

## Departmental Quarterly Monitoring Report

**Directorate:** Community Directorate

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

**Period:** Quarter 1 - 1<sup>st</sup> April 2011 – 30<sup>th</sup> June 2011

### 1.0 Introduction

This monitoring report covers the Commissioning and Complex Care and the Prevention and Assessment Department extracts for first quarter period up to 30<sup>th</sup> June 2011. It describes key developments and progress against key objectives and performance indicators.

This report will provide information concerning those indicators identified within the Community Directorate Plan falling within the remit of the Safer Policy and Performance Board. These are namely Community Safety, Drug and Alcohol Action Team and Domestic Violence Teams now part of the Commissioning and Complex Care Department and Environmental Health now part of the Prevention and Assessment Department. Area partner indicators from the Police, Fire and Probation Services are stated where available.

The way in which the Red, Amber and Green, (RAG), symbols and Direction of Travel symbols have been used to reflect progress is explained within Appendix 5.

### 2.0 Key Developments

#### **Hate Crime**

During Quarter 1, the Halton Area recorded 10 Hate related crimes equating to a 41.2% decrease when compared to the same time during the previous year. Halton area has also increased detection rates or positive outcomes by a 42.9% increase during the same comparative periods from 47.1% to 90.0%.

Last year solely racial incidents were reported. For 2011/12, reporting of hate crime has broadened to ensure that all hate crimes are captured in line with equalities and diversity policy locally. In Quarter 1, 7 crimes were Race related, 2 were Sexual Orientation and 1 was Religion/Faith related resulting in 8 Charges and 1 Caution.

### **Serious Violent Crime**

In Quarter 1 there were 15 offenders compared to 31 in the same period of the previous year, demonstrating a comparative decrease.

### **Assault with Less Serious Injury Crime Rate**

During Quarter 1, the Halton area recorded 194 crimes of Assault With Less Serious Injury equating to a 35.5% decrease when compared to the same time during the previous year (301 to 194).

### **Domestic Violence**

The Safe Place Project has set up a Sexual Assault Referral Centre (SARC) for Cheshire, Halton and Warrington. SARCs are a national initiative and care for people who have suffered rape or serious sexual assault. They therefore have close links with domestic violence. The aftercare service is funded 50% by the local authorities and went live on 1 October 2010 covering Cheshire, Halton and Warrington. The aftercare service is provided by the Rape and Sexual Abuse Support Centre (RASASC). The crisis service went live on 1 April 2011 and is located at St Mary's hospital in Manchester and provided by Central Manchester University Hospitals NHS Foundation Trust.

The Rape and Sexual Abuse Support Centre (RASASC) service is available to those aged 13+. This provision is available due to greater capacity of a larger team and will be able to offer family continuity and a more comprehensive service.

### **Admissions for Alcohol related Harm**

All current Tier 2 and Tier 3 Alcohol Treatment Services have been decommissioned and as of January 2012 are being replaced. A two stage competitive tender has been launched for future Tier 2 and 3 drug and alcohol services (as part of an integrated recovery service), in Halton. Work to support the tender process continues.

### **Drug Treatment Services**

A learning day was held between services from Ashley House and the Team Around The Family; the Integrated Working Support Team (IWST). The objective of the day was to promote closer working relationships between the two services with the overall outcome of reducing parental impact of substance misuse through early intervention. An Action Plan has been developed that will be overseen by the project steering group.

The Drug and Alcohol Carers Group Action Plan has been agreed. The number of new carers being assessed continues to increase with over 100 individuals now known to drug and alcohol services. The weekly support group also continues to flourish.

The work around developing Service User and Carer involvement through the Patient Opinion website is to be submitted to the Health Service Journal Awards.

There is now an increased choice of recovery approaches for service users with the implementation of SMART recovery at Ashley House.

Job Centre Plus has delivered training to front line staff in Ashley House to help

support the changes around benefits to people using drugs and alcohol.

### **Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)**

A review of the operational processes will be taking place in the summer of 2011 and a new overarching policy is being developed to include key stakeholders. Work is taking place with the police to ensure that their systems incorporate Mental Capacity issues as required. An initial approach to improving the use and understanding of DoLS within care homes has been developed and has been successfully trialled in a local care home; it is planned that this should be rolled out further through 2011.

### **Safeguarding - Six Lives**

Work is ongoing to ensure progress is maintained in responding to the Ombudsman's Report Six Lives. Work required primarily relates to healthcare services access/reasonable adjustments and Mental Capacity Act and has begun to be progressed through the multi-agency 'Healthcare for All' sub group of the Partnership Board. They oversee an Action Plan which is reviewed regularly. Their representative Commissioner in Health has written to the NHS trust re Six Lives progress report, which makes specific reference to the DDA and how the trusts intend to take forward the report. Paper copies of Health Passports have been received and the electronic versions are now available. Training sessions are being carried out at Whiston Hospital within the mandatory safeguarding training. Further in-depth training for staff is being explored with local community learning disability nurses. Whiston has signed up to the 'Getting it right' charter and progress is monitored via the Whiston Pathway group.

### **Food and Health and Safety**

In April Halton BC's Food Safety and Standards team became the first authority in Cheshire and Merseyside to launch the Food Standards Agency's National Food Hygiene Rating Scheme. This replaces the local scheme established and developed by the team since 2007. The hygiene rating for food premises in the borough are now published on a national website. Businesses also display certificates and window stickers with their scores.

The Food and Health and Safety teams have implemented service quality monitoring standards recently established by the Food Standards Agency and Health and Safety Executive, and annual Service Plans have been produced for Health and Safety, Food Safety and Standards and Environmental Protection for 11/12.

### 3.0 Emerging Issues

#### **Drug and Alcohol Services**

The tender to re-commission Drug and Alcohol services continues to progress. There were Nine potential bidders at the Preliminary Quality Questionnaire (PQQ) stage, and the standard of submissions was overall very good. Deadline for Invitation to Tender (ITT) submissions is the 20<sup>th</sup> July. Presentations by short-listed candidates will be in mid August. It is anticipated that the new service will commence in early January 2012.

The increasingly prevalent use of cannabis in the Borough has been raised as an issue by Cheshire Constabulary. A meeting in August to discuss the nature of these problems and possible responses is to be held together with colleagues from Children's Commissioning and Warrington Drug Action Team (DAT).

#### **Deprivation of Liberty Safeguards (DoLS)**

Case law continues to emerge which redefines the boundaries of the DoLS – this is being evaluated for its impact on Halton in Quarter 2. The rate of use of DoLS has increased sharply in the first Quarter of 2011: in both 2009/10 and 2010/11, there were 11 DoLS referrals in each year; already there have been 9 referrals in the first quarter of 2011/12. The impact of this on staff workloads needs to be understood.

#### **Environment/Public Health**

The Food Standards Agency and Health and Safety Executive are both considering proposals to introduce a regime to charge businesses for regulatory interventions in some circumstances. There is currently no statutory basis for charging businesses - however a new charging regime would provide the authority with an opportunity to subsidise the enforcement service with a source of income. Currently, property owners are responsible for private sewers and lateral drains, which are the sections of sewer pipe or drain which are shared with another person's property. Local authorities, at present, are required to respond to complaints about private sewers and drains, at Halton this duty lies with the Environmental Protection Team who have delegated powers to take enforcement action.

On 1 October 2011 the government will transfer ownership of most of the private sewers in England and Wales to the 10 water and sewerage companies including United Utilities, to form part of the public sewer network. The impact of the change for Environmental Protection will be, eventually, fewer complaints. There will however remain many issues of relevance to local authorities in particular the government has decided to leave enforcement powers for drains and private sewers with Local Authorities. In a lead up to the transfer the Environmental Protection team are working with United Utilities to establish systems to ensure a smooth transfer and development of a close working relationship after the transfer.

## 4.0 Service Objectives/Milestones

### Progress Against 'Key' Objectives/Milestones

|              |          |   |          |   |          |   |          |
|--------------|----------|---|----------|---|----------|---|----------|
| <b>Total</b> | <b>3</b> |  | <b>3</b> |  | <b>0</b> |  | <b>0</b> |
|--------------|----------|---|----------|---|----------|---|----------|

All three Key Objectives are on track to be completed by March 2012.

Details on 'key' performance objectives can be found in Appendix 1.

### 4.2 Progress Against 'Other' Objectives/Milestones

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

There are no 'other' objectives/milestones identified relating to Safer Halton.

## 5.0 Performance Indicators

### 5.1 Progress Against 'Key' Performance Indicators




|              |          |   |          |   |          |   |          |
|--------------|----------|---|----------|---|----------|---|----------|
| <b>Total</b> | <b>2</b> |  | <b>1</b> |  | <b>1</b> |  | <b>0</b> |
|--------------|----------|---|----------|---|----------|---|----------|

Two Key performance indicators are reported this quarter. The percentage of Vulnerable Adult Abuse assessments undertaken within 28 days has been exceeded with performance improved as compared with quarter1 in 2010/11.

The percentage of repeat incidents of domestic violence has increased in 2011/12 versus 2010/11, although the overall number of cases has dropped. Thus, quarter 1 is reported as amber, as though it is anticipated that performance will improve, it is uncertain at this time if the annual target will be achieved.

Details on 'key' performance indicators can be found in Appendix 2.

## 5.2 Progress Against 'Other' Performance Indicators

|              |           |   |          |   |          |   |          |
|--------------|-----------|---|----------|---|----------|---|----------|
| <b>Total</b> | <b>26</b> |  | <b>3</b> |  | <b>2</b> |  | <b>0</b> |
|--------------|-----------|---|----------|---|----------|---|----------|

Three indicators are reported green as they have met or exceeded the target set for 2011/12. This includes: Achievement in meeting standards for the control system for Animal Health; Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system; Serious acquisitive crime rate (per 1,000 population).

Two indicators are reported as amber, these being:

- Reduce Hospital Admissions for Alcohol related harm (Rate per 100,000)  
All current Tier 2 and Tier 3 Alcohol Treatment Services have been decommissioned and as of January 2012 are being replaced. A two stage competitive tender has been launched for future Tier 2 and 3 drug and alcohol services (as part of an integrated recovery service), in Halton. Work to support the tender process continues.
- Re-offending rate of prolific and priority offenders (although due to the time lag, this refers to 10/11 performance).

Current status cannot be reported for 20 'other' performance indicators, the majority relating to partner indicators with four other Council indicators reported in Quarter 2.

Please refer to commentary in Appendix 3 for further information. A number of targets for 2011/12 are still to be set by Partners in the Police, Probation and Fire Services.

## 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.

Where a Key service objective has been assessed and found to have an associated 'High' risk, progress against the application of this risk treatment measures will be reported in quarters 2 and 4.

## **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, has been sourced directly from partner or other agencies, 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 'Key' Performance Indicators
- Appendix 3 Progress Against 'Other' Performance Indicators
- Appendix 4 Financial Statement
- Appendix 5 Explanation of Use of Symbols



## Appendix 1: Progress Against 'Key' Objectives/milestones

| Milestones  | Progress Q1  | Supporting Commentary   |
|---|--|---|
| <b>Ref</b>  | <b>Objective</b>   |   |
| 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 |   |
| Introduce specialist support provision for victims of a serious sexual offence <b>Mar 2012</b> (AOF6 & 7) |   | <p>At present, the Safe Place Project has set up a Sexual Assault Referral Centre (SARC) for Cheshire, Halton and Warrington. SARCs are a national initiative and care for people who have suffered rape or serious sexual assault. They therefore have close links with domestic violence. The aftercare service is funded 50% by the local authorities and went live on 1 October 2010 covering Cheshire, Halton and Warrington. The aftercare service is provided by the Rape and Sexual Abuse Support Centre (RASASC). The crisis service went live on 1 April 2011 and is located at St Mary's hospital in Manchester and provided by Central Manchester University Hospitals NHS Foundation Trust.</p> <p>The RASASC service is available to those aged 13+. This provision is available due to greater capacity of a larger team and will be able to offer family continuity and a more comprehensive service.</p> |



## Appendix 1: Progress Against 'Key' 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 1  | 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> |  | Recruitment commenced for a dedicated safeguarding manager. Training packages for staff in understanding, alerting and investigating safeguarding issues are in place. |
| <i>Implement Action Plan to improve on the findings of Care Quality Commission Inspection. Mar 2012 ( AOF 6)</i>   |  | Action Plan reviewed with outstanding actions highlighted and additional work planned.   |



## Appendix 2: Progress Against 'Key' Performance Indicators

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

### Service Delivery

|             |  |       |    |        |   |   |  |
|-------------|--|-------|----|--------|---|---|--|
| <b>PA 8</b> | Percentage of VAA Assessments completed within 28 days (Previously PCS 15) | 78.12 | 80 | 83.33% |  |  | Target exceeded. 36 completed cases for Quarter 1. Of which, 30 were completed within 28 days. |
|-------------|--|-------|----|--------|---|---|--|



### Area Partner Local Indicator

|             |  |   |     |     |   |   |  |
|-------------|--|---|-----|-----|---|---|--|
| <b>PA28</b> | Repeat incidents of domestic violence (Previously NI 32) | Q4 = 29%<br><br>End of year average = 25% | 27% | 28% |  |  | <p>In real terms, the number of repeat incidents has remained roughly the same, (42 this year compared to 39 last year), but the percentage has risen to 28% this quarter compared to 22% for the same quarter last year.</p> <p>The overall number of cases, (152 cases for the last 12 months compared to 175 cases for the same 12 months the previous year), has dropped. Fewer overall cases is a positive trend.</p> |
|-------------|--|---|-----|-----|---|---|--|



### Appendix 3: Progress Against 'Other' Performance Indicators

| Ref                     | Description  | Actual<br>2010/11 | Target<br>2011/12                               | Quarter 1 | 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   | N/A               | New Indicator Baseline to be set from this year | 58.05%    | N/A                 | N/A                    | To date 267 initial assessments have been received of which 155 were completed within 48 hours. This is a new indicator for 2011/12. It is practice that all VAA initial assessments would be treated as priority and commenced within 48 hours. |
| PA11                    | Percentage of existing Halton BC staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years.  | N/A               | New Indicator Baseline to be set from this year | N/A       | N/A                 | N/A                    | Information is currently being broken down into divisions and still requires further verification and will be reported in quarter 2.   |
| PA12                    | Percentage of Halton BC staff that have received Adult Safeguarding Training, including e-learning, in 2011 – 2012 (new indicator) | N/A               | New Indicator Baseline to be set from this year | N/A       | N/A                 | N/A                    | Information is currently being broken down into divisions and still requires further verification and will be reported in quarter 2.   |

### Appendix 3: Progress Against 'Other' Performance Indicators

| Ref            | Description   | Actual<br>2010/11 | Target<br>2011/12                               | Quarter 1     | Current<br>Progress   | Direction<br>of Travel  | Supporting Commentary  |
|----------------|---|-------------------|---|---------------|---|---|--|
| PA13           | Number of external staff that have received Adult Safeguarding Training, including e-learning, in 2011 – 2012 (new indicator) | N/A               | New Indicator Baseline to be set from this year | N/A           | N/A   | N/A   | Information is currently being broken down into divisions and still requires further verification and will be reported in quarter 2. |
| <b>Quality</b> |   |                   |   |               |   |   |  |
| PA17           | Achievement in meeting standards for the control system for Animal Health (Previously NI 190)                                 | Level 1           | Level 1   | Level 1       |  |  | Performance is assessed over three aspects: contingency planning, enforcement and intelligence sharing.                              |
| PA19           | Food Establishments in the Area which are broadly compliant with Food Hygiene Law Previously NI 184)                          | 87%               | 85%   | Annual figure | N/A   | N/A   | This is an annual target and will be reported at the end of the year.  |

### Appendix 3: Progress Against 'Other' Performance Indicators

| Ref            | Description  | Actual<br>2010/11 | Target<br>2011/12 | Quarter 1     | Current<br>Progress   | Direction<br>of Travel  | Supporting Commentary   |
|----------------|--|-------------------|-------------------|---------------|---|---|---|
| <b>Quality</b> |  |                   |                   |               |   |   |   |
| PA20           | a) % of high risk Health & Safety inspections undertaken   | 100%              | 100%              | Annual figure | N/A   | N/A   | This is an annual target and will be reported at the end of the financial year.   |
|                | 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               | 34            |  |  | Target for 2011-12 is higher than performance for 2010-11 due to a shift in focus from full pro-active inspections to targeted project based interventions as advised by the Health and Safety Executive (HSE). |

### Appendix 3: Progress Against 'Other' Performance Indicators

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

#### Area Partner Indicators:



The indicators below form part of a Local Indicator Set based on the previous National Indicator Set. Responsibility for setting the target, and reporting performance data, will 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).  | N/A  | N/A | N/A  | N/A | N/A | <p>During quarter One, the Halton area recorded 131 Burglary crimes equating to a 1.6% increase when compared to the same time during the previous year (129 to 131).</p> <p>108 crimes were Household Burglary, 19 were Attempted Burglary, 2 were Distraction Burglary and 2 Aggravated Burglary.</p> <p>Analysis highlighted Riverside ward within Widnes and Grange ward within Runcorn were responsible for higher volumes recorded.</p> |
| CCC 17 | Number of hate crime incidents recorded by the Authority per 100,000 population (Previously BVPI 174 & CL L12). | 77.1 | N/A | 8.38 | N/A | N/A | <p>During quarter One, the Halton Area recorded 10 Hate related crimes equating to a 41.2% decrease when compared to the same time during the previous</p>  |

### Appendix 3: Progress Against 'Other' Performance Indicators



| Ref    | Description  | Actual<br>2010/11 | Target<br>2011/12 | Quarter 1 | Current<br>Progress | Direction<br>of Travel | Supporting Commentary  |
|--------|--|-------------------|-------------------|-----------|---------------------|------------------------|--|
|        |  |                   |                   |           |                     |                        | <p>year (17 to 10). Halton area has also increase detection rates or positive outcomes by a 42.9% increase during the same comparative periods from 47.1% to 90.0%.</p> <p>7 crimes were Race related, 2 were Sexual Orientation and 1 was Religion / Faith related resulting in 8 Charges and 1 Caution.</p> <p>Analysis highlighted no specific ward was responsible to higher volumes and both Widnes and Runcorn areas recorded 5 crimes each.</p> |
| CCC 18 | % Of hate crime incidents that resulted in further action. | 51.1%             | N/A               | N/A       | N/A                 | N/A                    | <p>Of 92 incidents recorded last year 47 met the hate crime criteria. The figures can be broken down as follows:</p> <p>Detected - 7<br/>Still under investigation - 17<br/>Undetected – 23</p> <p>Information awaited for Q1.</p>   |

### Appendix 3: Progress Against 'Other' Performance Indicators

| Ref    | Description   | Actual<br>2010/11 | Target<br>2011/12 | Quarter 1 | 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 | 2773              | 2309              | 699.8     | ?                   |    | 2010/11 data has been updated.<br><br>All current Tier 2 and Tier 3 Alcohol Treatment Services have been decommissioned and as of January 2012 are being replaced. A two stage competitive tender has been launched for future Tier 2 and 3 drug and alcohol services (as part of an integrated recovery service), in Halton. Work to support the tender process continues. |
| CCC 23 | Drug users in effective treatment (Previously NI 40).                                   | 456<br>(Nov 2010) | N/A               | N/A       | N/A                 | N/A   | The NTA no longer set a target for this former indicator. It is proposed to remove this indicator. Alternative local measures are being investigated in line with the new Drugs and Alcohol Strategy.   |
| CCC 24 | Serious violent crime rate (Previously NI 15).  | 88                | N/A               | 15        | N/A                 |  | No target has been set this year which means progress cannot be measured against it. However, compared to the same period last year the direction of travel is good. In Q1 this year there were 15 offenders compared to 31 in the same period the previous year.   |




### Appendix 3: Progress Against 'Other' Performance Indicators

| Ref    | Description  | Actual 2010/11  | Target 2011/12  | Quarter 1 | Current Progress  | Direction of Travel   | Supporting Commentary   |
|--------|--|-----------------|-----------------|-----------|---|---|---|
| CCC 25 | Serious acquisitive crime rate (per 1,000 population) (Previously NI 16).          | 13.65           | 15.25           | 3.36      |  |  | The indicator shows that progress is good against the target and compared to the same period last the direction of travel is good. In Q1 this year there were 401 offenders compared to 457 in the same period the previous year.   |
| CCC 26 | Adult re-offending rates for those under probation supervision (Previously NI 18). | 9.41 % (Q3)     | N/A             | N/A       | N/A   | N/A   | Halton was on an improving trend over the first 3 quarters of 2010/11 but is still very unlikely to meet the Ministry of Justice national reduction target for 2010/11. Data has a 5-6 month time lag. Q1 2011/12 data will not be available until November 2011.   |
| CCC 27 | Rate of proven re-offending by young offenders (Previously NI 19).                 | N/A See Comment | N/A See comment | N/A       | N/A   | N/A   | At the 9 month stage for 2010/11, Halton has seen a 39% reduction in the number of offences committed per 100 young offenders, on the cohort, when compared to the 2005 baseline.<br><br>The actual full year figure for 2010/11 will not be available until August 2011.<br><br>Please note that from April 2011, a new unified reoffending measure, |

### Appendix 3: Progress Against 'Other' Performance Indicators

| Ref    | Description   | Actual<br>2010/11 | Target<br>2011/12 | Quarter 1 | Current<br>Progress | Direction<br>of Travel | Supporting Commentary  |
|--------|---|-------------------|-------------------|-----------|---------------------|------------------------|--|
|        |   |                   |                   |           |                     |                        | <p>will be reported to the Ministry of Justice from the Police National Computer data.</p> <p>As a result no target has yet been set as it will be subject to a discussion that will take place at the next YOT Management Board to confirm what the YOT will report for local purposes.</p>   |
| CCC 28 | Assault with less serious injury crime rate (per 1000 population) (Previously NI 20). | 8.23              | 10.10             | N/A       | N/A                 | N/A                    | <p>During Quarter One the Halton Area recorded 194 crimes of Assault with Less Serious Injury equating to a 35.5% decrease when compared to the same time during the previous year (301 to 194).</p> <p>Analysis highlighted Appleton and Riverside wards within Widnes were responsible for higher volumes recorded identifying alcohol related causation factors or root causes due to the geographical location encompassing licensed premises and fast food outlets.</p> |
| CCC 29 | Serious knife crime rate  | 80                | N/A               | 0         | N/A                 | N/A                    | No target has been set this year   |

### Appendix 3: Progress Against 'Other' Performance Indicators

| Ref    | Description  | Actual<br>2010/11 | Target<br>2011/12 | Quarter 1                             | Current<br>Progress | Direction<br>of Travel  | Supporting Commentary  |
|--------|--|-------------------|-------------------|---------------------------------------|---------------------|---|--|
|        | (Previously NI 28).  |                   |                   |                                       |                     |   | which means progress cannot be measured. However, compared to the same period last year the direction of travel is good. In Q1 last year there were 15 offenders compared to 0 in the same period this year.                                 |
| CCC 30 | Gun crime rate (Previously NI 29).                                       | 24                | N/A               | 0                                     | N/A                 | N/A   | No target has been set this year which means progress cannot be measured. However, compared to the same period last year the direction of travel is good. In Q1 last year there were 6 offenders compared to 0 in the same period this year. |
| CCC 31 | Re-offending rate of prolific and priority offenders (Previously NI 30). | Q3<br>4.62%       | N/A               | Not available -<br>6 mths<br>time-lag | ?                   |  | Halton has been on an improving trend over the past three quarters but is unlikely to meet the re-offending reduction target by end of year. 10/11-data has a 5-6 month time lag.  |
| CCC 32 | Drug-related (Class A) offending rate (Previously NI 38).                | 0.64              | N/A               | N/A                                   | N/A                 | N/A   | NI 38 has now been dropped as a national indicator. However, data collection is continuing as it is intended that a new measure will be created and reported through the Police National Database, from around October 2011.                 |

### Appendix 3: Progress Against 'Other' Performance Indicators

| Ref    | Description   | Actual<br>2010/11 | Target<br>2011/12 | Quarter 1   | Current<br>Progress | Direction<br>of Travel | Supporting Commentary  |
|--------|---|-------------------|-------------------|-------------|---------------------|------------------------|--|
| CCC 33 | Domestic violence – murder (Previously NI 34).  | 0                 | N/A               | 0           | N/A                 | N/A                    | No target has been set this year which means progress cannot be measured against it, and compared to the same period last year the direction of travel is the same. That is, in Q1 last year there were 0 offences relating to Domestic Violence (murder) and none in the same period this year. |
| CCC 34 | Arson incidents (Previously NI 33).   | 643               | 855               | N/A         | N/A                 | N/A                    | Awaiting information.  |
| 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%               | See comment | N/A                 | N/A                    | The accommodation target 80% by end of year 2010/11 was surpassed by achieving 87%.<br><br>Information for this year will not be available until Q2.   |
| CCC 36 | Offenders under probation supervision in employment at the end of their order or licence (Previously NI 144).                                 | 48%               | 40%               | See comment | N/A                 | N/A                    | The employment target of 35% by end of year 10/11 was surpassed by achieving 48%.<br>Information for this year not available until Q2.   |
| CCC 37 | Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks (Previously NI 49).                   | N/A               | N/A               | N/A         | N/A                 | N/A                    | Awaiting information.  |

## Appendix 4: Financial Statement




### **COMMUNITIES DIRECTORATE**

Local Strategic Partnership Schemes as at 30<sup>th</sup> June 2011

|                                 | Annual Budget | Budget To Date | Actual To Date | Variance To Date (Overspend) | Actual Including Committed Items |
|---------------------------------|---------------|----------------|----------------|------------------------------|----------------------------------|
|                                 | £'000         | £'000          | £'000          | £'000                        | £'000                            |
| <b>Priority 5: Safer Halton</b> |               |                |                |                              |                                  |
| Area Forum 1                    | 106           | 27             | 0              | 27                           | 0                                |
| Area Forum 2                    | 88            | 22             | 0              | 22                           | 0                                |
| Area Forum 3                    | 99            | 25             | 0              | 25                           | 0                                |
| Area Forum 4                    | 127           | 32             | 0              | 32                           | 0                                |
| Area Forum 5                    | 109           | 27             | 0              | 27                           | 0                                |
| Area Forum 6                    | 49            | 12             | 1              | 11                           | 1                                |
| Area Forum 7                    | 22            | 6              | 0              | 6                            | 0                                |
| <b>Sub Total</b>                | <b>600</b>    | <b>151</b>     | <b>1</b>       | <b>150</b>                   | <b>1</b>                         |




## Appendix 5: Explanation of Symbols

Symbols are used in the following manner:

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

### **Direction of Travel Indicator**

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

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