REPLACEMENT AGENDA – DATE CORRECTION – REPLACEMENT AGENDA

AUDIT AND GOVERNANCE COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 3 September 2015

at 10.00 am

**in Committee Room B,
Civic Centre, Hartlepool.**

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Belcher, Cook, Lawton and Martin-Wells.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.
Parish Council Representatives: Parish Councillor J Cambridge (Headland) and Parish Councillor B Walker (Greatham).
Local Police Representative: Chief Superintendent Gordon Lang.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

3.1 To confirm the minutes of the meetings held on 20 August, 2015 *(to follow)*

4. **AUDIT ITEMS**

None

5. **STANDARDS ITEMS**

None

REPLACEMENT AGENDA – DATE CORRECTION – REPLACEMENT AGENDA

6. **STATUTORY SCRUTINY ITEMS**

Health Items

6.1 North Tees and Hartlepool NHS Foundation Trust – Quality Account 2014/15 - *Scrutiny Manager;*

6.2 Crime and Policing in Hartlepool Scrutiny Investigation – Scoping Report – Scrutiny Manager *(to follow)*

6.3 End of Life / Palliative Care in the Community Scrutiny Investigation – Setting the Scene:-

a) Covering Report - Scrutiny Manager
b) Presentation

Crime and Disorder Items

6.4 Safer Hartlepool Partnership Performance 2014/15 – *Director of Regeneration and Neighbourhoods*

7. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

None.

8. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

None.

9. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

None.

10. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

None.

11. **REGIONAL HEALTH SCRUTINY UPDATE**

None.

12. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

FOR INFORMATION

Date of next meeting – Thursday 24 September 2015 at 2.00 pm in the Civic Centre, Hartlepool.

AUDIT AND GOVERNANCE COMMITTEE

3 September 2015

Report of: Scrutiny Manager

Subject: NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST – QUALITY ACCOUNT 2014/15

---

1. PURPOSE OF REPORT

1.1 To present the finalised North Tees and Hartlepool NHS Foundation Trust's (NTHFT) Quality Account for 2014/15.

2. BACKGROUND

2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Account to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.

2.2 Council on the 16 February 2014 considered the North Tees and Hartlepool NHS Foundation Trust's (NTHFT) Quality Account for 2014/15 and expressed views / comments which were included in the Council's draft Third Party Declaration. Given the size of the document, copies of the Quality Accounts can be found in the Members room and on line with the papers for this meeting.

3. PROPOSALS

3.1 The Committee is asked to receive the finalised North Tees and Hartlepool NHS Foundation Trust's (NTHFT) Quality Account for 2014/15.

4. RISK IMPLICATIONS

None

5. FINANCIAL CONSIDERATIONS

None.

6. LEGAL CONSIDERATIONS

None

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

None

8. EQUALITY AND DIVERSITY CONSIDERATIONS

None

9. STAFF CONSIDERATIONS

None

10. ASSET MANAGEMENT CONSIDERATIONS

None

11. RECOMMENDATIONS

11.1 That Members receive the finalised North Tees and Hartlepool NHS Foundation Trust's (NTHFT) Quality Account for 2014/15 and seek clarification on any issues, should it be required.

12. REASONS FOR RECOMMENDATIONS

12.1 To present the North Tees and Hartlepool NHS Foundation Trust's (NTHFT) Quality Account for 2014/15 and provide an opportunity to seek clarification on any relevant issues.

13. BACKGROUND PAPERS

i) North Tees and Hartlepool NHS Foundation Trust's (NTHFT) Quality Account for 2014/15
ii) Report and minutes of Full Council on the 16 February 2015

14. CONTACT OFFICER

Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

AUDIT AND GOVERNANCE COMMITTEE

3 September 2015

Report of: Scrutiny Manager

Subject: END OF LIFE / PALLIATIVE CARE IN THE COMMUNITY SCRUTINY INVESTIGATION – SETTING THE SCENE

---

1. PURPOSE OF REPORT

1.1 To set the scene for the End of Life / Palliative Care in the Community Scrutiny Investigation and introduce evidence from a variety of sources to inform the Committees consideration of the issue.

2. BACKGROUND

2.1 Members will recall that the Committee at its meeting on the 20 August 2015 agreed the Scope and Terms of Reference for its investigation into End of Life / Palliative Care in the Community.

2.2 As part of today's meeting, 'setting the scene' information will be provided in relation to the following terms of reference, as agreed by the Committee:-

a) Gain an understanding of national and local policies, plans and strategies in relation to the provision of end of life and palliative care, focusing specifically on the provision of services in community settings.

b) Consider what good end of life / palliative care looks like and explores good practice in other areas.

c) To explore:
- Patient pathways for accessing end of life / palliative care services;
- The support offered to users, carers and families;
- Factors that prevent people from different areas and groups from experiencing good quality, joined up, end of life / palliative care; and
- How service providers work together.

(d) To gain an understanding of end of life / palliative care services currently provided by:

- NHS bodies
- Local Authority (Adult Services and Public Health Services)
- Voluntary Sector
- Private Sector

(e) To establish the current level of need in Hartlepool and consider trends / patterns that will influence future service delivery requirements.

2.3 To assist the Committee, and inform discussion at today's meeting, Members attention is drawn to Appendix A and the potential questions identified by the Centre for Public Scrutiny in undertaking an investigation on this topic.

3. PROPOSALS

3.1 The Committee receives setting the scene information as a starting point for its investigation.

4. RISK IMPLICATIONS

None.

5. FINANCIAL CONSIDERATIONS

None.

6. LEGAL CONSIDERATIONS

None.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

None.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

None.

9. STAFF CONSIDERATIONS

None.

10. ASSET MANAGEMENT CONSIDERATIONS

None.

11. RECOMMENDATIONS

11.1 That Members receive the setting the scene information as a starting point for its investigation and seek clarification where required.

12. REASONS FOR RECOMMENDATIONS

12.1 To set the scene for the End of Life / Palliative Care investigation.

13. BACKGROUND PAPERS

i) Report and minutes of the Audit and Governance Committee on the 20 August 2015.

14. CONTACT OFFICER

Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

APPENDIX A

10 questions to help you review End of Life Care

1. What is the need in your area?

The questions below aim to help you to get a sense of the areas of greatest need in your area.

- How many people die in your locality every year?
- What do they die from?
- What age and social class are they?
- What is their ethnic background?
- Where do they die? E.g. home, acute hospital, community hospital, hospices, sheltered housing, care homes (nursing or personal care).
- Has a baseline review of your population needs been carried out in your area?
- Did this identify any gaps in the available data/information?
- What are the priorities and how are these gaps being addressed to inform end of life care commissioning and planning?

2. Is there a clear strategy, supported by dedicated resources, for meeting end of life care needs in your locality, covering different settings and sectors of care?
Strategy

- Does the strategy clearly arise from the assessment of population need including e.g. ageing population, those with multiple conditions and those with dementia?
- How is population need measured? Is this a part of Joint Strategic Needs Assessment?
- Who do you think the key stakeholders should be in developing this strategy and do you feel that all have been involved? For example: health, social care (including care homes) and housing (see above list of partners).
- How is the strategy reviewed and by whom?
- Does the strategy include all of the elements defined as important within the national End of Life Care Strategy, such as Commissioning, User Involvement, Workforce Planning and Development, Measurement, Care Pathway Across Settings/Sectors of Care, Co-ordination of Care, 24/7 access to services, Rapid Response, Care at Home, Single Point of Contact.
- Does the strategy clearly link with other local strategies such as the NHS Next Stage Review Long Term Conditions and Mental Health Workstreams, Dementia Strategy, Stroke Strategy and Carers Strategy? The National Council for Palliative Care has developed guidance on the way in which different policy agendas can be joined up.

Resources

- What resources are dedicated to end of life care locally?
- Funding for specialist palliative care such as hospices is often provided by voluntary donations. What is the situation in your area?
- How is the use of resources monitored?
- PCT plans for spending the additional funds allocated to end of life care should align with Local Area Agreements – do they in your area?
- Do the PCT plans reflect the strategy (above)? Do the plans and funding include all stakeholders across health and social care?
- Have lead commissioners for end of life care been identified? Who are they?
- Do they have the necessary knowledge to commission end of life care effectively?
- Do they link their work with commissioners of other services such as long term conditions and mental health?

3. Is there a clear structure for workforce development and training across settings and sectors of care?

- Does your locality/region have a clear plan for identifying the staff who deliver end of life care including community and care home staff, and then a strategy for workforce planning and development that includes all key stakeholders?
- Does your locality have an identified lead for end of life care workforce planning and development?
- Does your local workforce development plan include the key skills of communication, symptom control, assessment/care planning and advance care planning?
- Do care homes in your area have a training programme in end of life care in place, for example, NCPC's *Care to Learn* materials?
- Does your local workforce development plan include details for commissioning and meeting their training and educational needs?
- Does your local workforce strategy include details of how workforce planning and development will be monitored and reviewed?
- Don't forget that workforce development and training include staff attitudes. Two key things that patients and carers value is compassion and empathy. How do you foster these in your area?
- Assessment, care planning and advance care planning including end of life care all require a skilled and competent workforce (see below). The leaflet entitled 'Planning for your future care' provides helpful advice for patients and carers.

4. Is there a clear structure for monitoring end of life care?

- Does your locality monitor outcomes?
- How does this inform planning and decision making?
- Do the different provider settings each monitor end of life care at Board level?

Example 1: gathering case studies or personal stories of people dying in your locality.
- How are these captured and by whom?
- How are these used to review and improve services?
- How is the learning disseminated?

Example 2: Examples of good practice
- Are there examples of good practice in your area?
- How are these evaluated?
- How is the learning disseminated to inform others?

5. Practical support for patients, families and carers

Patients, families and carers will all have needs when the patient is nearing the end of life. How are these met? Some important issues are listed below:
- ***Financial assistance***: What fast track financial assistance is available for families who will have a great deal of additional expenditure associated with care of a very sick relative? Is there access to a specialist benefits advisor who can give them timely access to available benefits?
- ***24 hour advice and support:*** Is there a 24 hour telephone number that patients, families and carers can call for advice or support, especially during the final stages of the illness?
- ***Support:*** Are carers adequately supported? Do they receive a formal assessment, time out (respite), access to training and suitable support with employment? Do they have a "life of their own" as well as their caring role? Do
12
patients and carers have access to peer support such as buddy systems and patient or carer support groups?

- ***Equipment:*** Is equipment readily available? All too often people request a hospital bed and it arrives after the person has died.
- ***Information:*** Is there a one stop shop for information, for example about how to navigate through the "system" signposting people where necessary. Where is this and how can people access it?

- ***Single point of contact:*** Who is the main point of contact for the patient?
- ***Palliative social worker:*** Is there a palliative social worker available to arrange palliative care and provide for support needs, thus taking the strain off the family?
- ***Basic care:*** This includes hydration, nutrition, pain control, and being cared for with dignity amongst many other things. Two examples are:
In hospitals and care homes, how are staff made aware of people who need additional help with eating? Is there a universal sign to indicate this? Is there appropriate mouth care?
Is there easy access to effective pain control for people in the community and is it available 24/7? Do pharmacists and GPs work together to ensure to ensure that they are readily available?
- ***Bereavement care:*** What support is available for bereaved adults and children?

6. Place of care

- If the patient dies on a hospital ward, what privacy and dignity can be expected?
- How many people are transferred from their home (which could include care home) to hospital in the last weeks of life?
- How many people transfer from hospice to home at the end of life?
- How many people's choice in place of care is fulfilled?

7. Is there a clear process in your locality for assessment of needs, care planning and advance care planning for end of life care?

- What process is in place for assessment of needs which includes end of life care? For the patient? For the carer?
- Is it joint across health and social care?
- Is this standardised across (a) settings of care and (b) sectors of care?
- If not, are there plans to place to review this and implement new processes?
- How are these to be monitored/ reviewed?
- Is there a clear process for assessment of need to lead to a review of the care plan including end of life care, both for the individual and for the carer?
- Is there a clear process for discussing advance care planning and end of life care wishes with the individual and their carer? How will patients and carers be reassured that their plans will be met and that all professionals involved will have access to this information?

13

8. Co-ordination of care

Owing to the variety of professionals involved in end of life care, co-ordination is vital.

- Is there a clear process for information sharing about people in the end of life phase across sectors and care settings i.e. a register?
- Who leads a multidisciplinary team, in particular when both health and social care providers are part of it?
- To what degree are settings able to share information?
- How are out of hours services informed of people's end of life care needs?
- To what degree are sectors (for example health, social care, independent and third sectors) able to share information?
- Is this being reviewed?

9. Do you know what local patients and carers want from services?

- Does your locality involve service users and carers in planning, developing, monitoring and evaluating end of life care services?
- Do you have a strategy for this?
- Does your Patient and Public Involvement lead have a remit for end of life care?
- Is your Local Involvement Network doing any work around end of life care?

- Do you have a plan in place to support service users, carers and staff who are carrying out user involvement in this area?
- Do you consistently and routinely provide feedback to service users and carers who are involved?
- Have you mapped out user involvement in other organisations to learn from this?
- What stops you from involving service users and carers?
- Do you log your lessons learned so that you can continually build on user involvement and share these within the organisation and outside?
- Have you accessed NCPC's free guide: A guide to involving patients, carers and the public in end of life care. Available from http://www.ncpc.org.uk/users/index.htmlx

10. Raising public awareness

- Do you have local public awareness plans and any campaigns around the issues of dying, death and bereavement?
- How is your locality linked to Dying Matters, the national coalition on dying, death and bereavement led by the NCPC? Sign up your organisation to get regular updates and resources. Visit www.ncpc.org.uk/dyingmatters to find out more.

AUDIT AND GOVERNANCE COMMITTEE

3rd September 2015

Report of: Director of Regeneration and Neighbourhoods

Subject: **SAFER HARTLEPOOL PARTNERSHIP PERFORMANCE 2014/15**

---

1. PURPOSE OF REPORT

1.1 To provide an overview of Safer Hartlepool Partnership performance 2014/15.

2. BACKGROUND

2.1 The refreshed Community Safety Plan 2014-17 published in 2014 outlined the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2014/15.

2.2 The report attached (**Appendix 1**) provides an overview of Safer Hartlepool Partnership performance during 2014/15 in comparison to the baseline year 2013/14, where appropriate.

3. PROPOSALS

3.1 No options submitted for consideration other than the recommendations.

4. RISK IMPLICATIONS

4.1 There are no risk implications attached to this report.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial implications attached to this report.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations attached to this report.

7. CHILD AND FAMILY POVERTY

7.1 There are no child and family poverty implications attached to this report.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations attached to this report.

9. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

9.1 There are no Section 17 considerations attached to this report.

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations attached to this report.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 There are no asset management considerations attached to this report.

12. RECOMMENDATION

12.1 The Audit and Governance Committee note and comment on Partnership performance during 2014/15.

13. REASONS FOR RECOMMENDATIONS

13.1 The Audit and Governance Committee has within its responsibility to act as the Councils Crime and Disorder Committee and doing so scrutinise the performance management of the Safer Hartlepool Partnership.

14. BACKGROUND PAPERS

a. The following background papers were used in preparation of this report:

- Safer Hartlepool Partnership – Community Safety Plan 2014-17
- Report to the Safer Hartlepool Partnership 10th July 2015 – Safer Hartlepool Partnership Performance

15. CONTACT OFFICER

Clare Clark
Head of Community Safety and Engagement
Hartlepool Borough Council
Civic Centre
Level 4
clare.clark@hartlepool.gov.uk

APPENDIX 1

Safer Hartlepool Partnership Performance Indicators 2014-15

Strategic Objective: Reduce Crime & Repeat Victimisation

Indicator Name	Baseline 2013/14	Local Directional Target 2014/15	2014/15	Actual Difference	% Difference
All Recorded Crime	6,913	Reduce	7,308	+1115	+18.0%
Domestic Burglary	266	Reduce	348	+82	+30.8%
Vehicle Crime	447	Reduce	571	+127	+27.7%
Shoplifting	844	Reduce	1038	+194	+23.0%
Local Violence	1,081	Reduce	1,422	+341	+31.5%
Repeat Incidents of Domestic Violence - MARAC	34%	Reduce	26%	+1	+3.13%

Strategic Objective: Reduce the harm caused by Drugs and Alcohol

Indicator Name	Baseline 2013/14	Local Directional Target 2014/15	2014/15	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	694	3% Increase	676	-18	-3%
Proportion of substance misusers that successfully complete treatment - Opiate	5%	12%	7%	40	2%
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	28%	10%	36.7%	31	8.7%
Perceptions of people using or dealing drugs in the community	29% (2013)	Reduce	No recent figures available		
Reduction in the rate of alcohol specific hospital admissions	138	Reduce	136 (at 28.02.15)	-2	-1%
Number of young people found in possession of alcohol	169	Reduce	85	-84	-50%

APPENDIX 1

Strategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2013/14	Local Directional Target 2014/15	2014/15	Actual Difference	% Difference
Perceptions of Anti-social Behaviour	29% (2012/13)	Reduce	Measurement to be defined		
Perceptions of drunk or rowdy behaviour as a problem	19% (2013)	Reduce	No recent figures		
Anti-social Behaviour Incidents reported to the Police	7,482	Reduce	7,721	+239	+3.2%
Deliberate Fires	264	Reduce	393	+129	+48.9%
Criminal Damage to Dwellings	449	Reduce	500	+51	+11.4%
Hate Incidents	109	Increase	115	+6	+5.5%

Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2013/14	Local Directional Target 2014/15	2014/15	Actual Difference	% Difference
Re-offending rate of young offenders	3.6 (based upon new YJB Measure)	Reduce	3.7	+ 0.1	
First-Time Entrants to the Criminal Justice System	50	Reduce	36	-14	-28%
Re-offending rate of Prolific & Priority Offenders	2.8 (115 convictions)	Reduce	Data unavailable		
Re-offending rate of High Crime Causers	6.3 (197 convictions)	Reduce	Data unavailable		
Number of Troubled Families engaged with	242	290	290		
Number of Troubled Families where results have been claimed	156	290	290		

APPENDIX 1

Recorded Crime in Hartlepool
April 2014 – March 2015

Publicly Reported Crime (Victim Based Crime)				
Crime Category/Type	**2013/14**	**2014/15**	**Change**	**% Change**
Violence against the person	**1081**	**1422**	**341**	**31.5%**
Homicide	2	4	**2**	**100.0%**
Violence with injury	625	726	**101**	**16.2%**
Violence without injury	454	692	**238**	**52.4%**
Sexual Offences	**82**	**145**	**63**	**76.8%**
Rape	32	54	**22**	**68.8%**
Other Sexual Offences	50	91	**41**	**82.0%**
Robbery	**34**	**30**	**-4**	**-11.8%**
Business Robbery	10	6	**-4**	**-40.0%**
Personal Robbery	24	24	**0**	**0.0%**
Acquisitive Crime	**2993**	**3483**	**490**	**16.4%**
Domestic Burglary	266	348	**82**	**30.8%**
Other Burglary	341	385	**44**	**12.9%**
Bicyle Theft	156	166	**10**	**6.4%**
Theft from the Person	19	34	**15**	**78.9%**
Vehicle Crime (Inc Inter.)	447	571	**124**	**27.7%**
Shoplifting	844	1038	**194**	**23.0%**
Other Theft	920	941	**21**	**2.3%**
Criminal Damage & Arson	**1250**	**1492**	**242**	**19.4%**
Total	**5440**	**6572**	**1132**	**20.8%**

Police Generated Offences (Non -Victim Based Crime)				
Crime Category/Type	**2013/14**	**2014/15**	**Change**	**% Change**
Public Disorder	**199**	**284**	**85**	**42.7%**
Drug Offences	**436**	**321**	**-115**	**-26.4%**
Trafficking of drugs	87	66	**-21**	**-24.1%**
Possession/Use of drugs	349	255	**-94**	**-26.9%**
Possession of Weapons	**47**	**50**	**3**	**6.4%**
Misc. Crimes Against Society	**71**	**81**	**10**	**14.1%**
Total Police Generated Crime	**753**	**736**	**-17**	**-2.3%**
TOTAL RECORDED CRIME IN HARTLEPOOL	**6193**	**7308**	**1115**	**18.0%**

Recorded Crime in Cleveland – April 2014 – March 2015

Publicly Reported Crime (Victim Based Crime) 2014/15

Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000	Crime	Per	Crime	Per	Crime	Per 1,000 pop
Violence against the person	**1422**	**15.6**	**1476**	**11.0**	**2828**	**20.8**	**2214**	**11.8**	**7940**	**14.5**
Homicide	4	**0.0**	0	**0.0**	3	**0.0**	0	**0.0**		
Violence with injury	726	**8.0**	834	**6.2**	1444	**10.6**	1146	**6.1**	4150	**7.6**
Violence without injury	692	**7.6**	642	**4.8**	1381	**10.1**	1068	**5.7**	3783	**6.9**
Sexual Offences	**145**	**1.6**	**177**	**1.3**	**287**	**2.1**	**268**	**1.4**	**877**	**1.6**
Rape	54	**0.6**	64	**0.5**	109	**0.8**	101	**0.5**	328	**0.6**
Other Sexual Offences	91	**1.0**	113	**0.8**	178	**1.3**	167	**0.9**	549	**1.0**
Theft	**3513**	**38.6**	**4616**	**34.5**	**6871**	**50.5**	**5717**	**30.4**	**20717**	**37.7**
Domestic Burglary	348	**8.6**	524	**8.8**	969	**16.9**	561	**7.1**	2402	**10.2**
Other Burglary	385	**4.2**	905	**6.8**	653	**4.8**	727	**3.9**	2670	**4.9**
Bicycle Theft	166	**1.8**	190	**1.4**	414	**3.0**	393	**2.1**	1163	**2.1**
Theft from the Person	34	**0.4**	29	**0.2**	212	**1.6**	71	**0.4**	346	**0.6**
Robbery – Personal	24	**0.3**	30	**0.2**	129	**0.9**	67	**0.4**	250	**0.5**
Robbery - Business	6	**0.1**	12	**0.1**	21	**0.2**	11	**0.1**	50	**0.1**
Vehicle Crime (Inc Inter.)	571	**6.3**	827	**6.2**	917	**6.7**	724	**3.9**	3039	**5.5**
Shoplifting	1038	**11.4**	1007	**7.5**	2079	**15.3**	1504	**8.0**	5628	**10.2**
Other Theft	941	**10.3**	1092	**8.2**	1477	**10.8**	1659	**8.8**	5169	**9.4**
Criminal Damage & Arson	**1492**	**16.4**	**2088**	**15.6**	**2618**	**19.2**	**2111**	**11.2**	**8309**	**15.1**
Total	**6572**	**72.1**	**8357**	**62.4**	**12604**	**92.6**	**10310**	**54.9**	**37843**	**68.9**

Police Generated Offences (Non -Victim Based Crime) 2014/15

Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000	Crime	Per	Crime	Per	Crime	Per 1,000 pop
Public Disorder	**284**	**3.1**	**290**	**2.2**	**767**	**5.6**	**415**	**2.2**	**1756**	**3.2**
Drug Offences	**321**	**3.5**	**263**	**2.0**	**665**	**4.9**	**462**	**2.5**	**1711**	3.1
Trafficking of drugs	66	**0.7**	45	**0.3**	85	**0.6**	80	**0.4**	276	0.5
Possession/Use of drugs	255	**2.8**	218	**1.6**	580	**4.3**	382	**2.0**	1435	2.6
Possession of Weapons	**50**	**0.5**	**55**	**0.4**	**90**	**0.7**	51	**0.3**	**246**	0.4
Misc. Crimes Against Society	**81**	**0.9**	**94**	**0.7**	**164**	**1.2**	153	**0.8**	**492**	0.9
Total Police Generated Crime	**736**	**8.1**	**702**	**5.2**	**1686**	**12.4**	**1081**	**5.8**	**4205**	**7.7**
TOTAL RECORDED CRIME	**7308**	**80.2**	**9059**	**67.6**	**14290**	**105.0**	**11391**	**60.6**	**42048**	**76.6**

Anti-social Behaviour in Hartlepool
April 2014 – March 2015

Incident Category	2013/14	2014/15	Change	% Change
AS21 - Personal	1837	2179	342	18.6%
AS22 - Nuisance	5400	5343	-57	-1.1%
AS23 - Environmental	245	199	-46	-18.8%
Total	**7482**	**7721**	**239**	**3.2%**

Anti-social Behaviour in Cleveland
April 2014 – March 2015

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	2179	23.9	2969	22.2	3939	28.8	3732	19.9	12819	23.3
AS22 - Nuisance	5343	58.7	6652	49.7	9146	66.9	8424	44.8	29565	53.8
AS23 - Environmental	199	2.2	346	2.6	334	2.4	315	1.7	1194	2.2
Total	**7721**	**84.8**	**9967**	**74.4**	**13419**	**98.1**	**12471**	**66.3**	**43578**	**79.4**
Year on Year Comparison	**Increased by 3%**		**Increased by 5%**		**Increased by 7%**		**Reduced by -6%**		**Increased by 2%**	