

**Neath Port Talbot County Borough Council  
Cyngor Bwrdeistref Sirol Castell-nedd**

**Democratic Services  
Gwasanaethau Democrataidd**

**Chief Executive:** Steven Phillips

**Date:**

Dear Member,

**COMMUNITY SAFETY AND PUBLIC PROTECTION SUB COMMITTEE -  
THURSDAY, 19TH SEPTEMBER, 2019**

Please find attached Appendix 1 to the Quarterly Performance Indicator report for consideration at the next meeting of the **Community Safety and Public protection Sub Committee - Thursday, 19th September, 2019.**

**Item**

7. **Quarterly Performance Indicators** (Pages 3 - 6)

***Report of the Assistant Chief Executive and Chief Digital Officer - Mrs. Karen Jones***

Yours sincerely

p.p Chief Executive

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Neath Port Talbot Council

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# Performance Indicators

Neath Port Talbot Council





Appendix 1 - Partnerships & Community Cohesion Performance Indicators - Quarter 1 - 2019/20






*Print Date: 09-Sep-2019*

Agenda Item 7

## How will we know we are making a difference (01/04/2019 to 30/06/2019)?

PI Title	Actual 17/18	Actual 18/19	Actual 19/20	Target 19/20	Perf. RAG
<b>1 Well-being Objective 1 - To improve the well-being of children and young people</b>					
CP/015 - Percentage of schools that have adopted suitable programmes to address violence against women, domestic abuse and sexual violence (VAWDASV)		12.12	12.12	15.00	 Red
<p>Hafan Cymru's Spectrum Project is delivered in 8 of our schools and is funded by Welsh Government. In conjunction with this, a Healthy Relationship lesson now forms part of the Relationship and Sexuality Education Pack, developed by the Youth Service. These lessons will be delivered across all schools following a phased roll out.</p> <p>The return of an officer from maternity leave will assist in making further progress throughout the year. The Healthy Relationship Lesson has now been developed and piloted and the Relationship &amp; Sexuality Education (RSE) Group hope to make inroads into schools over the coming months, working towards our Corporate Plan annual target of 25%.</p>					
PI/466 - Percentage of children and young people who have participated in a suitable programme that addresses VAWDASV		9.23	49.39	45.00	 Green
<p>1,600 year 6 children attended Crucial crew and participated in a VAWDASV awareness programme. An additional 30 Year 8 children attended and delivered a set.</p> <p>New indicator from 2018-19.</p>					
PI/467 - Percentage of year 6 children and young people who have participated in a suitable programme to address cyber-crime			98.79	0.00	 Green
<p>1,600 year 6 children attended Crucial crew and participated in a cyber crime awareness programme. An additional 30 year 8 children attended and delivered a set</p>					
<b>2 Well-being Objective 2 - To improve the Well-being of all adults who live in the county borough</b>					
CP/034 - Percentage of incidents of domestic abuse where people are repeat victims - IDVA (Council) - highest risk victims		38.14	42.57	33.00	 Red
<p>The VAWDASV (Violence against Women, Domestic Abuse and Sexual Violence) Strategy recognises the need to better respond to victims in NPT. The VAWDASV Leadership Group commissioned a review of High Risk Victim Services, due to increasing demands and subsequent additional pressure on services. A systems review was undertaken; analysing demands into services, process mapping etc. Various changes have been made as a result of this, including; changes to the step up and step down process for victims, changes to recording and monitoring, increased capacity within the team and revised policies and procedures. However, as part of the demand analysis it is clear that there are a high number of repeat referrals into the system, in particular, those with complex needs. A dip sample of cases has been presented to the Leadership Group and a piece of work will be undertaken to better understand the nature of the cases, profile of victims, profile of perpetrators and their wider needs. It has been agreed that this work should be escalated to the Community Safety Partnership Board and Public Services Board, as it is not solely a VAWDASV related issue. Going forward, the IDVA service will monitor the number and nature of repeat referrals, to allow us to better understand and improve services, as well as ensuring we give victims the best possible chance to fully engage with the support that is currently available, or consider whether alternative models of support for the more complex cases may be necessary. The IDVA team have just started more analysis on the repeats but there is more work to be done, which can be reported on during the next quarter.</p> <p>This performance indicator is reported Quarterly with effect from 2018/19.</p>					

PI Title	Actual 17/18	Actual 18/19	Actual 19/20	Target 19/20	Perf. RAG
PI/153 - Number of referrals of high risk victims to the IDVA service		118.00	101.00	119.00	 Green
<p>There are fewer people accessing the IDVA service due to changes to the referral process. With increased capacity in the team and the creation of a Business Support post, cases can now be screened, meaning only appropriate referrals are accepted by the service.</p> <p>All cases received into the IDVA service are classed as high risk. Victims deemed as medium or low risk will be supported by local specialist providers and not referred into the IDVA service.</p>					
PI/154 - Number of new members to Paws on Patrol		55.00	12.00	25.00	 Red
<p>There was only one event in quarter 1 which resulted in 12 new members to the scheme. With the other events planned throughout the year, we should be on track to hit our annual target. Most events this year are being organised with partner agencies such as Dogs Trust, Waste Enforcement and South Wales Police. These events partnership events usually generate greater footfall and subsequently more new members signing up to the scheme.</p> <p>Reported quarterly with effect from 2018-19.</p>					
PI/470 - Percentage of vulnerable people whose vulnerability is reduced via the vulnerable persons MARAC ( Multi Agency Risk Assessment Conference)			100.00	90.00	 Green
<p>There was only one Street Vulnerable Multi Agency Risk Assessment Conference (SVMARAC) meeting in Quarter 1 2019-20 and 2 people were referred both with successful outcomes.</p> <p>Data for this indicator reported from 2018-19.</p> <p>There were zero referrals to the SVMARAC for quarter1 2018-19.</p>					
PI/481 - Number of APB commissioned substance misuse services successfully maintained in the year			17.00		
<p>New indicator for 19/20. No comparable data or target. Base lined for this year with a view of setting a target for 20/21.</p> <p>The number of services commissioned on behalf of the APB has been predetermined by historic systems inherited from City and County of Swansea and Neath Port Talbot CBC before the regional APB was implemented.</p> <p>During the first quarter of 19/20 work commenced on reviewing existing services and the commissioning cycle for a new model of service provision will be commence during 20/21.</p>					
PI/482 - Number of monitoring visits undertaken to APB commissioned substance misuse services			0.00		

PI Title	Actual 17/18	Actual 18/19	Actual 19/20	Target 19/20	Perf. RAG
<p>New indicator for 19/20. No comparable data or target. Base lined for this year with a view of setting a target for 20/21.</p> <p>The APB team has been without a Monitoring Officer since August 2018 so have not been able to carry out any visits. An interim desktop monitoring system was put in place during this time.</p> <p>In July 2019 a new officer started in post who has set up a new monitoring system which during Sept and Oct 19 will be tested and visits will be carried out on quarterly basis for the rest of the year. Monitoring information based on these visits will be reported to the APB.</p>					
<p>PI/483 - Number of agreed service outcomes achieved (2019/20 establishing baseline) in APB commissioned substance misuse services</p>			0.00		
<p>New indicator for 19/20. No comparable data or target. Base lined for this year with a view of setting a target for 20/21.</p> <p>Outcomes will be agreed with providers during 19/20 as part of the new contract monitoring system and a baseline will be established during 19/20, targets will be set during 20/21 and reported to the APB as part of a new performance management system.</p>					
<p>PI/484 - Percentage of non-fatal over-doses notified through the protocol that received appropriate advice and or other intervention (baseline)</p>			7.00		
<p>New indicator for 19/20. No comparable data or target. Base lined for this year with a view of setting a target for 20/21.</p> <p>During the first quarter of 19/20 seven non fatal overdoses occurring in Neath Port Talbot were reported to the APB all cases were followed up appropriately by local services.</p> <p>n.b. the APB receives notifications of overdoses on a regional basis. the figures provided here are for NPT only.</p>					

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