Appendix B – Safer Slough Partnership KPIs 2025/26

	Strategy/	Key Performance	Performance April 24	Q4 to complete	Additional/ new KPis proposed 25/26
	action plan	Indicators to date	– Dec 24		
Safer Slough		-Complete the	Completed Strategy		Double the response rate of the annual
Partnership		SSP Community	(to be ratified 23/1/25)		Community Safety Survey.
		Safety Strategy by			
		Jan 2025			
			4 work streams set up		Improve the data capture of the
		-Set up work	with local action plans		Community Safety Survey to give clearer
		streams for	to deliver outcomes		baselines,
		priority themes			
		-SSP meeting	SSP meetings May,		
		cycle established	July, Oct 24.	Meeting Jan 25	
		-Performance	Board received		
		reports of work		Meeting Jan 25	
		streams	workstream reports to each meeting.	Meeting Jan 25	
		submitted to	each meeting.		
		board			
		Doard	9 x Community		
		-Use partnership	Protection Notices		
		enforcement tools	issued by partnership		
		jointly	and 19 Community		
		, ,	Protection Warning		
			Notices		
			1 Partial Closure		
			Order and 1 Full		

	Strategy/	Key Performance	Performance April 24	Q4 to complete	Additional/ new KPis proposed 25/26
	action plan	Indicators to date	– Dec 24		
		-DHRs completed where necessary	Closure order supported by the partnership 2 reviews opened. 1 closed	Progress DHR and report to Govt	
Domestic					
Abuse subgroup		- Set up DA strategy and Board with subgroups - n.o supported who then completed? - outcome on leaving support from A to B? Increase numbers onto Drive (perps)? Increase numbers onto Silletti(BME victims)?	Completed and ongoing	Progress the Safe Accommodation Strat	Increase in proportion of victims supported with new commissioned service. Prevention campaigns such as white ribbon, 16 days of action and education and training opportunities with partner agencies

	Strategy/	Key Performance	Performance April 24	Q4 to complete	Additional/ new KPis proposed 25/26
	action plan	Indicators to date	– Dec 24		· ·
Serious		Serious Violence	Serious Violence	Crime data for	- Safer Langley
Violence		Board	Board: Established	Q4SV Board	
subgroup		performance	new ToR to reflect SV	performance	- 'Build' phase plan to develop with
		dashboard will	strategy and action	dashboard Safer	partners such as NHS, businesses
		consist of the	plan being delivered	Streets 5 project	and youth services.
		following (as	and met Street Games	end data	
		agreed	– 44 referrals to date		
		09/01/25):- Knife			- Increase in community cohesion
		crime data (TVP)-	HSN – 265 Referrals		measured by the annual
		Violent crime data	Launched		community safety survey.
		(TVP)-			
		Hospital	Knife Angel Schools		- Increase in community activities
		admissions data	Tour – approx. 2,000		and will also track number of
		(Frimley ICB)-	pupils attended		events, number of people engaged
		Street Game	assemblies to date		
		referrals (Public			
		Health)- Hospital	Stay True to You		
		Navigator Scheme	training for parents		
		referrals and data	delivered Stay True to		
		(Together as One)-			
		Referrals for	You training for		
		serious violence	practitioners delivered		
		(MACE) Safer			
		Langley	Safer Langley		
		performance will	outcomes: Anti-Kinfe		
		be measured by:-	Crime peace walk 2 x		
		Police crime data-	community action		
		Number of young			

	Strategy/ action plan	Key Performance Indicators to date	Performance April 24 – Dec 24	Q4 to complete	Additional/ new KPis proposed 25/26
		people engaged with projects- Number of people attending projects / programmes- Annual Community Safety survey and feeling of crime and safety Safer Streets 5 Project Vigilant	days October HAF programme Street Guardians launched in Langley New Toddler group launched in Foxborough New Langley NAG resident group set up		
		Street Guardians Community budget VAWG Bystander Training SAFE school project	Crimestoppers campaign launched		
		Key Performance Indicators			
Substance Misuse subgroup	Action plan KPI's	KPI A-Number of alcohol clients maintaining recovery	6	Ongoing due to PH funding and grants	The KPI's set for substance misuse are normally set nationally and hence will not be specific to the SSP

Strategy/	Key Performance	Performance April 24	Q4 to complete	Additional/ new KPis proposed 25/26
action plan	Indicators to date	– Dec 24		
	KPI B-Total of Treatment Naïve clients referred	106		We will be reviewing KPIs for 2025/26 in April 2025
	KPI-C-Total number of self- reported quality of life improved (Quality of Life- Exit TOPs)	Aim to be above the national average		
	KPI-D-No. completed community alcohol detox	Monitoring in progress		
	KPI-E-Total Successful Completions Community detox	Top quartile		
	KPI-F-Number of prison releases now accessing treatment	60% of alerts received (local data) against target of 70%		
		Monitoring progress		

Strategy/	Key Performance	Performance April 24	Q4 to complete	Additional/ new KPis proposed 25/26
action plan	Indicators to date	– Dec 24		
	KPI G-Number of			
	drug users			
	maintaining			
	recovery			
		70%		
	KPI- I-Hep B			
	Vaccinations			
	administered			
	(course			
	commenced)			
		82%		
	KPI J-Total			
	reduction in			
	injecting amongst			
	service users			
	KPI-K-Total			
	number of self-			
	reported family /			
	social			
	relationships			
	improved			
	(Psychological			
	Health Review			
	TOPs)			
	KPI-L- Number of	90% referred to		
	successful	housing		

Strategy/	Key Performance	Performance April 24	Q4 to complete	Additional/ new KPis proposed 25/26
action plan	Indicators to date	– Dec 24		
	completions with no reported acute housing need (Housing - Exit TOPs)			
	KPI-M-Number of successful completions engaged in education, training and/or employment activities KPI-N-Number of Treatment Naïvo	100% of those not in employment to be referred to the IPS programme. (IPS report numbers referred from TP and then TP to work out the difference)		
	Treatment Naïve prison releases KPI-0-Reduction in reoffending by service users (TOPS) KPI-P-Number of clients who have a joint care plan between	220		

Strategy/	Key Performance	Performance April 24	Q4 to complete	Additional/ new KPis proposed 25/26
action plan	Indicators to date	– Dec 24		
	substance misuse/mental health/housing			
	KPI Q-Joint discharge care plans for all sucessful completions across/mental health/housing/fa mily members	Case studies in progress		
	KPI R-Number of RS new clients provided Harm Reduction Tier 2 services	RS new clients and those at risk of rough sleeping (hostels etc) 40		
	KPI S- Workforce skills analysis and training plan update KPI-T-Partnership	Ongoing		
	skills analysis and training plan update	Ongoing		

	Strategy/	Key Performance	Performance April 24	Q4 to complete	Additional/ new KPis proposed 25/26
	action plan	Indicators to date	– Dec 24		
	·	Evidence of continuous professional development Inc. workforce feedback KPI V- Number of Family and Carers KPI W-Reduction	100% 95% of those who accept support attend		
		in co-dependency score KPI X-Number of Peer Mentors KPI Y-partnership	In progress		
		Naloxone distribution	Monitoring		
ASB sub group	In progress	Refresh Standard Operating Procedures to improve case handling.	EVAs completed that lead crime prevention improvements to areas such as gating projects and improved lighting	Set up accurate case recording system.	Implement new case handling Understand the data and the key hotspots Better use of tools available to the partnership

	Strategy/ action plan	Key Performance Indicators to date	Performance April 24 – Dec 24	Q4 to complete	Additional/ new KPis proposed 25/26
			2 closure orders completed on ASB problematic premises		
Other key partnership plans					
Exploitation		Strategy	Completed and launched		
			Governance established		