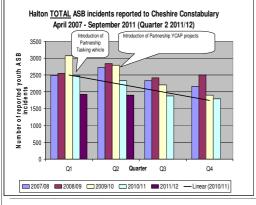
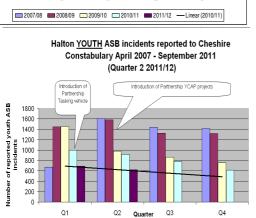
Background Information to the Sustainable Community Strategy Partnership Indicators 2011/12 - 2015/16

Definition	Lead Partner	Responsible Officer	Page
Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents (Formerly NI 17)	Joint HBC / Police	Inspector Dave Gordon/ Bev Kennett	3
Reduce the number of Arson incidents (Formerly NI33)	Fire Service	Alex Waller / (Sean Henshaw)	5
To improve peoples perceptions of antisocial behaviour and improve residents perception of feeling safer in their homes (Revised NI 17)	НВС	Research & Intelligence	7
New Measure: Safeguarding Children: Reduce the Number of Young People who repeatedly run away in Halton	Joint HBC / Police	Lorraine Crane/ Clare Myring HBC	8
Vulnerable Adults – Safeguarding: Increase the percentage of VAA Assessments completed within 28 days.	НВС	Sue Wallace Bonner	10
Reduce repeat incidents of domestic abuse within the MARAC Cohort (Formerly NI32)	НВС	Sarah Ashcroft	11
New Measure: Increase the percentage of successful completions (Drugs) as a proportion of all in treatment (over 18)	НВС	Steve Eastwood	13
New Measure: Increase the percentage of successful completions (Alcohol) as a proportion of all in treatment (over 18)	PCT	Collette Walsh	14
New Measure: Reduce the number of individuals re-presenting within 6 months of discharge (Drugs).	НВС	Steve Eastwood / Paul Bonnett	15
New Measure: Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol)	PCT	Collette Walsh	16
Reduce the rate of young people (0-18) admitted to hospital due to substance misuse (will include alcohol)	НВС	Lorraine Crane / John Bucknall	17
Reduce Alcohol related hospital admissions (Formerly NI 39)	PCT	Collette Walsh	18
Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM scheme) (Formerly NI 30)	Probation / Police	Karen Taylor	20

Reduce the number of first time entrants to the Youth Justice System.	Youth Offending Team	Gareth Jones/ Lisa Blanchard	22
Placeholder New Measure: Reduce the use of custody (Ministry of Justice Proposal)	Youth Offending Team / (MOJ)	Gareth Jones/ Lisa Blanchard	23
Placeholder New Measure: Reduce the proportion of individuals within the Navigate cohort whose offending is substance misuse related.	Navigate Team / New Service Provider	John Davidson / Steve Eastwood	24
Reduce the re-offending rate of young offenders (Formerly NI 19)	Youth Offending Team	Gareth Jones/ Lisa Blanchard	25
Reduce serious acquisitive crime (Formally NI16) from: • Domestic burglary • Theft of motor vehicle • Theft from motor vehicle • Robbery (personal and business)	Police	Inspector Dave Gordon/ Kathryn Cain Cheshire Constabulary	26
Reduce Assault with Injury Crime Rate (Formerly NI 20)	Police	Inspector Dave Gordon/ Kathryn Cain Cheshire Constabulary	27

Reduce the actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents (Previous LAA performance measure NI 17)





2007/08 2008/09 2009/10 2010/11 2011/12 — Linear (2011/12)

Lead Partner Agency:	Police
Responsible Officer:	Inspector Dave Gordon/ Bev Kennett
Good is:	Reducing Number of ASB incidents

Brief Description / Indicator Purpose:

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

2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Re	defined measur	е	8065	To maintain and reduce ASB to 2015/16			2015/16
10202	0072	0.400	1925 (Q1)				
10292	9972	8489	1902 (Q2)				
Benchmarking: (Actual Numbers supplied by Cheshire Police)							
3422935	3290607	3022306					
587949	536000	447585					
	Re 10292 (Actual Nur 3422935	Redefined measur 10292 9972 (Actual Numbers supplied 3422935 3290607	Redefined measure 10292 9972 8489 (Actual Numbers supplied by Cheshire 3422935 3290607 3022306	Redefined measure 8065 10292 9972 8489 1925 (Q1) 1902 (Q2) (Actual Numbers supplied by Cheshire Police) 3422935 3290607 3022306	Redefined measure 8065 To main 10292 9972 8489 1925 (Q1) 1902 (Q2) (Actual Numbers supplied by Cheshire Police) 3422935 3290607 3022306	Redefined measure 8065 To maintain and red 10292 9972 8489 1925 (Q1) 1902 (Q2) (Actual Numbers supplied by Cheshire Police) 3422935 3290607 3022306	Redefined measure 8065 To maintain and reduce ASB to 2 10292 9972 8489 1925 (Q1) 1902 (Q2) (Actual Numbers supplied by Cheshire Police) 3422935 3290607 3022306

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Target for ASB for 2011/12 based on 2010/11, leading to a 5% reduction in 2011/12. In future years Cheshire Police intend to maintain and reduce antisocial behaviour with reference to the 2010/11 baseline year.

Thus, total ASB 2010 / 11 $\,$ 8489 incidents, $\,$ 5% reduction leads to a target for $\,$ 2011/12 of $\,$ 8065 (424 less incidents) $\,$.

The total for 20010/11 has shown a 15% reduction when compared to 2009/10 reducing from 9972 incidents.

Youth ASB 2010/11: 2695 5% reduction: Target for 2011/12 2560 (135 less incidents)

When compared against 2009/10, Youth ASB has dropped 34% when comparing numbers during 2009/10 (4056) with 2010/11 (2695)

Performance & Improvement Team

¹ This could be from regional or family benchmarking data.

Recent analysis undertaken by the Community Safety Partnership has identified significant reductions in ASB during the summer holiday period of 2011/12 when compared with the same period during 2010/11. The reductions have been linked directly to several services who were delivering the service during the specific days / times where reductions have been identified. These services include VRMZ, CRMZ, HUB, Catch 22 and the Partnership Tasking Vehicle. Youth ASB numbers reduced during this period alone by **38.58%** – this equates to 260 less incidents (or potential victims) over a two month period.

Numbers continue to reduce each quarter when compared to 2010/11. Total ASB is down this quarter by 18.54% (433 less incidents), youth related ASB is down by 13.83% (100 less incidents). ASB Numbers have reduced consistently each quarter since Q2 of 2009/10 (9 quarters).

youth			Q1	Q2	Q3	Q4	Total	
2007/08			672	1611	1444	1414	5141	
2008/09			1449	1584	1323	1321	5677	
2009/10			1455	980	867	754	4056	
2010/11			817	723	690	465	2695	
2011/12			692	623	030	403	2093	
2011/12			032	023				
% difference to previous year (2	2011/12 compared	with 2010/11)	15.30%	13.83%				
Total ASB	Q1	Q2	Q3	3 Q4			Total	
2005/06	2959	2952		2764	2.	532	11	.207
2006/07	2830	2702		2451	23	329	10	312
2007/08	2483	2717		2335	2:	160	9	695
2008/09	2547	2838	2413		2494		10292	
2009/10	3072 2790		2202		1908		9972	
2010/11	2481 2335			1884	1789		8	489
2011/12	1925	1902						
% difference to previous year								
(2010 / 11 compared with								
2011/12)	22.41%	18.54%						

Reduce the number of Arson incidents (Formerly NI 33)						
Del	Lead Partn					
	lalton 2010/1			Respons	ible	
250]		Seconda	ary			
200 -		Primary		Good is:		
				Brief Des	scrip	
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	least 5					
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Lead Partner Agency:	Fire Service
Responsible Officer:	Alex Waller / Sean Henshaw
	(Information supplied by Caroline Wathen – Fire Service)
Good is:	Lower Numbers , less antisocial behaviour

Brief Description / Indicator Purpose:

This 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 nonaccidental.
- 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 ether 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.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target (Deliberate Primary Fires)	Not available	n/a	8.54	4.11 (Q2)				
Halton Actual (Deliberate Primary Fires)	Not available	9.43	8.1	3.85 (Q2)				
Halton Target (Deliberate Secondary Fires)	Not available	n/a	43.54	26.66 (Q2)				
Halton Actual (Deliberate Primary Fires)	Not available	48.34	44.67	21.13 (Q2)				
Halton Target (Total Deliberate Fires)	Not available	n/a	52.08	30.77 (Q2)				
Halton Actual (Total Deliberate Fires)	Not available	57.77	52.77	24.98 (Q2)	To continue to reduce the number of arson incidents in line with trend.			
Benchmarking:								
All England	Not available due to reporting boundaries							
Family Group Averages per 10,000 population	Data currently unavailable. To be provided in Quarter 3 2011/12			4 /2042 0				

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Please note, all England data is not available for the years above and due to reporting boundaries, Halton data cannot be provided for 2008/09.

Cheshire FRS is part of the CFOA Family Group 4, formed of fire and rescue services from England, Wales and Northern

Ireland. Originally, membership was decided by grouping 'similar' fire services based upon factors such as population, deprivation, risk profiles and incident volumes.

Of the 18 Services in the group, Cheshire is ranked 12th in terms of population size, with 1st representing the highest volume.

Although Average values cannot be given at present, as at the end of Q1 201/12, Cheshire FRS were ranked Joint 3rd and 8th for deliberate primary and secondary fires respectively.

Deliberate fires are a key component of anti-social behaviour which is a priority for Halton. The rationale for the 2011/12 target was a 10% reduction based on 2010/11 Performance. Currently, performance for both of these indicators is positively under target year to date and represent a year on year decrease compared to quarter 2 of 2011/12. As deliberate fires and anti social behaviour are such a priority in Halton, there are many initiatives being undertaken to reduce these incidents, most notably the Phoenix Project.

To improve peoples perceptions of antisocial behaviour and improve residents perception of feeling safer in their homes (Revised NI 17) Halton BC Lead Partner Agency: Responsible Officer: Research & Intelligence An increasing satisfaction level shown Good is: by a reduced perception of antisocial behaviour. Brief Description / Indicator Purpose: Local Measures focusing on perceptions of antisocial behaviour, which combines responses to even questions about antisocial behaviour. Local authorities are a key partner agency with the police in tackling ASB and have responsibilities to prevent ASB. They are an applicant agency for anti-social behaviour orders (ASBOs); they lead on housingrelated ASB, tackling litter/graffiti, and are responsible for licensing of premises and in securing and designing environments to reduce likelihood of alcohol-fuelled disorder and ASB. 2008/09 2009/2010 2010/2011 2011/2012 2012/2013 2013/2014 2014/2015 2015/2016 **Halton Target** Reduce to TBC TBC **NW** Average Halton Actual 24.4 (NI 17) Benchmarking: All England NA Northwest 22.9% (NI 17) Relevant Statistical NA Neighbour 2 Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

In the absence of a nationally prescribed survey (previously the Place Survey), work is now being progressed to establish a more locally focused survey to capture community perceptions and satisfaction levels. This residents survey undertaken in October 2011 includes the following questions:

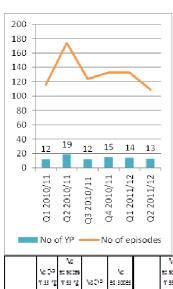
- 1) How much of a problem respondents feel 'Teenagers hanging around the streets' 'Vandalism, graffiti and other deliberate damage to property and vehicles' 'People using or dealing drugs' 'abandoned or burnt out cars' and 'people being drunk or rowdy in public spaces' to be a very big or fairly big problem within their local area
- 2) Respondents experience of the above in the last 12 months
- 3) How safe respondents feel 'inside your home' 'in your local area during the day' and in your local area after dark'
- 4) Confidence in the police in respondent's local area.

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

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² This could be from regional or family benchmarking data.

Safeguarding Children: Reduce the number of young people who repeatedly run away in Halton (New Measure)



Lead Partner Agency:	Halton BC/ Police
Responsible Officer:	Lorraine Crane / Clare Myring – Halton BC
	(Data: Beverly Kennett- Cheshire
	Constabulary)
Good is:	Lower figure

Brief Description / Indicator Purpose:

The Children and Family Commissioning Partnership Board of the Children's Trust has agreed a target for both the Children's Safeguarding Board and Safer Halton Partnership Board. This target will be an 8% reduction in the number or recorded episodes of repeated run aways. This target will be reviewed in April 2012.

This will be analysed by

- Children in residential and foster care
- Children running away from their home
- Children from other Local Authorities who are placed within Halton

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	Va 0-7	50 50 355		\€		50 50 35
	T 33 %	T 55 %	/45/a	es soces		T 55 7
	for	ਹਿਸ	T 55 %	T 35 15	No CCC.A	for
è	тепе	10 TE	from Care	for Gra	T 55 %	0
Q1 20 10 41 1	- 1	17.	:1	226	75	eng eng
22 26 16 (11	7	8	7	2	9	85
23 2010-11	5	87	7	5		- 17
Q4 26 16 (11)	2	21		2	5	25
2012011-12	2	26		22	8	78
02 25 11:02		32	7	77	5	51

2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
			17 young persons with 428 episodes				•
Different coding Mechanisms used by Police prior to new protocol		18 young persons with 465 episodes					
g:							
No comr	narable bench	nmarking					
	information						
	Differen Mechanisr Police pri prot	Different coding Mechanisms used by Police prior to new protocol g: No comparable bench	Different coding Mechanisms used by Police prior to new protocol episodes g: No comparable benchmarking	Different coding Mechanisms used by Police prior to new protocol protocol g: No comparable benchmarking	Different coding Mechanisms used by Police prior to new protocol episodes No comparable benchmarking 17 young persons to continue be determine be determined by dete	Different coding Mechanisms used by Police prior to new protocol episodes No comparable benchmarking 17 young persons with 428 episodes To continue to reduce the be determined with new be determined with new persons with 465 episodes To continue to reduce the benchmark and be determined with new be determined with new persons persons with 465 episodes	Different coding Mechanisms used by Police prior to new protocol episodes No comparable benchmarking 17 young persons with 428 episodes To continue to reduce the number of be determined with new Provider Pane be determined with new Provider Pane persons with 465 episodes To continue to reduce the number of be determined with new Provider Pane persons with 465 episodes To continue to reduce the number of be determined with new Provider Pane persons with 465 episodes To continue to reduce the number of be determined with new Provider Pane persons with 465 episodes To continue to reduce the number of be determined with new Provider Pane persons with 465 episodes To continue to reduce the number of be determined with new Provider Pane persons with 465 episodes

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Self-Assessment data was provided by Barnado's for previous National Indicator NI71. Different coding mechanisms are to be used in future by the Police as new protocols have been introduced making comparison more difficult.

The target noted above will be considered on a quarterly basis to ensure that the 8% reduction target has been achieved across three datasets: missing from 'Home', 'Care' and 'CICOLA's' (Children in Care from other Local Authorities). The impact across all areas will be reported upon within supporting commentary each quarter.

The missing from home service deals with young people who have been notified as missing from home or from care. The performance framework was reviewed in April 2011 and now has the current outcomes:

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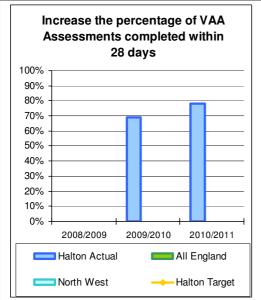
³ This could be from regional or family benchmarking data.

- Reduce the number of 'repeated' occasions Children and Young people report missing from either care homes / foster care or from the home environment.
- Support the development, health and wellbeing of Children and Young People by providing stable foster care and care home provision.
- Improve the identification of Children and Young People suffering from sexual exploitation who have run away from either care homes / foster care or from the home environment and ensure access to specialist support services.
- Increase the number of service users engaged in the development of the service.
- Promote and raise awareness of the 'triggers' of running away from care homes / foster care and from the home environment to Children and Young People.

With the existing commissioning service we have measured the number of missing from home incident reported to the police however this figure did not give us the full picture. We have one agreed main outcome: To reduce the number of young people who repeatedly run away from home or care environment. In order to measure this aim the number of young people who run away on more than 3 occasions during a 90 day period will be captured along with the number of episodes as shown above. The current performance shows a 38% reduction in Missing from Home episodes, 10% reduction in missing from Care episodes and 26% reduction in CICOLA Episodes.

We are currently going through a Pan Cheshire tender for a Missing from Home/ Care Service and targets will be set with the service provider for 2012/13 to 2015/16.

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



Lead Partner Agency:	Halton BC
Responsible Officer:	Sue Wallace Bonner
Good is:	Increasing levels of performance

Brief Description / Indicator Purpose:

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

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	New	NA	75%	80	82	82	82	82
Halton Actual	Measure	69%	78.12%	90.91				
	ivicasure	09%	76.12%	Qtr 2				
Benchmarking	g:							
All England								
Northwest		asure. No co	•					
Relevant Statistical Neighbour ⁴	benchmark	ing informationally	on available					

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

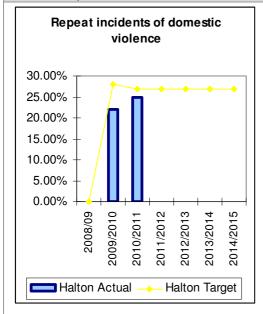
Referrals are received from a variety of sources by Social work teams who will prioritise abuse cases leading to an appropriate response within timescales.

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

Performance & Improvement Team

⁴ This could be from regional or family benchmarking data.

Reduce repeat incidents of domestic abuse within the MARAC Cohort (Formerly NI 32)



Lead Partner Agency:	Halton BC
Responsible Officer:	Sarah Ashcroft
Good is:	A lower figure
Brief Description / Indic	ator Purnose

This measure is intended to measure the repeat incidents of the highest risk cases of domestic violence.

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.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target %	N/A	28%	27%	27%	27%	27%	27%	27%
Halton Actual %	N/A	22%	25% (479)					
Benchmarking:								
All England	N/A	N/A	21.8%					
Northwest	N/A	N/A	22%					
Relevant Statistical Neighbour ⁵	N/A	N/A	21.4%					

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Activity by police and local partners should be focused on protecting the most vulnerable victims from serious harm. Domestic violence (DV) victims currently have the highest level of repeat victimisation, often with the severity of incidents escalating over time.

Multi-Agency Risk Assessment Conferences (MARACs) focus on high risk victims of DV as indicated through the use of risk assessment tools. By sharing information, agencies get a better picture of victims' situations and so develop responses that are tailored to the needs and goals of individual victims and their children. Safe information-sharing also allows agencies to manage the perpetrator in ways that reduce risk. The aim of the MARAC is to jointly construct and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm and to reduce repeat victimisation.

The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The police, services commissioned by local authorities and health agencies will all have a primary role to play to ensure that the MARAC is an effective process.

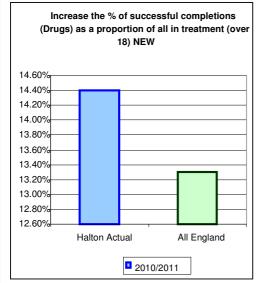
Target rationale is to maintain current performance.

⁵ This could be from regional or family benchmarking data.

One year baseline data received from MARAC (2010/11) 479 repeat incidents. As and when additional annual data is ascertained the targets can then be refreshed accordingly, but at present we are working to one years' worth of data and a target of 27% of the number of reported incidents of repeats

The Audit Commission states -The average rate of repeats experienced by mature MARACs is presented as a band of 28%-34%. Good performance will depend on the maturity of the MARAC when the target was set. A higher rate can indicate that more agencies are able to identify a repeat victim and that victims have the confidence to disclose further incidents possible suggesting a good experience of MARAC the first time. A repeat rate of 30% or more would not be perceived as negative.

Increase the percentage of successful completions (Drugs) as a proportion of all in treatment (over 18) NEW



Lead Partner Agency:	Halton BC
Responsible Officer:	Steve Eastwood
Good is:	Increasing % of successful completions

Brief Description / Indicator Purpose:

The proportion of clients who successfully completed Drug treatment out of all the clients who were treated in the same period.

There are more people drug free as a % of total people.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	ı	New indicato	r	Above NW Average	Above NW Average	Above NW Average	Above NW Average	Above NW Average
Halton Actual	New indicator 14.4%							
Benchmarking	g:							
All England	Data	not	13.3%					
Northwest		ously						
Relevant Statistical Neighbour ⁶	available.	. This is a dicator.						

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

The target has been set to achieve performance above the North West Average. It is intended to review this after 12 months, once the new provider is firmly in place and performance is established.

e

 $^{^{\}rm 6}$ This could be from regional or family benchmarking data.

_	of successf	ful co	omplet	ions (Alcoh	ol) as a	pro	portion of	all in treati	ment
neasure			Lead	Partner Age	ency:	PCT			
			Respo	nsible Offi	cer:	Col	lette Walsh		
			Good	is:		Inc	reasing % of s	successful cor	mpletions
			Brief	Description	/ Indic	ato	Purpose:		
				The proportion of clients who successfully completed Alcohol treatment out of all the clients who were treated in the same period.					
2008/09	2009/2010	201	.0/2011	2011/2012	2012/20	013	2013/2014	2014/2015	2015/2016
	New in	dicat	or		be		Increa	sing % of succ	cessful
g:									
Data i	not current	lv co	ollected	d on a					
		•							
ommentary	& Target R	Ratio	nale (2	011 / 2012	Onwai	rds):			
This new service will be established in 2012/13. Targets will then be set following the collection of data in year 2012/13 and a baseline established. The aim of this service is to increase the % of successful completions as a proportion of all people in treatment for an alcohol addiction.									
iddiction.									
	pe will be esta baseline esta service is to i	neasure 2008/09 2009/2010 New in g: Data not current national basis — this ommentary & Target Fire will be established in 20 baseline established. service is to increase the	neasure 2008/09 2009/2010 201 New indicate g: Data not currently conational basis — this is a commentary & Target Rational baseline established in 2012/2 baseline established. service is to increase the % of	measure Lead Responded Good Brief The patreating period 2008/09 2009/2010 2010/2011 New indicator g: Data not currently collected national basis — this is a local respondent of the commentary & Target Rationale (2012/13). Target baseline established. service is to increase the % of successions.	Measure Lead Partner Age Responsible Offic Good is: Brief Description The proportion of treatment out of period. 2008/09 2009/2010 2010/2011 2011/2012 New indicator g: Data not currently collected on a national basis — this is a local measure. commentary & Target Rationale (2011 / 2012) The will be established in 2012/13. Targets will then baseline established. service is to increase the % of successful completice.	Lead Partner Agency: Responsible Officer: Good is: Brief Description / Indic The proportion of clients treatment out of all the period. 2008/09 2009/2010 2010/2011 2011/2012 2012/20 New indicator Baseline be established established in 2012/13. Targets will then be set f baseline established. service is to increase the % of successful completions as a	Measure Lead Partner Agency: PCT Responsible Officer: Col Good is: Inc. Brief Description / Indicator The proportion of clients wh treatment out of all the clien period. 2008/09 2009/2010 2010/2011 2011/2012 2012/2013 New indicator Baseline to be established g: Data not currently collected on a national basis — this is a local measure. commentary & Target Rationale (2011 / 2012 Onwards): the will be established in 2012/13. Targets will then be set follow baseline established. service is to increase the % of successful completions as a property.	Lead Partner Agency: PCT Responsible Officer: Collette Walsh Good is: Increasing % of s Brief Description / Indicator Purpose: The proportion of clients who successfu treatment out of all the clients who wer period. 2008/09 2009/2010 2010/2011 2011/2012 2012/2013 2013/2014 New indicator Baseline to be established g: Data not currently collected on a national basis — this is a local measure. commentary & Target Rationale (2011 / 2012 Onwards): Detail be established in 2012/13. Targets will then be set following the collected baseline established. Service is to increase the % of successful completions as a proportion of all	Lead Partner Agency: PCT Responsible Officer: Collette Walsh Good is: Increasing % of successful con Brief Description / Indicator Purpose: The proportion of clients who successfully complet treatment out of all the clients who were treated in period. 2008/09 2009/2010 2010/2011 2011/2012 2012/2013 2013/2014 2014/2015 New indicator Baseline to be established Increasing % of successfully completion g: Data not currently collected on a national basis — this is a local measure. Dommentary & Target Rationale (2011 / 2012 Onwards): e will be established in 2012/13. Targets will then be set following the collection of dat baseline established. service is to increase the % of successful completions as a proportion of all people in tree.

Performance & Improvement Team

 $^{^{\}rm 7}$ This could be from regional or family benchmarking data.

Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) NEW Halton BC Placeholder measure Lead Partner Agency: Steve Eastwood/Paul Bonnett Responsible Officer: Reduced number Good is: Brief Description / Indicator Purpose: Re-presentations indicates the number of clients who have successfully completed treatment who have re-presented for treatment within six months. This provides an indication of the numbers of individuals who have left treatment and are managing to sustain their recovery in the longer term. 2008/09 2009/2010 2010/2011 2011/2012 2012/2013 2013/2014 2014/2015 2015/2016 **Halton Target** Above the National & NW average Halton Actual 6.3% New indicator (Rolling 12 months July 2010 – June 2011) Benchmarking: All England 13% (Rolling 12 months July 2010 - June 2011) New indicator Northwest Relevant Statistical Neighbour 8 Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Targets will not be set until a 12 month baseline can be determined for Halton at the end of the reporting year 2011/12.

The data reported above is based on a 12-month rolling basis.

During the period July 2010 – June 2011, 47 Halton individuals completed treatment. Out of the cohort of 47, three individuals re-presented within six months – this equates to 6.3%. This indicates that 93.7% of individuals managed to sustain their recovery as they did not re-present following discharge from treatment.

In comparison to the National picture, Halton is better performing. The national percentage for individuals representing within six months of completion of treatment is 13%.

Note:

However, it is important to note that as the number of individuals in the cohort completing treatment is relatively small (reflective of the population size of Halton), a small increase in numbers of individuals re-presenting can have a large effect on the % re-presenting.

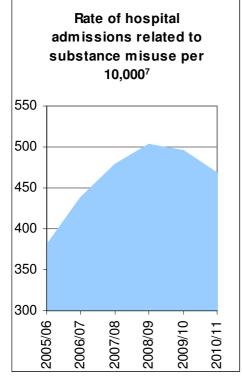
⁸ This could be from regional or family benchmarking data.

Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) NEW										
Placeholder n			•		Partner Age		PCT		,	
				Respo	nsible Offi	cer:	Collette Walsh			
				Good is: Reduced number						
				Brief I	Description	/ Indic	atoı	Purpose:		
				succes treatm This p have I	Re-presentations indicates the number of clients who have successfully completed treatment who have re-presented for treatment within six months. This provides an indication of the numbers of individuals who have left treatment and are managing to sustain their recovery in the longer term.					
	2008/09 2009/2010 20			0/2011	2011/2012	2012/20)13	2013/2014	2014/2015	2015/2016
Halton Target								Above th	e National & NW	/ average
Halton Actual		New In	dica	tor		Baseline be establish	e			
Benchmarking	g:									
All England										
Northwest		currently of								
Relevant		onal basis -		s is a						
Statistical	lo	cal measur	e.							
Neighbour ⁹		0 Tauast D	+:_		011 / 2012	0	. ۱ ـ ۱ ـ ۱			
Supporting Co	ommentary	& Target R	atio	naie (2	011 / 2012	Onwar	as):			
This new service 2012/13 and a)12/1	3. Targ	ets will then	be set f	ollov	ving the colle	ection of dat	a in year
The aim of this for an alcohol a		ncrease the	% of	success	ful completion	ons as a	prop	ortion of all	people in tre	eatment

Performance & Improvement Team

 $^{^{\}rm 9}$ This could be from regional or family benchmarking data.

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



Lead Partner Agency:	Halton BC
Responsible Officer:	Lorraine Crane /John Bucknall
Good is:	Lower rate

Brief Description / Indicator Purpose:

One of the commissioning priorities for the Children and Families Commissioning Partnership is to reduce substance misuse and this is a key outcome indicator to represent progress.

This indicator measures the percentage of the hospital admissions for 0-16 years olds where substance misuse is coded as reason for admission per 10,000.

The target is a year on year reduction of 5%.

Colette Walsh has provided CYP with figures for 10/11 admissions against 09/10

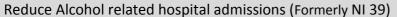
	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	
Halton Target	N/A	N/A	N/A	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	
Halton Actual	1372	1351	1277						
Benchmarking:									
All England									
Northwest									
Relevant Statistical Neighbour ¹⁰		awaited fron	1 PCT						

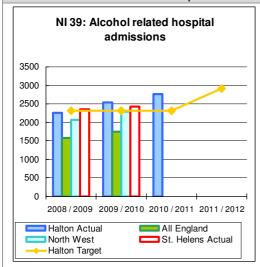
Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

There are a number of developments to interventions Halton has implemented around this indicator including restructuring the specialist treatment service, developing treatment processes to ensure current treatment plans are aimed towards successful transition back into education, employment, training and recovery. The mobile outreach service (VRMZ) is actively engaging with young people in 'hotspot' areas, who currently do not access services. A wide range of provision will be delivered from this mobile service including a range of drug and alcohol interventions.

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¹⁰ This could be from regional or family benchmarking data.





Lead Partner Agency:	PCT
Responsible Officer:	Collette Walsh
Good is:	A lower rate of admission than the
	projected trend.

Brief Description / Indicator Purpose:

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

The rate is calculated using data on those finished admissions that are classified as ordinary or day cases or maternities and that have an alcohol-related primary or subsidiary diagnosis code within the admission episode. Each admission is assigned an attributable fraction based on the diagnosis codes and age and sex of the patient. Where an admission has more than one relevant diagnosis code, the highest attributable fraction is used. Negative attributable fractions are not used. In the case of children aged under 16, only alcohol-specific diagnoses are used (those with an attributable fraction of 1.)

These values are then aggregated to obtain totals by sex and five-year age band. The resultant totals are then divided by the corresponding population estimate to get an age/sex-specific rate. Each rate is then multiplied by the corresponding figure in the standard European age profile and aggregated. The rate is obtained by dividing the aggregated figure by the total European standard population.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Target 1: Halton alcohol related hospital admission Target (Previously NI39)(Rate)	2313	2323	2309	2916	3027	3142	3261	3385
Halton alcohol related hospital admission Actual (Rate) Previously NI 39	2486	2680	2809 Predicted value					
Relevant Statistical Neighbour Target (St. Helens) ²				2442.8	2521.2	2571.6		
Target 2: Halton AAF 1 Target (Rate)				1002.6	1020.7	1039.0	1057.8	1076.8
Halton AAF 1 actual (Rate)	841	882.3	984.9					
Number of target AAF 1 admissions				1225	1247	1269	1292	1315
Actual number of AAF	1027	1067	1203					

admissions						
Benchmarking	g:		1			
All England	1582	1743	See note			
Northwest	2068	2295	See note			
St Helens 11	2348	2433	See note			

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

Alcohol is a key priority for health and the wider partnership and should continue to be monitored by the Health SSP.

This is not a target for the IPM (Improved Performance Measures). Thus, the PCT will continue to monitor for no significant increase / deterioration in health performance.

Halton LA Alcohol Target

1) Target 1: AAF>0 (Previously NI 39). The target is <u>2916 annual rate for 2011/12</u>. This is based on a projection of 4.8% increase in the rate from 2010/11 (synthetic estimate of 2809 10/11 rate). This is in line with the trend since 2002/3 – A decrease of 1% has then been calculated.

This target is set utilizing verified data only. Past actual data re confirmed by Public Health

2) Target 2: AAF= 1 Admissions which are wholly attributable to alcohol

In 20010/11 there were 1203 AAF 1 admissions that were wholly attributable to alcohol (Rate 984.9). Given that we expect a 4.8% increase, we will then aim for a 3% reduction in the actual number of admissions for alcohol related AAF= 1 harm in 2011/12. This rationale has been projected through to 2015/16

Therefore: A 1.8% increase in the AAF1 admissions in 2011/12 would make the number of admissions 1225 and the rate 1002.6

This target is set utilizing unverified local data only. There is a discrepancy between the verified and the local data due largely to the robust data cleansing that happens at a local level.

Target 2: 2011/12

To achieve an annual rate of 1002.6. This would equate to 1225 admissions, and a 3% reduction in the anticipated growth.

Target 2: 2012/13

To achieve an annual rate of 1020.7 This would equate to 1247 admissions, and a 3% reduction in the anticipated growth.

In both cases, the aim of the targets is to slow the trend and reduce the rate of increase.

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 $^{^{\}rm 11}$ This could be from regional or family benchmarking data.

Reduce the Re-offending rates of repeat offenders (RO's in the Navigate Integrated Offender Management (IOM) scheme) Probation / Police Lead Partner Agency: Karen Taylor Responsible Officer: Reducing rates of re offending Good is: Brief Description / Indicator Purpose: Previous information for NI30 Reoffending rate of Prolific and other Priority offenders This is the change in convictions for Prolific and other Priority Offenders (PPOs) over a 12 month period. The principal intention behind this indicator is to enable local areas to monitor performance of their PPO schemes in reducing re-offending amongst their PPOs. It is recognised that annual reductions in rates of offending vary with the length of time an offender has been on the scheme - in other words, it is reasonable to expect PPOs recently taken on to a scheme to show a more significant reduction in their offending over their first year on a scheme compared with an offender who has been on a scheme for 12 months, and who has already shown a steep reduction in his or her offending. The methodology for measuring this indicator allows for such factors to be taken into account. 2009/2010 2010/2011 2012/2013 2014/2015 2015/2016 2008/09 2011/2012 2013/2014 **Halton Target** To maintain and reduce offending rates for PPO and RO's Halton Actual PPO: 40% reduction New Measure **RO: 4%** reduction Shift in offence type – see below Benchmarking: All England Northwest **New Measure** Relevant Statistical Neighbour 12 Supporting Commentary & Target Rationale (2011 / 2012 Onwards): Repeat Offenders Offending (based on date of offence) Difference between Baseline number of Actual convictions during % Reduction / Increase in convictions baseline and actual convictions nomination impact 119 114 5 4.12%

¹² This could be from regional or family benchmarking data.

Since intervention, 'Breach of court orders' have seen the largest increase, followed by 'drunk and disorderly' and 'fail to surrender' whereas the largest % reductions have been seen around 'Theft / shoplifting', 'criminal damage' and 'assault (s39 and S47)'. This shift in conviction type will have proven efficiency savings across all organisations involved in IOM. Whilst the numbers do not reflect a large numerical reduction this shift in offending type and behaviour of those individuals within the cohort has had a significant impact to the community of Halton.



Offending (based on date of offence)

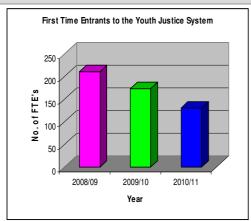
	Actual convictions during nomination	Difference between baseline and actual	% impact	Reduction / Increase in convictions
174	69	105	39.6%	+

Since intervention 'Breach of court orders' have seen the largest increase, followed by 'assault (s39 & S47) and 'breach of ASBO' whereas the largest decreases have been around 'uninsured driving, handling, Theft from a motor vehicle and drugs possession'. This shift in conviction type will have proven efficiency savings across all organisations involved in IOM.

The calculations noted above are calculated using baseline offences / convictions occurred pre nomination into the scheme compared to offending behaviour whilst on the scheme (minus days serving a prison sentence), the time frames are considered for each person and individual calculations are used to ensure that time periods are comparable. The cohort will change each quarter as nominations and denominations take place throughout the quarter. Only those currently on the scheme and those who were denominated during 2011/12 have been incorporated into these reconviction rates. Those nominated during September 2011 have not been included within the data as there is an insufficient time frame of intervention to compare against the baseline.

It is imperative that the numerical reductions are not considered in isolation – the shift in offending behaviour should be reported upon as this demonstrated the changes in offender behaviour and potentially the reduced impact that the cohort are having upon the community.

Reduce the Number of first time entrants to the Youth Justice System (Formerly NI111)



Lead Partner Agency:	Youth Offending Team
Responsible Officer:	Gareth Jones/ Lisa Blanchard
Good is:	Lower figure

Brief Description / Indicator Purpose:

To reduce the number of entrants to the youth justice system age 10-17 who receive their first substantive outcome.

As from April 2011, reporting of first-time entrants to the youth justice system will be directly reported by PNC to the MoJ.

However the YOT will report their figure for local reporting purposes until the official outturn is produced.

Target will be to maintain current performance against current target of 234. However it is expected that a continued decrease of new entrants will take place.

	will take place.							
	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	239	237	234	234	234	234	234	234
Halton Actual	211	174	130*					
% Change	10.9%	24.1%	35.9%					
Benchmarking	g: (provide	d by Chesh	ire Police)					
All England	75,094	58,412	42,732					
Northwest	10,530	8,138	5,990					
Relevant Statistical	N/A	N/A	N/A					

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

First Time Entrants was a Youth Offending Team National Indicator (NI 111) until March 2011. The official figures are published by the Ministry of Justice in October of each year. Therefore the 2010/11 outturn is provisional at this stage.

We have seen "spectacular" decreases since 2008-09 (38.4% 08/09 to 10/11 provisional), which in turn follows a reduction from the 2005 (364) baseline figure of 64.3%.

Provisional data for 2010/11 shows a steady reduction on the 2009/10 figure and we aim to maintain this reduction in 2011/12 and for the foreseeable future.

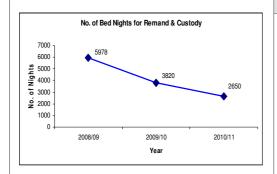
Performance & Improvement Team

Neighbour 13

 $^{^{13}}$ This could be from regional or family benchmarking data.

Use of Custody (New Measure)

Placeholder 2012/13



Lead Partner Agency:	Youth Offending Team (MoJ)
Responsible Officer:	Lisa Blanchard/Gareth Jones
Good is:	Lower Figure

Brief Description / Indicator Purpose:

Use of Custody – the use of custody transparency indicator came into effect on the 1st April 2011.

The indicator uses the number of custodial sentences given in court to young people aged 17 years or younger presented as a rate per 1,000 young people in the 10 to 17 local general populations.

At this stage, the latest general population figures are for the calendar year 2010 so throughout 2011/12, this indicator data will be provisional and the figures will be finalised at the end of the financial year when the 2011 general population figures are available.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	on Target New Measure			Baseline Year	ТВА	ТВА	ТВА	ТВА
Halton Actual								
Benchmarking	g:							
All England	N/A	N/A	N/A	N/A				
Northwest	N/A	N/A	N/A	N/A				
Relevant Statistical Neighbour ¹⁴	N/A	N/A	N/A	N/A				

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

This is a new measure established to look at the number of custodial sentences given per 100,000 young people (10-17 years) in 2010/11 and therefore there is no baseline figure.

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

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

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 $^{^{14}}$ This could be from regional or family benchmarking data.

Reduce the proportion of individuals within the Navigate cohort whose offending is substance misuse related. New Navigate Team/ New Service Provider Lead Partner Agency: John Davidson/Steve Eastwood Placeholder Measure – 2012/13 Responsible Officer: Reducing proportion Good is: Brief Description / Indicator Purpose: To reduce the proportion of individuals within the Navigate cohort who continue to demonstrate offending behaviour related their substance misuse. The Police and Drug Team are working together to reduce this. 2008/09 2009/2010 2010/2011 2011/2012 2012/2013 2013/2014 2014/2015 2015/2016 **Halton Target** TBA and agreed with new Provider Halton Actual Benchmarking: All England Northwest New local indicator - No Relevant comparable data available. Statistical Neighbour ¹⁵ Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

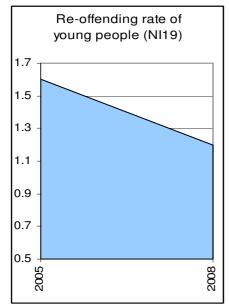
Reporting would be on a quarterly basis and we would use the 'trigger offences' to define substance misuse. The leads for this indicator would be the Navigate Team and the new substance misuse service. The service is not due to commence until January 2012 and therefore reporting will not commence until 2012/13. Targets will be linked to the service specification and outcomes for this new service.

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¹⁵ This could be from regional or family benchmarking data.

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

Placeholder measure for 2012/13



Lead Partner Agency:	Youth Offending Team
Responsible Officer:	Gareth Jones / Lisa Blanchard
Good is:	Lower rate

Brief Description / Indicator Purpose:

Rate of proven re-offending by young offenders (frequency rate after 9 months). The reoffending rate is expressed as the average number of offences per young person in the youth justice system. Halton 2005 and 2008 data only available at this time.

The YOT have now ceased reporting on the old NI19 – Reoffending Rate of Young Offenders. From April 2011, a new unified reoffending measure will be reported to the Ministry of Justice directly from Police National Computer data

In its place the YOT aim's to work closely with young people on the Integrated Offender Management (IOM) scheme to reduce the rate of re-offences.

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target	N/A	N/A	N/A	Baseline Year	To be dete	ermined once	baseline is e	stablished
Halton Actual	N/A	N/A	N/A					
Benchmarking	g:							
All England	N/A	N/A	N/A					
Northwest	N/A	N/A	N/A					
Relevant Statistical Neighbour ¹⁶	N/A	N/A	N/A					

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

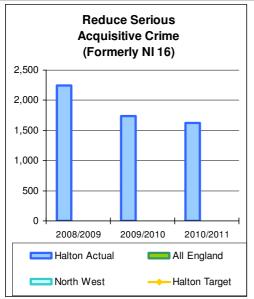
Children and young people who break the law are dealt with quite differently than adult offenders. Those under the age of 18 require different kinds of sentences and support services to help prevent them re-offending.

The YOT will track those young people who entered the Integrated Offender Management (IOM) Cohort between 1st January to 31st March 2011 to measure re-offending rates, including frequency and seriousness 12 months prior to nomination and 12 months following nomination.

The YOT will also build a separate cohort which will include all young people sentenced to Referral Orders, Youth Rehabilitation Order's or released on Custodial Licence during the same period using the same counting method. We can then compare the 2 cohorts and provide further analysis.

¹⁶ This could be from regional or family benchmarking data.

Reduce Serious Acquisitive Crime (Formerly NI 16)



Lead Partner Agency:	Police
Responsible Officer:	Inspector Dave Gordon/ Kathryn Cain Cheshire Constabulary
Good is:	A lower rate

Brief Description / Indicator Purpose:

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

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Halton Target			1820	1629			the number of 0/11 baseline	
Halton Actual	2248	1738	1629					
Benchmarking	g: (From Che	shire Police)						
All England	863731	761533	721274					
Northwest	123867	105102	89886					
Relevant Statistical Neighbour -								

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

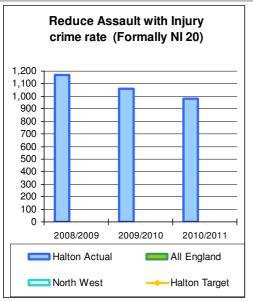
As previously reported the reduction of serious acquisitive crime remains a key priority with activities undertaken to address the various elements.

2010/11 Information

Serious Acquisitive Crime	2007/2008	2008/2009	2009/2010	2010/2011	Overall reduction
Recorded crime	1968	2246	1738	1629	-17.2% (4 years)
					-6.7% (last year)

	2009/2010	2010/2011	Difference
Domestic Burglary	598	540	9.7%
Theft OF motor vehicle	326	266	18.4%
Theft FROM Motor vehicle	721	712	1.2%
Robbery	104	109	4.8%

Reduce Assault with Injury crime rate (Formally NI 20)



Lead Partner Agency:	Police
Responsible Officer:	Inspector David Gordon/ Kathryn Cain Cheshire Constabulary
Good is:	Lower rate

Brief Description / Indicator Purpose:

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

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

	2008/09	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016			
Halton Target			1206	979	To maintain and reduce the number of incidents related to this from the 2010/11 baseline.						
Halton Actual	1172	1061	979	439 Includes Qtr 1 & Q2							
Benchmarking: (From Cheshire Police)											
All England	357689	340204	314204								
Northwest	46480	42476	39132								
Relevant Statistical Neighbour ¹⁷											

Supporting Commentary & Target Rationale (2011 / 2012 Onwards):

This measure is not intended to focus solely on "public place" violence. There is acknowledgement that this measure will include assaults as a result of domestic violence, and a proportion of these will involve alcohol.

NI 20 Assault with Less Serious Injury previously reported

Assault with Less Serious Injury	2007/2008	2008/2009	2009/2010	2010/2011	Overall reduction
Recorded crime	1269	1172	1061	979	-22.9% (4 years)
					-7.7% (last year)

 $^{^{\}rm 17}$ This could be from regional or family benchmarking data.