

Strategic Assessment 2015: District Profile

Lancaster District

KEY CONCLUSIONS AND RECOMMENDATIONS

In terms of adult health issues, alcohol, smoking and self-harm are the key indicators of health risk for Lancaster District. Demographic data shows that the population is set to increase over the next 6 years, and the key offending age group (15-24yrs) is set to decrease.

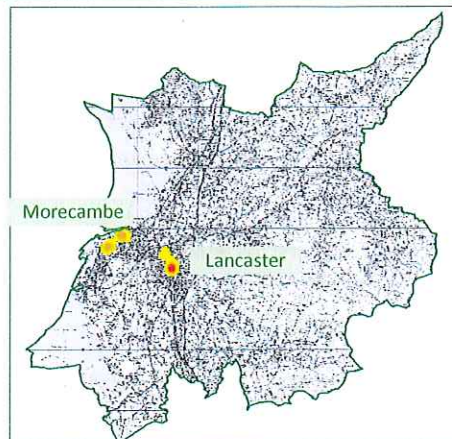
Public perception data demonstrates that residents of Lancaster District are most concerned about anti-social behaviour, road safety and theft.

From analysis of crime, disorder and harm in Lancaster District it is recommended that, through local Multi-Agency Task and Co-ordination (MATAC) meetings, the following crime and disorder threats are prioritised:

- Anti-Social Behaviour,
- Domestic Abuse,
- Violent Crime (including serious assaults and sexual offences),
- Road safety

Strategically, these key issues are underpinned by the following causation factors, which should be prioritised through service commissioning:

- Alcohol harm,
- Drug misuse,
- Mental Health,
- Reoffending,
- Vulnerable young people.



The map highlights the key area(s) in the district for the top 5 harm categories identified within this profile

Lancaster District

Lancaster is the second largest Lancashire authority in geographical terms covering 576 km², and has a population of over 141,000 people. The number of people per km² in Lancaster is well below the county and national averages. Lancaster District has around 61,000 dwellings, the majority of which are owner occupied or private rented, but the local authority maintains a notable proportion of the dwelling stock. Lancaster was ranked the 133rd most deprived area out of 326 districts and unitary authorities in England.

Community Safety acknowledges that it is no one organisation's sole responsibility to deliver a reduction in crime and disorder and the fear of crime but something which needs to be tackled collectively and in partnership with others.



**LANCASTER DISTRICT
COMMUNITY SAFETY PARTNERSHIP**

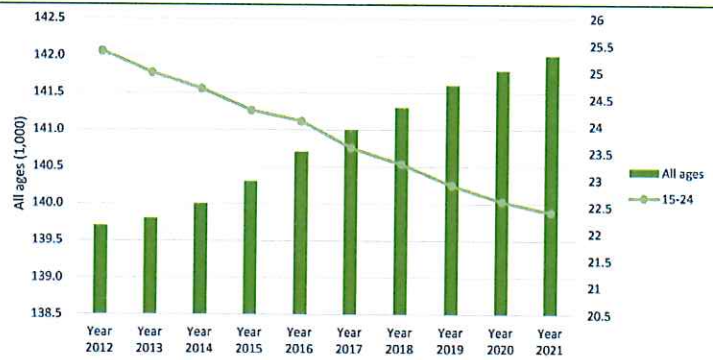
Information Health and demographics

Hospital stays for alcohol related harm is significantly worse than the England average.

Smoking related deaths and smoking prevalence is significantly worse in Lancaster.

The number of persons killed or seriously injured on roads are significantly worse than the England average.

Local Health Priorities in Lancaster District include reducing smoking, substance misuse, and early help for people at risk of falls, self-harm and social isolation.



The main age group for being an offender of crime, both nationally and locally, is the age group 15-24 years. This age group is expected to **reduce** over the next six years, whilst the overall population is expected to increase. 17.9% of the local population fall within this age group, compared to 13.2% across Lancashire. This age group is also the peak age group for all population within the district.

The peak age group for being a victim of crime is the 20-29 years.

Key MOSAIC Groups of household types

MOSAIC profiling shows that the following groups are over-represented (by household) in Lancaster compared to pan-Lancashire.

Rental Hubs: *Educated young people privately renting in urban neighbourhoods (Young neighbourhoods, singles and sharers, high use of smartphones)*

Rural Reality: *Householders living in inexpensive homes in village communities (Agricultural employment, homeowners)*

Country Living: *Well-off owners in rural locations enjoying the benefits of country life (Higher self-employment, high car ownership, high use of internet)*

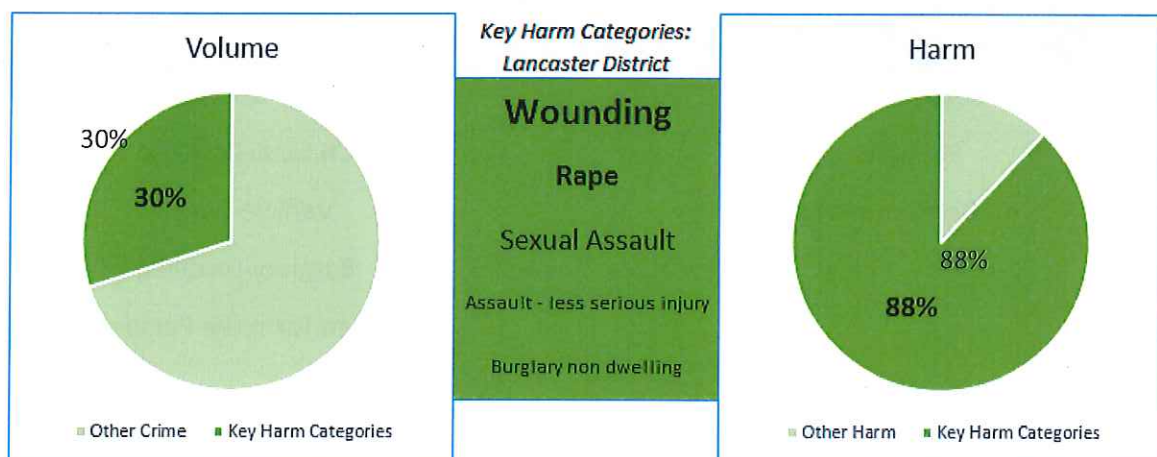
NB Senior Security is the highest proportional group for households in Lancaster District (12.3% of households).

Harm crime vs volume crime

The Cambridge Harm Index (CHI) is based on the principle that all crimes are not equal in terms of harm, e.g. 1 murder has a greater impact than 1 pedal cycle theft. Crime types are given a weighting based on the sentence for a first offence to calculate the harm score for an area, the number of offences in the area is multiplied by the harm score for that crime type. E.g. weighting for Arson = 33, weighting for Rape = 1825. An area records 10 Arsons and 10 Rapes: Arson harm score = (33x10) 330, Rape harm score = (1825x10) 18,250. This is done for all crime types and a 'proportion of harm' has then be calculated.

Harm Crime

By applying this method to Lancaster District the top five crimes in 2014/15 that account for 88% of the harm impact on the community only represented 30% of the number of crimes.



This analysis is based on the Cambridge Crime Harm Index (CHI) – see bibliography for further details.

Wounding

- Although low in numbers (average of 79 offences per year over the last three years), wounding has the greatest impact in terms of harm in Lancaster District, accounting for 34% of the total.
- During 2014/15 78% of the victims were male, with 47% of all victims aged 30 or under. 48% of the offences were alcohol related.

Public Perception of Crime (based on the Living in Lancashire Survey and PACT Analysis)

Burglary, drugs and vehicle damage are considered problematic by the residents of Lancaster District. All burglary and criminal damage account for 41% of volume in Lancaster, but only 8% harm (based on CHI – see above for details).

PACT – the following are the most common issues highlighted throughout the district during 2014/15

- ASB – including nuisance
- Road safety – including speeding
- Theft

Statistical Summary

The table below details those crimes categories in Lancaster that are above or below the Lancashire and National average. This is based on the rate per 1000 population over the last 3 years.

| Greater than Lancashire and National Average | Less than Lancashire and National Average |
|--|---|
| Sexual Assault | Distraction / Door Step Crime |
| Shoplifting | Criminal Damage |
| Non-Domestic Burglary | Vehicle Crime |
| | Burglary Dwelling |
| | Theft form the Person |
| | |

Other emerging issues

There is nothing additional to add at this time.

CRIME, DISORDER AND KEY DETERMINANTS

Key Findings - Lancaster District specific determinants towards crime and ASB

Alcohol

Analysis has highlighted alcohol as a common factor in violent crimes, including domestic abuse. It has been linked with offenders of acquisitive crime – in particular shoplifting (alcohol dependants). Alcohol also impacts on ASB.

Key determinants inferred from research

Mental Health

The level of hospital stays in relation to self-harm is significantly worse than the national average.

Drugs

Prevalence of opiate and/or crack use is similar to the England average, however there is an increased risk of harm caused by the use of Novel Psychoactive Substances (NPS). Lancaster District has a high number of drug offences, and had the most amphetamine seizures during 2013/14.

Key Findings for Crime and ASB threat

Violence against the person

There has been an increase in the number of violence offences during the last 3 years and there is an increasing trend.

29% of violent crimes are recorded as being alcohol related. Alcohol tends to make violent crime more likely to result in injury.

Domestic Abuse

There has been a reduction in the volume of offences committed during the last 3 years.

Approximately 10% of all crime is domestic abuse related.

Number of incidents involving children has reduced year on year.

Number of MARAC cases has increased but repeats cases have reduced over the last 2 years.

Reoffending

The reoffending rate is reducing, but is above the Lancashire and National average.

The number of reoffenders has reduced by 14%.

Lancaster District has the 4th highest reoffending rate in Lancashire.

Road Safety

Increase in killed or seriously injured (KSI) casualties during 2014/15.

Lancaster District had the largest number of KSI's in Lancashire during 2014/15.

Anti-Social Behaviour

Key issues highlighted through PACT include nuisance and vehicle nuisance.

Alcohol is noted as a common thread in ASB key issues.

Bibliography:

Strategic ranking matrix; May 2015

Strategic assessment: Local Consultation Summary; May 2015

Lancashire County Council: Mental Health and Wellbeing

Public Health England: Lancaster District Profile; June 2015

Lancashire County Council; Living in Lancashire Survey: Community Safety June 2015

Ministry of Justice, Proven Reoffending Statistics Quarterly Bulletin: April 2012 to March 2013, England and Wales, 2015

PACT Analysis, M Greenslade (LCC), April 2015

Lancashire overview and district profiles,

<http://www3.lancashire.gov.uk/corporate/web/?siteid=6233&pageid=36388&e=e>

Process:

This profile forms part of the output of the 2015 Pan-Lancashire Strategic Assessment – it is accompanied by 13 other profiles covering the Lancashire district authorities and unitary authorities, along with a strategic overview at BCU level (East / South / West) and at a pan-Lancashire level.

Analysis in this profile is underpinned by the strategic threat matrix, developed on a BCU footprint but also highlighting key threats at a local level. Existing Partnership Intelligence Assessments and local analytical products have been used to provide supporting evidence, and additional research and analysis has been conducted where necessary.

A JSNA approach (Joint Strategic Needs Assessment) has been adopted to produce the Strategic Assessment, and as such extensive consultation with local stakeholders has taken place through the following forums:

- Pan-Lancashire Strategic Assessment Stakeholder Conference (April 2015)
- BCU Area Consultation Workshops (May 2015 and August 2015)

The date parameters for analysis within this profile (unless otherwise stated) is the last 3 year period (2012-13 to 2014-15)

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For any queries relating to the information and analysis contained within, or underpinning, this profile please contact the CSP analyst team using the e-mail address: CSPAnalysis@lancashire.pnn.police.uk