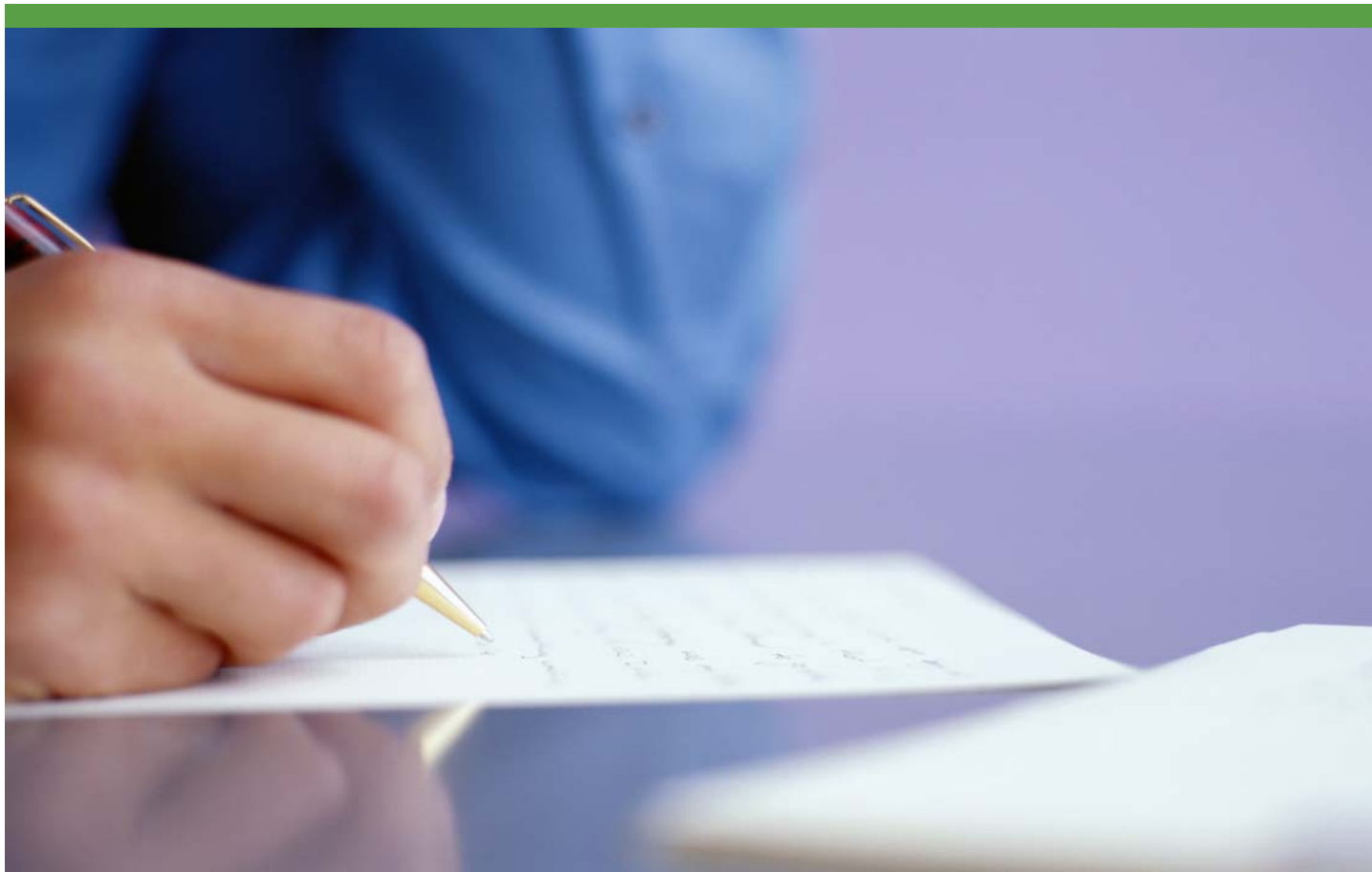


Internal Audit



Milton Keynes Council



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SOCIAL BEHAVIOUR

Internal Audit – Final Report

RAG, 20 DECEMBER 2012

SEPTEMBER 2012

EXECUTIVE SUMMARY

1 AUDIT AREA

An audit of Social Behaviour has been carried out in accordance with the annual audit plan.

2 AUDIT OPINION

Satisfactory- The services are performing well in reducing Anti Social Behaviour (ASB) and achieving the Social Behaviour Strategy aims. However, there are a number of minor areas where improvement could be made.

3 AUDIT CONCLUSIONS

Generally speaking the strategic aims for social behaviour are being met as the numbers of ASB reported are consistently falling based on data available. However, incidents of ASB from the CONFIRM system and PSS Live have not been include in the data. Work is ongoing to develop better neighbourhoods through Neighbourhood Action Groups (NAGS); other community networks and the use of mediation to support those most in need.

A number of prevention and intervention schemes contribute to tackling and reducing anti-social behaviour in Milton Keynes. There are good relationships with a number of agencies including the Police, Probation and Fire Service.

The Police and Council use the same risk assessment matrix and both parties work well together in tackling anti-social behaviour problems consistently.

There is a Social Behaviour Strategy that has recently been approved (June 2012).

There are opportunities to improve governance arrangements such as reviewing the Terms of References (TORS) for all groups annually and ensuring that the groups have the relevant expertise. The associated action plan to achieve the objectives could be SMARTer (Specific, Measurable, Achievable, Realistic and Time-framed).

There were some data quality issues due to inaccurate use of the FLARE system.

The new Regulatory Unit will play a key role in moving forward this agenda on behalf of the SaferMK Partnership.

4 THE FUTURE

- 4.1 All actions are in the [Management Action Plan \(Page 8\)](#). Detailed findings from the audit are reported within the Main Report in [Section 7](#).
- 4.2 Training is being undertaken within the Regulatory Unit at present to improve data quality and case management and this will be rolled out to key services.
- 4.3 Performance management will be strengthened through an improved action plan enabling progress to be more easily monitored.
- 4.4 Further consideration will be given to recording outcomes from prevention and intervention schemes (including any contract in place) and communicating findings with all relevant partners.
- 4.5 The website will be updated and kept up to date as appropriate.
- 4.6 Feedback will be obtained to provide evidence to make necessary improvements.

MAIN REPORT

5 BACKGROUND INFORMATION

SaferMk has been set up to help Milton Keynes be a safe place to live, work and visit. SaferMK consist of Milton Keynes Council, Thames Valley Police ("Police") and Thames Valley Police Authority, Buckinghamshire Fire & Rescue Service, NHS Primary Care Trust Milton Keynes and Thames Valley Probation Service.

One of the five strands of SaferMK Plan 2011-14 is tackling anti-social behaviour. The SaferMK Plan has now been updated for 2012-15 including a sixth strand.

A Social Behaviour strategy has recently been agreed by Safer MK, this sets out the strategic aims:-

- To promote and develop neighbourhoods in which people value one another and support those most in need.
- Reduce anti-social behaviour through prevention, enforcement and promoting stronger communities.

For 2011/12 there were 15,452 reports of Anti Social Behaviour (ASB); this figure does not include cases of fly tipping and reports from the CONFIRM system/PSS Live.

6 AUDIT AREAS AND AUDIT SCORE

a)	The Governance structure is clear and effective – policy and plans set clear objectives to ensure Social Behaviour and public perception of ASB is reduced and all relevant parties are included. (Governance)	2
b)	There are clear processes in place for the public to report ASB issues and all partners ensure prompt appropriate action is taken to address concerns and meet the needs of services, victims and perpetrators. Links with safeguarding. (Action)	2
c)	There is adequate engagement with communities (Communication)	3
d)	Progress is monitored and reported – to include performance measures, risk management and data quality (Monitoring)	2
e)	A full range of prevention and intervention schemes has been considered and provided within resources available (Options)	3
f)	Income is collected, expenditure is appropriate and budget monitoring is undertaken (Finance)	2

Key: 1 = Poor, 3 = Good

7 DETAILED FINDINGS

7.1 Governance

The current governance structure includes at least 5 different groups ranging from the strategic group which is the Responsible Authorities Group (RAG) to service delivery groups including the Performance Group, Joint Agency Tasking and Co-ordination (JATAC), Multi Agency Case Panel (also known as the Serious Case Panel or ASB Case Management Panel) and Social Behaviour Strategy Group (SBSG) (previously Anti-Social Behaviour Delivery Group).

The terms of reference (TOR) for all groups have not been reviewed with the oldest one last being reviewed in Feb 2008. The TOR for the RAG states that they will approve and review the TORS for the whole of the SaferMK Partnership annually. TORs for the Performance Group and SBSG state they shall meet monthly. In practice meetings for the Performance Group and SBSG have been taking place every two months.

At the commencement of the audit 57% (4/7) officers found that the governance structure was not clear and was confusing. Some officers felt that they weren't aware of the expected outputs from each group. There is a new SBSG group in place and revised Terms of Reference drafted. This has resolved one of the issues but not all of them.

One of the SaferMK groups is JATAC and staff confirmed that the group worked well together and shared useful information. The police share intelligence data from their systems with the MKC. However, MKC isn't able to pull together the intelligence data the same way. Therefore we can't make fully informed decisions.

The Multi Agency Case Panel has been operating on a monthly basis since it was set up in February 2012. The work of the panel is now due to be reviewed. Internal Audit attended a meeting and evidenced that all organisations were represented and contributed to discussions, ensuring that a multi agency approach was achieved. Officers confirmed that the group worked well in their opinion. One of the 5 cases discussed had not progressed from the previous meeting and the action agreed at the July meeting was still outstanding.

From examination of Anti-Social Behaviour Delivery Group (SBDG) minutes, Internal Audit found that an action that had been raised at the SBDG in September 2011 to review policies and process flows but this was still outstanding as at July 2012. The outstanding action is fundamental to the services to ensure that they are all working consistently. This group was disbanded in Nov 2011 and the action continued to remain outstanding at the SBSG.

A Social Behaviour Strategy was approved on 21/6/12 by RAG. The strategy sets out the objectives that will help to achieve the aims. An action plan is being developed but is not yet complete. However, some of the actions stated are not SMART (for example it is unclear how 'the offer of high quality support to victims and witnesses of ASB' will be measured, who is the responsible officer and the target date).

The Data Sharing Protocol was issued in 2008 and was signed by a number of agencies (MKC officer has since left). According to the protocol it should be reviewed

annually or later as required. No review has taken place since then due to insufficient staff resources.

7.2 Action

At present there are a number of services within the Council that are involved in dealing with and assisting in reducing ASB. These are SaferMK Support team, Neighbourhood Management, Housing Intervention team and Regulatory Unit (Environmental Health).

Within the Council several systems are used to record ASB. The FLARE system is used by the Regulatory Unit, some parts of Neighbourhood Management and the Housing Intervention Team. Another part of Neighbourhood Management use the CONFIRM and PSS live systems to record ASB. Police use Crime Evaluation Data Analysis and Recording system (CEDAR) to record incidents of ASB. Reports of ASB from the CEDAR system should be uploaded regularly to the FLARE system. Four of 10 (40%) cases sampled had not been uploaded onto the FLARE system. The other cases had been entered on the FLARE system and appropriate action had been taken. However, two of ten cases where issues were found e.g. one case had lots of incidents and these had not been linked and another where no action had been taken since June 2012.

Victims of ASB can report an incident to the Council or to a number of different agencies such as Police, social landlords etc. ASB reports can be made in person, by telephone, letter or via a Councillor.

A sample of 20 cases across the different services was reviewed. 60% (12/20) of the case reviews found issues from delays in responding to the reports to data quality issues (dates entered incorrectly or cases not closed that had been dealt with). One of the sample cases reviewed was delayed due to confusion about who was dealing with the case. There are an inter-departmental referral processes within the Council i.e. any formal process to pass responsibility from one officer to another so that it is clear to that officer that he/she is now responsible for progress. However, this is not used consistently.

One of the 20 cases reviewed contributed to a Dispersal Order being enforced. The FLARE system notepad did not record all the actions that had been taken. Internal Audit were advised that a separate file is kept by the Police which holds the up to date information about the actions that have been taken therefore up to date information is not available to other officers.

From the sample of cases reviewed there were a few cases that should have been linked to previous ones and the method of linking cases was inconsistent ie some cases linked using the function on the system, others would make a note on the notepad.

Audit testing found that the Flare system is used inconsistently by some Council officers. Each service uses the system in a different way ie Housing Intervention team attach documents to the notepad whereas Neighbourhood Management update the front of the notepad with the actions. The majority of staff interviewed stated they have never been trained on the system and so have developed their own way of working.

From the sample of cases reviewed officers kept victims informed of the actions and offered mediation as appropriate.

Safeguarding is considered when a complaint is risk assessed and throughout the process.

One service has recently started to obtain feedback from victims on how they felt their case was handled and system improvements that could be made. This is still being developed.

7.3 Communication

There are 28 Neighbourhood Action Group (NAGS) across Milton Keynes to enable local people to address local issues. NAGS include residents, the police, parish and local authority representatives and other organisation/agencies.

A number of services engage with the community by:-

- Going into schools to give talks about issues such as littering
- Providing information on Acceptable Behaviour Contract (ABC)
- Distributing Tenants newsletters and letters about specific issues such as parking problems
- Visiting hotspot areas with residents to establish concerns in the area.

An annual survey should be carried out to find out how safe people feel living in Milton Keynes and their experience of crime, how fearful they are of being victims of crime and their perception of anti-social behaviour. This is currently being undertaken (delayed from last year due to lack of resources).

Aspects of the SaferMK website (www.safermk.com) need updating. The Performance Group information report has not been updated since March 2011. The manager has confirmed that this is being worked on at present.

7.4 Monitoring

There is a corporate performance measure 'MKC 230 Number of anti-social behaviour reports from Thames Valley Police' that is reported to the Corporate Affairs and Performance Select Committee. As yet there is no target as it is newly defined although it is reducing (down 13.8% from previous year).

SaferMK performance reports (which include details of ASB) are produced on a monthly basis and are presented at the Performance Group, JATAC and RAG.

The April 2012 Performance Plan Update for the Social Behaviour Group report presented to the Performance Group in May 2012 had gaps where no information was recorded. This was because the SB Strategy was in development stage and therefore partners had not bought in to the specific actions or lead responsibilities. The minutes did not clearly record what had been discussed.

The figures reported within the performance report are inaccurate as they do not include ASB figures from the CONFIRM and PSS live systems, as previously stated. There is also some duplication as the Police figures will include cases that have been included in both Council and Police systems. The categories used by the Police and Council are different therefore it makes it difficult to cross match cases.

From the sample of cases data quality was an issue on FLARE (dates entered incorrectly or cases not closed that had been dealt with).

Audit sample testing evidenced that where mediation is used that feedback is received and where no feedback has been received officers have chased to ensure that a response is received.

Risks had been identified and appropriate actions put in place to mitigate them. However, they are in need of reviewing on GRACE (corporate risk management) system.

7.5 Options

All relevant services within the Council dealing with ASB are undertaking some intervention and prevention work although there is no evidence of the existing process working to determine how successful those schemes are. This work is undertaken in silos and the process needs improvement so that good practice is shared. This was highlighted in one of the previous reviews.

A full range of schemes are used such as:-

- **Intervention schemes** such as joint visits, mediation services, court witness project and Restorative Justice (where the victims have an opportunity to speak to the offender).
- **Prevention schemes** such as Neighbourhood wardens going into schools, fire prevention project, Dispersal Orders and Acceptable Behaviour Contracts (ABCs).

7.6 Finance

The Regulatory Unit is not able to confirm total income due for court cost (Breach of S80 Noise Abatement Notices) and therefore not able to monitor receipt of the income.

Audit testing gave assurance that expenditure was appropriate and the budget is robustly managed and monitored.

A contract for City Counselling is in place and monitoring meetings are undertaken. However, no monitoring on outcomes is undertaken. Therefore we are not able to evidence that the service is having an impact on helping the customer.

MANAGEMENT ACTION PLAN

The Agreed Actions are categorised on the following basis:

- Essential** - Implementation is required to address a risk that **fundamentally undermines** the control or objective of that system.
- Important** - Implementation is required to address a risk that **seriously undermines** the control or objective of that system.
- Standard** - Implementation is required to address a risk that **undermines** the control or objective of that system.

Ref.	Findings	Risk/ Implication	Agreed Action	Management Comments	Manager Responsible & (Target Date)
1	<p>Governance</p> <p>The action plan that is being developed to assist with achieving the objectives within the SB Strategy does not have specific actions and timescales.</p>	<p>Objectives not achieved.</p> <p>Increase in Anti Social Behaviour</p> <p>Reputational damage.</p>	<p>Important</p> <p>The action plan to achieve the objectives in the Strategy should be completed ensuring that the objectives are SMART (<i>Specific, Measurable, Achievable, Realistic and Time-framed</i>), and the lead officer/organisation will be identified, this will ease with progress monitoring. Once the action plan has been completed this should be communicated to all appropriate parties.</p>	<p>Agreed</p> <p>Already in implementation</p>	<p>Head of Neighbourhood Management</p> <p>Immediate</p>
2	<p>Governance</p> <p>The Data Sharing Protocol has not been reviewed since 2008. An annual review should have been initiated by the Community Safety Partnership (as stated within the Protocol).</p>	<p>Outdated protocol.</p> <p>Agreed parties may no longer be with organisations.</p>	<p>Standard</p> <p>The Data Sharing Protocol will be reviewed (and presented to RAG) and signed by all relevant parties.</p>	<p>Agreed</p> <p>Delayed due to lack of staff resources.</p>	<p>Head of Community Safety</p> <p>31/12/12</p>

3	<p>Action/Monitoring</p> <p>Audit testing found issues in 60% (12/20) of the cases reviewed for anti social behaviour complaints:-</p> <ul style="list-style-type: none"> • delays in responding to customer • Confusion on who was dealing with case • Data quality issues (dates entered incorrectly and cases not closed). • Cases are not linked <p>There is an inter-departmental process to pass referrals between services. This is not used consistently.</p>	<p>Poor service received by customer.</p> <p>Incident becomes serious due to delay.</p> <p>Incorrect management data obtained.</p>	<p>Standard</p> <p>When a report for ASB is received this will be dealt with in a timely manner. A lead officer will be identified, previous reports should be linked and correct dates entered as appropriate.</p> <p>The services will review the inter-department process for passing a referral between services.</p>	<p>Agreed</p>	<p>Head of Regulatory Unit & Head of Housing Management 31/12/12</p>
4	<p>Action/Monitoring</p> <p>Inconsistent use of the FLARE system. Staff advised Audit that they had not been trained on the system.</p>	<p>Unreliable data.</p> <p>Poor data quality.</p>	<p>Standard</p> <p>Staff will be trained on how best to use the system in a consistent way, including Children's Services.</p>	<p>Agreed</p>	<p>Head of Regulatory Unit & Head of Housing Management 31/3/13</p>
5	<p>Communication</p> <p>The Safer Community website is out of date. Performance information has not been updated since March 2011.</p>	<p>Residents are not aware of current issues.</p>	<p>Standard</p> <p>The website will be updated and changes made as required.</p>	<p>Agreed</p> <p>This is being worked on at present.</p>	<p>Deputy Head of Community Safety 31/12/12</p>

6	<p>Options</p> <p>No single record is kept to confirm what intervention/prevention schemes are in place and the impact they are having on reducing the problem.</p> <p>It is unclear whether any good practices or lessons learnt are shared between services.</p>	<p>Unclear which schemes are making a positive impact on reducing the problem.</p> <p>Unsuccessful schemes that have not worked are repeated.</p> <p>Waste of time and resources.</p>	<p>Standard</p> <p>A single record will be kept to record what intervention/prevention scheme is in place and the impact they are having on reducing the problem.</p> <p>Lessons learnt and good practice will be shared with all parties.</p>	<p>Agreed</p> <p>A process for this will be developed and passed to the SBSG.</p> <p>Slot to be suggested for inclusion on JATAC agenda for sharing good practice.</p> <p>Some prevention schemes have been discussed at SBSG.</p>	<p>Head of Regulatory Unit & Head of Housing Management 31/12/12</p>
7	<p>Governance</p> <p>The TORS for the different groups have not been reviewed and approved by the RAG.</p> <p>No evidence has been obtained to confirm that the RAG has reviewed the different groups to ensure that the requisite knowledge and skills are in place.</p> <p>The TORs for the Performance Group and Social Behaviour Strategy Group (SBSG) state that meetings should be undertaken on a monthly basis, however they have been undertaken every two months.</p> <p>Some officers found that the governance structure was not clear and they felt that they weren't aware of the expected outputs from each group.</p>	<p>Members act outside their remit/action not taken.</p> <p>Plans/progress not achieved.</p>	<p>Standard</p> <p>TORS will be reviewed annually and requisite knowledge and skills appraised.</p> <p>Meeting should be undertaken as stated in the TOR or TOR should be amended to reflect what is actually happening.</p> <p>Once the structure has been reviewed, the final structure should be communication to all relevant officers.</p>	<p>Agreed</p>	<p>Head of Community Safety 31/03/13</p>

8	<p>Governance</p> <p>The minutes of the SBSG recorded an action to review policies and process flows in September 2011. This was still outstanding as at July 2012.</p> <p>The Performance Group SaferMk Action Plan Update detailing progress that has been by the services dated April 2012 had gaps in the progress update and had not been RAG rated. The minutes did not record what had been discussed or action required.</p>	<p>Officers unaware of the process to follow. Possible delay in actions required.</p>	<p>Standard</p> <p>Actions leading from the meetings should be progressed in a timely.</p> <p>Minutes will reflect what has been discussed and actions required.</p>	<p>Agreed</p>	<p>Head of Neighbourhood Management 31/12/12</p>
9	<p>Finance</p> <p>Some monitoring of outputs is discussed for the City Counselling Council. However, outcomes are not known discussed. Therefore the service is not aware of how the service provided is having an impact on the problem.</p>	<p>The agency may not be providing the required service.</p> <p>Poor service delivery not identified.</p>	<p>Standard</p> <p>Monitoring of the contract should include what outcomes are achieved.</p>	<p>Agreed</p> <p>Process is in implementation</p>	<p>Head of Community Safety Immediate</p>
10	<p>Finance</p> <p>The Regulatory Unit is not able to confirm total income due for court costs (Breach of S80 Noise Abatement Notices) and is therefore not able to monitor receipt of the income.</p>	<p>Possible loss of income.</p>	<p>Standard</p> <p>A review of how best the income from court cost can be monitored and collected will be carried out.</p>	<p>Agreed</p>	<p>Head of Regulatory Unit 31/12/12</p>

11	<p>Action/Monitoring</p> <p>Complaints from the CEDAR System should be uploaded on the FLARE system. Audit testing found that 40% (4/10) of the cases reviewed had not been uploaded.</p> <p>2/10 cases where issues were found e.g. one case had lots of incidents and these had not been linked and another where no action had been taken since June 2012.</p>	<p>Poor service received by the customer.</p> <p>Appropriate actions not taken.</p>	<p>Standard</p> <p>Cases will be uploaded onto the FLARE system in a timely manner and the appropriate actions taken.</p>	<p>Agreed</p>	<p>Operational by Neighbourhood Partnership Manager & Team Leader Regulatory Unit 31/12/12</p>
12	<p>Action/Monitoring</p> <p>One service has recently started to obtain feedback from victims on how their case was handled. No evidence has been obtained that other services receive feedback.</p>	<p>Opportunities for improvements not identified.</p>	<p>Standard</p> <p>Feedback survey at the closure of a complaint will be undertaken by all services.</p>	<p>Agreed</p> <p>Strategic lead who will ensure that operationally undertaken by Head of Regulatory Unit & Head of Housing Management</p>	<p>Head of Neighbourhood Management 31/12/12</p>

NB Any cost implications arising from implementation of the actions by Mouchel must be agreed in advance with the appropriate Client Officer and the Partnership Delivery Manager

E640/13 - SOCIAL BEHAVIOUR

Final Report

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Head of Community Safety

Head of Housing Management

Head of Regulatory Unit

Deputy Head of Community Safety

Neighbourhood Partnership Manager

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Cc

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