterbourne and other National Safeguarding incidents;
- The forthcoming government's response to the Law Commission's recommendations on strengthening safeguarding;
- The Equality and Human Rights Commission in its findings following their inquiry into older people and human rights in home care (Close to Home – November 2011) outlined a specific recommendation regarding SABs, as follows:  
*Recommendation 7* : 'In fulfilling its commitment to implement the Law Commission's recommendation that adult safeguarding boards be placed on a statutory footing and led by local authorities, the government should ensure that there are clear lines of accountability when agencies other than local authorities conduct investigations. As part of this legislative change, consideration should also be given to strengthening and broadening the role of Directors of Adult Social Services in relation to adults not receiving publically funded community care services who may be at risk of harm';
- 'No secrets' (Department of Health 2000) gave local Social Services authorities lead responsibility for coordinating local multiagency systems, policies and procedures to protect vulnerable adults from abuse. In October 2008, the Department of Health carried out a large national consultation on safeguarding adults from abuse and harm called 'Safeguarding Adults', the review of the No secrets guidance. One of the key findings was the absence of adult safeguarding systems within the NHS to ensure that healthcare incidents that raise safeguarding concerns are considered in the wider safeguarding arena. The report also showed that there were opportunities to be gained from streamlining and integrating systems where investigations could be undertaken in parallel and the learning from both could be informative and help to develop communication between safeguarding teams and health agencies.

#### **Integrated Safeguarding Unit – Model**

3.4 The Unit will provide a hub and spoke model which is multi-agency efficient, flexible and responsive service to the local population.

The Unit will lead on adults safeguarding and dignity work across the health and social care economy. This will be achieved by:-

- Providing support to the Safeguarding Adults Board (SAB) and its sub groups;
- Providing support to the Halton Dignity Champion's Network;
- Ensuring key linkages continue with the Domestic Violence coordinator and services;
- Ensuring key linkages with children's safeguarding;

- Supporting the development of effective Interagency Safeguarding Adults Policies and Procedures and Dignity Policies;
- Leading on prevention by responding to those cases that do not meet the Threshold for a safeguarding investigation;
- Supporting the development of CCG to enable the consortium has access to specific training etc.;
- Complementing the care home Quality, Innovation, Productivity and Prevention proposal and ensure the wider augmentation;
- Undertaking cases which have a **complex\*** safeguarding element to them, including provision of chairs for safeguarding adults strategy meetings and case conference meetings. NB. Following completion of the safeguarding issues, cases would be returned to the respective Care Management Team;
- Supporting the local authority and its partner agencies to :-
  - Fully embed safeguarding adults policies and procedures and thus deliver consistent and robust outcomes for vulnerable adults
  - Monitoring the effectiveness of the delivery of their safeguarding adults activity
  - Providing advice and support regarding individual safeguarding adults cases.
- Halton Council now acts as the host to a major private Hospital (The Priory, Bennett's Lane Widnes). In order to meet the recommendations (made by the Winterbourne report) the Unit will provide the support and assurance for both Health and Social Care (alongside specialist commissioning, as legally required following Winterbourne guidance);
- Events at Winterbourne have highlighted the particular vulnerability of patients with learning disabilities/Autistic Spectrum Disorder who challenge services. There is considerable evidence of the use of restrictive practices with such patients, not least because many service providers are insufficiently skilled in managing complex challenging behaviour. There is now a strong and growing evidence base for the effectiveness of behaviour analytic approaches and these have been shown to significantly reduce the frequency, intensity and duration of challenging behaviour. The Unit will therefore have a Board Certified Behaviour Analyst (BCBA) to focus exclusively upon that cohort of patients who are funded (part or fully) by the NHS and who exhibit challenging behaviour.

\***Complex** – those cases which incorporate the following aspects:

- Legal- involving police investigations

- Multiagency
- Nursing and residential homes- multiple abuse allegations
- Priory Hospital on-going allegations

### **Unit Structure**

3.5 The Unit consists of the following posts:-

- Principal Manager (Safeguarding)
- Safeguarding/Dignity Officer
- Social Workers x 2
- Registered General Nurse x 2
- BCBA x 1

### **Benefits of the Unit**

3.6 There are numerous **advantages** to the Unit, a number are outlined below:-

- Focal Point/'Hub' for staff, managers, outside agencies etc. to contact when they have safeguarding/dignity issues where advice, support and guidance is needed;
- Strengthen the support provided to the SAB, by strengthening the relationship between the local authority and partner agencies and other key stakeholders in Health, voluntary and independent sector;
- Reduced caseload, with respect to complex safeguarding issues, for the Care Management Teams, and further enhance the safeguarding expertise across care management teams;
- Ensure an effective response in relation to Health and reduce the workload/duplication with Continuing Health Care;
- Development and sharing of safeguarding and dignity expertise; and
- Improve communication between the operational teams, both within the council and external agencies and partners.

## **4.0 POLICY IMPLICATIONS**

4.1 New policies and procedures are in development to ensure that the Safeguarding Unit will be able to effectively operate, particularly with regards to its interface with the Initial Assessment Team (IAT), Community Nursing, Acute Hospitals and Care Management Teams. The associated policies and procedures (inc. associated pathways) are being developed as part of the Multi-Disciplinary Teams, Care Homes and Care Management work streams.

4.2 The establishment of the Unit has impacted on the work of the People & Communities Policy Team - Policy & Resources Directorate, as certain work has transferred from the previous Safeguarding Service to the Policy Team. For example the 'Safeguarding Adults in Halton – Interagency Policy, Procedures and

Guidance' document, is due to be revised during 2012.

**5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 The costs associated with the new Adults Safeguarding Unit are £284,596 per annum.

5.2 The Unit is going to be funded 50/50 across Health and Social Care. The 50% Health contribution (£142,298) has already been committed by NHS Merseyside/CCG. In terms of associated Council funding, appropriate funds are already in the budget and it has therefore not been necessary to invest any additional resources to establish the Unit.

5.3 There are a number of issues that are in the process of being resolved as part of the establishment of the Safeguarding Unit, including:-

- HR Processes;
- Referral pathways;
- Policies & Procedures;
- IT processes;
- Accommodation Issues;
- Marketing & Communications; and
- Home Office clarification (re: Priory)

5.4 The Unit's Principal Manager has been appointed and work continues on the development/delivery of the implementation plan for the Unit.

5.5 Following the 12 month pilot, an evaluation of the effectiveness of the Unit will take place to ensure that it provides an efficient and effective service to Health & Social Care Economy.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**6.1 Children & Young People in Halton**

SAB membership includes a Manager from the Children and Enterprise Directorate, as a link to the Local Safeguarding Children's Board and Halton Safeguarding Children Board membership includes adult social care representation.

Joint protocols exist between Council services for adults and children.

**6.2 Employment, Learning & Skills in Halton**

None Identified

**6.3 A Healthy Halton**

The safeguarding of adults whose circumstances make them



vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill-health.

6.4 **A Safer Halton**

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for adults whose circumstances make them vulnerable to abuse.

6.5 **Halton's Urban Renewal**

None Identified

7.0 **RISK ANALYSIS**

7.1 There were capacity risks associated with the previous structure. This model has given us the opportunity to re-assess how we support the Safeguarding and Dignity agendas in the future, to ensure we are appropriately resourced to effectively protect those least able to protect themselves.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

| <b>Document</b>   | <b>Place of Inspection</b>       | <b>Contact Officer</b> |
|---|----------------------------------|------------------------|
| No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (March 2000) | People & Communities Policy Team | Louise Wilson          |

**REPORT TO:** Safer Policy and Performance Board  
**DATE:** 26 June 2012  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Health and Adults  
**SUBJECT:** Domestic Abuse and Sexual Violence  
**WARDS:** All

**1. PURPOSE OF REPORT**

1.1 To update the Safer Halton Policy and Performance Board in relation to the activities being supported across the Borough by Halton Domestic Abuse Forum (HDAF) in response to domestic abuse and sexual violence.

**2. RECOMMENDATION: That members of the Board: Consider and comment on any of the content of the report.**

**3. SUPPORTING INFORMATION**

3.1 In Halton we believe that tackling Domestic Abuse and Sexual Violence is vital to building stronger, safer and healthier communities. We recognise that Domestic Abuse and Sexual Violence can occur in many forms and can be experienced differently by different groups, such as women and girls, members of the LGBT and BME communities and men, who may disproportionately experience various elements of these abuses. It is widely evidenced that these issues not only impact on the victim, their families and children but also the wider community with the associated emotional and financial costs. Thus, as a multi-agency partnership, we aim to tackle Domestic Abuse and Sexual Violence in their widest forms and provide support to all victims within our area.

3.2 To mark St Valentine's Day in Halton, HDAF supported the successful delivery of a two week marketing and communication campaign. This included a radio advertisement of Wire FM highlighting where victims can access help, the distribution of posters to display in public facing buildings including all Halton G.P Surgeries, Hospitals and Dentists, Council Buildings etc. The publicity material has been further displayed in the town centre areas on pillar posters and on the buses. An animated public awareness raising advertisement has been developed and is being played in hospital waiting areas on the (television) screens were victims may be accessing services.

3.3 The Halton Sanctuary Scheme is an initiative which aims to make it possible for victims of domestic violence and abuse to remain in their homes and feel safe. It hopes to avoid the associated traumas and inconvenience of being forced to relocate to other areas away from

family networks, employment and schooling, and reduce the need for temporary accommodation. The Halton Sanctuary Policy produced by the Halton Domestic Abuse Forum (HDAF) and Housing Partnership in association with specialist providers sets out how victims of domestic violence and abuse can access the sanctuary scheme; the process and standards to enable additional security measures to be installed in the victim's home. In line with the Sanctuary Policy, Registered Social Landlords (RSL) are responsible for determining and installing Sanctuary features on properties they maintain. In response to local RSL requests training sessions were offered by HDAF to the frontline workers who will be responsible for completing Sanctuary works, this was a partnership training event with staff from Halton Borough Council working closely with Cheshire Police and Halton Domestic Abuse Service.

The development days were positively received and a good example of partnership working and its inherent benefits. The information provided was well received and feedback of the development day has been extremely encouraging.

HDAF have committed to providing more of these multi-agency training days in the future relating to Sanctuary if any other RSL's come forward requiring this training for their staff.

- 3.4 The government launched a consultation to ask for views on whether the current cross-government definition of domestic violence should be widened. It also sort views on whether the current definition is being applied consistently across government, and if it is understood by practitioners, victims and perpetrators.

HDAF coordinated the response to the government's consultation on the widening of the definition of domestic violence and endorses the following:

***The definition should be amended to include explicitly 'coercive control' and that the definition should also protect 16 and 17 year olds.***

*HDAF concluded to add that the definition should also refer to Domestic Abuse rather than violence, as it is a more accurate reflection of the varying types and strategies used to control a victim rather than merely identifying the physical aspect of abuse.*

- 3.5 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.

RASAC the aftercare service for rape and sexual assault victims, referrals have risen slightly with police referrals now surpassing the amount of self-referrals. 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.

- 3.6 Domestic Abuse and Sexual Violence are issues that affect young people. Ensuring that young people are able to identify abuse and have the knowledge and information available to them to enable them to make and identify healthy relationships is central to raising expectations both in males and females. The Halton Children's Safeguarding Board has identified Domestic Abuse as priority for 2012-13 within its business plan.
- 3.7 Halton MARAC has a current rolling NI 32 performance level of 28%. 70 repeat cases have been discussed at MARAC during 2011-12. Over the previous year 296 children have been identified within the MARAC process, with 116 children identified in quarter 4.
- 3.8 Independent Sexual Violence Advisor (ISVA) – 51 referrals received this quarter demonstrating a 112% increase on last year's quarter 4 figure of 24.

This is really positive and would indicate that there is a growing sense of confidence from Halton residents accessing sexual support services, breaking the silence of abuse.

- 3.9 The role of the Domestic Abuse and Sexual Violence Coordinator now sits within the remit of the Halton Community Safety Team, tackling domestic abuse in Halton is a key priority for the team.

#### **4. POLICY IMPLICATIONS**

- 4.1 Halton Sanctuary Scheme Policy, Procedure and Practise had been developed.

#### **5.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES**

##### **5.1 A Healthy Halton**

To remove barriers that disable people and contribute to poor health by working across partnership to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.

Examples:

1. Preventable cause of death
2. Preventable cause of infant mortality
3. Preventable cause of mental health
4. Preventable cases presenting at A & E

##### **5.2 Employment, Learning and Skills in Halton**

Domestic abuse has a detrimental impact on employment. Among

employed women who suffered domestic abuse in the last year 21% took time off work and a further 2% lost their jobs (Walby and Allen 2004)

To maximise an individuals potential to increase and manage their income and manage their income, including access to appropriate, supportive advice services assisting victims to develop better financial management skills and to address debt through appropriate sign posting.

### **5.3 Children and Young People in Halton**

Children and young people in Halton are emotionally, physically and sexually healthy and Children and young people will feel safe at home, in school and in their communities. For example, ensuring homes are healthy safe environments through offering support to parents and providing access for aftercare support for victims of sexual violence whether a child or young person.

### **5.4 A Safer Halton**

To understand and tackle the problem of domestic abuse in all its forms. For example, through ensuring adult victims have access to protective and supportive measures reduces the level of domestic incidents and the subsequent impact on the environment with regards to crime and ASB.

## **6.0 RISK ANALYSIS**

These are contained within the report.

## **7.0 FINANCIAL IMPLICATIONS**

The role of the Domestic Abuse and Sexual Violence Coordinator has been mainstream funded.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None to note

## **9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act

**REPORT TO:** Safer Policy & Performance Board  
**DATE:** 26 June 2012  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Health & Adults  
**SUBJECT:** Health and Safety of Cosmetic Treatments  
**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the board of the current regulatory arrangements to control the safety and hygiene of cosmetic treatments in the borough.

2.0 **RECOMMENDATION: That:**

- i) **The report be noted**
- ii) **Members take the opportunity to seek further information or raise questions about the existing regulatory regime.**

3.0 **SUPPORTING INFORMATION**

3.1 **Scope**

3.1.1 This report will focus on cosmetic treatments that pose a risk of infection or physical injury to the client e.g. Tattooing, body piercing, Botox injections and Teeth Whitening.

3.1.2 This report will not consider more conventional cosmetic treatments such as hairdressing, beauty and manicures. Whilst these treatments do present a theoretical risk of infection or injury they are considered lower risk and are regulated by Environmental Health under the general provisions of the Health and Safety at Work etc. Act 1974.

3.2 **Tattooing, Cosmetic Piercing, Electrolysis and Acupuncture**

Before discussing the health risks and controls associated with these treatments it is considered useful to provide a brief description of each treatment

3.2.1 **Tattooing:**

Tattooing involves the use of needles to pierce the skin and

introduce permanent colouration underneath the skin surface.

### 3.2.2 **Cosmetic Piercing**

A piece of jewellery is inserted into a piercing of the skin or body. The most common form is ear piercing - 80% of adult females have their ears pierced. However in recent years there has been a dramatic increase in other forms of piercing including nose, lip, tongue, navel and other parts of the body.

### 3.2.3 **Acupuncture**

Although there are a variety of different methods – acupuncture normally involves the insertion of needles into the skin to stimulate acupuncture points. Acupuncture works by stimulating the body's own healing response and is used to treat both physical and emotional conditions. It is also used to control pain. Acupuncture may be carried out by medical professionals but is also undertaken in private clinics and salons as a therapeutic and cosmetic treatment.

### 3.2.4 **Electrolysis**

Electrolysis is the process of permanent hair removal by the insertion of tiny electrically charged needles into a hair follicle.

### 3.2.5 **Health Risks**

Although each of the above treatments differ in nature they all have in common the fact the skin is pierced to some degree. This creates the risk of transmitting blood borne infections such as hepatitis B and C and HIV. This can also result in localised bacterial infections.

Blood borne infections can be spread if equipment contaminated with a blood borne virus is shared between clients or is inadequately sterilised.

Further complications can arise with body piercing including;

- Loss of blood
- Scarring
- Swelling
- Nerve damage and interference with bodily function
- Piercing of the wrong site
- Post treatment infection

### 3.2.6 **Controls and Regulation**

When carried out in commercial premises in the borough these activities are well regulated by the authority's environmental health

department. Businesses must comply with the general requirements of the Health and Safety at Work Act 1974. In addition the authority has adopted by-laws under the Local Government (Miscellaneous Provisions) Act 1982. Each premises used for the business of tattooing, body piercing, acupuncture and electrolysis and each individual operator must be registered with the authority. In order to obtain registration the premises must comply with the hygiene requirements set out in the by-law.

In summary the principal control measures to ensure public health and safety are;

- Hygiene and cleanliness of premises
- Adequate hand washing facilities
- Good personal hygiene
- Sterile equipment
- Operator training
- Hygienic dressing of wound

The authority currently has registered 29 premises and 65 individual operators.

In addition to inspection the authority has a number of enforcement powers under the Health and Safety at Work Act to ensure standards are maintained and public health is protected. These include;

- Improvement notice – requires work to be completed in designated time period.
- Prohibition notice – Prohibits activities that pose an imminent risk to public health.
- Seizure of equipment as evidence
- Prosecution

### 3.2.7 **Tattooing of minors**

The Environmental Health Department enforce the Tattooing of minor's act 1969. This act makes it an offence to Tattoo a person under the age of 18. In 2010 the authority successfully prosecuted a registered tattooist in the borough for tattooing two underage girls. The prosecution followed a complaint to the department by the girls' parents.

### 3.2.8 **Illegal home tattooists**

Whilst the authority has a good range of powers to protect public health in relation to activities within shops and salons – powers to deal with unlicensed activities in domestic homes are more limited.



The authority does receive and investigate complaints regarding the activities of illegal home tattooists. These activities pose a significant risk to public health as they will not have undergone assessment and registration to ensure that their premises and activities are safe and hygienic. Responsibility for enforcement of the Health and Safety at Work Act in domestic premises falls to the Health and Safety Executive (HSE) so the authority does not automatically have powers to secure improvement or prohibit activity. Whilst the By-laws on Tattooing can be applied to domestic premises the authority only has power of entry by warrant issued by a court. There are no powers in the by-law to require improvements, prohibit activity or seize equipment.

It possible for the authority to seek legal transfer of Health and Safety Enforcing responsibility from the HSE. However this has recently become more difficult. The HSE like other public bodies have suffered budgetary cuts and this has affected their ability to facilitate partnership working with local authorities. The HSE are also under considerable political pressure to reduce proactive health and safety inspections. There is a perception within local government that this has led to a reticence to transfer enforcement responsibility to local authorities. However due to resources and competing priorities it is very unlikely that the HSE would investigate the activities of a home tattooist themselves. This creates an unfair and potentially unsafe anomaly that there is greater control of registered tattooists in shops than there is of unregistered home tattooists. This limits the ability of the authority to influence public health at a local level.

The environmental health department are currently investigating the activity of an illegal home tattooist. A Warrant to enter the premises was secured and executed with the police. The HSE initially refused an application to transfer enforcement responsibility to the local authority. However after being informed of the poor standards found they agreed to transfer enforcement powers – although this formal legal transfer took over 3 weeks to process. This has eventually allowed the authority to legally prohibit the activities in the interests of public health.

### **3.3 Teeth Whitening**

- 3.3.1 Teeth whitening involves the use of chemical bleaching agents to whiten the teeth. Whilst the borough does not currently have any salons dedicated to this process the environmental health department are aware that this service is offered to clients by external providers visiting a beauty salon by appointment.
- 3.3.2 It is the opinion of the General Dental Council (GDC) that teeth whitening is the practice of dentistry and should only be undertaken by a registered dental practitioner. Therefore the practice of teeth

whitening in a salon without a dentist present is illegal. Indeed the GDC have prosecuted a Warrington based company for this practice.

### 3.3.3 **Health Risks**

The main health risks associated with Teeth Whitening are;

- Risk of transmission of blood borne viruses such as HIV and Hepatitis
- General oral infection risk
- Sensitivity / reaction to bleaching agent

### 3.3.4 **Controls / Enforcement**

The main control measures are;

- Qualifications and training of practitioners
- Patient consultation
- Clean and sterile premises and equipment
- High standards of personal hygiene
- Good hygiene facilities
- Single use of equipment i.e. not reused between clients
- Legal cosmetic products

Teeth whitening products are considered Cosmetic Products and must comply with the Cosmetic Products Safety Regulations 2004. These are enforced by Trading Standards.

Whilst the activities of registered dentists fall to the HSE for enforcement, the regulation of cosmetic treatments in salons falls to the local authority. Therefore if a non-registered dentist was carrying out the practice of teeth whitening in a salon and there were concerns over standards of hygiene, safety or competency the authority would have the powers to prohibit or require improvements. It is unlikely however that the activity could be prohibited simply on the grounds the operator was not registered as a dentist. The authority would need to refer this to the GDC for investigation.

Halton's Environmental Health Department are currently assisting the GDC with an investigation into a non-registered dentist who was found to be operating a teeth whitening business in Widnes

## 3.4 **Botox injections**

Botox® and similar products Vistabel® and Disport® are used to reduce facial lines and wrinkles. The active ingredient of these products is derived from the powerful neurotoxin produced by

*clostridium botulinum* bacteria. The product works by temporarily paralysing the facial muscles that cause fine lines and wrinkles. Whilst the product is licensed as a medicine by the Medicines and Health Care Regulatory Authority (MHRA) it is only licenced for specific conditions and not for general cosmetic treatments. In addition it can only be administered by or under the supervision of a medical practitioner to a patient who has been individually prescribed the drug.

Halton does not have any salons dedicated to this treatment. However the environmental health department do have evidence that the treatment may be provided to salon clients in the area by external providers. It is likely that the administration of this treatment is illegal and outside the scope of the product licence.

#### 3.4.1 **Botox: Health Risks**

The main health risks associated with Botox injections are consistent with other procedures that pierce the skin i.e. blood borne or localised infections caused by poor hygiene and unclean equipment. However Botox is reported to have further possible side effects depending where on the body it is injected.

- Face pain
- Muscle weakness
- Headaches
- Allergic reaction

#### 3.4.2 **Botox: Controls**

Any activity undertaken by a medical practitioner would fall to the HSE for enforcement. However if the activity was undertaken by a non-registered medical practitioner in a salon in the borough this authority can enforce the Health and Safety at Work etc Act 1974 to prohibit the activity and secure improvements. It may not be possible to prohibit the activity simply because it was being undertaken by a non-medical practitioner. However the authority can report the practice to the MHRA.

#### 3.5 **Melanotan**

Melanotan is administered as an injection or a nasal spray. It causes the body to produce increased level of the natural pigment melanin. The body produces melanin as a natural defence to UV radiation. Melanotan therefore has the effect of increasing the tanning effect of the skin on exposure to UV radiation.

Melanotan is an unlicensed medicine and is therefore an illegal product. It is known to have been on sale in salons and gyms across the country since 2008 when there was an explosion of interest in the drug. However Halton's Environmental Health Department have only received one complaint to date that this product is on sale in the borough. This is currently under investigation.

### 3.5.1 **Melanotan: Health Risks**

The short and long term health risks of melanotan are not fully known because the product is unlicensed and has not undergone clinical trials. However reported side effects include;

- Loss of appetite
- High blood pressure
- Facial flushing
- Nausea

The drug is usually supplied concentrated so must be diluted with sterile water. Users normally require a course of injections so there are concerns about the reuse of needles if the product is administered at home. There is also the risk of blood borne and local infections associated with any piercing of the skin.

### 3.5.2 **Melanotan: Controls**

Sale of the drug would have to be referred to the MHRA for investigation. If any salon was found to be administering melanotan consideration could be given to prohibiting the activity under the Health and Safety at Work etc Act 1974.

### 3.6 **Support from partner organisations**

The authority can call on the assistance of colleagues within the PCT and Health Protection Agency for expert advice and assistance in controlling infection risk. The authority appoints practitioners from both organisations to act as proper officers in relation to the Public Health (Control of Diseases) Act 1984 and associated regulations.

## 4.0 **POLICY IMPLICATIONS**

4.1 In general the authority has good control over the public health and safety of cosmetic treatments. However there are some situations where enforcement must be referred to a national agency. This limits the authority's ability to fully control the public health aspects of cosmetic treatments. This is of a particular concern in relation to the activity of home tattooists.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no further policy implication associated with this report

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

Enforcement of the Tattooing of minors act and the hygiene requirements relating to ear piercing protects the health and safety of Children and Young People in Halton. An operator should always ensure parental consent is granted before performing a cosmetic treatment on a child or young person.

6.2 **Employment, Learning & Skills in Halton**

The environmental health department offer advice and guidance to new and existing operators to help ensure they operate a safe, hygienic and sustainable business.

6.3 **A Healthy Halton**

The control of cosmetic treatments ensures the population is protected from infectious diseases in particular blood borne viruses such as HIV and hepatitis. The authority may require the assistance of national regulators in relation to some treatments.

6.4 **A Safer Halton**

The regulation of cosmetic treatments ensures the safety of Halton's residents. Of particular concern is the activity of home and unlicensed tattooists. The authority will investigate such cases in partnership with the police and HSE.

6.5 **Halton's Urban Renewal**

There is no significant implications for urban renewal in the borough.

7.0 **RISK ANALYSIS**

7.1 Public health may be compromised if the authority does not receive adequate support from national regulators to control issues for which the authority does not have enforcement powers.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no significant equality or diversity issues associated with this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF**

**THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 26 June, 2012

**REPORTING OFFICER:** Strategic Director - Communities

**PORTFOLIO:** Health & Adults

**SUBJECT:** Annual Report 2011/12 – Safer Policy and Performance Board

**WARD(S):** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To present the Annual Report for the Safer Policy and Performance Board for April 2011 - March 2012, attached at Appendix 1 to this report.

**2.0 RECOMMENDATION: That the Board notes the contents of the report and associated appendix.**

**3.0 SUPPORTING INFORMATION**

3.1 During 2011 – 12, the Safer Policy and Performance Board has looked in detail at many of Safer priorities during this period. Further details of these are outlined within the appended Annual Report.

3.2 The draft Annual Report was presented to Safer Policy & Performance Board Chairs meeting on 4th April and no amendments were made.

**4.0 POLICY IMPLICATIONS**

4.1 There are no policy implications arising directly from the Annual Report. Any policy implications arising from issues included within the Annual Report will have been identified and addressed throughout the year via the relevant reporting process.

**5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 As with the policy implications, there are no specific or other implications arising directly from the report. Any finance implications arising from issues included within it would have been identified and addressed throughout the year via the relevant reporting process.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**6.1 Children & Young People in Halton**

There are no specific implications as a direct result of this report however the health needs of children and young people are an integral part of the Health priority.

**6.2 Employment, Learning & Skills in Halton**

None identified.

**6.3 A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this priority.

**6.4 A Safer Halton**

None identified.

**6.5 Halton's Urban Renewal**

None identified.

**7.0 RISK ANALYSIS**

7.1 None identified.


**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.



|   |   |
|---|---|
|  <p>Cllr. Shaun Osborne<br/>Chairman</p> | <p><b>ANNUAL REPORT</b><br/> <b>SAFER HALTON POLICY AND PERFORMANCE BOARD</b><br/> <b>APRIL 2011 – MARCH 2012</b></p>   |
|   | <p>“Safety and people’s perception of being safe in all its forms remain a major issue in Halton. The Board has, and will continue to focus its energy on making Halton residents feel safe. I would like to offer my sincere thanks to Board members who have worked hard to this end.</p> <p>The Board has had a very challenging programme of monitoring, scrutiny, and policy development, because ‘Safer Halton’ is a truly cross-cutting agenda. I believe it is making a considerable contribution to improving the way the Council and its partners work together to improve the quality of life in Halton.</p> <p>I would like to thank everybody who has contributed to the work of the Board in 2011/12 and to Members who have given up their time to serve on Topic Groups. I want to offer particular thanks to Mr B Hodson from the Police Authority and Cllr Wallace and Cllr Ratcliffe for their help and support during the last 12 months.</p> <p>Councillor Shaun Osborne<br/>Chairman, Safer Halton Policy and Performance Board</p> <p><b>MEMBERSHIP AND RESPONSIBILITIES</b></p> <p>During 2011/12 the Board comprised eleven Councillors – Councillors Osborne, Wallace, Plumpton Walsh, Fraser, Cole, Edge, J Gerrard, Lloyd Jones, M Ratcliffe, Shepherd and Thompson.</p> <p>The Board is responsible for scrutinising performance and formulating policy in relation to Community Safety, Domestic Abuse, Safeguarding Adults and the Safer Halton Partnership.</p> <p>Topic Groups for 11/12:-</p> <ul style="list-style-type: none"> <li>• Registered Social Landlords</li> <li>• Bonfire Review</li> </ul> <p><b>REVIEW OF THE YEAR</b></p> <p>The full Board met 5 times during the year.</p> <p>The main initiatives of the Board’s work for 2011/12 are as follows: -</p> |

### **Community Safety**

The Board continued its scrutiny and policy development role in this crucial area, and established a Bonfire Topic Group which was tasked to consider the possibility of subsidised bonfire events, one in Widnes and one in Runcorn. The Board also continued with the RSL Topic Group which The topic group was set up to examine the authority's approach to anti social behaviour and housing conditions in the private rented sector. The group scrutinised the legal remedies available to landlords and the local authority to deal with anti social behaviour; the powers available to the local authority to deal with poor housing and environmental conditions in the sector and the authority's Landlord Accreditation Scheme. The review included a visit to Wirral Borough Council to examine their approach to the issues. The topic group made a number of recommendations to the Board including piloting a co-ordinated, project management approach to problems in the sector in two areas of the Borough, holding an event for landlords and tenants in the areas, changing the Landlord Accreditation Scheme to a Property Accreditation Scheme and more widespread promotion of the scheme. The bonfire topic group is ongoing.

The Board contributed to the review of community safety, which was prompted by loss of Government funding for Community Safety Partnerships. The review considered future priorities and how best to structure the team to address these priorities, whilst adopting an approach that will put us in a robust position to meet new challenges, both with the arrival of the new Police and Crime Commissioner in 2012 and the changing legislative and funding framework.

From November 2012, Police Authorities will be replaced by a Police & Crime Commissioner (PCC). A new Police & Crime Panel (Panel) will also be established to scrutinise the activities of the PCC. The introduction of the PCC and Panel will also change the relationship with the Council and the Community Safety Partnerships and other partners involved in crime reduction, crime detection and the criminal justice system. What is proposed is the most radical reform in crime and community safety for many, many years.

### **Domestic Abuse**

A multi-agency partnership, the Halton Domestic Abuse Forum (HDAF) was established, to increase the safety of victims and reduce repeat victimisation. The Portfolio Holder for community safety is an important member of this Forum. The HDAF Strategic group members have completed the Audit Commission's Self-Assessment on local area response to domestic abuse. The findings of this piece of work have overall been extremely positive and 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 Board also received a report following the Halton Survivors of Domestic Abuse and Sexual Violence Conference in support of 'The White Ribbon Campaign'. The conference was organised by the Halton Survivors Forum who have been supported by the Halton Domestic Abuse Forum as we have sought to strengthen the voice of the survivor in local service provision.

**Safeguarding Vulnerable Adults**

The Board endorsed a pilot project in Halton based on the 'Safe Around Town' scheme. The scheme's purpose is to provide a safe sanctuary for people with learning disabilities. Halton Speak Out has a lead role in the project and it is hoped that collaboration can also be achieved with other voluntary groups, community centres and employers. The Safeguarding Adults Board's priorities, structure, reporting arrangements, membership and work plan have been reviewed, taking into account the establishment of the Health and Well-Being Board in shadow form, and the need to look creatively at mechanisms for engaging as partner agencies and individuals at a time of reducing resources and major change. The revised work plan will demonstrate a greater focus on prevention, aim to strengthen links with Dignity and Domestic Abuse agendas, and examine Safeguarding provision in self-directed support and Personalisation.

**WORK PROGRAMME FOR 2011/12**

The following topics areas will continue into 2012/2013: -

- Bonfire Review

Members of the Public are welcome at the meetings of the Board. If you would like to know where and when meetings are to be held or if you would like any more information about the Board or its work, please contact Paul McWade (0151 471 7437) or email at [paul.mcwade@halton.gov.uk](mailto:paul.mcwade@halton.gov.uk).

**REPORT TO:** Safer Policy and Performance Board

**DATE:** 26 June, 2012

**REPORTING OFFICER:** Strategic Director - Communities

**PORTFOLIO:** Community Safety

**SUBJECT:** Community Safety Review

## **1.0 PURPOSE OF REPORT**

- 1.1 To inform the Safer Halton Policy and Performance Board of the outcome from the review of Community Safety Team.

## **2.0 RECOMMENDATIONS**

- 2.1 That the Safer Halton Policy and Performance Board receive update on the outcomes from the Community Safety Review, now completed.

## **3.0 OVERVIEW**

- 3.1 Halton Community Safety Team is a combined Police and Council partnership team that reports to the Safer Halton Partnership and has been traditionally funded over recent years through some mainstream funding from Police, Partners and the Council but primarily by government grants given on a year to year basis. The team has grown over a period of years but due to financial cuts was slightly reduced in size during the last financial year. The current economic climate and cessation of government grants for 2012/13 and beyond dictate that the team could not continue in its present format without an injection of funding to address the anticipated shortfall.
- 3.2 Rather than simply reduce the team in size again it has been agreed to review the current and future activities and structure of the team in order to be ready for 2012-13. The review was led by the Police and the Council. To help inform this review, the views of Members and other stakeholders was sought.
- 3.3 The Community Safety Review will also put us in a good position when the Police and Crime Commissioner will be elected for Cheshire. The Police and Crime Commissioner will be accountable for how crime is tackled in the Police Force area. PCCs will be elected by the public to hold chief constables and the Force to account; effectively making the Police answerable to the communities they serve. They will also work in partnership across a range of agencies at local and national level to ensure there is a unified approach to preventing and reducing crime.
- 3.4 PCCs will not be expected to run the Police. The role of the PCC is to be the voice of the people and hold the police to account. The first PCC

elections will take place on 15 November 2012 to elect a PCC for each Police Force area in England and Wales outside London. Having been through a robust review process, the structure going forward for community safety, aims to put us in a good position to demonstrate to the PCC that the Community Safety Team is fit for purpose and is providing an excellent, value for money service that meets the needs of our local community.

#### **4.0 THE OUTCOMES OF THE REVIEW**

4.1 The survey of Members and partners identified the following priorities:

- Safeguarding Young People
- Crime Reduction
- Reducing Anti-Social Behaviour
- Reducing Alcohol Harm and Disorder
- Reducing vulnerability of being a victim of hate crime and domestic abuse
- Reducing the Re-Offending rate of Repeat Offenders
- Community engagement, Consultation and Participation

The review has therefore prioritised these work streams and the front line staff (e.g. PCSOs) that deliver the required outcomes.

4.2 The funding for the team has been realigned to ensure sustainability for financial years 2012/13 – 2013/14. The effect of this is that some posts have been deleted (e.g. HBC administrative posts that have been held vacant), and other posts refocused on core activities.

4.3. The role of the CST Manager has been redefined and will now:

- Line manage a strengthened ASB service
- Oversee but not manage other work streams
- Undertake a central role in partnership working
- Identify priorities and report on performance

#### **5.0 POLICY IMPLICATIONS**

5.1 The policy implications of the review relate primarily to the Safer Halton priorities as set out below, however this is a cross cutting work area which has wider implications on other areas of Council business.

#### **6.0 OTHER IMPLICATIONS**

6.1 If Community Safety is to continue and be sustainable in the longer term then it is likely that mainstream funding will be required both from the Council and other partners.

## **7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **7.1 Children and Young People in Halton**

7.1.1 The work of the Community Safety Team links very closely with that of the Council's Children's' and Enterprise Directorate and the Youth Offending Team. They provide a valuable role in addressing anti social behaviour and promoting positive behaviour by young people.

### **7.2 Employment, Learning and Skills in Halton**

7.2.1 The Community Safety Team work closely with the probation service and YOT, supporting offenders to change their behaviour and to access training and employment opportunities.

### **7.3 A Healthy Halton**

7.3.1 Addressing anti-social behaviour and crime is the key function of the Community Safety Team and without this work it is likely that both will increase having a significant impact on resident's health

### **7.4 A Safer Halton**

7.4.1 Should funding for community safety no longer be available, there will be an impact on crime and anti-social behaviour with both likely to rise, having a negative impact on residents quality of life.

### **7.5 Environment and Regeneration**

7.5.1 If anti-social behaviour and crime are not fully addressed in Halton this is likely to lead to a deterioration in the quality of the environment and a corresponding reduction in confidence of the public and business in the borough.

## **8.0 RISK ANALYSIS**

8.1 None.

## **9.0 EQUALITY AND DIVERSITY ISSUES**

9.1 None.

## **10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1 There are no background papers under the meaning of the Act

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 26 June 2012

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Community Safety

**SUBJECT:** Summary of National Alcohol Strategy 2012

**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Safer Policy & Performance Board of the key features and local implications of the new National Alcohol Strategy published March 2012.

2.0 **RECOMMENDATION: That the Board note the content of the report.**

**SUPPORTING INFORMATION**

3.1 The Prime Minister introduces the Alcohol Strategy (the full strategy can be found at <http://www.homeoffice.gov.uk> ) as an undisguised 'clamp-down' on binge drinking which he describes as accounting for half of all alcohol consumed in the UK and as being responsible for a 'scourge of violence'. This strategy is described as a radical change in the approach which seeks to turn the tide against irresponsible drinking. There is a recognition that the change will not happen overnight; however there is an insistence that action is required now as:

- Alcohol-related harm costs society £21 billion annually.
- The majority of people who drink do so in an entirely responsible way, but too many people still drink alcohol to excess.
- In 2010/11 there were 1 million alcohol-related violent crimes, and 1.2 million alcohol related admissions to hospitals.
- Culturally it has become acceptable to be excessively drunk in public and cause nuisance and harm to ourselves and others.
- The levels of binge drinking among 15-16 year olds in the UK compare poorly with many other European countries.

- Alcohol is one of the three biggest lifestyle risk factors for disease and death in the United Kingdom after smoking and obesity.
- It has become acceptable to use alcohol for stress relief, putting many people at real risk of chronic diseases.
- There was a 25% increase in liver disease between 2001 and 2009. Alcohol-related liver disease accounts for 37% of all liver disease deaths.

3.2 A Summary of the National Alcohol Strategy 2012 can be found at Appendix A.

### **Comments on the Strategy**

3.3 The central themes of the strategy are 'challenge and responsibility' in an attempt to reverse a culture in which excessive drinking is a social norm.

3.4 Responsibility is shared across Government, industry, the community, parents and individuals but there is repeated emphasis on the need for effective partnership work locally to reduce and prevent alcohol related harm and an assertion that local communities are best placed to tackle local issues.

3.5 It is asserted that the rebalancing of the Licensing Act will empower communities to affect change.

3.6 The Prime Minister publicly acknowledges the connection between price and consumption, although lobbyists had initially requested a 50p minimum unit price (MUP). There is also an insistence that these measures will not harm the pub industry, as the proposal for a minimum price of 40p per unit of alcohol should not affect prices in pubs.

3.7 There will be consultations on aspects of the national strategy. If the consultation is unsupportive then MUP may not be followed through.

3.8 The strategy is broad in its approach in that it concentrates in equal measure on crime and health related harms and includes domestic violence, mental health, troubled families etc., however there is a strong focus on young adult drinkers in the night time economy which may distract people from the realisation that it is the habitual, often hidden UK adults which, if not addressed, will have serious implication for the health of the nation. There is a danger that people may not readily identify with the cohorts highlighted.

3.9 The economic recession is not commented upon nor the additional burden that poverty could place on services. Whilst the Public Health Grant remains ring fenced the wrap around support services



(e.g. housing, employment) may well be subject to cuts.

3.10 There is no mention of military veterans or the services they may need in future.

3.11 Further prioritisation will be applied to the recommended actions to determine priority work streams for 2012-13.

3.12 On 17<sup>th</sup> April 2012, Chief Officers at Halton Borough Council requested that work stream priorities for 2012-13 relate to preventing alcohol harm for children and young people and ensuring that young people have the information and support that they need to make healthy, informed, responsible choices.

#### 4.0 **POLICY IMPLICATIONS**

4.1 The basis for a proposed local strategy has been developed and attached in Appendix B. The content of the national strategy align entirely with the local strategy but gives further opportunity to shape culture by additional powers to tackle problem premises through the licensing act.

4.2 Priorities to tackle alcohol related harm need to be included within the local Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Strategy and there is an expectation that the Health and Wellbeing Board will be able to promote integration of health and social care services with health related services like criminal justice services, education or housing.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Local authorities will receive a ring-fenced public health grant. No new funding has been identified despite the fact that significant investment would be required in alcohol treatment and interventions if the aspirations of the strategy are to be fully realised.

5.2 There is also a need to consider the links with the Police & Crime Commissioner from November 2012 and ensure that commissioning priorities and activities are fully aligned in relation to alcohol related harm.

5.3 There is an assertion that proactive visible policing is vital to managing the night time economy and a potential to explore funding via a new late night levy.

5.4 There are potentially resourcing implications for licensing teams, enforcement and trading standards.

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

N/A

6.2 **Employment, Learning & Skills in Halton**

N/A

6.3 **A Healthy Halton**

A great deal of work has been undertaken to ensure that Halton has a robust, recovery focused adult treatment service (alcohol and drugs) in place to meet the needs of people who are drinking too much or using drugs. This means that locally we are well placed to meet many of the treatment and recovery aspirations of the national strategy. The focus will now turn to prevention and with a particular focus on ensuring that children and young people have the information and tools they need to enable them to make healthy choices.

6.4 **A Safer Halton**

Implementing the recommendations will, over time, improve and make safer the communities within Halton.

6.5 **Halton's Urban Renewal**

N/A

7.0 **RISK ANALYSIS**

7.1 The key risk associated with not implementing the recommendations set out in Appendix B would be the current situation in respect of irresponsible drinking and the effects on community safety would continue.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required at this stage.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

| Document         | Place of Inspection  | Contact Officer |
|------------------|--|-----------------|
| Alcohol Strategy | <a href="http://www.homeoffice.gov.uk">www.homeoffice.gov.uk</a> | Colette Walsh   |

## SUMMARY OF NATIONAL ALCOHOL STRATEGY 2012

### 1.0 What are the Causes?

1.1 The Government states the causes of alcohol related crime and hospital admissions as a combination of irresponsibility, ignorance and poor habits – whether by individuals, parents or businesses.

1.2 It states that the problem has developed for the following reasons:

- Cheap alcohol is too readily available and there are increasing numbers of people drinking excessively at home, including many who do so before a night out.
- Changes to the Licensing Act have not engendered a “café culture” as intended.
- There has not been enough challenge to the individuals that drink and cause harm to others, and of businesses that tolerate and even encourage this behaviour. The result is a situation where responsible citizens and businesses are paying the price for irresponsible citizens and businesses.

### 2.0 What are the required outcomes?

- A change in behaviour so that people think that it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines<sup>1</sup>
- A reduction in the number of people “binge drinking”<sup>2</sup>;
- A reduction in the number of alcohol-related deaths; and
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

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<sup>1</sup> No more regularly than 3 to 4 units per day for men and no more regularly than 2 to 3 units per day for women.

<sup>2</sup> Measured by those who self-report drinking on their heaviest drinking day in the previous week more than 8 units per day for men and more than 6 units per day for women.

### **3.0 How will this strategy tackle irresponsible drinking?**

**3.1** The National Alcohol Strategy is built around four key objectives underpinned by a recovery orientated approach to treatment and a focus on those who's offending is alcohol related. These are set out in more detail below:

**3.2 End the availability of cheap alcohol and irresponsible promotions;** chiefly through:

- Introduction of a minimum unit price for alcohol (Consultation required)
- A ban on multi-buy promotions in the off-trade. (Consultation required)
- A review of current commitments within the Mandatory Code for Alcohol to ensure that they are sufficiently targeting problems such as irresponsible promotions in pubs and clubs.
- Working with the Portman Group to ensure that where unacceptable marketing does occur, it results in the removal of offending brands from retailers.
- Work with Advertising Standards Authority (ASA) and Ofcom to examine ways to ensure that adverts promoting alcohol are not shown at a time of high appeal to young people.
- Work with the ASA to ensure the full and vigorous application of ASA powers to online and social media and work with industry to develop a scheme to verify people's actual ages which will apply to alcohol company websites and associated social media.
- Work with the ASA and other relevant bodies to look at the rules and incentives that might inhibit the promotion of lower strength alcohol products and the encouragement of responsible drinking behaviours.

**3.3 Ensure that local areas are able to tackle local problems, reduce alcohol-fuelled violent crime on our streets and tackle health inequalities by giving tools and powers to local agencies to challenge people that continue to act in an unacceptable way. Key actions include:**

- Give local agencies powers to reduce alcohol harm through the changes to public health, new Police and Crime Commissioners, and by rebalancing the Licensing Act.
- Extended powers for communities to introduce Early Morning Restriction Orders to restrict late night alcohol sales where necessary.

- Power to local communities to introduce a new late night levy to ensure those businesses that sell alcohol into the late night contribute towards the cost of policing (could include funding a police officer in A&E).
- Work with 5 areas to pilot sobriety schemes, removing the right to drink for those who have shown they cannot drink responsibly.
- Strengthen local powers to control the density of premises licensed to sell alcohol, including a new health-related objective for alcohol licensing for this purpose.
- More local powers to close down problem premises and influence licensing decisions to prevent alcohol related harm.
- Improved powers to stop serving alcohol to drunks.
- More information available to the public about police action taken in alcohol hotspots and sentences imposed by the courts.
- More information available to the public about new licensing applications and encouraging the publication of licence conditions on-line so that the public know what they are and can report concerns
- Increasing the maximum fine for persistently selling alcohol to a person under 18 and encourage greater use of existing powers for prosecution
- More powers for hospitals to deal with drunken people in A&E.
- Encourage all hospitals to share non-confidential information on alcohol-related injuries with the police and other local agencies.
- Local health bodies will be able to instigate reviews of licences, meaning that if a hospital repeatedly treats or admits individuals as a result of alcohol casualties from a particular establishment (pub/club), the licence will be reviewed and possibly revoked.

### **3.4 Secure industry's support in changing individual drinking behavior.**

- Challenge the industry to meet a new set of commitments to drive down alcohol misuse.
- Continue work through the Responsibility Deal to support the alcohol industry to market, advertise and sell their products in a responsible way and deliver the core commitment to “foster a culture of responsible drinking, which will help people to drink within guidelines”.
- Cut red tape for responsible businesses by giving licensing authorities greater freedom to take decisions that reflect the needs of their local community.

- Continue work with industry on areas such as calorie labelling, not serving people when drunk and a renewed commitment to Drinkaware.

### **3.5 Support individuals to make informed choices about healthier and responsible drinking, so it is no longer considered acceptable to drink excessively.**

- The Chief Medical Officer will review the alcohol guidelines for adults so that people can make responsible and informed choices about their drinking.
- Integrate alcohol into the wider Change4Life brand for the first time and commit to an ongoing social marketing campaign to communicate the health harms of drinking above the lower-risk guidelines.
- Ensure that young people know the risks associated with alcohol by making it a key feature of a new £2.6 million youth marketing programme aimed to drive further reductions in regular smoking, drinking, drug use and risky sexual behaviour during the teenage years.
- Ensure that guidance is available for parents through a range of public and community organisations
- Raise awareness of Foetal Alcohol Spectrum Disorders (FASD)
- Include an alcohol check within the NHS Health Check for adults from April 2013.
- Invest £448 million to turn around the lives of the 120,000 most troubled families in the country, a significant number of which will have alcohol-related problems
- Develop a model pathway to reduce under 18 year olds' alcohol related A&E attendances.

### **3.6 Treatment and recovery**

- Provision of Recovery Orientated Treatment, especially for dependent drinkers
- Whole family based approach within treatment services
- Imminent publication of new mental health strategy which will set out what local organisations can do, and what Government and national organisations are doing to support them in the promotion of good mental health and wellbeing, as well as in the treatment of mental illness, including dual diagnosis (co-existing mental health and drug and alcohol problems).

- Continued support for effective health measures such as brief interventions, alcohol treatment and hospital Alcohol Liaison Nurses.

### **3.7 Offenders**

- Development of an alcohol interventions pathway and outcome framework in prisons, to inform the commissioning of a range of effective interventions in all types of prison.
- Increase the flexibility of the Alcohol Treatment Requirement imposed by the court as part of a community sentence.



# Appendix B

## Proposed Strategic Aims, Halton 2012-2015

### Aim 1: Facilitate Behaviour and Culture Change

*Rationale:* To date, the majority of alcohol publicity campaigns both locally and national have concentrated on raising awareness in relation to sensible drinking and providing standardised messages in relation to alcohol related harm. There has been some success in this respect, for example, as one survey showed, many people know the recommended drinking limits, but there is no guarantee that the awareness that something is potentially harmful to you will actually change your behaviour, if there are other more rewarding pay-offs.

Social marketing research undertaken in Halton showed that despite drinking at excessive levels many individuals had no desire to alter their behaviour and there was a strong theme of drinking to get drunk linked with low self efficacy. Similarly it is believed that key underlying causes of child and family poverty in Halton include low family aspirations and a cycle of benefit dependence. In some areas we see low levels of confidence in the police dealing with issues of anti-social behaviour and harm. We will seek to:

- Provide clear, targeted information about harms from excessive drinking
- Reinforce responsibility and give examples of consequences of excessive drinking including police and court action
- Ensure that people not only have clear, accurate information to make informed choices but that they have the self belief and the tools to actively improve health and wellbeing for themselves, their families, and their communities. Consequently we will raise aspirations about what can be achieved.

#### Specific Projects Include:

| Ref | Project  |
|-----|--|
| 1.1 | Spread success and good news stories <b>via a single Alcohol Communication Strategy</b> and local publicity campaign which unite the efforts of the Police, the Council and the PCT Press Offices. The campaign would focus on what can be achieved at a local level and challenge misconceptions and considered social norms.<br><br>It will also highlight proactive action taken to tackle alcohol related harms including court sentencing and action on businesses that encourage irresponsible drinking cultures. It will describe how local people can become involved in tackling alcohol related harm in their communities. |
| 1.2 | Utilise the latest in behavioural science and research to influence the way in which we engage with people and what we are asking of them, thereby ensuring that the messages we sent out are more likely to influence positive change.  |
| 1.3 | Ensure that Service Users (including Young People) have a voice in the design of campaigns and that service user involvement is publicised.  |
| 1.4 | Utilise the latest digital technologies to develop self help packages. This will include information and advice for people who drink to relieve stress and it has the potential to encompass advice about all substance misuse.  |
| 1.5 | Encourage more honest and open dialogue with the people of Halton in relation to their thoughts and behaviours regarding their use of alcohol and specific problems in their communities. Utilise Area Forums.   |
| 1.6 | Develop and formalise our local Alcohol Champions Network and include Community Champions.   |
| 1.7 | Promote visible recovery within the Community and work to reduce stigma in relation to alcohol issues (particularly stigma which acts as a barrier to employment or someone seeking help).   |
| 1.8 | Ensure that messages to all children, young people and families are relevant, appropriate  |

|      |  |
|------|--|
|      | and consistent and delivered within the most appropriate settings (including schools, colleges etc.).  |
| 1.9  | Support National Social Marketing Campaigns were relevant locally and encourage parents to access ParentPort.  |
| 1.10 | Continue (via ChamPS) to lobby the Government in relation to availability and marketing and around the introduction of a minimum unit price (MUP) until legislation is introduced. |

## **2: Enlist the support of the local communities (including the business community) to tackle our key priorities**

**Rationale:** Whilst the robust partnership working of statutory bodies has been extremely productive in relation to alcohol related harm, there are many more benefits to be had from broadening our approach and engaging the public and the business community, including on licences and off licences and supermarkets, to help us in key initiatives. In 2012/13, these would include:

| <b>Ref</b> | <b>Project</b>   |
|------------|--|
| 2.1        | Revamp the Alcohol Partnership Commissioning Group with Senior Level Chair who will attract a diverse membership from the hospitality, leisure and retail industries. The Group should have the right representation, accountability and engagement to deliver on broad aims.  |
| 2.2        | Improve our town centres at night and reduce alcohol related violence, through a co-ordinated initiative and aim for Purple Flag Status/ArcAngel.  |
| 2.3        | Enlisting the support of the Community to tackle the proxy sales for underage drinkers. This will involve alerting the public to the harm caused to underage young people when alcohol is bought by an adult on their behalf.  |
| 2.4        | Maximise opportunities arising from changes in licensing law to help shape the drinking environment locally. In order to do this we will need to: <ul style="list-style-type: none"> <li>• Undertake assessment of the capacity of Licensing Officers and Trading Standards to embrace changes detailed in the strategy</li> <li>• Consider make-up of the Licensing Team (Consider PCSO involvement)</li> <li>• Undertake training needs analysis</li> <li>• Link activity with Communication Strategy</li> </ul> |
| 2.5        | Explore the scope of implementing a late night levy to fund a Police Officer in A&E or Proactive Night Time Economy Operation.   |
| 2.6        | Ensure that health data is taken into consideration when making licensing decisions and support health bodies to instigate a review of the licence at those premises.  |

## **3: Combine the efforts of the Key partners and Stakeholders to targeted help for those with greatest need**

**Rationale:** Often it is the same individuals and families who present to services with high levels of need and in many cases will be accessing care from different organisations at the same time. This strategy will support a targeted approach wherein we identify those individuals in greatest need and focus our resources where they are likely to have the greatest impact. We will adopt a multi agency approach in order to maximise our efforts, avoid repetition and waste and provide seamless care. Priority groups will be:

- Criminal Justice Clients - with a focus on health needs and substance misuse
- Hospital Regular Attendees
- Troubled Families
- Victims of domestic violence
- Vulnerable children who are drinking in public spaces (Stay safe)

- Older People (particular those who are socially isolated)
- Vulnerable individuals with complex needs - Review of Tier 4 Services for alcohol (The Windsor Clinic) and NHS Mersey Review of health pathways for people with substance misuse and mental health needs.
- Continue to embed recently commissioned, recovery orientated drug and alcohol services in the Borough
- Review of mental health care pathway in the Borough and links with alcohol misuse disorders

In order for this aim to be met, actions will be required to ensure that robust data sharing agreements are in place to facilitate effective data sharing.

| Ref  | Project   |
|------|---|
| 3.1  | Review of alcohol (and health) related needs and potential routes into treatment for those who have come to the attention of Criminal Justice Agencies. Includes custody suites and prison.         |
| 3.2  | Consider Payment by Results approach to alcohol treatment for offenders.  |
| 3.3  | Review Conditional Cautioning Scheme and Alcohol Treatment Requirements/Community Sentence orders to ensure that they are fit for purpose, taking into consideration the 'Enforced Sobriety Pilots' |
| 3.4  | Domestic Violence Initiative – To be discussed.   |
| 3.5  | Participation in the QIPP Frequent Attendees Project ensuring joined up approach.   |
| 3.6  | Full implementation of Alcohol Liaison Nursing Project and revisiting pathway for under 18s.  |
| 3.7  | Continuation of the Stay Safe Scheme ensuring that parents are involved/supported.  |
| 3.8  | Needs analysis to encompass older people and specific actions such as targeted IBA to reduce harm in the older age groups, following needs assessment.  |
| 3.9  | Develop business case to secure funding for data sharing from A&E in relation to the Cardiff Model.   |
| 3.10 | Review of Tier 4 Services for alcohol (The Windsor Clinic) of Tier 4 Services for alcohol.  |
| 3.11 | Review of mental health care pathway in the Borough and links with alcohol misuse disorders. Needs to include health needs of military veterans.  |
| 3.12 | Participate in the Troubled Families Initiative ensuring alcohol related treatment needs are met and families are empowered to take action against alcohol related harm.                            |
| 3.13 | Raise awareness of Foetal Alcohol Spectrum disorders (FASD) and ensure that pregnant ladies receive support   |

#### **4. Support key frontline professionals to identify alcohol problems early, offer an intervention and be supported by a robust care pathway**

**Rationale:** Raising the awareness of front line staff in relation to alcohol misuse and its harms (including not only health harms but issues in relation to Safeguarding and domestic violence) and improving their ability to deal with any issues raised, is essential if we are to identify problems early and prevent need and associated costs from escalating. Identification of carers, including young carers is important.

#### **How will we achieve our aim?**

- Review of enhanced services GPs and Pharmacies

- A programme of training frontline professionals to deliver identification and brief advice (IBA) has been undertaken as part of the 12 Point Plan. This training will continue following prioritization of cohorts for training.

| <b>Ref</b> | <b>Project</b>  |
|------------|---|
| 4.1        | Review of GP Shared Care.   |
| 4.2        | Review of Shared Care – Pharmacies.   |
| 4.3        | Prioritisation and delivery of IBA Training Programme.  |
| 4.4        | Ensure that there is a robust liver disease pathway in the area in line with the recently published Liver Disease Strategy.                       |
| 4.5        | Better training for bar staff to reduce sales to people who are drunk.  |
| 4.6        | Ensure that locally an Alcohol Screening Intervention is within the Health Checks + Programme and that practitioners are trained to deliver this. |

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 26 June 2012

**REPORTING OFFICER:** Strategic Director - Communities

**PORTFOLIO:** Community Safety

**SUBJECT:** The Tenancy Strategy and Shared Services (YOT) Update

**WARD(S):** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To receive a verbal presentation on The Tenancy Strategy and the Shared Services report (YOT).

**2.0 RECOMMENDATION: That the Board note verbal presentation.**

**3.0 SUPPORTING INFORMATION**

3.1 The Executive Board will be considering the Shared Services report (YOT) on the 14 June 2012 and the Tenancy Strategy on 28 June 2012. The Board requested a verbal update on the content of the reports.

**4.0 POLICY IMPLICATIONS**

4.1 None identified at this stage.

**5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this stage.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**6.1 Children & Young People in Halton**

Not applicable

**6.2 Employment, Learning & Skills in Halton**

Not applicable

**6.3 A Healthy Halton**

Not applicable

**6.4 A Safer Halton**

Not applicable.

6.5 **Halton's Urban Renewal**

Not applicable.

7.0 **RISK ANALYSIS**

7.1 None identified at this stage

8.0 **EQUALITY AND DIVERSITY ISSUES**

Not applicable

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.