



The Sustainable Community Strategy

for Halton

2011 – 2016







**Year-End Progress Report
01st April – 31st March 2014**

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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 1st April 2013 to 31st March 2014 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 2013 / 2014 target and as against performance for the same period last year.

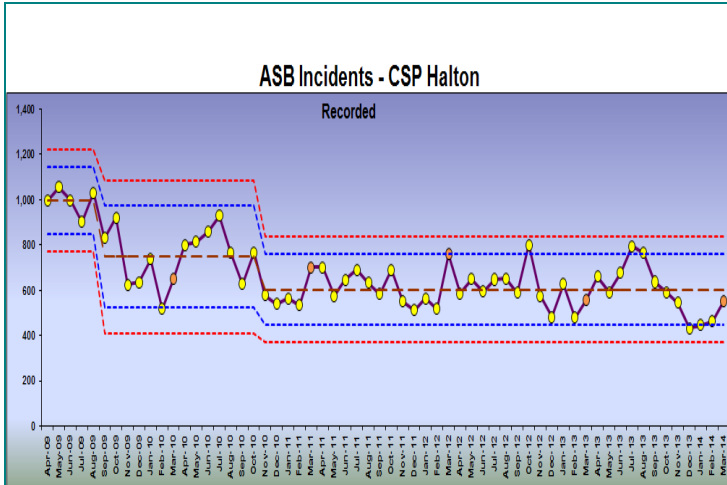
	Target is likely to be achieved or exceeded.		Current performance is better than this time last year
	The achievement of the target is uncertain at this stage		Current performance is the same as this time last year
	Target is highly unlikely to be / will not be achieved.		Current performance is worse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

Safer Halton

Page	Ref	Descriptor	2013 / 14 Target	Direction of travel
	SH 1	Reduce Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents.		
	SH 2	Reduce the number of Deliberate Fire incidents (NI33)		
	SH 4	Safeguarding Children: Reduce the Number of Young People who repeatedly run away in Halton (New Measure)		
	SH 5	Vulnerable Adults – Safeguarding: Increase the percentage of VAA Assessments completed within 28 days.		
	SH 6	Reduce repeat incidents of domestic abuse within the MARAC Cohort (NI32)		
	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)		
	SH 8	a) Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) [New Measure]		
		b) Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) [New Measure]		
	SH 9	Reduce the rate of young people (0-18) admitted to hospital due to substance misuse (will include alcohol)		
	SH 10	Reduce Alcohol related hospital admissions (NI 39)		
	SH 12	Reduce the number of first time entrants to the Youth Justice System (formerly NI111).		
	SH 13	Use of Custody (New Measure)		
	SH 15	Reduce the re-offending rate of young offenders (Formerly NI 19)		
	SH 16	Reduce serious acquisitive crime (Formally NI16)		
	SH 17	Reduce Assault with Injury crime rate (Formerly NI 20) New Revised Measure		

SCS / SH1

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



% Change 2013 from 2012	-1.1%
April 2013 - March 2014	7,155
April 2012 - March 2013	7,238
April 2011 - March 2012	7,424
April 2010 - March 2011	8,473

2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
7228	8065	4166	7232		

Data Commentary:

Actual number of antisocial behaviour (ASB) incidents reported to the Cheshire Police, cumulatively in the year.

Performance Commentary:

According to the Safer Halton Partnership Task Group Updates Report for Quarter 4, for the period April 2009 to March 2014, average volumes of anti-social behaviour incidents are following an imminent decrease due to less demand reported during October 2013 to March 2014.

Summary of Key activities taken or planned to improve performance:

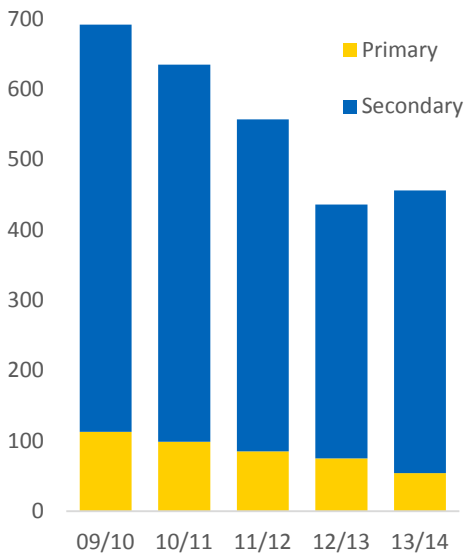
Specific details and partnership activities regarding cases and problem locations are documented in the Monthly Quality Of Life Inspector reports, the MAM meetings, and the Partnership T&C monthly meeting, notwithstanding profiles and occurrence logs on Niche (Police case management system / ASB profiles).

Operation Mode and Partnership T&C are working on profiles associated with **Dundalk Road, ASDA, Stewards Avenue and Liverpool Road** (We have approx. 3 groups of youths causing the ASB).

Interventions for the 3 profiles include:-

- Op Granite – Off road bikes and 4x4 vehicles to target off road bikes.
- 10-12 Young Persons (Aged 11-17) invited into police station regarding wheelie bin fires and general ASB. Housing also involved.
- Styker CCTV camera deployed
- Youth outreach programme targeting the problem youths. Young Addaction have set up a project with the young persons.
- ABC`s have been issued.
- Op Mode has been set-up to target the 3 groups and the problem locations.

- Partnership Tasking vehicle was delivered on the 14th March.
- Truancy Sweeps were carried out on the 7th Feb and 10th March.



	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Year End	Current Progress	Direction of Travel
Primary	5.97	6.45	2.94	4.30		
Secondary	28.72	34.45	20.21	31.98		
Total	34.69	40.90	23.15	36.28		

Data Commentary:

Data relates to all fire incidents deemed to have been caused by deliberate ignition, between 1 April 2013 and 31 March 2014.

It is the number of deliberate :

- (i) primary and
- (ii) secondary fires per 10,000 population.

This is an APACS indicator: SPI 7.1 deliberate fires.

- Deliberate fire is any fire where the cause of fire is suspected non-accidental.

- 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.

- 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.

Performance Commentary:

All Fire and Rescue Services in England reported decreases in deliberate fire activity year on year from 2011/12 to 2012/13. This has never been seen before and was attributed mainly to the increased rainfall experienced in 2012/13.

As such, Cheshire Fire and Rescue Service used the previous 3 year average number of incidents rather than just the previous year figures to set deliberate fire targets for 2013/14, to ensure that targets were more realistic and obtainable.

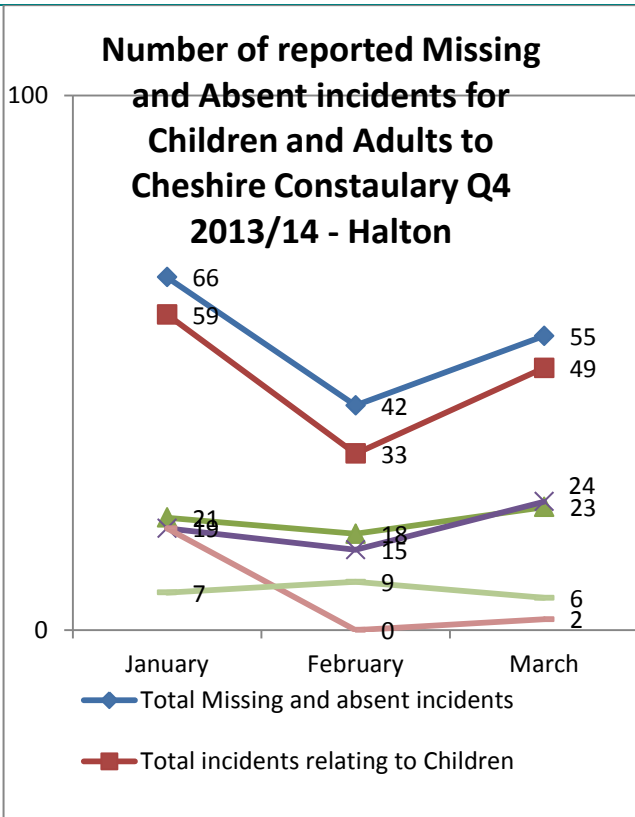
Deliberate primary fires ended the year positively under target, however deliberate secondary fires were over target and this indicator recorded an increase when compared to 2012/13, as expected. The graph above demonstrates a downward trend over the past 5 years, with 2012/13 a noticeably lower number than previous years. Please note, 2013/14 figures are still positively lower than every other year.

Summary of Key activities taken or planned to improve performance:

- Youth engagement activities including: RESPECT, the Phoenix Project, 2 X Fire Cadet units, Princes Trust, Hough Green Football Project 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.
- 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.
- 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 / SH4

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
Cheshire Constabulary reported incidents 623 for adults and young people	To reduce the number of repeats	Total 178 incidents 96 for children and 45 incidents for children in care	Total 163 missing incidents for 141 children of which 58 are children in care		

Data Commentary:

Cheshire Constabulary from this quarter started to collect absence incidents. However, some data quality issues have been identified. Upon resolution, data will be amended accordingly. The Police Strategic Public Protection Unit now sends the local authority a tracker that shows all missing and absent young people. The tracker will show the type of placement and the number of episodes over the last 6 months, the responsible local authority, CSE or other significant risks.

Performance Commentary:

Cheshire Constabulary has seen a 12% reduction in the annual number of recorded incidents from 623 to 550. The commissioned service (Catch 22) for quarter 4 have received 100 Notifications from Police, 6 Notifications from Social Care and completed 75 return interviews and the below shows a summary.

	Home	Care	30 Mile
Incidents over 24 hours	12	12	1
Repeat Individuals	7	14	1
Repeat Incidents	26	52	3
Cases that identify CSE	6	5	2

Summary of Key activities taken or planned to improve performance:

The Missing from Home and Care protocol has been revised in April 2014 to take into account new definitions concerning children who go missing which now has 3 classifications, 'absent, missing and away from placement without authorisation.' The new protocol also defines agencies roles and responsibilities including the collecting and analysing of data to assist with trends around missing but to also make links to Child Sexual Exploitation and trafficking. From 1 April 2014 the local authority will record all episodes of 'away from placement without authorisation' regarding children in care, absent and missing for children from care and from home. We will be able to be more effective going forward to compare police and LA data to give a more accurate picture of number of children 'running' away in order to put strategies into place to reduce the number of repeat incidents. Compliance visits will be undertaken with residential providers and part of this will be to review data/records of 'away from placement without authorisation,' absence and missing young people.

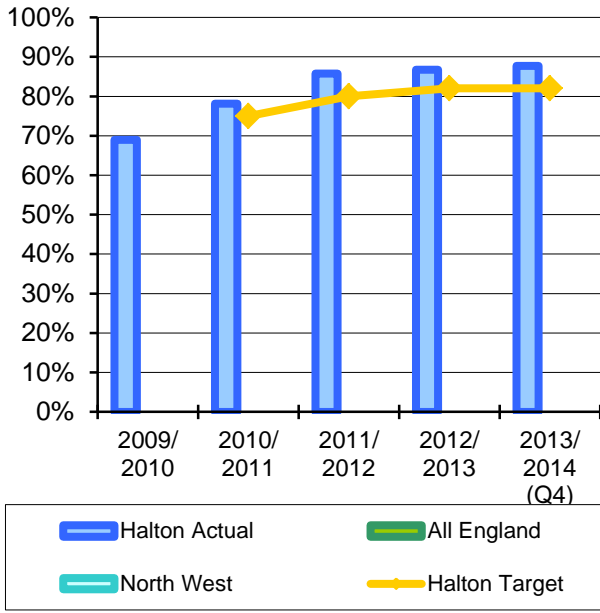
The commissioned service (Catch 22) will report on the activity of commission around return

interviews as well as further data on reasons for young people running, associates that they run with as well as highlighting positive outcomes for young people that they support with direct work. These outcomes will be reported using the outcome star model.

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
86.73%	82%	89.8%	87.69%		

Data Commentary:

The higher the number of VAA's completed within 28 days ensures that investigations are conducted in a timely manner and the resulting outcome delivered quickly for the alleged victim. This potentially reduces the impact that abuse can have on those involved.

Performance Commentary:

The overall performance is very encouraging with a positive performance increase year on year, consistently exceeding and improving on the target.

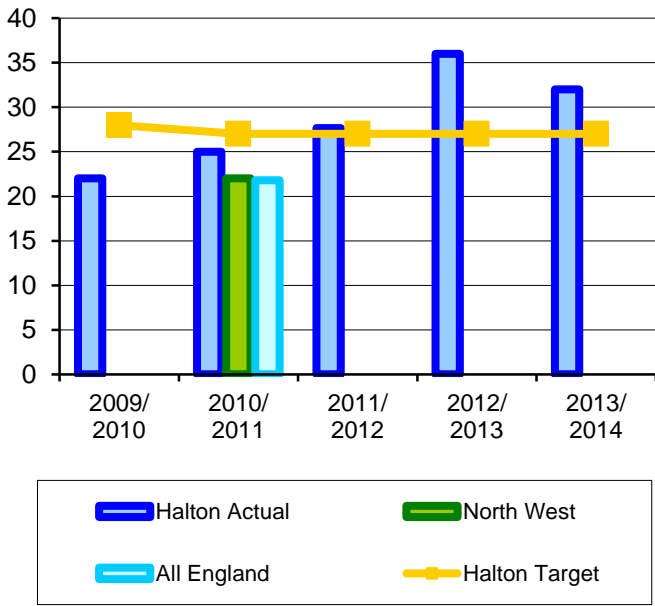
Summary of Key activities taken or planned to improve performance:

During 2013 an internal Peer Challenge Review was undertaken based on the Standards for Adult Safeguarding Peer Reviews developed by the LGA and endorsed by ADASS. The report was presented to HSAB with an action plan to improve and sustain performance in this area. An Executive Board has been established with an overall aim to support the Halton Safeguarding Adults Board (HSAB) to deliver on its priorities and work plan. The Executive Board will also aim to ensure that all agencies work together to provide safeguarding services, which enable adults in Halton to live as full members of the community, free from harm/abuse and intimidation, where dignity is respected.

In November 2013 Halton were invited to participate in the Making Safeguarding Personal Programme. This work aims to provide a commitment to improve outcomes for people at risk of harm. The key focus is on developing a real understanding of what people wish to achieve, recording their desired outcomes and then seeing how effectively these have been met.

Currently Halton Safeguarding Adults Board receives performance data in relation to safeguarding adults however this data is unable to provide Board members with any real understanding of whether the safeguarding processes in Halton are making a difference for those who are most vulnerable and at risk in the locality. On-going work from this project to embed this approach into day to day practice will change the nature of the performance data and will provide Halton Safeguarding Adults Board with a better understanding of people's experiences and thus serve to influence and improve the delivery of safeguarding services in Halton.

Repeat incidents of domestic abuse within the MARAC cohort (Formerly NI 32)



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
36%	27%	33%	32%		

Data Commentary:

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:

MARAC - Halton MARAC has a current rolling NI 32 performance level of 32%. 217 cases were discussed during 2013-14; 4.6% referrals where the victim was recorded as having a disability; 3.7 % of the victims were noted as male; 251 children were identified within the MARAC case's.

Summary of Key activities taken or planned to improve performance:

Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by the IDVA, a risk focused, co-ordinated safety plan can be drawn up to support the victim. There are currently over 270 MARACs are operating across England, Wales, Scotland and Northern Ireland managing more than 64,000 cases a year.

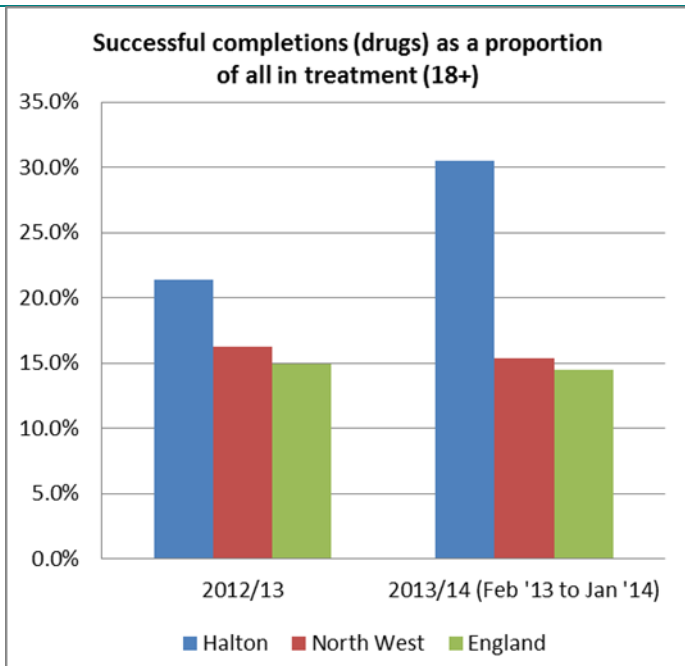
Halton Multi Agency Risk Assessment Conference meets on the second and fourth Wednesday of every month. The conference is made up of approximately fifteen individuals from a variety of agencies. The purpose of the meeting is to discuss Domestic Abuse cases that have been referred in to the MARAC process. The MARAC only discusses cases that are deemed to be 'High Risk' which is defined as follows and taken from the DASH risk assessment.

High - 'There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.'

Risk of serious harm – 'A risk which is life threatening and/or traumatic, and from which recovery whether physical or psychological, can be expected to be difficult or impossible.'

The MARAC has until now always been administrated by a designated member of staff however, due to organisational cuts Cheshire Police no longer provide this support resource. Other mechanisms for providing administrative support are being explored.

SCS / SH7¹a Increase the % of successful completions (Drugs) as a proportion of all in treatment (18+)



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
21.4%	(Above NW average)	26.4%	30.5% (Feb 13 – Jan 14)		

Data Commentary:

The new substance misuse service, provided by CRI commenced on 1st February 2012. Data used for Q2 and Q4 above is a rolling yearly percentage. The latest data (Q4) is for 1st February 2013 to 31st January 2014.

Performance Commentary:

The data is demonstrating an increase in the number of clients accessing the treatment service and an increase in the number of successful completions for all drugs. Performance for Feb '13 to Jan '14 is better than the 2012/13 end of year figure of 21.4%. The Halton percentage is statistically significantly higher (better) compared to the North West and England averages.

Summary of Key activities taken or planned to improve performance:

The factors that have contributed to the improving stats are:

- The Foundations of Recovery programme
- Prioritising support and routes out of treatment
- Continued development of peer mentoring programme.
- Recovery event 2013
- Robust case management
- Staff training and robust report processes to improve key performance targets.
- Increase in volunteer programme to support individuals through person journeys of drug treatment.

¹ SCS / SH7a is also replicated under Healthy Halton as SCS / HH 11a
Safer Halton SCS Year-End Progress Report 2013/14

SCS / SH7^{2b} Increase the percentage of successful completions (Alcohol) as a proportion of all in treatment (over 18)

<p>Successful completions (alcohol) as a proportion of all in treatment (18+)</p>	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
		37.7%	Increasing percentage of completions	42.8% (July 12 – Aug 13)	58.6% (Feb 13 – Jan 14)	
Data Commentary:						
<p>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.</p> <p>Data used for Q2 and Q4 above is a rolling yearly percentage. The latest data (Q4) is for 1st February 2013 to 31st January 2014.</p>						
Performance Commentary:						
<p>The data is demonstrating an increase in the number of clients accessing the treatment service and an increase in the number of successful completions for alcohol. Performance for Feb '13 to Jan '14 is better than the 2012/13 end of year figure of 37.7%. The Halton percentage is statistically significantly higher (better) compared to the North West and England averages.</p>						

Summary of Key activities taken or planned to improve performance:

Alcohol treatment forms part of the Health and Wellbeing Action Plan. A new alcohol strategy for Halton is in development with multi-agency support.

Work continues with CRI to develop optimal Alcohol pathways which will encourage safe discharge and robust aftercare, in order to maintain treatment gains and avoid repeat admissions.

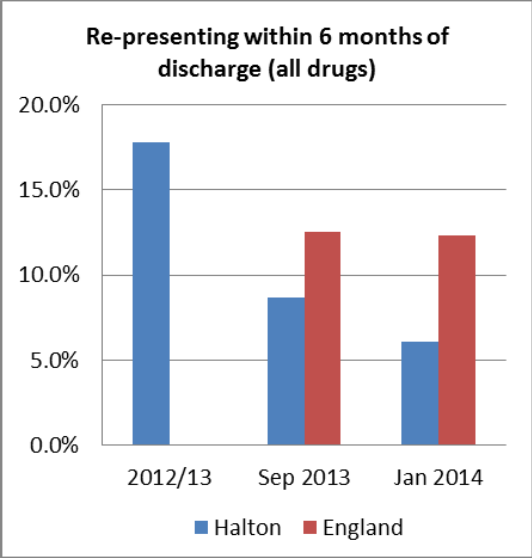


Work has begun in relation to linking the Community Service CRI into the Whiston Alcohol Nursing Scheme in order to identify people with high need who may re-present to Hospital Accident & Emergency departments and at differing access points within the treatment system.

Work is also underway to better understand the reasons why approximately two thirds of clients assessed by the Whiston Alcohol Liaison Nursing Scheme who accept a referral to community services do not attend an initial assessment with the community service.

² 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]

	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel												
 <p>Re-presenting within 6 months of discharge (all drugs)</p> <table border="1"> <caption>Data for Re-presenting within 6 months of discharge (all drugs)</caption> <thead> <tr> <th>Period</th> <th>Halton (%)</th> <th>England (%)</th> </tr> </thead> <tbody> <tr> <td>2012/13</td> <td>17.8</td> <td>-</td> </tr> <tr> <td>Sep 2013</td> <td>8.2</td> <td>12.5</td> </tr> <tr> <td>Jan 2014</td> <td>6.1</td> <td>12.5</td> </tr> </tbody> </table>	Period	Halton (%)	England (%)	2012/13	17.8	-	Sep 2013	8.2	12.5	Jan 2014	6.1	12.5	17.8%	Above National & NW average	8.2% (Sep 2013)	6.1% (Jan 2014)		
Period	Halton (%)	England (%)																
2012/13	17.8	-																
Sep 2013	8.2	12.5																
Jan 2014	6.1	12.5																
Data Commentary:																		
<p>Re-presentations indicate the number of clients who have successfully completed treatment who have re-presented for treatment within six months.</p> <p>Lower percentage = better performance</p> <p>This provides an indication of the numbers of individuals who have left treatment and are managing to sustain their recovery in the longer term and represents a measure of success of treatment programmes.</p>																		

Performance Commentary:

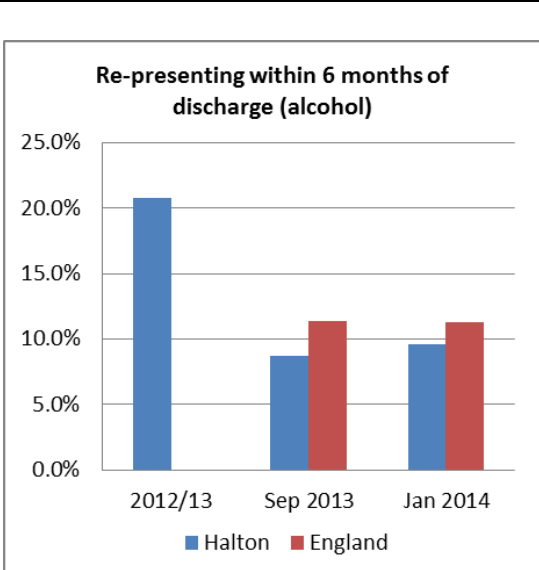
The latest data is for people who have completed drugs treatment between 1st February 2013 and 31st July 2013, and re-presented up to 31st January 2014.

Summary of Key activities taken or planned to improve performance:

- The factors that have contributed to the improving stats are:
- The Foundations of Recovery programme
 - Prioritising support and routes out of treatment
 - Continued development of peer mentoring programme.
 - Recovery event 2013
 - Robust case management
 - Staff training and robust report processes to improve key performance targets.
 - Increase in volunteer programme to support individuals through person journeys of drug treatment.

SCS / SH8b

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



2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
20.8%	Above National & NW Average	8.7% (Sep 2013)	9.6% (Jan 2014)		

Data Commentary:

Re-presentations indicate the number of clients who have successfully completed treatment who have re-presented for treatment within six months.

Lower percentage = better performance

This provides an indication of the numbers of individuals who have left treatment and are managing to sustain their recovery in the longer term and represents a measure of success of treatment programmes.

The latest data is for people who have completed alcohol treatment between 1st February 2013 and 31st July 2013, and re-presented up to 31st January 2014.

Performance Commentary:

The latest data shows that the percentage of people representing within 6 months of discharge has decreased in Halton, when comparing it to the 2012/13 data. The percentage of people re-presenting in Halton is lower than the national average.

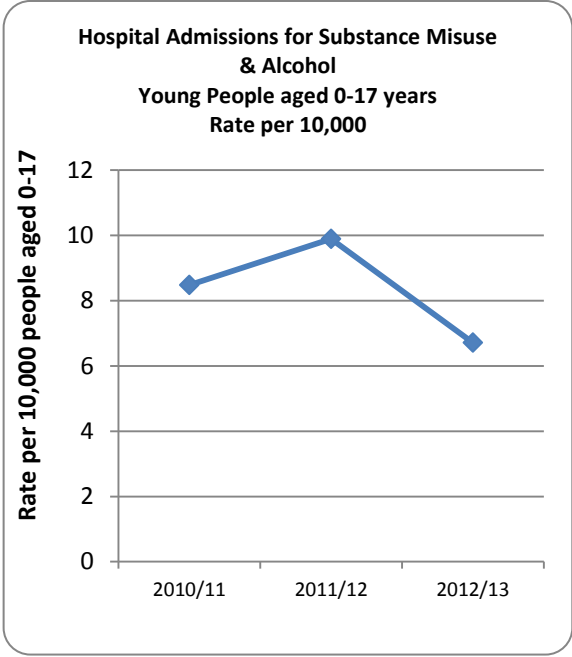


Summary of Key activities taken or planned to improve performance:

Work continues with CRI to develop optimal Alcohol pathways which will encourage safe discharge and robust aftercare, in order to maintain treatment gains and avoid repeat admissions.

Work is currently underway to develop an alcohol harm reduction strategy and action plan for Halton. Part of this work is to ensure effective pathways through treatment to recovery. This will include ensuring data is shared between organisations to identify clients who may re-present at differing access points following treatment. This will ensure we identify people of high need and support them to sustain their recovery.

SCS / SH9

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

	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
	11.66 (Q2 2012/13)	26.2	Current data is 2012/13 complete year. Rate of 6.71 (0-17 yrs admissions for substance misuse and alcohol)	The total number of admissions during Q1 & Q2 2013/14 was less than 10 and when broken down to u18s are all less than 5. Figures cannot be provided due to potentially identifying patients with the numbers being so small		
<p>Data Commentary:</p> <p>This indicator measures the % of hospital admissions for 0 – 17 year olds where substance misuse is coded as a reason for admission per 10,000.</p>						

Performance Commentary:

Admissions for alcohol and illegal substances continue to reduce and the substance responsible for the majority of admissions is the prescription pain killer codeine .

Summary of Key activities taken or planned to improve performance:

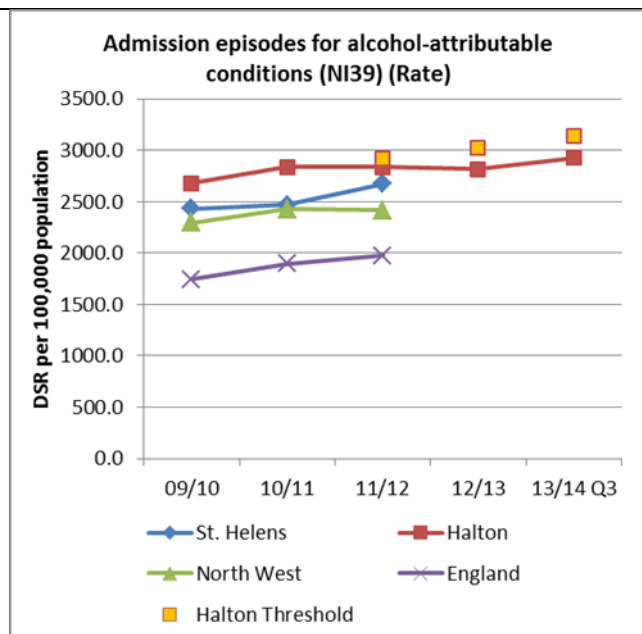
- Ensured 100% of workers, volunteers, and young leaders directly working in drug and alcohol services are working towards Drug and Alcohol National Occupational Standards (DANOS) through service provide contract monitoring processes and the IYSS workforce development plan.
- Facilitated the DfE Skills for Change and to targeted schools, in partnership with the Amy Winehouse Foundation.
- Ensured access to tier 3 treatment services within 5 days of referral for 100% of all referrals
- Promoted Provision within Community Centres, Locality Teams, Children Centres, GP surgeries and further establish referrals/screening systems into universal, targeted and

specialist provision.

- Used the VRMZ outreach bus and street based teams in hotspot areas 6 nights a week, to provide young people with information and advice reducing substance misuse.
- Facilitated the multi-agency Healthitude programme in Primary and Secondary Schools across Halton.
- Ensured young people aged 10 to 19yrs and affected by parental substance misuse are supported and safeguarded.
- Developed partnership with Riverside College, to ensure young people at risk of dis-engaging with education, training or employment are supported to remain in College.

SCS / SH10³ Reduce Alcohol related hospital admissions (NI 39)

	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
a) Alcohol related hospital admissions AAF > 0 (Previously NI 39)	2815.9	3,142	2898.1 (Qtr 1)	2925.1 (Qtr 3)	✓	↓
b) Admissions which are wholly attributable to alcohol AAF = 1 (Rate)	878.0	1039	921.6 (Qtr 1)	949.0 (Qtr 3)	✓	↓



Data Commentary:

The first indicator measures the cumulative rate of alcohol related hospital admissions per 100,000 population using Hospital Episode Statistics. The 2012/13 rate was calculated using local unverified data. Local data can be utilised as an interim measure.

The second measure provides further detail and relates to admissions which are wholly attributable to alcohol in other words AAF=1. This rate is not released nationally so always uses local data.

The most up to date information available is Qtr 3 (December 2013). It is a rolling yearly rate and includes data from 1st January 2013 to 31st December 2013 and uses local unverified data in the absence of published information.

Performance Commentary:

- a) The Q3 2013/14 rate has increased above 2012/13 data, although is still currently below annual threshold.
- b) The Q3 2013/14 rate has increased above 2012/13 data, although is still currently below annual threshold.

The national trend has also shown an increase in alcohol related admissions over the last 3 years.

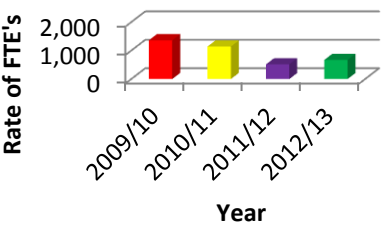


Summary of Key activities taken or planned to improve performance:

Alcohol harm reduction continues to be a priority area within the Health and Wellbeing action plan. Work is currently underway to develop an alcohol harm reduction strategy and action plan for Halton. This involves engagement of all key stakeholders. A key focus of the strategy will be reviewing pathways related to prevention, early identification, treatment and recovery within Halton in order to reduce alcohol related hospital admissions.




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

SCS / SH12

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

<p>Halton Rate of First Time Entrants Per 100,000 Population Aged 10-17 Years</p> 	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 3	2013/14 Qtr 4	Current Progress	Direction of Travel
	81	81	10	9			
<p>Data Commentary:</p>							
<p>The official source for this measure is Police National Computer (PNC). This information is reported to Ministry of Justice (MoJ) who will publish the figures. These 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.</p>							
<p>Performance Commentary:</p>							
<p>Please note the information contained within this template is at Q3. Unfortunately due to reporting timescales the YOS are required to work within, Q4 information will not be available until end of April.</p> <p>The 9 FTE's for this quarter have been further analysed to look at those young people who went straight to Court without any previous disposals in relation to what routes of diversion were sourced.</p> <p>We found that in total 4 young people were not considered for the Diversion Programme and were subsequently summonsed to Court. Having looked at these cases in closer detail, the following explanation accounts for why these young people did not received a diversion outcome; all 4 young people were not eligible for the Diversion Scheme based solely on the gravity of their offending (x2 Robbery offences, and x2 Possession of a Blade).</p>							
<p>Summary of Key activities taken or planned to improve performance:</p>							
<ol style="list-style-type: none"> To attend Police training days to undertake refresher training on the Diversion Scheme in Halton. To continue to raise the profile and embed the completion process of the new Divert recording mechanism with all staff who attend Court 							

SCS / SH13 Use of Custody (New Measure)

 <p>Halton Number of Young People Sentenced to Custody</p>	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 3	Current Progress	Direction of Travel
	8	8	1	0		
<p>The Youth Offending Service report back to the Management Board the number of young people receiving a custodial sentence each quarter.</p> <p>We also monitor for LASPO (Legal Aid, Sentencing and Punishment of Offenders Act) purposes the number of remand cases and report back the costs involved in terms of bed nights.</p>						

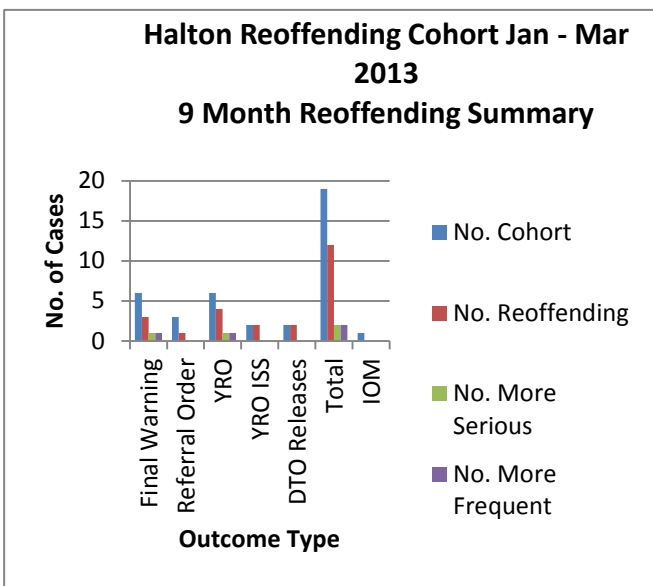

Performance Commentary:

Please note the information contained within this template is at Q3. Unfortunately due to reporting timescales the YOS are required to work within, Q3 information will not be available until end of April.

The LASPO (Legal Aid, Sentencing and Punishment of Offenders Act) arrangements were introduced on 3.12.12 which, amongst other elements, saw the introduction of Youth Detention Accommodation (YDA) where all young people under 18 will be subject to the same Remand conditions (allowing 'vulnerability' factors to be considered for 17 year olds). In addition, courts will have to apply a 'remand test' before securely remanding a young person - that the offence must be 'serious' (violent or sexual) and where the young person must 'have a realistic prospect of receiving a custodial sentence'. The YJB/MOJ estimate that the consistent application of these alone should lead to a 15% reduction of young people being securely remanded across the country. Also under LASPO where a young person is made subject to a YDA - they are also made LAC - and if they remain so for 13 weeks or more - they will become eligible for leaving care status. It is also a part of the LASPO arrangements that (from April 2013) the full cost of YDA is to be met by the 'designated LA' defined as being the local authority from where the young person originates or the local authority in which the young person habitually resides.

Summary of Key activities taken or planned to improve performance:

- The standard of Pre Sentence Reports/Breach Reports is monitored to ensure a minimum standard and therefore reduce the risk of a custodial outcome from a poor report.
- No young person receiving a custodial sentence will have done so without the opportunity to have a community sentence considered by the Court.
- Any patterns of custodial outcome are identified and reviews of outcome inform learning for the team.
- The YOS has noted a downturn in the number of young people being returned to court for being in breach of their order/licence; ensuring that it is reserved only for 'persistent and wilful' non-compliance.

	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 3	Current Progress	Direction of Travel
		33.3%	33.3%	31.6%	63.2%	
Data Commentary:						
<p>The Youth Offending Team (YOT) has now ceased reporting on the old NI19 – Reoffending Rate of Young Offenders. From April 2011, a new unified reoffending measure is reported to the Ministry of Justice directly from Police National Computer data.</p> <p>For local reporting, the YOT Management Board agreed to monitor and track its own cohort of young people which will link closely with young people on the Integrated Offender Management (IOM) scheme to reduce the rate of re-offences.</p>						

Performance Commentary:

Please note the information contained within this template is at Q3. Unfortunately due to reporting timescales the YOS are required to work within, Q4 information will not be available until end of April

The reoffending cohort is devised using young people who received an outcome (pre-court or court) during January to March 13. Reoffending will be actively tracked over a 12 month period and monitored every 3 months. Thus, the current cohort is 9 months through the period of tracking.

Halton

Outcome Type	No. Cohort	No. Reoffending	No. More Serious	No. More Frequent
Final Warning	6	3	1	1
Referral Order	3	1	0	0
YRO	6	4	1	1
YRO ISS	2	2	0	0
DTO Releases	2	2	0	0
Total	19	12	2	2
IOM	1	0	0	0

As we can see, out of the 19 cases in the Halton cohort 12 re-offended, giving a re-offending rate of 63.2%. This is an increase from the previous quarter where the re-offending rate was 31.6%. However, some increase is to be expected as those young offenders on the cohort commit further offences during the monitoring period. We will not have a true picture of reductions or increases in offending until we can compare year on year. The cohort has committed 42 offences in total with a frequency of 2.2 offences per person. Two members of the cohort re-offended more frequently and two committed a more serious offence. The re-offending rate for Halton (63.2%) is significantly higher than

Warrington (37.5%) and CW&C (32.4%). I can find no specific reason for this difference other than the Halton cohort is relatively smaller than CW&C (37 cases) and Warrington (24 cases) leading to a disproportionate impact on the figures if a young person re-offends. Anecdotally, the number of prolific offenders on the Halton cohort appears higher pro-rata than the other two areas.

The Integrated Offender Management (IOM) scheme targets the most prolific and problematic offenders in the community, and includes adults and young people. Locally it is known as the Navigate scheme. It is a multi-agency approach to reducing re-offending, anti-social behaviour and victimisation in the local community.

There have been some recent changes to the Navigate scheme across Cheshire, and from now on all members of the Navigate cohort will be classed as Prolific and Priority Offenders (PPOs). In conjunction with this the scoring criteria has changed and it is anticipated some young people will no longer meet the criteria for Navigate and will therefore not have access to this enhanced service. This is something the YOS will need to monitor and to ascertain whether a change in approach is merited for these young people falling just outside the Navigate scheme.

Out of the Halton cohort there is currently 6 young people on the Navigate scheme; this is an increase from the previous quarter, where there was only one young person, reflecting the changeable nature of the Navigate participants. There are currently 12 young people from Halton on the Navigate scheme, 9 of whom are currently under YOS supervision

Summary of Key activities taken or planned to improve performance:

- Any young person scoring 21 or over on the YOT Risk assessment tool (Asset) is automatically considered for the Navigate Scheme.
- Additionally, each month a YOS Team Manager and the YOS Police Officer review any cases scoring over 15 on Asset to see if they meet the Navigate scheme criteria.
- Young people on the Navigate scheme, and those assessed as a high risk of harm, are automatically considered for a fast-track breach if they fail to engage.
- All young offenders designated as a PPO, and serving a Detention and Training Order (DTO), are automatically considered for DTO Intensive Supervision and Surveillance (ISS) as a licence condition.

SCS / SH16 Reduce serious acquisitive crime (Formally NI16)

	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
<p>Reduce Serious Acquisitive Crime (Formerly NI 16)</p> <p>2000 1800 1600 1400 1200 1000 800 600 400 200 0</p> <p>2009/2010 2010/2011 2011/2012 2012/2013 2013/2014</p> <p>Halton Actual, Domestic Burglary, Theft of Motor Vehicle, Theft from Motor Vehicle, Robbery, Halton Target</p>	1400 (rate 11.84 per 1,000)	To maintain and reduce the number of incidents from 2010/11 baseline	833 (6.99 per 1,000)	1481 (11.78 per 1,000 population)		

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:

From April 2013 to March 2014 there was a total of 1481 incidents of serious acquisitive crimes reported for Halton. These can be broken down as follows:-

- Domestic burglary (this includes aggravated burglary, attempted burglary and distraction burglary in a dwelling – 493)
- Theft of a motor vehicle – 160
- Theft from a motor vehicle – 756
- Robbery (personal and business) - 71

Summary of Key activities taken or planned to improve performance:

Partnership T&C continues to work in a focused way with the partnership Inspector and key partner agencies rotating the chair. The group continues to target the emerging trends and seasonal patterns to address hot spots in the area. During this quarter the main thrust has been to address a handful of problem profiles identified by the police and partner agencies. These profiles are discussed in detail and actions agreed by all parties recorded and reported back upon until the problem has been solved or dissipated. The profiles provide visibility and audit trails and document any potential spending allocated to a profile.

SCS / SH17

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

	2012/13 Actual	2013/14 Target	2013/14 Qtr 2	2013/14 Qtr 4	Current Progress	Direction of Travel
	804	To maintain and reduce the number of incidents from 2010/11 baseline	367 (rate 3.10 per 1,000)	715 (rate 5.69 per 1,000)		
Data Commentary:						
<p>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.</p>						
<p>This is an APACS indicator: SPI 5.3 Assaults with less serious injury rate.</p>						

Performance Commentary:

From April 2013 – March 2014, there was 715 assaults with less serious injury in Halton. This can be broken down to 398 assaults in Runcorn and 317 assaults in Widnes.

Summary of Key activities taken or planned to improve performance:

Partnership T&C continues to work in a focused way with the partnership Inspector and key partner agencies rotating the chair. The group continues to target the emerging trends and seasonal patterns to address hot spots in the area. During this quarter the main thrust has been to address a handful of problem profiles identified by the police and partner agencies. These profiles are discussed in detail and actions agreed by all parties recorded and reported back upon until the problem has been solved or dissipated. The profiles provide visibility and audit trails and document any potential spending allocated to a profile.