



**Executive Board**

**Thursday, 20 November 2014 2.00 p.m.  
The Boardroom, Municipal Building**

A handwritten signature in black ink, appearing to read 'David W R'.

**Chief Executive**

**ITEMS TO BE DEALT WITH  
IN THE PRESENCE OF THE PRESS AND PUBLIC**

**PART 1**

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<b>1. MINUTES</b>	
<b>2. DECLARATION OF INTEREST</b>	
Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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<b>(B) DETERMINATION OF THE 2015/16 COUNCIL TAX BASE</b>	<b>10 - 12</b>

*Please contact Angela Scott on 0151 511 8670 or  
Angela.scott@halton.gov.uk for further information.  
The next meeting of the Committee is on Thursday, 11 December 2014*

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<b>9. SCHEDULE 12A OF THE LOCAL GOVERNMENT ACT 1972 AND THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985</b>	
<b>PART II</b> In this case the Board has a discretion to exclude the press and public and, in view of the nature of the business to be transacted, it is <b>RECOMMENDED</b> that under Section 100A(4) of the Local Government Act 1972, having been satisfied that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Act.	
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*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

**AGENDA ITEM NO:**

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	20 <sup>th</sup> November 2014
<b>REPORTING OFFICER:</b>	Strategic Director - Policy and Resources
<b>TITLE:</b>	Annual Audit Letter 2013/14
<b>PORTFOLIO:</b>	Resources
<b>WARDS:</b>	Borough Wide

**1.0 PURPOSE OF REPORT**

- 1.1 To present the Annual Audit Letter 2013/14 for approval.

**2.0 RECOMMENDED: That the Annual Audit Letter 2013/14 be approved.****3.0 SUPPORTING INFORMATION**

- 3.1 The Annual Audit Letter summarises the findings from the 2013/14 audit completed by Grant Thornton LLP, the Council's external auditors. It includes messages arising from the audit of the financial statements and the results of the work undertaken in assessing the Council's arrangements to secure value for money in the use of its resources.
- 3.2 A copy of the 2013/14 Annual Audit Letter is attached to the report. Grant Thornton will attend the meeting to present the Audit Letter and take questions.

**4.0 POLICY IMPLICATIONS**

- 4.1 The Council is a publicly funded body and, as such, is required to receive and consider annual reports from externally appointed auditors. The external audit function makes an important contribution to the stewardship of resources and the corporate governance of public services.
- 4.2 The Annual Audit Letter provides an unqualified opinion on the Council's 2013/14 financial statements. It also provides an unqualified conclusion that the Council has adequate arrangements to secure economy, efficiency and effectiveness in its use of resources.



**5.0 OTHER IMPLICATIONS**

5.1 None identified.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children and Young People in Halton**

6.2 **Employment Learning and Skills in Halton**

6.3 **A Healthy Halton**

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

The economic, efficient and effective use of the Council's resources is a major factor in delivering better and sustainable outcomes for local people and therefore contributes to all of the Council's priorities.

**7.0 RISK ANALYSIS**

7.1 The Annual Audit Letter states that no significant weaknesses were identified in the Council's internal control arrangements. However, the key risks identified through the audit process are reflected in the recommendations for improvement made in the report.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 There are none under the meaning of the Act.

# The Annual Audit Letter for Halton Borough Council

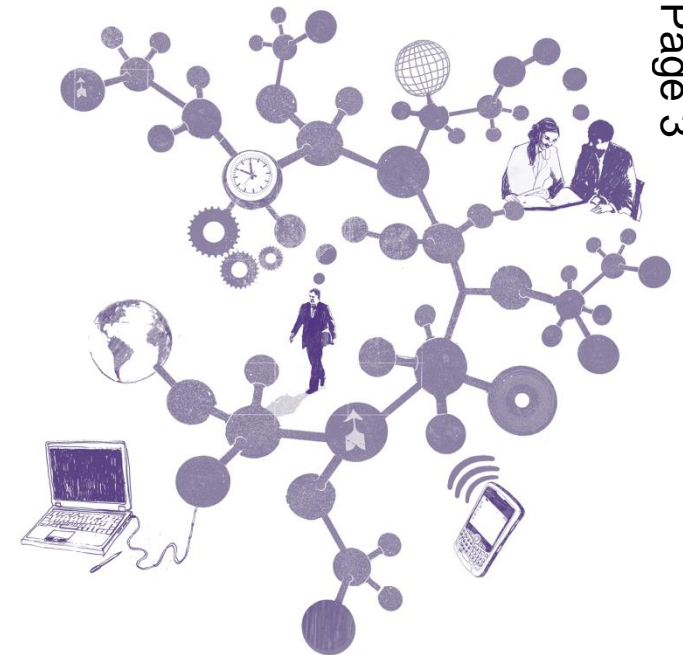
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**Year ended 31 March 2014**

22 October 2014

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## **Appendices**

- A Key issues and recommendations
- B Summary of reports and audit fees

# Key messages

Our Annual Audit Letter summarises the key findings arising from the work that we have carried out at Halton Borough Council ('the Council') for the year ended 31 March 2014.

The Letter is intended to communicate key messages to the Council and external stakeholders, including members of the public. Our annual work programme, which includes nationally prescribed and locally determined work, has been undertaken in accordance with the Audit Plan that we issued in June 2014 and was conducted in accordance with the Audit Commission's Code of Audit Practice, International Standards on Auditing (UK and Ireland) and other guidance issued by the Audit Commission.

## **Financial statements audit (including audit opinion)**

We reported our findings arising from the audit of the financial statements in our Audit Findings Report on 24 September 2014 to the Business Efficiency Board and circulated an update on 29 September 2014. The key messages reported were:

- We identified two significant issues:
  - a material adjustment of £9.5m affecting the Council's reported financial position in respect of impairment transactions that had not been actioned; and
  - the cash flow statement was not in line with the Code of Practice on Local Authority Accounting 2013/14.
- The Council declined to amend the 2013/14 statements for two proposed adjustments that would have a £0.734m impact on net expenditure. Note (41) in respect of the detail of non-cash items in the Cash Flow Statement was not amended to provide further analysis.
- The material adjustment arose from transactions relating to 2013/14 that were not actioned. A recommendation has been made to improve internal control processes which has been accepted by Council Officers.
- The pre-audit financial statements were provided at the start of our audit work and good quality working papers were made available; and officers were available throughout our audit fieldwork to provide additional supporting information in a timely manner and resolved our queries promptly.

We issued an unqualified opinion on the Council's 2013/14 financial statements on 30 September 2014, meeting the deadline set by the Department for Communities and Local Government. Our opinion confirms that the financial statements give a true and fair view of the Council's financial position and of the income and expenditure recorded by the Council.

# Key messages

<p><b>Value for Money (VfM) conclusion</b></p>	<p>We issued an unqualified VfM conclusion for 2013/14 on 30 September 2014. On the basis of our work, and having regard to the guidance on the specified criteria published by the Audit Commission, we are satisfied that in all significant respects the Council put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2014.</p> <p>However, during the year members did not take officers' recommendations to approve a planning variation in respect of the INEOS/Viridor waste site. This resulted in an appeal to the Secretary of State and a Public Enquiry where members' decision was overruled and full costs awarded to INEOS/Viridor. The Planning Inspector was critical of members' decision and although there has been no claim made yet, the decision by members has put the Council at risk of a claim that could have a significant financial impact.</p>
<p><b>Whole of Government Accounts</b></p>	<p>We reviewed the consolidation pack which the Council prepared to support the production of Whole of Government Accounts. We reported that the Council's pack was consistent with the audited financial statements.</p> <p>In our Auditor's Report dated 30 September 2014, we explained that we could not formally conclude the audit until we had completed the work necessary to issue our assurance statement in respect of the authority's Whole of Government Accounts consolidation pack. We issued the WGA opinion and the certificate of completion of the audit on 3 October 2014, meeting the deadline set by the Department for Communities and Local Government.</p>
<p><b>Certification of grant claims and returns</b></p>	<p>We plan to certify three grant claims and returns by the due deadlines: Housing Benefit by 28 November 2014; two Local transport plan claims by 31 December 2014.</p>
<p><b>Audit fee</b></p>	<p>Our fee for 2013/14 was £140,392, excluding VAT which was £1,070 higher than our planned fee for the year. The additional fee of £1,070 was in respect of work on material business rates balances. Further detail is included within appendix B.</p>

# Appendix A: Key issues and recommendations

This appendix summarised the significant recommendations identified during the 2013/14 audit.

No	Issue and recommendation	Priority	Management response/ responsible office/ due date
1.	Officers declined to amend the 2013/14 statements for two proposed adjustments that would have a £0.734m impact on net expenditure. <b>Recommendation:</b> Ensure the appropriate transaction are put through the ledger for 2014/15.	Medium	The transactions will be correctly recorded in the ledger for 2014/15.  Responsible officer: Divisional Manager – Financial Management Due date: 31 <sup>st</sup> March 2015
2.	Note (41) in respect of the detail of non-cash items in the Cash Flow Statement was not amended to provide further analysis. <b>Recommendation:</b> Ensure that the detail of non-cash items is appropriately disclosed in the notes to the financial statements going forward.	High	The supporting note to the Cash Flow Statement and in particular for non-cash items will be reviewed and included in the Financial Statements for 2014/15.  Responsible officer: Divisional Manager – Financial Management Due date: 31 <sup>st</sup> March 2015
3.	The material adjustment of £9.5m arose from transaction relating to 2013/14 that were not actioned. The asset register system (RAM4000) associates each asset with a service specific cost centre and, in creating a proposed set of impairment journal entries, distributes the impairment according to this pre-set mapping. The automated nature of this process reduces the risk of error. However, the resulting journal entries were not actioned. <b>Recommendation:</b> improve controls within the closedown procedures to ensure that expected transactions are included in the accounts.	High	Internal controls will be reviewed and reconciliation processes improved to reduce the risk of any such errors in future. A suitable process will be built into the closedown procedure checklist.  Responsible officer: Divisional Manager – Financial Management Due date: 31 <sup>st</sup> March 2015
4.	During the year members did not take officers' recommendations to approve a planning variation in respect of the INEOS/Viridor waste site. This resulted in an appeal to the Secretary of State and a Public Enquiry where members' decision was overruled and full costs awarded to INEOS/Viridor. The Planning Inspector was critical of members' decision and although there has been no claim made yet, the decision by members has put the Council at risk of a claim that could have a significant financial impact. <b>Recommendation:</b> ensure members are clear about their governance responsibilities and the impact of any claim when/if it is received.	High	Whilst it is for Members of the Council to ultimately decide upon such matters, further training will be provided for Members of the Development Control Committee regarding their governance responsibilities.  Responsible officer: Strategic Director Policy & Resources Due date: 31 <sup>st</sup> December 2014

# Appendix B: Reports issued and fees

We confirm below the fee charged for the audit and provision of non-audit services.

## Fees

	Per Audit plan £	Actual fees £
Council audit	139,322	(Note 1) 140,392
Grant certification	12,000	(Note 2) 10,173
<b>Total audit fees</b>	<b>151,332</b>	<b>150,565</b>

- (1) There is additional fee of £1,070 in respect of work on material business rates balances. This additional work was necessary as auditors are no longer required to carry out work to certify NDR3 claims. The additional fee is 50% of the average fee previously charged for NDR3 certifications for a unitary council and is subject to agreement by the Audit Commission.
- (2) At the time of setting the grant certification fee it was anticipated that we would be required to certify the following claims:
- Housing and Council Tax Benefit: The revised fee for grant certification covers a revised fee for this claim now that it no longer covers council tax benefit.
  - Transport grant claim: the fee for this is included above. However, there may be more than one claim requiring certification so a fee variation may be required.
  - Teachers' Pension Claim: This no longer come under the Audit Commission regime and will be subject to a separate review with the fee being classed as 'Fees for other services'.
- (3) The grant certification fee above and fees for other services are estimates at this stage. We may be required to certify payments made by NHS England to local authorities under s256/257 of the NHS Act 2006 in 2013/14.

## Fees for other services

Service	Fees £
- Vat advisory services £43,500 across a wide range of different projects	46,615
- Regional Growth Fund Claim Audit Report £3,115	
(See note below regarding the Teachers' Pension and s256/257 claims)	

## Reports issued

Report	Date issued
Audit Plan	June 2014
Audit Findings Report	September 2014
Certification report	Planned January 2015
VfM Report	September 2014
Annual Audit Letter	October 2014



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**REPORT TO:** Executive Board

**DATE:** 20 November 2014

**REPORTING OFFICER:** Operational Director, Finance

**PORTFOLIO:** Resources

**SUBJECT:** Determination of the 2015/16 Council Tax Base

**WARD(S):** Borough-wide

## 1.0 PURPOSE OF REPORT

- 1.1 There is a requirement for the Council to determine the 'Tax Base' for its area and also the tax base for each of the Parishes.
- 1.2 The Council is required to notify the tax base figure to the Cheshire Fire Authority, the Cheshire Police & Crime Commissioner and the Environment Agency by 31st January 2015. The Council is also required to calculate and advise if requested, the Parish Councils of their relevant tax bases.

## 2.0 RECOMMENDED: That

- (1) **Council set the 2015/16 Council Tax Base at 32,100 for the Borough, and that the Cheshire Fire Authority, the Cheshire Police & Crime Commissioner and the Environment Agency be so notified; and**
- (2) **Council approve the Council Tax Base for each of the Parishes as follows:**

Parish	Tax Base
Hale	649
Halebank	488
Daresbury	153
Moore	320
Preston Brook	324
Sandymoor	948

### 3.0 SUPPORTING INFORMATION

- 3.1 The 'Tax Base' is the measure used for calculating the council tax and is used by both the billing authority (the Council) and the major precepting authorities (the Cheshire Fire Authority and the Cheshire Police & Crime Commissioner), in the calculation of their council tax requirements.
- 3.2 The tax base figure is arrived at in accordance with a prescribed formula, and represents the estimated full year number of chargeable dwellings in the Borough, expressed in terms of the equivalent of Band 'D' dwellings.
- 3.3 The Tax Base is calculated using the number of dwellings included in the Valuation List, as provided by the Listing Officer, as at 7<sup>th</sup> October 2014. Adjustments are then made to take into account the estimated number of discounts, voids, additions and demolitions during the period 7<sup>th</sup> October 2014 to 31<sup>st</sup> March 2015.
- 3.4 From 2013/14 onwards, the tax base calculation includes an element for the Council Tax Reduction Scheme (the replacement for Council Tax Benefit). The estimated amount of Council Tax Support payable for 2015/16, is converted into the equivalent number of whole properties which are deducted from the total. The reduced tax base will not result in an increase in Council Tax as the Council's budget requirement will be reduced by payment of a grant in lieu of Council Tax Support.
- 3.5 An estimated percentage collection rate is then applied to the product of the above calculation to arrive at the tax base for the year. Taking account of all the relevant information and applying a 96.5% collection rate, the calculation for 2015/16 gives a tax base figure of 32,100 for the Borough as a whole.
- 3.6 Taking account of all the relevant information and applying a 96.5% collection rate, the appropriate tax base figure for each of the Parishes is as follows

<b>Parish</b>	<b>Tax Base</b>
<b>Hale</b>	<b>649</b>
<b>Halebank</b>	<b>488</b>
<b>Daresbury</b>	<b>153</b>
<b>Moore</b>	<b>320</b>
<b>Preston Brook</b>	<b>324</b>
<b>Sandymoor</b>	<b>948</b>

**4.0 POLICY AND OTHER IMPLICATIONS**

4.1 There are no direct policy implications arising from this report.

**5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

5.1 The council tax base enables the Council to set the level of council tax to be charged for 2014/15, the income from which supports all of the Council's priorities.

**6.0 RISK ANALYSIS**

6.1 There would be a significant loss of income to the Council if the council tax base were not agreed, as it would not be possible to set the level of council tax to be charged for 2015/16.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 There are no direct implications arising from this report

**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Working Papers	Kingsway House	P. McCann

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	20 <sup>th</sup> November 2014
<b>REPORTING OFFICER:</b>	Operational Director, Finance
<b>PORTFOLIO:</b>	Resources
<b>SUBJECT:</b>	Medium Term Financial Strategy 2015-18
<b>WARD(S):</b>	Borough-wide

### **1.0 PURPOSE OF REPORT**

1.1 To establish the Medium Term Financial Strategy for 2015/16 to 2017/18.

### **2.0 RECOMMENDED: That**

- 1) the Medium Term Financial Strategy be approved;**
- 2) the base budget be prepared on the basis of the underlying assumptions set out in the Strategy;**
- 3) the Budget Strategy and Capital Strategy be approved;**
- 4) the Reserves and Balances Strategy be approved;**
- 5) the award of Council Tax support for 2015/16 remains at the 2014/15 level of 21.55%; and**
- 6) the Council's 2015/16 Council Tax Support Grant is not shared with the Parish Councils.**

### **3.0 SUPPORTING INFORMATION**

3.1 The Medium Term Financial Strategy (MTFS) sets out a three-year projection of the Council's resources and spending. It has been based on information that is currently available but there is information yet to be received, primarily from Government and revisions will need to be made as new information becomes available.

3.2 Although the projections in the strategy must be treated with a considerable degree of caution, they clearly show there is need to make a significant level of savings over the next three years. This is an effect of the Government policy to reduce the national deficit through reductions in public sector funding. The strategy takes into account the:

- 2013 Comprehensive Spending Review published by the Government on 26<sup>th</sup> June 2013 which only covered the financial year 2015/16
- Autumn Statement 2013 delivered to Parliament by the Chancellor of The Exchequer on 3<sup>rd</sup> December 2013
- Budget 2014 delivered to Parliament by The Chancellor of the Exchequer on 19<sup>th</sup> March 2014
- 2014/15 and 2015/16 Technical Consultation on the Local Government Finance Settlement published by the Department for Communities and Local Government (DCLG) on 25<sup>th</sup> July 2013
- 2015/16 Technical Consultation on the Local Government Finance Settlement published by the Department for Communities and Local Government (DCLG) on 22<sup>nd</sup> July 2014

- 3.3 The strategy provides initial guidance to the Council on its financial position into the medium term. The strategy identifies that revenue savings of approximately £19m, £13m, and £10m are required over the next three years. As a result a total of £42m will need to be removed from the Council's budget. This represents 23% of the gross expenditure budget. It continues to be a significant challenge to find sufficient savings over the medium term in order to balance the budget.
- 3.4 The Council's current financial position is sound. There are sufficient reserves and balances to meet existing known risks. In their report titled 'value for money' for the year ended 31<sup>st</sup> March 2014, the External Auditor (Grant Thornton LLP) stated that the Council has:
- A proven track record of keeping expenditure within budget.
  - A structured approach to identifying and managing budget pressures.
- 3.5 In setting its revenue and capital budgets, the Council will need to have regard to its priority areas, namely:
- Healthy Halton
  - Environment & Regeneration in Halton
  - Children and Young People in Halton
  - Employment Learning and Skills in Halton
  - Safer Halton; and
  - Corporate Effectiveness and Business Efficiency
- 3.6 These priorities are set out in more detail in the Council's Corporate Plan.
- 3.7 In summary, the Council's Medium Term Financial Strategy (MTFS) has the following objectives:
- To deliver a balanced and sustainable budget.
  - To prioritise spending towards the Council's five priority areas.
  - To avoid excessive council tax increases.
  - To achieve significant cashable efficiency gains.

- To protect front line services as far as possible.
- To deliver improved procurement.

### **Budget Strategy**

3.8 The MTFS shows that in order to balance the budget over the medium term there is a requirement not only to make significant cost savings of up to £19m in 2015/16 but also a further £13m in 2016/17 and £10m in 2017/18. In making these savings the Council will need to have in mind the objectives of the Medium Term Financial Strategy set out above.

3.9 The Council will identify savings by:

- Progressing the Efficiency Programme.
- Reviewing the portfolio of land and other assets, including its use of buildings in accordance with the Accommodation Strategy.
- Continuing to drive improved procurement across the Council.
- Identifying opportunities to generate new or additional sources of income.
- Exploring opportunities for shared services and joint working with partner organisations.
- Reviewing (subject to negotiations) the terms and conditions of staff.
- Offering staff voluntary early retirement and voluntary redundancy under the terms of the Staffing Protocol.
- Delivering services in more efficient and effective ways such as via greater use of technology.
- Reducing the cost of services either by reducing spend or increasing income.
- Stopping some lower priority services.

3.10 Over the years the Council has prided itself that compulsory redundancies have been minimised. But given the scale of the savings facing the Council this will be difficult to achieve over the next three years.

### **Capital Strategy**

3.11 The Asset Management Strategy sets out how the land and buildings that are in Council ownership or occupation are structured to support the Council's priorities. The capital programme is a major part of the Strategy.

3.12 The MTFS shows that there is sufficient resource to cover the cost of the current Capital Programme. However, in the current economic climate it is unlikely that the Council will receive significant levels of capital receipts in future. As such the opportunity for additional capital

spending is severely limited and therefore, new spending can only take place for schemes that come with their own funding.

- 3.13 Prudential borrowing remains an option, but the financing costs as a result of the borrowing will need to be found from savings within the relevant Directorate's revenue budget.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The MTFS represents the "finance guidelines" that form part of the medium term corporate planning process. These guidelines identify the financial constraints which the Council will face in delivering its key objectives, and are an important influence on the development of the Corporate Plan, Service Plans and Strategies.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 The MTFS provides a guide to projected receivable Government grant over the three year term. The grant amounts included in the MTFS are based on the latest information provided by Government. As new information comes to light the forecast of future income streams will be updated. Decreases to grant income will create further budget pressures for the Council in delivering its key objectives.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 6.1 The revenue budget and capital programme support the delivery and achievement of all the Council's priorities. Reductions of the magnitude identified within the Strategy are bound to have a negative impact upon the delivery of those priorities.

#### **7.0 RISK ANALYSIS**

- 7.1 The MTFS is a key part of the Council's financial planning process, and as such minimises the risk that the Council fails to achieve a balanced budget.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 There are no direct equality and diversity issues.

#### **9.0 REASON FOR THE DECISION**

- 9.1 To seek approval for the Council's Medium Term Financial Strategy for 2015/16 to 2017/18.

#### **10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

- 10.1 The alternative option of not maintaining a Medium Term Financial Strategy has been considered. However, this would not follow good

financial management practice, as the Medium Term Financial Strategy is a key element in informing the Council's financial planning and budget setting processes.

**11.0 IMPLEMENTATION DATE**

11.1 The Medium Term Financial Strategy 2015-18 will be implemented from 1<sup>st</sup> April 2015.

**12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Formula Grant Settlement 2014/15	Kingsway House	Alison Walker
Comprehensive Spending Review 2013 (CSR2013)	“	“
Local Government Finance Settlement (Technical Consultation) 2014-15 and 2015-16	“	“
Local Government Finance Settlement (Technical Consultation) 2015-16	“	“



# **MEDIUM TERM FINANCIAL STRATEGY**

**2015/16 TO 2017/18**

**Finance Department  
November 2014**

## **1.0 INTRODUCTION**

- 1.1 The Medium Term Financial Strategy (MTFS) sets out a three-year projection of the Council's resources and spending covering the period 2015/16 to 2017/18. The projections made within the MTFS must be treated with caution and require continuous updating as the underlying assumptions behind them become clearer.
- 1.2 The MTFS represents the "finance guidelines" that form part of the medium term corporate planning process. These guidelines identify the financial constraints which the Council will face in delivering its key objectives, and are an important influence on the development of the Corporate Plan, Service Plans and Strategies.

## **3.0 COMPREHENSIVE SPENDING REVIEW 2013**

- 3.1 The Comprehensive Spending Review (CSR) 2010 set out the Government's public sector spending plans for the four year period up to and including 2014/15. The CSR 2013 was announced on the 26<sup>th</sup> June 2013. This set out the Government's public sector spending plans for the financial year 2015/16 only.
- 3.2 The CSR 2013 set out how the coalition Government will continue to carry out the deficit reduction plan. Overall, Government departments will face a reduction in funding of £11.5 billion in 2015-16 of which Local Government will bear £2.1 billion.
- 3.3 A number of policies were introduced by CSR13. These include:
  - a) Council tax freeze grants for 2011/12 and 2013/14 are to be included in a Council's settlement funding assessment for 2015/16. It was expected that the final year of payment for these grants would be 2014/15, but Government have amended the rules of the grant and they will continue to be paid for 2015/16.
  - b) Council tax freeze grants for 2014/15 and 2015/16. These were offered at a rate of 1% for 2014/15 payable for two financial years and 1% for 2015/16 payable for one year only. The Council opted not to accept the freeze grant for 2014/15.
  - c) Council tax freeze grants included in the settlement funding assessment for 2015/16 will also be included in the 2016/17 Local Government spending control total base position.
  - d) £3.8bn of social care and health budgets will be brought together by 2015/16 for joint commissioning and pooling. This will enable closer working in local areas, in order to deliver better services to older and disabled people keeping them out of hospital and avoiding long hospital stays.

- e) Public sector pay awards restricted to 1%.
- f) Education Services grant funding by the Department for Education will be cut by 25%. This grant currently funds central education support provided to schools such as education welfare services and school improvement. This is intended to be in line with the changing nature of the schools system. The Government will reduce central education support by reducing the Education Services grant by around £200 million in 2015-16.

#### **4.0 AUTUMN STATEMENT 2013**

4.1 The 2013 Autumn Statement was delivered by The Chancellor of the Exchequer to Parliament on 3<sup>rd</sup> December 2013. This included some key messages to Local Government. These include:

- a) A further 1.1% reduction to public sector expenditure for 2014/15 and 2015/16 but Local Government would be excluded from these reductions.
- b) Government will cap the RPI increase in Business Rates at 2% for 2014/15 only. Government announced that Councils will be fully refunded for the loss in revenue for this and other Business Rate changes via a specific grant.
- c) Government will carry out an evaluation of New Homes Bonus in 2014 and consult on measures to improve the incentive provided by New Homes Bonus.
- d) Government will make funding available to offer every pupil attending a state funded school at infant level a free school lunch from September 2014 (note: additional funding has only actually been provided for pupils who didn't previously receive free school meals).

#### **5.0 BUDGET 2014**

5.1 The 2014 Budget was delivered by The Chancellor of the Exchequer to Parliament on 19<sup>th</sup> March 2014. This included some key messages to Local Government and to Halton in particular. These include:

- a) £200m of additional funding for pothole repairs
- b) Extension of free early education for two year olds
- c) £50m funding for early years pupil premium
- d) Approval of funding for the Mersey Gateway bridge

**6.0 TECHNICAL CONSULTATION – LOCAL GOVERNMENT FINANCE SETTLEMENT 2014/15 & 2015/16**

- 6.1 On 25<sup>th</sup> July 2013 DCLG opened a technical consultation on the Local Government Financial Settlement for 2014-15 and 2015-16.
- 6.2 DCLG provided exemplifications of funding for 2014/15 and 2015/16 for all local authorities. This suggested there will be a funding cut of 10% and 14% in cash terms for each of the two years. The 2015/16 cut of 14% is significantly higher than the 8.2% announced in the CSR 2013.
- 6.3 The difference in the level of cuts between the CSR 2013 and the technical consultation is explained to some degree by a further top-slicing of the Revenue Support Grant (RSG) for separate funding pots. These include funding new social care burdens, funding for the Independent Living Fund, funding for capitalisation and an increased safety net for the Business Rates Retention Scheme.
- 6.4 Halton responded to the consultation, as did SIGOMA and the Liverpool City Region, and made DCLG aware of the unfairness of increasing funding cuts, so soon after the publication of the CSR 2013.

**7.0 TECHNICAL CONSULTATION – LOCAL GOVERNMENT FINANCE SETTLEMENT 2015/16**

- 7.1 On 22<sup>nd</sup> July 2014 DCLG opened a technical consultation on the Local Government Financial Settlement for 2015-16. This stated Government proposals and sought responses as to whether these were deemed acceptable. These included:
- a) The Business Rates cap of 2% introduced in the Autumn Statement 2013 should continue to operate with compensation being paid to Councils as a separate grant. It was proposed that compensation for the cap should be paid on the basis of the reduction to retained business rates income adjusted to account for lower tariffs and top-ups, as in 2014/15.
  - b) Rolling the 2014-15 Council Tax Freeze grant into Revenue Support grant and combining it with the 2013-14 Council Tax Freeze funding.
  - c) Reduce funding to authorities which have fallen below the threshold for participation in the Carbon Reduction Commitment Scheme. It is estimated that this would result in a loss of approximately £94,000 in Halton's Settlement Funding Assessment.

- 7.2 Halton have contributed to responses provided by SIGOMA and the Liverpool City Region to the consultation. These responses highlighted concerns that high tax-base authorities are being rewarded at the expense of low tax-base authorities such as Halton.

## **8.0 LOCALISING COUNCIL TAX SUPPORT**

- 8.1 In 2013/14 Government changed the way of funding council tax benefit. Previously, 100% funding had been provided by Central Government. Responsibility has now transferred to Local Government and Halton has introduced its own localised scheme. The Scheme uses as a basis the previous regulations relating to Council Tax Benefit which will ensure that existing support for claimants with disabilities, claimants with children and claimants who are working are maintained. At the end of the existing calculation a reduction of 21.55% is made from every non-pensioner award of support, to cover the shortfall in the Government grant funding for Halton.
- 8.2 Funding for the local scheme is now provided through Revenue Support Grant (RSG) from Government. In 2013/14 the level of grant awarded was shown separately, but from 2014/15 the grant is no longer separately identifiable. It is therefore assumed that the level of funding will reduce in line with the annual reduction in Halton's RSG.
- 8.3 The MTFS assumes that the level of council tax support given to existing claimants will remain at the rate of 21.55% for the period of the MTFS.
- 8.4 As Council Tax Support is now provided via a local scheme, councils have the discretion to pass over a proportion of the Council Tax Support Grant to their Parish Councils. This would be intended to offset any reduction in Parish precept which they may have experienced as a result of the introduction of the local scheme. It is estimated that for 2015/16 the amount of grant would be £8,600 in total for Halton's Parishes.
- 8.5 In practice since 2013/14 the Parish councils have adjusted their precepts to reflect the impact of the introduction of the Council Tax Support Scheme. It is therefore recommended not to pass a share of the 2015/16 Council Tax Support Grant over to Halton's Parish Councils.

## **9.0 BUSINESS RATE RETENTION SCHEME**

- 9.1 The Business Rates Retention scheme was introduced in April 2013, the intention of which was to reward councils for promoting economic development and generating future growth in business rates. At the time of the 2014/15 finance settlement the Government issued Halton with a retained (local share) business rates baseline of £24.8m. The

intention is that if Halton increases its local share of business rates above the baseline, the increase is retained in full by the Council.

- 9.2 An estimate of business rates was prepared at the start of the current financial year and it is forecast that the business rates which the Council will generate during 2014/15 will be in line with the baseline. It is difficult to predict the level of business rates for future years due to the unpredictability of the current economic climate and appeals on the rateable value of properties.

## **10.0 SOCIAL CARE ACT**

- 10.1 The Social Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carer's in control of their care and support. For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care. The cap on care costs will be, at present, £72,000 after which the state will pay the costs.

- 10.2 In addition to the care cap the Government has increased the means testing level, so that Government help begins earlier than before, meaning people with modest wealth will be eligible for state help towards the cap. This will mean 35,000 more older people will get help with their care costs nationally when the system comes into force from April 2016. By 2024/2025 up to 100,000 more people will benefit financially as a result of the reforms.

- 10.3 Under the Act every Council will have to offer a deferred payment scheme, as no one should be forced to sell their home during their lifetime in order to pay for their residential care. Although a deferred payment scheme is currently available in Halton resources will have to be employed further in this area to accommodate the potential increase in demand.

- 10.4 The Act gives carers new rights and puts them on the same footing as the people they care for. In the current system councils aren't required to provide support to carers, however, that will change. All carers will be entitled to an assessment and if eligible they will have a legal right to receive support for their needs, just like the people they care for.

- 10.5 Government has announced £3.8 billion in the Spending Review settlement to bring together health and social care budgets and ensure a smooth integrated service between the NHS and care and support in the community. This will go towards funding the changes in the Social Care Act, however, it is unclear at present whether this will be sufficient to meet the increased costs or whether further funding will be made available.

- 10.6 The MTFs includes an additional £1.1m from 2016/17 onwards in anticipation of these additional pressures.

## 11.0 EXTERNAL SUPPORT

### Settlement Funding Assessment

- 11.1 In 2014/15 (the second year of the business rates retention scheme) DCLG allocated Halton a settlement funding assessment of £71.14m. This was made up of £38.99m Revenue Support Grant and £32.15m business rates baseline funding. The business rates baseline funding includes £24.84m as the business rates baseline and £7.31m of top-up grant funding. Top-up grant funding is received as the Council's funding baseline is greater than the business rate baseline. The business rates baseline and funding level is set in the system until 2020 and uplifted each year by RPI only.
- 11.2 Indicative funding assessments for 2015/16 have been received from DCLG as part of the technical consultation. The indicative funding assessment inflation had been estimated at 2.76% for business rates baseline funding and top-up grant. The actual increase to business rates for 2015/16 is based on the RPI index for September 2014, this was 2.3% and will result in a reduction in the Council's business rates baseline funding and top-up grant of approximately £150,000, as set out in table 2.

**Table 2 –Halton's Funding Assessment**

	14/15 £'000	15/16 £'000	16/17 £'000	% change from 14/15 to 16/17
Revenue Support Grant	38,988	27,834	21,103	-45.9%
Baseline Funding Level consisting of:				
Business Rates Baseline	24,845	25,416	25,924	4.3%
Top Up	7,309	7,477	7,626	4.3%
Total Baseline Funding Level	32,154	32,893	33,550	4.3%
Funding Assessment	71,142	60,727	54,635	-23.2%

- 11.3 There have been no spending reviews for 2016/17 onwards and therefore the above figures for that year are an estimated reduction to Revenue Support Grant, extrapolated on the basis of the previous two years.
- 11.4 Included within the funding assessment is an amount for formula funding based on what is known as the "four block model". This distributes grant over three blocks based upon Ministerial judgement. The system is not transparent making it difficult to identify the amount

of grant received by individual councils for new functions or grant transfers.

### **Specific Grants**

- 11.5 The level of specific grants received by Halton in 2014/15 is £111m, including the Dedicated School Grant of £79.6m.
- 11.6 Halton was allocated a New Homes Bonus grant of £1.725m for 2014/15 which was used to balance the budget. Halton will receive additional allocations in each year of the scheme, based upon the number of new homes entering the council tax register in each year, although the allocation for 2015/16 has not yet been announced.
- 11.7 Education Services Grant (ESG) was introduced in April 2013 as a means of passing funding to academy schools to fund central education services previously the responsibility of the Council but now the responsibility of academy schools.
- 11.8 ESG funding for 2013/14 and 2014/15 came from a top-slice of councils' formula funding. ESG allocations for 2013/14 were then allocated to local authorities and academy schools on a simple per pupil basis, according to the number of pupils for which maintained schools, special maintained schools, pupil referral units and academy schools are responsible for. In addition there is an element for retained duties covering all pupils which is payable to the Council.
- 11.9 The CSR 2013 confirmed that funding for ESG would be cut by £200m in 2015/16, equivalent to an overall 20% funding cut (or a 25% cut if excluding academies). A consultation on the funding cut commenced in March 2014 with Government issuing a response to the consultation in July 2014. The outcome of the response revealed there would be a 23% cut to the largest part of the grant which related to the funding element for pupils in maintained schools, although full protection will be applied to the rate for retained services. The impact of the Government response results in an estimated loss of funding of £0.360m for the 2015/16 Children & Enterprise budget.
- 11.10 The Local Welfare Provision was transferred from the Department for Work and Pensions on 1<sup>st</sup> April 2013. This had previously been called the Discretionary Social Fund. This provides funding for residents in hardship to purchase food vouchers etc. On 10<sup>th</sup> October 2014 a consultation was issued on the future funding for Local Welfare Provision. This is the result of Government agreeing to reconsider its decision to cease funding. As no final decision has yet been made the MTFs assumes that there will a funding gap from 2015/16 onwards.
- 11.11 Government have given no indication of cuts to funding for 2016/17 and 2017/18, however, the MTFs assumes a cut of 10% to the Council's Settlement Funding Assessment. Each 1% cut to the



Council's Settlement Funding Assessment in 2016/17 and 2017/18 equates to a loss of Government grant of £0.6m and £0.5m respectively.

11.12 The forecast decrease in the level of formula and specific grant funding for Halton is shown in Table 3:

**Table 3 – Reduction in Grant 2015/16 to 2017/18**

	2015/16 £000's	2016/17 £000's	2017/18 £000's
Reduction in Settlement Funding Assessment	-10,415	-6,092	-5,465
2011/12 New Homes Bonus Funding Dropping Out	-	-	-347
Local Welfare Provision Grant Ceasing	-	-775	-
In Year Reduction	-10,415	-6,867	-5,812
Cumulative Reduction	-10,415	-17,282	-23,094

11.13 The table shows over the next three years Halton will lose £22m in formula grant allocations, which represents a 31% reduction in the settlement funding assessment received in 2014/15. In addition there will be a reduction of £1.1m in specific grants over the period.

## **12.0 COUNCIL TAX FORECAST**

12.1 For 2014/15 the Council Tax for a Band D property in Halton is £1,181.56 (excluding police, fire and parish precepts), which will generate income of £37.1m. Each additional 1% increase to Council Tax will generate £0.371m.

12.2 When setting Council Tax levels it is clear that higher increases reduce the requirement to make savings. However, there are other factors that need to be considered when determining the appropriate increase in Council Tax. These factors include:

- Halton has the 3rd lowest Council Tax level in the North West for 2014/15,
- Halton's 2014/15 Council Tax is £62.15 (4.2%) below the average Council Tax set by councils in England.

- Inflation - the Consumer Price Index (CPI) as at September 2014 is 1.2% and the Retail Price Index (RPI) is 2.3%.
  - The spending review, welfare reforms, the slow housing market, inflation and high unemployment figures, which are all placing pressure upon the Council's funding and demand for services.
- 12.3 The Localism Act 2011 abolished capping of council tax increases and instead provides local residents with the power to approve or veto excessive council tax rises. For 2014/15 the Government set a rate of 2% and any council tax rises above this were subject to a referendum. A decision is still yet to be made on the referendum limit for 2015/16.
- 12.4 The Government announced a council tax freeze scheme for 2014/15 and 2015/16. The scheme offered councils who froze or reduced council tax in 2014/15, permanent grant funding equivalent to 1% of their council tax requirement before the deduction for Council Tax Support. The Council opted not to accept this freeze grant. The Government have also offered a permanent council tax freeze grant of 1% before the deduction for Council Tax Support for 2015/16.
- 12.5 Table 4 below estimates the net amount of Council Tax income that will be produced for various % increases in Halton's Band D Council Tax for the next three years and assumes no change in council tax base. It also shows the value of Council Tax freeze grants over the three years:

**Table 4 – Council Tax Income for 2015/16 to 2017/18**

<b>Projected Increases in Council Tax Income (£'000)</b>	<b>2015/16 £'000</b>	<b>2016/17 £'000</b>	<b>2017/18 £'000</b>	<b>Total £'000</b>
0%	-	-	-	-
1%	371	375	378	1,124
2%	742	757	772	2,271
Council Tax Freeze Grant	435	0	0	435

### **13.0 SPENDING FORECAST**

- 13.1 The spending forecast provides an estimate of the increase in revenue expenditure that will be required over the next three years in order to maintain existing policies and programmes. In effect this represents an early estimate of the standstill budget requirement using the information that is currently available.
- 13.2 The scope of the forecast covers General Fund revenue activities that are financed through the Settlement Funding Assessment, Specific Grants and the Council Tax. School budgets are considered in Section 17.

- 13.3 The forecast includes the budgetary consequences of previous budget decisions, including one-off savings used to balance the 2014/15 budget; this adds £4.4m to the forecast for 2015/16.
- 13.4 Pay and price inflation is the biggest uncertainty and the single most costly factor in the spending forecast. As part of the CSR13 it was announced that public sector pay awards would be restricted to 1% for 2015/16. The spending forecast therefore assumes pay will increase by no more than 1% for each of the three years of the forecast.
- 13.5 Inflation has decreased since this time last year, currently the Consumer Price Index (CPI) – the index by which the Government measures inflation - stands at 1.2% which is below the Government's 2% target. The spending forecast assumes that many items of supplies and services expenditure will continue to be cash limited. In other cases the forecast assumes an appropriate rate that reflects the picture of current and future prices.
- 13.6 The Council has a significant capital programme and the spending forecast includes the financing costs of the existing programme. Financing costs for the early land acquisition relating to the Mersey Gateway Project were previously funded from borrowings. It is expected that grant from Department of Transport (DfT) will be received during the period of the MTFs which will enable the Council to repay those borrowings. As a result, the net revenue costs associated with the capital programme are included in the forecast at a reduction of £0.062m in 2015/16, followed by an increase of £0.201m in 2016/17 and a reduction £0.307m in 2017/18.
- 13.7 During the period of the MTFs, construction will commence on the Mersey Gateway bridge. The Council will make a contribution towards the construction costs of the bridge funded by prudential borrowing, the financing costs of which will be met from future toll revenues and DfT grant. In order to manage the construction and operation of the Mersey Gateway the Council established the Mersey Gateway Crossings Board. The cost of operating the Board will also be met from future toll revenues and DfT grant.
- 13.8 For the three years of the forecast a 0.5% rise to cover the increasing costs of employer's superannuation contributions has been included. This is estimated to add an additional £0.3m for each year.
- 13.9 SCOPE, a national charity, who support people with Cerebral Palsy have six registered residential homes in Halton supporting approximately 50 people. SCOPE has announced that they intend to de-register all homes. Halton will need to undertake assessments of residents needs and if required provide residential care. However, the cost and timescale for this is not yet known and is therefore not included in the forecast.

- 13.10 In January 2013 the Department for Work and Pensions published its White Paper on state pension reforms. Under the proposed changes the current basic and additional state pensions will be replaced by a single tier pension.
- 13.11 The proposals will mean the end of contracted out National Insurance payments. This will result in additional costs as the Council will pay higher National Insurance contributions. The estimated effect is an increase in National Insurance payments of 3.4% to the Council for each employee who is a member of the Local Government Pension Scheme.
- 13.12 The Chancellor confirmed in his 2013 budget report that the creation of the single tier state pension will be brought forward to 2016/17. Therefore this has been reflected in the spending forecast at an estimated cost of £1.3m.
- 13.13 A key assumption that has been used in constructing the MTFs is that total spending in 2014/15 is kept within the overall budget. In particular it can be difficult to control 'demand led' budgets such as childrens and adult social care. In this context it is important to consider the contingency for uncertain and unexpected items. Due to the considerable uncertainty over inflation, interest rates, demand led budgets, impact of spending cuts and loss of income, the spending forecast includes a contingency of £1m in 2015/16, £1m in 2016/17 and £1.5m in 2017/18.
- 13.14 The terms and condition saving relating to four days unpaid leave per employee resulted in a saving of approximately £800,000 over three financial years, up to and including 2014/15. Negotiations are currently underway with the Unions regarding continuation of this arrangement. However, at this stage this cost has been added back into the forecast in 2015/16.
- 13.15 As discussed in section 10 above, the Social Care Act will bring about new responsibilities and budget pressures for councils. Provision for these has been included in the forecast from 2016/17 onwards.
- 13.16 Table 6 summarises the Spending Forecast, which highlights likely increases in the net budget of £8.5m in 2015/16, £5.7m in 2016/17 and £3.8m in 2017/18.

**Table 6 – General Fund Medium Term Standstill Spending Forecast**

Increase in spending required to maintain existing policies and services	Year on year change (£'000)		
	2015/16	2016/17	2017/18
Full Year Effect of Previous Year Budget	4,439	-	-
Capital Programme	-62	201	-307
Pay and Price Inflation	1,714	1,695	1,750
Annual Pay Increments	400	400	400
Superannuation	250	250	250
Single Tier State Pension	0	1,300	0
Contingency	1,000	1,000	1,500
Removal of Terms & Conditions Savings	800	0	0
Social Care Act	0	900	200
<b>TOTAL INCREASE</b>	<b>8,541</b>	<b>5,746</b>	<b>3,793</b>

#### 14.0 THE FUNDING GAP

- 14.1 At this level of spending there is a funding gap with the forecast level of resources. Table 7 demonstrates the forecast gap between spending and forecast resources at different levels of Council Tax increase, including if the Council Tax Freeze Grant were accepted.

**Table 7: Funding Gap with a given % increase in Council Tax**

Council Tax Increase of:	2015/16 £'000	2016/17 £'000	2017/18 £'000
0%	18,957	12,594	9,605
1%	18,586	12,219	9,227
2%	18,215	11,837	8,833
<b>Council Tax Freeze Grant</b>	18,522	12,594	9,605

- 14.2 The table shows that savings of nearly £19m are forecast to be needed to balance next year's budget with further savings of £13m in 2016/17 and £10m in 2017/18, before any increase to Council Tax. The total funding gap is over £41m and represents 22% of the Council's gross expenditure budget.
- 14.3 This represents a significant challenge for the Council to balance its budget. As a result every aspect of the Council's budget needs to be scrutinised to identify potential savings. In addition, all opportunities will continue to be taken to generate additional income from charging for services, in order to reduce costs whilst maintaining levels of service delivery.

## 15.0 CAPITAL PROGRAMME

15.1 The Council's capital programme is updated regularly throughout the year. Table 8 summarises the fully funded capital programme, which includes the Council's contribution to the Mersey Gateway Bridge project.

**Table 8 – Capital Programme**

	2015/16 (£'000)	2016/17 (£'000)	2017/18 (£'000)
<b>Spending</b>	<b>23,509</b>	<b>77,807</b>	<b>286</b>
Funding:			
Prudential Borrowing	11,539	72,924	-
Grants	9,801	3,014	286
Revenue Financing	300	-	-
Capital Receipts	1,869	1,869	-
<b>Total Funding</b>	<b>23,509</b>	<b>77,807</b>	<b>286</b>

15.2 The current system of capital controls allows councils to support and fund the capital programme by way of prudential borrowing. Such borrowing is required to be:

- prudent
- affordable, and
- sustainable

15.3 The Council has used prudential borrowing provided that the cost of borrowing has been covered by revenue budget savings. The spending forecast continues this approach.

15.4 In previous years the Council has been extremely successful in attracting capital grants and contributions. In this way the Council has been able to undertake significant capital expenditure without financing costs falling on the budget.

15.5 In recent years a major source of funding the capital programme has been capital receipts. However, the number and value of assets now held is much less than it was and therefore no major capital receipts are included within the forecast.

## 16.0 RESERVES AND BALANCES

16.1 The Council's Reserves and Balances Strategy is attached in the Appendix. It sets out the Council's strategy in respect of the level of reserves and balances it wishes to maintain, by reference to the financial needs and risks associated with the Council's activities.

- 16.2 The level of balances and reserves will be reviewed as part of the budget and final accounts processes.

## **17.0 SCHOOLS BUDGET**

- 17.1 Schools are fully funded by the Dedicated Schools Grant (DSG). The DSG is used to fund the Individual Schools Budget (ISB) which is allocated to schools by way of a formula and the central allocation in accordance with the revised Department for Education (DfE) guidelines.
- 17.2 The Schools Forum assesses and considers current and future arrangements and changes to schools funding, agreeing any formula changes.
- 17.3 In April 2013 schools received budgets based on the new funding formula which is the first step in a proposed move towards a national funding formula. It is envisaged that national funding formula will be implemented during the next spending review period.
- 17.4 From April 2013 funding is divided into three separate blocks within the Dedicated Schools Budget. These are the Schools Block, High Needs Block and Early Years Block.
- 17.5 Under the new funding guidelines, the amount of centrally held monies is tightly restricted for anything other than Early Years and High Needs provision.
- 17.6 Funding for schools converting to academies is paid directly to the academy from the Education Funding Agency rather than going through the Council. Included within the grant paid to the schools are monies that previously funded educational support services which the Council provides. There is an element of financial risk to the Council in future years if other schools choose to become academies which will lead to a shortfall in income to fund the expenditure for the central services.

## **18.0 PARTNERSHIPS**

- 18.1 In 2015/16 the Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. The NHS will also make available a further £200 million on 2014/15 to accelerate the transformation.
- 18.2 Halton Borough Council is the host body in a Complex Care Pooled budget which from 1<sup>st</sup> April 2015 will include the Better Care Fund, working jointly with Halton Clinical Commissioning Group (HCCG). An

additional £10.5m will be transferred from Health to the Council. This will improve outcomes for the public, provide better value for money and be more sustainable by working closely together to meet individual's needs.

- 18.3 The Council has established partnerships and shared service arrangements with a number of councils and other organisations over recent years. It will continue to develop such arrangements where it is considered beneficial both in terms of service delivery and cost reduction.

## **19.0 EFFICIENCY STRATEGY**

- 19.1 In order to maintain the level of performance across services delivered by the Council, it needs to find new and innovative ways to deliver services whilst making efficiency savings. The Council recognises the need to look more radically at the way it does business in order to achieve the level of savings that will protect key services.
- 19.2 The Council has an established Efficiency Programme in place to review services in a consistent way. This enables the identification of opportunities to enhance productivity, reduce costs, explore alternative delivery mechanisms and ensure that services are configured in the most appropriate way to meet the needs of service users.
- 19.3 Through the Efficiency Programme the Council has achieved savings of over £12m to date, including Procurement savings.
- 19.4 The Council has proper arrangements for challenging how it secures economy, efficiency and effectiveness. This has been much strengthened and improved by the centrally coordinated procurement arrangements established via the Procurement Division. Procurement is considered a key mechanism for delivering efficiencies across the Council.
- 19.5 An e-tendering system, "the Chest", is used to advertise and manage all tender exercises and sourcing activities. It also aims to encourage transparency of opportunity with Small and Medium Enterprises (SMEs). An increase in value thresholds within the Council's standing orders has been made in order to generate potential savings through less bureaucracy and a more streamlined approach.
- 19.6 The accommodation strategy aims to rationalise the Council's land and property portfolio and wherever possible to locate staff in Council owned buildings. Progress continues to be made with implementation of the strategy, which has and will continue to result in significant budget savings during the period of the forecast.



## **20.0 MONITORING**

20.1 Spending against each Department's revenue budget and capital programme is monitored and reported to the Policy and Performance Boards, alongside service outcomes, within the quarterly performance management reports. The Council-wide position is also reported quarterly to Executive Board.

## **21.0 SUMMARY**

21.1 As a result of the CSR 2013 and the technical consultations regarding the Finance Settlements for 2014/15 and 2015/16, there have been severe cuts to the Council's funding, which are expected to continue in the medium term. In addition, the Business Rate Retention Scheme and localisation of Council Tax Support bring further risk to the funding potential of the Council over the period of the Medium Term Financial Strategy and beyond. This will mean a considerable deterioration in monies available to fund services in the Borough.

21.2 As a consequence there is a requirement to make significant budget savings. There are also spending pressures, such as upon demand led budgets, which are not included in the spending forecast, but which will result in the need for further savings.

21.3 Future levels of growth and savings will therefore be directly influenced by the decisions made concerning council tax increases. Council tax increases will reduce the level of savings required, although the setting of capping through council tax referendum legislation will ensure the Government keep the cost of increases to council tax to a minimum.

21.4 The Medium Term Financial Strategy has been based on information that is currently available. Revisions will need to be made as new developments take place and new information becomes available.

## **RESERVES AND BALANCES STRATEGY**

### **1.0 INTRODUCTION**

- 1.1 The following sets out the Council's Strategy in respect of the level of reserves and balances it wishes to maintain, by reference to the financial needs and risks associated with the Council's activities.
- 1.2 The overall strategy is to provide the Council with an appropriate level of reserves and balances in relation to its day to day activities and to ensure the Council's financial standing is sound and supports the achievement of its long term objectives and corporate priorities.
- 1.3 The Operational Director, Finance will undertake quarterly reviews of the level of reserves and balances and take appropriate action in order to ensure the overall strategy is achieved. The outcome of the reviews will be reported to the Executive Board and will be used to inform the Medium Term Financial Strategy (MTFS), the annual budget setting process and the final accounts process.
- 1.4 The Strategy concentrates upon the Council's key reserves and balances, being those which may potentially have a significant affect upon the Council's financial standing and its day to day operations.

### **2.0 GENERAL BALANCES**

- 2.1 It has been the Council's policy since it gained unitary status to maintain general balances at a reasonable level. Close monitoring and control of budgets since then has meant this policy has been successfully achieved. Going into financial year 2014/15 the level of the general reserve stood at £8.6m which is considered prudent and a reasonable level.

### **3.0 BAD DEBT PROVISIONS**

#### **Sundry Debtors**

- 3.1 The Council makes provision for bad and doubtful debts based upon an annual review of outstanding debts profiled by age and the associated risks of non-payment, depending upon the types of debt.
- 3.2 Past experience has shown that after 43 days the likelihood of sundry debts being paid reduces significantly and therefore the risk of them not being recovered increases greatly. Full provision will therefore be made for all sundry debts outstanding for more than 43 days.
- 3.3 The bad debt provisions in respect of sundry debtors currently total £3.2m.

### **Council Tax / Business Rates (NNDR)**

- 3.4 Bad debt provisions are made in respect of Council Tax and National Non Domestic Rate (NNDR) debts. The bad debt provisions in respect of Council Tax and NNDR debtors currently total £5.2m.
- 3.5 The levels of bad debt provisions held are considered prudent in relation to the current level and age profile of outstanding debts. But they will be reviewed annually, particularly in the light of the prevailing economic climate and reductions in Council Tax Support payments and empty property discounts which may affect collection rates. Therefore appropriate provisions will be made to minimise the risk of financial loss to the Council.

### **4.0 INSURANCE RESERVE**

- 4.1 The Council maintains an Insurance Reserve in order to meet the cost of current and future insurance claims which exceed the level of cover provided by the Council's insurers.
- 4.2 In particular, this relates to claims in respect of school premises, where the Council's insurance policy has an excess of £100,000. In addition, the cost of renewal of contents etc. often exceeds the insured costs. Past experience has shown that the proportion of costs falling to be funded from the Insurance Reserve in these instances can be very significant.
- 4.3 The Insurance Reserve will therefore be maintained at the level of total outstanding claims, in order to provide for both the cost of uninsured claims and the potential cost of future school claims. At 31<sup>st</sup> March 2014 the Insurance Reserve stood at £3.8m.

### **5.0 CAPITAL RESERVE**

- 5.1 The Council holds a Capital Reserve to support the financing of the Council's capital programme and is based upon current capital funding needs.

### **6.0 EQUAL PAY RESERVE**

- 6.1 The Council has set-aside funds totalling £3.4m to assist with meeting the costs of equal pay claims. The likely cost of equal pay claims is as yet unknown and whilst the level of reserves are sufficient to meet current claims, a balance will need to be retained to meet future claims. In setting the revenue budget for 2014/15 the Council agreed to release £0.5m from the equal pay reserve over a number of years.

**7.0 INVEST TO SAVE FUND**

- 7.1 The Council has an Invest to Save Fund which at 31<sup>st</sup> March 2014 stood at £1.4m. This is in order to provide one-off funding for proposals which will generate efficiencies and thereby create significant, permanent, revenue budget savings, whilst also supporting the achievement of the Council's corporate objectives.

**8.0 TRANSFORMATION FUND**

- 8.1 In 2010/11 the Council created a Transformation Fund to fund the costs associated with efficiency reviews and structural changes required in order to deliver a balanced budget. At 31<sup>st</sup> March 2014 the fund's balance stood at £2.2m. This is considered reasonable for the financial challenges facing the Council over the coming years.

**REPORT TO:** Executive Board

**DATE:** 20 November 2014

**REPORTING OFFICER:** Operational Director – Finance

**PORTFOLIO:** Resources

**TITLE:** Treasury Management  
2<sup>nd</sup> Quarter: July-Sept 2014

**WARDS:** All Wards

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide an update regarding investment and borrowing activities undertaken during the 2<sup>nd</sup> quarter of 2014/15 as required by the Treasury Management Policy.

### **2.0 RECOMMENDED: That the report be noted.**

### **3.0 SUPPORTING INFORMATION**

3.1 Supporting information has been provided by Capita Asset Services, the Council's treasury management advisors

During the quarter ended 30th September:

- Indicators pointed to another robust quarter of GDP growth
- Further healthy increases in household spending
- A slowdown in jobs growth
- CPI inflation eased further below the 2% target
- Dovish signals from the MPC
- Low tax receipts put the fiscal tightening slightly off track
- Further loosening of monetary policy in the Eurozone

After strong UK GDP quarterly growth of 0.7%, 0.8% and 0.7% in quarters 2, 3 and 4 respectively in 2013, (2013 annual rate 2.7%), and 0.7% in Q1 and 0.9% in Q2 2014 (annual rate 3.2% in Q2), it appears very likely that strong growth will continue through 2014 and into 2015 as forward surveys for the services and construction sectors, are very encouraging and business investment is also strongly recovering. The manufacturing sector has also been encouraging though the latest figures indicate a weakening in the future trend rate of growth. However, for this recovery to become more balanced and sustainable in the longer term, the recovery needs to move away from dependence on consumer expenditure and the housing market to exporting,

and particularly of manufactured goods, both of which need to substantially improve on their recent lacklustre performance. This overall strong growth has resulted in unemployment falling much faster through the initial threshold of 7%, set by the Monetary Policy Committee (MPC) last August, before it said it would consider any increases in Bank Rate. The MPC has, therefore, subsequently broadened its forward guidance by adopting five qualitative principles and looking at a much wider range of about eighteen indicators in order to form a view on how much slack there is in the economy and how quickly slack is being used up. The MPC is particularly concerned that the current squeeze on the disposable incomes of consumers should be reversed by wage inflation rising back above the level of inflation in order to ensure that the recovery will be sustainable. There also needs to be a major improvement in labour productivity, which has languished at dismal levels since 2008, to support increases in pay rates. Most economic forecasters are expecting growth to peak in 2014 and then to ease off a little, though still remaining strong, in 2015 and 2016. Unemployment is therefore expected to keep on its downward trend and this is likely to eventually feed through into a return to significant increases in pay rates at some point during the next three years. However, just how much those future increases in pay rates will counteract the depressive effect of increases in Bank Rate on consumer confidence, the rate of growth in consumer expenditure and the buoyancy of the housing market, are areas that will need to be kept under regular review.

Also encouraging has been the sharp fall in inflation (CPI), reaching 1.5% in July, the lowest rate since 2009. Forward indications are that inflation is likely to fall further in 2014 to possibly 1%. The return to strong growth has also helped lower forecasts for the increase in Government debt by £73bn over the next five years, as announced in the Autumn Statement, and by an additional £24bn, as announced in the March 2014 Budget - which also forecast a return to a significant budget surplus, (of £5bn), in 2018-19. However, monthly public sector deficit figures have disappointed so far this year.

In September, the U.S. Federal Reserve continued with its monthly \$10bn reductions in asset purchases, which started in December 2014. Asset purchases have now fallen from \$85bn to \$15bn and are expected to stop in October 2014, providing strong economic growth continues. First quarter GDP figures were depressed by exceptionally bad winter weather, but quarter 2 rebounded strongly to 4.6%.

The Eurozone is facing an increasing threat from deflation. In September, the inflation rate fell further, to reach 0.3%. However, this is an average for all EZ countries and includes some countries with negative rates of inflation.

Accordingly, the ECB did take some rather limited action in June and September to loosen monetary policy in order to promote growth.

### 3.2 Interest Rate Forecast

The following forecast has been provided by Capita Asset Services::

	Dec-14	Mar-15	Jun-15	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Dec-16	Mar-17	Jun-17
Bank rate	0.50%	0.75%	0.75%	1.00%	1.00%	1.25%	1.25%	1.50%	1.75%	2.00%	2.00%
5yr PWLB rate	2.70%	2.80%	2.90%	3.00%	3.00%	3.10%	3.20%	3.30%	3.40%	3.50%	3.50%
10yr PWLB rate	3.50%	3.60%	3.70%	3.80%	3.90%	4.00%	4.10%	4.10%	4.20%	4.30%	4.30%
25yr PWLB rate	4.10%	4.20%	4.30%	4.40%	4.50%	4.60%	4.70%	4.80%	4.80%	4.90%	4.90%
50yr PWLB rate	4.10%	4.20%	4.30%	4.40%	4.50%	4.60%	4.70%	4.80%	4.80%	4.90%	4.90%

Capita Asset Services undertook a review of its interest rate forecasts in mid-August, after the Bank of England's Inflation Report. By the beginning of September, a further rise in geopolitical concerns, principally over Ukraine but also over the Middle East, had caused a further flight into safe havens like gilts and depressed PWLB rates further. However, there is much volatility in rates as news ebbs and flows in negative or positive ways.

### 3.3 Short Term Borrowing Rates

The bank base rate remained at 0.50% throughout the quarter.

	Start	Jul		Aug		Sep	
		Mid	End	Mid	End	Mid	End
	%	%	%	%	%	%	%
Call Money (Market)	0.47	0.47	0.48	0.47	0.47	0.48	0.47
1 Month (Market)	0.50	0.50	0.50	0.50	0.50	0.50	0.51
3 Month (Market)	0.55	0.56	0.56	0.56	0.56	0.56	0.57

### 3.4 Longer Term Borrowing Rates

	Start	Jul		Aug		Sep	
		Mid	End	Mid	End	Mid	End
	%	%	%	%	%	%	%
1 Year (Market)	1.05	1.07	1.07	1.04	1.05	1.05	1.06
10 Year (PWLB)	3.62	3.55	3.55	3.37	3.23	3.39	3.30
25 Year (PWLB)	4.11	4.14	4.08	3.92	3.76	3.97	3.85

Market rates are based on LIBOR rates published at the middle and end of each month. PWLB rates are for new loans based on principal repayable at maturity.

### 3.5 Borrowing/Investments

Turnover during period

	No of deals	Turnover £m
Short Term Borrowing	0	0.0
Short Term Investments	16	133.0

Position at Month End

	Jul £m	Aug £m	Sep £m
Total Borrowing	70.0	70.0	183.0
Total Investments	85.0	80.0	188.0
Call Account Balance	14.7	16.0	20.0

Investment Benchmarking

Benchmark	Benchmark Return %	Performance %	Investment Interest Earned £000
7 day	0.35	0.45	27
1 month	0.37	0.00	0
3 month	0.43	0.51	18
6 month	0.58	0.62	46
12 month	0.92	0.81	114
Total			205

This shows that the Council has over achieved the benchmark for most maturities. Due to the Council's strict treasury management guidelines only Counterparties with a very high credit score can be used for 12 months investments. For this reason the returns are not as high as the benchmark return given.



## Budget Monitoring

	Net Interest at 31st September 2014		
	Budget £000	Actual £000	Variance £000
Investments	-205	-311	-106
Borrowings	810	990	180
Sub Total	605	679	74
Recharge to Capital		-137	-137
Net Interest Cost	605	542	-63

The net position is shown as underspent against budget at the end of quarter 2, a net nil position is estimated at year end. It should be noted that the investment position is very volatile as is dependent of levels of interest payable by our counterparties.

### 3.6 New Long Term Borrowing

Two loans were taken from the PWLB in this quarter, the first for £55m, and the second for £58m. These loans have been taken for the future funding of the Mersey Gateway project to take advantage of historically low PWLB rates. This borrowing will be invested until needed to fund the project. As the net interest cost will be capitalised for these loans, the net interest costs have been removed from the budget monitoring figures above.

### 3.7 Policy Guidelines

The Treasury Management Strategy Statement (TMSS) for 2014/15, which includes the Annual Investment Strategy, was approved by the Council on 5<sup>th</sup> March 2014 with an updated Annual Investment Strategy being approved by the Council on 16<sup>th</sup> July 2014. It sets out the Council's investment priorities as being:

- Security of capital;
- Liquidity; and
- Yield

The Council will also aim to achieve the optimum return (yield) on investments commensurate with proper levels of security and liquidity. In the current economic climate and the heightened credit concerns it is considered appropriate to keep investments short term with a maximum duration of 12 months in accordance with Sector's credit rating methodology.

To enable the Council to take advantage of low interest rates given by the PWLB, a special council meeting was held on 15<sup>th</sup> September 2014 to increase the Operational Boundary and Authorised Limit for 2014/15. This enabled the Council to borrow the funds discussed in 3.6 above.

3.8 Treasury Management Indicators

It is a statutory duty for the Council to determine and keep under review the affordable borrowing limits. The Council's approved Treasury and Prudential Indicators are included in the approved Treasury Management Strategy Statement.

**4.0 DEBT RESCHEDULING**

4.1 No debt rescheduling was undertaken during the quarter.

**5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

5.1 There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.

**6.0 RISK ANALYSIS**

6.1 The main risks with Treasury Management are security of investment and volatility of return. To combat this, the Authority operates within a clearly defined Treasury Management Policy and annual borrowing and investment strategy, which sets out the control framework

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 There are no issues under this heading.

**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

8.1 There are no background papers under the meaning of the Act.

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	20 <sup>th</sup> November 2014
<b>REPORTING OFFICER:</b>	Operational Director – Finance
<b>PORTFOLIO:</b>	Resources
<b>SUBJECT:</b>	Initial Budget Proposals 2015/16
<b>WARD(S):</b>	Borough-wide

### **1.0 PURPOSE OF REPORT**

1.1 To recommend to Council initial revenue budget proposals for 2015/16.

**2.0 RECOMMENDED: That Council approve the initial budget proposals for 2015/16 set out in Appendix 1.**

### **3.0 SUPPORTING INFORMATION**

3.1 The Medium Term Financial Strategy elsewhere on this Agenda forecasts a potential revenue budget funding gap for the Council of around £19m in 2015/16, £13m in 2016/17 and £10m in 2017/18.

3.1 Budget saving proposals for 2015/16 are currently being developed by the Budget Working Group. A number of these proposals, listed in the Appendix, can be implemented immediately. It is proposed that this is done in order to achieve a part-year saving in 2014/15 which will assist in keeping the Council's overall spending in line with budget. In addition, a number of the proposals will take time to implement and therefore commencing the process as soon as possible will assist in ensuring they are fully implemented by 1<sup>st</sup> April 2015. The Appendix also presents the impact in 2016/17 of certain savings proposals

3.2 Given the scale of the forecast funding gaps, the Budget Working Group has also proposed the use of £5.5m from the Council's reserves in 2015/16. This will provide a one-off saving which will delay the need to achieve these savings until 2016/17. This will therefore provide additional time to assist the Council with identifying the necessary permanent savings and reshaping the business where necessary to achieve this.

3.3 In addition, the Budget Working Group proposed that a number of assumptions made within the Medium Term Financial Strategy are revised downwards and these have been reflected in the Strategy.

3.4 The following table summarises the budget proposals of the Budget Working Group and identifies the remaining forecast budget gaps.

	2015/16 £m	2016/17 £m	Total £m
Forecast Budget Gaps as per MTFS	19.0	13.0	32.0
Less Budget Savings Proposals;			
Communities Directorate	-2.1	+0.9	-1.2
Children & Enterprise Directorate	-1.1	-1.5	-2.6
Policy & Resources Directorate	-1.7	+0.6	-1.1
Use of Reserves / Councilwide	-6.6	+5.4	-1.2
<b>Remaining Forecast Budget Gaps</b>	<b>7.5</b>	<b>18.4</b>	<b>25.9</b>

3.5 The Government will announce its Grant Settlement for Local Government in late December, at which point the Council's actual funding gap for 2015/16 will be identified. Further savings proposals to enable the Council to deliver a balanced budget for 2015/16 will be recommended to Council on 4<sup>th</sup> March 2014.

#### **4.0 POLICY AND OTHER IMPLICATIONS**

4.1 The revenue budget supports the Council in achieving the aims and objectives set out in the Community Strategy for Halton and the Council's Corporate Plan.

#### **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

5.1 The revenue budget supports the delivery and achievement of all the Council's priorities. The budget proposals listed in Appendix 1 have been prepared in consideration of all the Council's priorities.

#### **6.0 RISK ANALYSIS**

6.1 Failure to set a balanced budget would put the Council in breach of statutory requirements. The budget is prepared in accordance with detailed guidance and a timetable to ensure statutory requirements are met and a balanced budget is prepared that aligns resources with corporate objectives.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

#### **8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1072**

8.1 There are no background papers under the meaning of the Act.

	DEPARTMENT/ DIVISION/ SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET  £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP  (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED  (M / D)
				2015/16 £'000	2016/17 £'000		
<b>COMMUNITIES DIRECTORATE</b>							
<b>INCOME GENERATION OPPORTUNITIES</b>							
1	Stadium	To review rental charges for all users and tenants of the Stadium and to explore other opportunities within existing spaces	<b>86</b> current income target	<b>40</b>	-	<b>P</b>	<b>D</b>
2	Stadium	Stage a pop concert at the Stadium Meetings with potential partners to stage a concert at the Stadium, possibly need to seek invest to save funding.	<b>N/A</b>	<b>100</b>	-	<b>P</b>	<b>D</b>
3	School Meals	Increase the charge for a school meal by 10p	<b>1,825</b> current income target	<b>100</b>	-	<b>P</b>	<b>D</b>
4	Stadium	Opportunity to host an annual vintage bike show on the pitch perimeter at the Stadium.	<b>N/A</b>	<b>10</b>	-	<b>P</b>	<b>D</b>
5	Waste Management	Introduce a charge for all recycling bins at any new properties and for any replacement bins. (similar to now with black bins)	<b>374</b> current expenditure budget	<b>50</b>	-	<b>P</b>	<b>D</b>

	DEPARTMENT/ DIVISION/ SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET  £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP  (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED  (M / D)
				2015/16 £'000	2016/17 £'000		
6	Waste Management	Charge for trade waste to be introduced at household recycling centres.	<b>165</b> current income target	<b>50</b>	-	<b>P</b>	<b>D</b>
7	Leisure Recreation & Services	Host park events such as circus, fun fair, beer festivals, and theatres.	<b>21</b> current income target	<b>10</b>	-	<b>P</b>	<b>D</b>
8	Leisure Recreation & Services	Allotment charges annual increase (on average 95p per week increase).	<b>24</b> current income target	<b>5</b>	-	<b>P</b>	<b>D</b>
9	Leisure Recreation & Services	Further pursue commercial opportunities at The Brindley (e.g. more sell-out acts).	<b>329</b> current ticket sales	<b>25</b>	-	<b>P</b>	<b>D</b>
10	Registration Services	Bereavement Services increased charges 5% above inflation in order to get closer to full cost recovery.	<b>786</b> current income target	<b>20</b>	-	<b>P</b>	<b>D</b>
11	Registration Services	Registration Services opportunities (e.g. increase costs of wedding ceremonies).	<b>147</b> current income target	<b>10</b>	-	<b>P</b>	<b>D</b>

	DEPARTMENT/ DIVISION/ SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET  £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP  (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED  (M / D)
				2015/16 £'000	2016/17 £'000		
12	Catering Services	Increase income generation from catering opportunities at Runcorn Town Hall and Community Centre cafes.	N/A	5	-	P	D
<b>EFFICIENCY OPPORTUNITIES</b>							
13	Waste Management	A range of operational efficiency measures including route optimisation.	787	150	-	P	D
14	Waste Management	Cease third party recycling credit.	5	5	-	P	D
15	Waste Management	Cease to operate the current recycling rewards scheme and replace with an in-house developed scheme.	146	50	-	P	D
16	Library Service	Efficiency Review of Library Services.	2,095	230	-	P	M
17	Prevention and Assessment	Redesign the Reablement Service.	892	80	-	P	D

	DEPARTMENT/ DIVISION/ SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET  £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP  (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED  (M / D)
				2015/16 £'000	2016/17 £'000		
18	Prevention and Assessment /Commissioning	Reduce provision of the Halton Speak Out Self-Advocacy Service and Person Centred Planning Support contract.	96	46	-	P	D
19	Prevention and Assessment	Cease In-House support for Naughton Fields extra-care facility through transferring responsibility to HHT.	388	20	-	P	D
20	Prevention and Assessment	DM Commissioning (temporary secondment).	70	70	- 70	T	D
21	Commissioning and complex care	Management restructure.	-	50	-	P	D
22	Commissioning and complex care	Carers re-design utilising underspend on the 2014/15 carers budget.	440	50	- 50	T	M
<b>OTHER BUDGET SAVINGS</b>							
23	Prevention and Assessment	Restructure Home Improvement Agency.	120	30	-	P	M



	DEPARTMENT/ DIVISION/ SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET  £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP  (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED  (M / D)
				2015/16 £'000	2016/17 £'000		
24	Prevention and Assessment	Restructure the Vision Rehabilitation Service.	87	50	-	P	M
25	Prevention and Assessment	Sure Start for Later Life and Learning Disabilities Nursing Team reduce training budget as underspent in recent years.	30	23	-	P	M
26	Prevention and Assessment	Review allocation of funding in line with Better Care Fund.	731	731	- 731	T	M
<b>TOTAL PERMANENT</b>				1,159	0	P	
<b>TOTAL TEMPORARY (ONE-OFF)</b>				851	-851	T	
<b>GRAND TOTAL</b>				2,010	-851		



	DEPARTMENT / DIVISION / SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED (M / D)
				2015/16 £'000	2016/17 £'000		
<b>CHILDREN &amp; ENTERPRISE DIRECTORATE</b>							
<b>SHARED / COLLABORATIVE SERVICES</b>							
1	Emergency Duty Team	<p>Currently a shared service with St Helens. Proposal to include Warrington following their request to join the service, which has been agreed in principle.</p> <p>Work is underway with Warrington to evaluate new model and potential for cost savings from improved administrative procedures without any impact upon service delivery.</p>	180	20  (includes 10k within Communities)	-	P	M
<b>EFFICIENCY OPPORTUNITIES</b>							
2	Children and Families Supervised Contact Service for Children	Original proposal to contract out not ultimately viable as would need additional investment. Now proposing deletion of a vacant Community Support Worker post instead.	221	30	-	P	M

	DEPARTMENT / DIVISION / SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET  £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP  (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED  (M / D)
				2015/16 £'000	2016/17 £'000		
3	Review of Property Assets and sites	<p>A full review of the Council's land and property assets will be undertaken.</p> <ul style="list-style-type: none"> <li>To explore ways of minimising and reducing property/site related costs.</li> <li>To evaluate whether property/site related assets are sufficient and in the right condition to meet the Council's objectives.</li> <li>To consider alternative options for property provision.</li> <li>To investigate opportunities for sharing or leasing assets.</li> <li>To consider consolidating buildings further.</li> <li>To initially look at John Briggs House.</li> </ul>	12,000	1,000	1,500	P	D
<b>TOTAL PERMANENT</b>				1,050	1,500	P	
<b>TOTAL TEMPORARY (ONE-OFF)</b>				0	0	T	
<b>GRAND TOTAL</b>				1,050	1,500		

	DEPARTMENT/ DIVISION/ SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET  £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP  (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED  (M / D)
				2015/16 £'000	2016/17 £'000		
<b>POLICY &amp; RESOURCES DIRECTORATE</b>							
<b>INCOME GENERATION OPPORTUNITIES</b>							
1	Finance Dept / Audit & Op Finance Div / Purchase to Pay	Additional income to be generated from the on-going development of the Supplier Early Payment Discount Scheme.	-20	10	-	P	D
2	Finance Dept / Audit & Op Finance Div / Client Finance	Increase in the charges made for managing the finances of Appointeeship Clients from £5 to £6 per week, which were frozen in 2014/15.	-61	15	-	P	D
3	Human Resources	Generation of additional external income from provision of payroll, employee relations and recruitment services to academy schools, Mersey Gateway Crossings Board and Riverside College.	-411	30	-	P	D
	DEPARTMENT/	DESCRIPTION OF PROPOSAL	TOTAL BUDGET	ESTIMATED BUDGET SAVING		PERM OR	MANDATORY OR DISCRETIONARY

	<b>DIVISION / SERVICE AREA</b>		<b>£'000</b>	<b>2015/16 £'000</b>	<b>2016/17 £'000</b>	<b>TEMP (P / T)</b>	<b>SERVICE AFFECTED (M / D)</b>
4	Legal & Democratic Services Dept / Legal Services	Levy annual charge to Halton Borough Transport Ltd for legal services provided in order to ensure full cost recovery.	N/a	5	-	P	D
5	Public Health	Generate additional income by providing Health Improvement Services to other councils, in particular packages such as weight management.	N/a	50	-	P	D
6	Policy Planning & Transportation/ Highways	Introduction of a permit scheme to manage roadworks undertaken by utilities and other companies.	N/a	100	50	P	D
7	Policy Planning & Transportation/ Development Control	Additional income generated from levying pre-application development control fees.	10	15	-	P	D
	<b>DEPARTMENT/</b>	<b>DESCRIPTION OF PROPOSAL</b>	<b>TOTAL BUDGET</b>	<b>ESTIMATED BUDGET SAVING</b>		<b>PERM OR</b>	<b>MANDATORY OR DISCRETIONARY</b>

	<b>DIVISION / SERVICE AREA</b>		<b>£'000</b>	<b>2015/16 £'000</b>	<b>2016/17 £'000</b>	<b>TEMP (P / T)</b>	<b>SERVICE AFFECTED (M / D)</b>
<b>SHARED / COLLABORATIVE SERVICES</b>							
8	Public Health	To undertake joint working on social marketing, workforce development and training packages with the Cheshire & Merseyside Public Health Network.	<b>256</b>	<b>40</b>	<b>-</b>	<b>P</b>	<b>M</b>
9	ICT and Support Services Department/	ICT staffing restructure in light of the Council's future ICT needs and income generation opportunities, resulting in the deletion of vacant posts.	<b>2,920</b>	<b>100</b>	<b>-</b>	<b>P</b>	<b>D</b>
<b>PROCUREMENT OPPORTUNITIES</b>							
10	Finance Dept / Audit & Op Finance Div / Purchase to Pay	Cease the invoice scanning contract with Northgate Systems and undertake all invoice scanning in-house.	<b>8</b>	<b>8</b>	<b>-</b>	<b>P</b>	<b>D</b>
	<b>DEPARTMENT/</b>	<b>DESCRIPTION OF PROPOSAL</b>	<b>TOTAL BUDGET</b>	<b>ESTIMATED BUDGET SAVING</b>		<b>PERM OR</b>	<b>MANDATORY OR DISCRETIONARY</b>

	<b>DIVISION / SERVICE AREA</b>		<b>£'000</b>	<b>2015/16 £'000</b>	<b>2016/17 £'000</b>	<b>TEMP (P / T)</b>	<b>SERVICE AFFECTED (M / D)</b>
11	Corporate	Reduction in surface water drainage charges at Murdishaw Leisure Centre following investigations by an external consultancy.	<b>N/a</b>	<b>6</b>	<b>-</b>	<b>P</b>	<b>D</b>
12	Public Health	Reduce the cost of Public Health contracts through retendering exercises.	<b>1,063</b>	<b>200</b>	<b>-</b>	<b>P</b>	<b>M</b>
<b>EFFICIENCY OPPORTUNITIES</b>							
13	Finance Dept / Financial Management Division	A re-structure of Financial management was completed in 2013/14 which achieved savings. The balance of savings has now been released following appointments to all remaining posts.	<b>1,297</b>	<b>30</b>	<b>-</b>	<b>P</b>	<b>D</b>
14	Finance Dept / Procurement Division	Deletion of a vacant HBC5 Procurement Officer post and a vacant 0.5fte HBC7 Procurement Officer Post.	<b>648</b>	<b>44</b>	<b>-</b>	<b>P</b>	<b>D</b>
15	Legal & Democratic Services Dept / Legal Services	Voluntary reduction in hours of an HBC3 Clerical Assistant post in Legal Services from full time to 3 days per week.	<b>1,077</b>	<b>8</b>	<b>-</b>	<b>P</b>	<b>D</b>
	<b>DEPARTMENT/</b>	<b>DESCRIPTION OF PROPOSAL</b>	<b>TOTAL BUDGET</b>	<b>ESTIMATED BUDGET SAVING</b>		<b>PERM OR</b>	<b>MANDATORY OR DISCRETIONARY</b>



	<b>DIVISION / SERVICE AREA</b>		<b>£'000</b>	<b>2015/16 £'000</b>	<b>2016/17 £'000</b>	<b>TEMP (P / T)</b>	<b>SERVICE AFFECTED (M / D)</b>
16	Policy Planning & Transportation/ Street Lighting	Energy and maintenance savings from street lighting equipment being transferred to Merseylink as part of the Mersey Gateway project.	50	50	-	P	M
17	Policy and Development Services/ Planning and Transport Policy Team	Voluntary reduction in hours agreed for a Transport Policy Officer post.	620	16	-	P	D
18	Legal & Democratic Services Dept / Democratic Services Division	Reduction in the frequency of Area Forum meetings to 2 per year, and deletion of a vacant Committee Officer post.	492	30	-	P	D

**OTHER BUDGET SAVINGS**

19	Finance Dept / Financial Management Division	Reduction in the budget for external audit fees relating to grant claim audits.	167	7	-	P	M
	<b>DEPARTMENT/</b>	<b>DESCRIPTION OF PROPOSAL</b>	<b>TOTAL BUDGET</b>	<b>ESTIMATED BUDGET SAVING</b>		<b>PERM OR</b>	<b>MANDATORY OR DISCRETIONARY</b>

	<b>DIVISION / SERVICE AREA</b>		<b>£'000</b>	<b>2015/16 £'000</b>	<b>2016/17 £'000</b>	<b>TEMP (P / T)</b>	<b>SERVICE AFFECTED (M / D)</b>
20	Corporate	Feed-in tariffs on previously installed solar panels will not be paid over to reimburse the Invest to Save fund (but the energy saving will still be), so as to lengthen repayment period.	<b>N/a</b>	<b>30</b>	<b>-</b>	<b>p</b>	<b>D</b>
21	Corporate	One-off backdated reimbursements received following various business rate revaluations.	<b>N/a</b>	<b>30</b>	<b>- 30</b>	<b>T</b>	<b>D</b>
22	Finance Dept / Audit & Op Finance Div / Insurance	Reduction in self-insurance costs relating to the lease car fleet, as the number of vehicles reduces as the scheme winds down until 2017, with the introduction of the salary sacrifice car scheme.	<b>15</b>	<b>15</b>	<b>15</b>	<b>P</b>	<b>D</b>
23	Finance Dept / Revenues, Benefits & Customer Svcs Division / Business Rates	Deletion of the charitable rate relief budget, which is no longer required to reimburse the national rates pool, following the introduction of the business rates retention scheme from 1/4/13. This will provide a one-off underspend saving from 2014/15 and a permanent budget saving from 2015/16 onwards.	<b>120</b>	<b>120</b> <b>120</b>	<b>- 120</b> <b>-</b>	<b>T</b> <b>P</b>	<b>D</b>
	<b>DEPARTMENT/</b>	<b>DESCRIPTION OF PROPOSAL</b>	<b>TOTAL BUDGET</b>	<b>ESTIMATED BUDGET SAVING</b>		<b>PERM OR</b>	<b>MANDATORY OR DISCRETIONARY</b>

	<b>DIVISION / SERVICE AREA</b>		<b>£'000</b>	<b>2015/16 £'000</b>	<b>2016/17 £'000</b>	<b>TEMP (P / T)</b>	<b>SERVICE AFFECTED (M / D)</b>
24	Finance Department / Revenues, Benefits & Customer Svcs Division / Business Rates & Council Tax	Unspent new burdens grant funding not utilised in past two years as significant changes to business rates and council tax arrangements have been implemented utilising existing staff resources.	<b>N/a</b>	<b>300</b>	<b>- 300</b>	<b>T</b>	<b>M</b>
25	Legal & Democratic Services Dept / Democratic Services Division	Use ticket income to meet the costs of the Mayor's Civic Ball, which was previously donated to the Mayor's charity.	<b>35</b>	<b>3</b>	<b>-</b>	<b>P</b>	<b>D</b>
26	Local Bus Support	Reduction in the current budget by a further 5% to be achieved through procurement processes. This would not result in the loss of any existing supported bus services.	<b>534</b>	<b>27</b>	<b>-</b>	<b>P</b>	<b>D</b>
27	Bus Shelters	Reduction in the current budget by 10%, which would reduce our ability to repair and maintain the bus stop infrastructure.	<b>20</b>	<b>2</b>	<b>-</b>	<b>P</b>	<b>D</b>
	<b>DEPARTMENT/</b>	<b>DESCRIPTION OF PROPOSAL</b>	<b>TOTAL BUDGET</b>	<b>ESTIMATED BUDGET SAVING</b>		<b>PERM OR</b>	<b>MANDATORY OR DISCRETIONARY</b>

	<b>DIVISION / SERVICE AREA</b>		<b>£'000</b>	<b>2015/16 £'000</b>	<b>2016/17 £'000</b>	<b>TEMP (P / T)</b>	<b>SERVICE AFFECTED (M / D)</b>
28	Logistics Division	Reduce current budget for Lowerhouse Lane Depot gas supplies by 30%, as a result of reduced costs experienced following major capital works at the Depot.	<b>40</b>	<b>10</b>	<b>-</b>	<b>P</b>	<b>D</b>
29	Policy Planning & Transportation/ Street Lighting	Release of a one-off reserve held in relation to a previous year undercharge for street lighting electricity charges, which is now time expired.	<b>N/a</b>	<b>117</b>	<b>- 117</b>	<b>T</b>	<b>D</b>
30	Policy Planning & Transportation/ Street Lighting	The Council charges developers a fee for the design, handling and installation of street lighting equipment. The proposed saving is from accumulated fees not utilised, as costs have been met from the existing street lighting budget.	<b>N/a</b>	<b>100</b>	<b>- 100</b>	<b>T</b>	<b>D</b>
31	Policy and Development Services	Reductions in various operational budgets.	<b>44</b>	<b>24</b>	<b>-</b>	<b>P</b>	<b>D</b>
<b>TOTAL PERMANENT</b>				<b>995</b>	<b>65</b>	<b>P</b>	
<b>TOTAL TEMPORARY (ONE-OFF)</b>				<b>667</b>	<b>- 667</b>	<b>T</b>	
<b>GRAND TOTAL</b>				<b>1,662</b>	<b>- 602</b>		

	DEPARTMENT/ DIVISION / SERVICE AREA	DESCRIPTION OF PROPOSAL	TOTAL BUDGET  £'000	ESTIMATED BUDGET SAVING		PERM OR TEMP  (P / T)	MANDATORY OR DISCRETIONARY SERVICE AFFECTED  (M / D)
				2015/16 £'000	2016/17 £'000		
<b>USE OF RESERVES &amp; COUNCILWIDE ITEMS</b>							
1	Chief Executive	Income from Mersey Gateway Crossings Board for provision of Chief Executive.	N/A	60	60	T	D
2	Reserves	One-off contributions from the following reserves; <ul style="list-style-type: none"> <li>• General reserve</li> <li>• Insurance Reserve</li> <li>• Invest to Save Fund</li> <li>• Transformation Fund</li> </ul>	8,646 3,802 1,397 2,215	3,500 1,000 500 500	-3,500 -1,000 -500 -500	T T T T	D
3	Supplies & Services	8% reduction in general supplies and services budgets.	12,500	1,000	-	P	D
<b>TOTAL PERMANENT</b>				1,000	-	P	
<b>TOTAL TEMPORARY (ONE-OFF)</b>				5,560	-5,440	T	
<b>GRAND TOTAL</b>				6,560	-5,440		

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	20 November 2014
<b>REPORTING OFFICER:</b>	Operational Director – Finance
<b>PORTFOLIO:</b>	Resources
<b>SUBJECT:</b>	2014/15 Half Year Spending
<b>WARD(S):</b>	Borough-wide

## **1.0 PURPOSE OF REPORT**

- 1.1 To report the Council's overall revenue and capital spending position as at 30<sup>th</sup> September 2014.

## **2.0 RECOMMENDED: That**

- 1) all spending continues to be limited to the absolutely essential;**
- 2) Strategic Directors ensure overall spending at year-end is within their total operational budget;**
- 3) Council approve the revised capital programme as set out in Appendix 3.**

## **3.0 SUPPORTING INFORMATION**

### **Revenue Spending**

- 3.1 Appendix 1 presents a summary of spending against the revenue budget up to 30<sup>th</sup> September 2014, along with individual statements for each Department. In overall terms revenue expenditure is £0.126m below the budget profile. However the budget profile is only a guide to eventual spending and experience shows that spending is usually lower in the first half of the financial year and is likely to accelerate towards the end of the year. Directorates should continue to limit all spending to the absolutely essential to ensure that each Directorate's spending at year-end is within its total operational budget.
- 3.2 Total spending on employees is £0.714m below budget profile at the end of the quarter. During the first half of the year a number of posts have been vacant across the Council, and whilst some of these have now been filled it has helped to reduce expenditure and contribute towards the Council's staff turnover saving target. Some posts which are still vacant have been proposed as budget savings for future years. It is important that Directorates continue to tightly control staffing, as the position to date is relatively marginal in terms of the total employee budget of approximately £70m.

- 3.3 Expenditure on general supplies and services is £0.247m under budget against a budget profile of £5.1m at 30<sup>th</sup> September 2014, equating to 4.8% of available budget for the half year. The reduction in spend is across all areas and can be attributed to the policy on ensuring spend is limited to what is essential.
- 3.4 Within the Children & Families Department, expenditure relating to Out of Borough Residential Placements is significantly over the profiled budget to date; this is expected to be the trend for the rest of the year based on current service usage. There can be emergency placements and some long term placements ending earlier or continuing longer than originally anticipated, making this a very unpredictable budget. Although every effort is made to utilise in house services, this is not always possible, so at present, there is a high demand for long term, out of Borough placements, which are at a higher cost than in house placements.
- 3.5 Within the same Department costs for in-house adoption are also substantially higher than the budget to date due to special guardianship payments increasing over the past year. Both areas are having a considerable impact, such that it is currently projected that spending within Children & Families Department by year end will be approximately £3m over the annual budget.
- 3.6 An action plan has been formulated to review various options to try and reduce the budget burden within Children & Families Department. This includes continuous focus on high cost residential placements ensuring value for money is achieved through better commissioning of placements.
- 3.7 There continues to be budget pressures on some budgeted income targets, including trade waste income and sales revenue from the Stadium.
- 3.8 The collection rate for Council Tax for the quarter is 56.16%, which is slightly lower (0.24%) than at this stage last year, but still above the average collection rate for neighbouring councils. The forecast retained element of business rates is in line with what was set as the Council's business rate baseline for the year.
- 3.9 The Council's overall net spending is marginally below the budget profile at 30<sup>th</sup> September 2014. Nevertheless, it is important that budget managers continue to closely monitor and control spending and income. In the current financial climate budget underspends will be helpful and therefore spending should be limited to the absolutely essential.

### **Capital Spending**

- 3.10 The capital programme has been revised to reflect a number of changes in spending profiles and funding as schemes have developed. These are reflected in the capital programme presented in Appendix 3. The schemes which have been revised within the programme are as follows;

- (i) Grangeway Court
- (ii) ALD Bungalows
- (iii) Halton Carers Centre Refurbishment
- (iv) Lifeline Telecare Upgrade
- (v) Castlefields Regeneration
- (vi) Widnes Waterfront & Bayer
- (vii) Disability Discrimination Act (DDA)
- (viii) SciTech Daresbury – Site Connectivity

3.11 Capital spending at 30<sup>th</sup> September 2014 totalled £14.9m, which is 95% of the planned spending of £15.7m at this stage. This represents 44% of the total Capital Programme of £33.8m (which assumes a 20% slippage between years).

### **Balance Sheet**

3.12 The Council's Balance Sheet is monitored regularly in accordance with the Reserves and Balances Strategy which forms part of the Medium Term Financial Strategy. The key reserves and balances have been reviewed and are considered prudent and appropriate at this stage in the financial year.

## **4.0 POLICY AND OTHER IMPLICATIONS**

4.1 None.

## **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

5.1 There are no direct implications, however, the revenue budget and capital programme support the delivery and achievement of all the Council's priorities.

## **6.0 RISK ANALYSIS**

6.1 There are a number of financial risks within the budget. However, the Council has internal controls and processes in place to ensure that spending remains in line with budget.

6.2 In preparing the 2014/15 budget, a register of significant financial risks was prepared which has been updated as at 30<sup>th</sup> September 2014.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

## **8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1072**

8.1 There are no background papers under the meaning of the Act.



## APPENDIX 1

Summary of Revenue Spending to 30<sup>th</sup> September 2014

Directorate / Department	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
Children and Families Services	18,479	9,652	11,054	(1,402)
Children's Organisation and Provision	12,810	3,160	2,997	163
Learning and Achievement	2,623	1,526	1,302	224
Economy, Enterprise & Property	3,781	551	519	32
<b>Children &amp; Enterprise</b>	<b>37,693</b>	<b>14,889</b>	<b>15,872</b>	<b>(983)</b>
Human Resources	44	-240	-247	7
Policy, Planning & Transportation	16,379	4,526	4,451	75
Legal & Democratic Services	578	280	185	95
Finance	4,750	-940	-1,266	326
ICT & Support Services	20	-587	-783	196
Public Health	1,462	1,162	1,105	57
<b>Policy &amp; Resources</b>	<b>23,233</b>	<b>4,201</b>	<b>3,445</b>	<b>756</b>
Commissioning & Complex Care	12,954	7,319	7,285	34
Community & Environment	26,361	10,456	10,517	(61)
Prevention & Assessment	24,249	11,509	11,441	68
<b>Communities</b>	<b>63,564</b>	<b>29,284</b>	<b>29,243</b>	<b>41</b>
<b>Corporate &amp; Democracy</b>	<b>-16,247</b>	<b>-189</b>	<b>-501</b>	<b>312</b>
	<b>108,243</b>	<b>48,185</b>	<b>48,059</b>	<b>126</b>

## CHILDREN &amp; ENTERPRISE DIRECTORATE

Children & Families Services  
Revenue Spending as at 30<sup>th</sup> September 2014

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
<b><u>Expenditure</u></b>				
Employees	8,407	4,575	4,599	(24)
Premises	375	196	174	22
Supplies & Services	1,284	512	494	18
Transport	33	9	8	1
Commissioned Services	342	128	124	4
Agency Related Expenditure	258	198	255	(57)
Residential Placements	1,969	1,080	1,881	(801)
Out of Borough Adoption	80	36	26	10
Out of Borough Fostering	414	278	414	(136)
In house Foster Carer Placements	1,721	913	989	(76)
In house Adoption	552	367	695	(328)
Care Leavers	316	185	224	(39)
Family Support	113	27	25	2
Capital Financing	6	0	0	0
<b>Total Expenditure</b>	<b>15,870</b>	<b>8,504</b>	<b>9,908</b>	<b>(1,404)</b>
<b><u>Income</u></b>				
Fees & Charges	-113	-45	-50	5
Adoption Placements	-43	0	0	0
Transfer to / from Reserves	-204	-204	-204	0
Dedicated Schools Grant	-76	0	0	0
Reimbursements & Other Income	-224	-170	-167	(3)
Adoption Reform Grant	-60	-60	-60	0
<b>Total Income</b>	<b>-720</b>	<b>-479</b>	<b>-481</b>	<b>2</b>
<b>NET OPERATIONAL BUDGET</b>	<b>15,150</b>	<b>8,025</b>	<b>9,427</b>	<b>(1,402)</b>
<b><u>Recharges</u></b>				
Premises Support Costs	349	175	175	0
Transport Support Costs	72	30	30	0
Central Support Service Costs	2,864	1,422	1,422	0
Asset Rental Support Costs	44	0	0	0
<b>Total Recharges</b>	<b>3,329</b>	<b>1,627</b>	<b>1,627</b>	<b>0</b>
<b>Net Expenditure</b>	<b>18,479</b>	<b>9,652</b>	<b>11,054</b>	<b>(1,402)</b>

**Children's Organisation & Provision  
Revenue Spending as at 30<sup>th</sup> September 2014**

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
<b><u>Expenditure</u></b>				
Employees	3,782	1,721	1,662	59
Premises	611	154	152	2
Supplies & Services	2,530	928	896	30
Transport	5	3	3	0
School Transport	916	317	311	6
Commissioned Services	2,750	1,103	1,081	22
Agency Related Expenditure	1,636	979	974	5
Nursery Education Payments	2,419	1,875	1,875	0
Schools Contingency	496	88	88	0
Special Education Needs Contingency	746	714	714	0
Early Years Contingency	1	0	0	0
<b>Total Expenditure</b>	<b>15,892</b>	<b>7,882</b>	<b>7,758</b>	<b>124</b>
<b><u>Income</u></b>				
Fees & Charges	-380	-108	-116	8
Rent	-55	0	0	0
HBC Support Costs	-79	0	0	0
Transfer to / from Reserves	-1,022	-984	-984	0
Dedicated Schools Grant	-7,013	-3506	-3506	0
Reimbursements & Other Income	-576	-438	-465	27
Schools SLA Income	-202	-192	-196	4
<b>Total Income</b>	<b>-9,237</b>	<b>-5,228</b>	<b>-5,267</b>	<b>39</b>
<b>Net Operational Budget</b>	<b>6,565</b>	<b>2,654</b>	<b>2,491</b>	<b>163</b>
<b><u>Recharges</u></b>				
Premises Support Costs	181	92	92	0
Transport Support Costs	288	76	76	0
Central Support Service Costs	836	338	338	0
Asset Rental Support Costs	4,940	0	0	0
<b>Total Recharges</b>	<b>6,245</b>	<b>506</b>	<b>506</b>	<b>0</b>
<b>Net Expenditure</b>	<b>12,810</b>	<b>3,160</b>	<b>2,997</b>	<b>163</b>

**Learning and Achievement  
Revenue Spending as at 30<sup>th</sup> September 2014**

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
<b><u>Expenditure</u></b>				
Employees	3,409	1,582	1,506	76
Premises	9	0	0	0
Supplies & Services	690	314	259	55
Agency Related Expenditure	44	19	3	16
Independent School Fees	1,541	1,107	1,107	0
Inter Authority Recoupment	752	35	28	7
Speech Therapy	120	60	0	60
Capital Financing	2	0	0	0
<b>Total Expenditure</b>	<b>6,567</b>	<b>3,117</b>	<b>2,903</b>	<b>214</b>
<b><u>Income</u></b>				
Fees & Charges	-156	-34	-43	9
Transfer to / from Reserves	-76	0	0	0
Dedicated Schools Grant	-3,708	-1,854	-1,854	0
Government Grant Income	-176	-63	-63	0
Reimbursements & Other Income	-110	-55	-56	1
Inter Authority Income	-578	-1	-1	0
Schools SLA Income	-39	-33	-33	0
<b>Total Income</b>	<b>-4,843</b>	<b>-2,040</b>	<b>-2,050</b>	<b>10</b>
<b>NET OPERATIONAL BUDGET</b>	<b>1,724</b>	<b>1,077</b>	<b>853</b>	<b>224</b>
<b><u>Recharges</u></b>				
Premises Support Costs	157	79	79	0
Transport Support Costs	15	7	7	0
Central Support Service Costs	727	363	363	0
Asset Rental Support Costs	0	0	0	0
<b>Total Recharges</b>	<b>899</b>	<b>449</b>	<b>449</b>	<b>0</b>
<b>Net Expenditure</b>	<b>2,623</b>	<b>1,526</b>	<b>1,302</b>	<b>224</b>

Revenue Spending as at 30<sup>th</sup> September 2014

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
<b><u>Expenditure</u></b>				
Employees	4,339	2,130	2,167	(38)
Repairs & Maintenance	2,615	1,195	1,206	(11)
Premises	44	41	41	0
Energy & Water Costs	621	293	272	21
NNDR	616	601	590	11
Rents	418	276	272	4
Marketing Programme	35	10	10	0
Promotions	58	33	31	2
Supplies & Services	1,619	473	457	16
Agency Related Expenditure	76	29	29	0
Grants to Non Voluntary Organisations	132	132	132	0
Other Expenditure	7	7	7	0
<b>Total Expenditure</b>	<b>10,580</b>	<b>5,218</b>	<b>5,214</b>	<b>4</b>
<b><u>Income</u></b>				
Fees & Charges	-490	-284	-290	6
Rent - Markets	-759	-376	-377	1
Rent - Industrial Estates	-651	-375	-382	7
Rent - Commercial	-591	-240	-237	(3)
Transfer to / from Reserves	-589	-504	-504	0
Government Grant - Income	-2,059	-733	-733	0
Reimbursements & Other Income	-51	-73	-77	4
Recharges to Capital	-311	-69	-69	0
Schools SLA Income	-564	-464	-476	13
<b>Total Income</b>	<b>-6,065</b>	<b>-3,118</b>	<b>-3,145</b>	<b>28</b>
<b>NET OPERATIONAL BUDGET</b>	<b>4,515</b>	<b>2,101</b>	<b>2,069</b>	<b>32</b>
<b><u>Recharges</u></b>				
Premises Support Costs	1,409	722	722	0
Transport Support Costs	30	11	11	0
Central Support Service Costs	1,970	995	995	0
Asset Rental Support Costs	2,414	0	0	0
Repairs & Maint. Rech. Income	-2,448	-1224	-1224	0
Accommodation Rech. Income	-2,652	-1326	-1326	0
Central Supp. Service Rech. Income	-1,457	-728	-728	0
<b>Total Recharges</b>	<b>-734</b>	<b>-1550</b>	<b>-1550</b>	<b>0</b>
<b>Net Expenditure</b>	<b>3,781</b>	<b>551</b>	<b>519</b>	<b>32</b>

**Human Resources  
Revenue Spending as at 30<sup>th</sup> September 2014**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<b>Expenditure</b>				
Employees	1,559	798	793	5
Employee Training	133	33	33	0
Supplies & Services	111	64	58	6
<b>Total Expenditure</b>	<b>1,803</b>	<b>895</b>	<b>884</b>	<b>11</b>
<b>Income</b>				
Fees & Charges	-88	-81	-77	(4)
School SLA's	-437	-437	-437	0
<b>Total Income</b>	<b>-525</b>	<b>-518</b>	<b>-514</b>	<b>(4)</b>
<b>Net Operational Expenditure</b>	<b>1,278</b>	<b>377</b>	<b>370</b>	<b>7</b>
<b>Recharges</b>				
Premises Support	65	33	33	0
Transport Recharges	11	5	5	0
Central Support Recharges	302	151	151	0
Support Recharges Income	-1,612	-806	-806	0
<b>Net Total Recharges</b>	<b>-1,234</b>	<b>-617</b>	<b>-617</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>44</b>	<b>-240</b>	<b>-247</b>	<b>7</b>

**Policy, Planning & Transportation  
Revenue Spending as at 30<sup>th</sup> September 2014**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	4,810	2,484	2,489	(5)
Other Premises	205	60	53	7
Hired & Contracted Services	433	191	200	(9)
Supplies & Services	314	161	160	1
Street Lighting	1,914	673	667	6
Highways Maintenance	2,383	1,670	1,666	4
Bridges	96	44	42	2
Fleet Transport	1,385	546	546	0
Lease Car Contracts	516	342	342	0
Bus Support – Halton Hopper Tickets	177	136	136	0
Bus Support	541	310	310	0
Out of Borough Transport	51	10	9	1
Contribution to Reserves	163	163	163	0
Finance Charges	406	215	215	0
Grants to Voluntary Orgs	68	34	34	0
NRA Levy	58	29	29	0
<b>Total Expenditure</b>	<b>13,520</b>	<b>7,068</b>	<b>7,061</b>	<b>7</b>
<b><u>Income</u></b>				
Sales	-253	-196	-198	2
Planning Fees	-506	-253	-273	20
Building Control Fees	-186	-93	-113	20
Other Fees & Charges	-1,008	-411	-421	10
Rents	-8	0	0	0
Grants & Reimbursements	-523	-298	-316	18
Efficiency Savings	-60	0	0	0
School SLAs	-39	-39	-37	(2)
Recharge to Capital	-312	0	0	0
<b>Total Income</b>	<b>-2,895</b>	<b>-1,290</b>	<b>-1,358</b>	<b>68</b>
<b>Net Controllable Expenditure</b>	<b>10,625</b>	<b>5,778</b>	<b>5,703</b>	<b>75</b>
<b><u>Recharges</u></b>				
Premises Support	528	327	327	0
Transport Recharges	596	290	290	0
Asset Charges	7,946	0	0	0
Central Support Recharges	2,385	977	977	0
Departmental Support	-432	-216	-216	0
Recharges Income	-2,884	-1,552	-1,552	0
Support Recharges Income – Transport	-2,385	-1,078	-1,078	0
Support Recharges Income – Non Transport				
<b>Net Total Recharges</b>	<b>5,754</b>	<b>-1,252</b>	<b>-1,252</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>16,379</b>	<b>4,526</b>	<b>4,451</b>	<b>75</b>

Legal & Democratic Services  
Revenue Spending as at 30<sup>th</sup> September 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	1,921	975	924	51
Supplies & Services	390	218	199	19
Civic Catering & Functions	29	15	11	4
Mayoral Allowances	21	13	13	0
Legal Expenses	220	75	75	0
<b>Total Expenditure</b>	<b>2,581</b>	<b>1,296</b>	<b>1,222</b>	<b>74</b>
<b><u>Income</u></b>				
Land Charges	-99	-49	-51	2
License Income	-251	-92	-93	1
Schools SLA's	-49	-49	-60	11
Other Income	-73	-61	-68	7
Transfers from Reserves	-10	0	0	0
<b>Total Income</b>	<b>-482</b>	<b>-251</b>	<b>-272</b>	<b>21</b>
<b>Net Operational Expenditure</b>	<b>2,099</b>	<b>1,045</b>	<b>950</b>	<b>95</b>
<b><u>Recharges</u></b>				
Premises Support	91	41	41	0
Transport Recharges	18	9	9	0
Central Support Recharges	481	241	241	0
Support Recharges Income	-2,111	-1,056	-1,056	0
<b>Net Total Recharges</b>	<b>-1,521</b>	<b>-765</b>	<b>-765</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>578</b>	<b>280</b>	<b>185</b>	<b>95</b>



	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	7,365	3,802	3,548	254
Supplies & Services	484	284	247	37
Other Premises	82	66	61	5
Agency Related	1	0	0	0
Insurances	1,672	866	866	0
Concessionary Travel	2,247	995	995	0
Rent Allowances	55,000	24,932	24,932	0
Non HRA Rebates	66	33	33	0
Discretionary Housing Payments	387	303	303	0
Local Welfare Payments	615	49	49	0
Transfers to Reserves	255	0	0	0
<b>Total Expenditure</b>	<b>68,174</b>	<b>31,330</b>	<b>31,034</b>	<b>296</b>
<b><u>Income</u></b>				
Fees & Charges	-661	-313	-309	(4)
SLA to Schools	-770	-770	-731	(39)
NNDR Administration Grant	-169	0	0	0
Hsg Ben Administration Grant	-1,094	-657	-657	0
Rent Allowances	-54,410	-27,555	-27,555	0
Non HRA Rent Rebates	-66	-35	-35	0
Discretionary Housing Payments Grant	-387	-129	-129	0
Local Welfare Grant	-775	-388	-388	0
Reimbursements & Other Grants	-310	-263	-266	3
Liability Orders	-373	-286	-356	70
Transfer from Reserves	-681	0	0	0
<b>Total Income</b>	<b>-59,696</b>	<b>-30,396</b>	<b>-30,426</b>	<b>30</b>
<b>Net Controllable Expenditure</b>	<b>8,478</b>	<b>934</b>	<b>608</b>	<b>326</b>
<b><u>Recharges</u></b>				
Premises	432	216	216	0
Transport	36	18	18	0
Asset Charges	19	0	0	0
Central Support Services	3,291	1,645	1,645	0
Support Services Income	-7,506	-3,753	-3,753	0
<b>Net Total Recharges</b>	<b>-3,728</b>	<b>-1,874</b>	<b>-1,874</b>	<b>0</b>
<b>Net Department Total</b>	<b>4,750</b>	<b>-940</b>	<b>-1,266</b>	<b>326</b>

**ICT & Support Services**  
**Revenue Spending as at 30<sup>th</sup> September 2014**

	Annual Budget	Budget to Date	Actual to Date	Variance to Date (Overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	5,754	2,924	2,729	195
Supplies & Services	523	211	203	8
Computer Repairs & Software	684	495	497	(2)
Communications Costs	333	233	235	(2)
Other Premises	29	18	18	0
Capital Financing	336	168	170	(2)
<b>Total Expenditure</b>	<b>7,659</b>	<b>4,049</b>	<b>3,852</b>	<b>197</b>
<b><u>Income</u></b>				
Fees & Charges	-479	-159	-161	2
Transfers from Reserves	-60	-30	-37	7
SLA to Schools	-548	-548	-538	(10)
<b>Total Income</b>	<b>-1,087</b>	<b>-737</b>	<b>-736</b>	<b>(1)</b>
<b>Net Controllable Expenditure</b>	<b>6,572</b>	<b>3,312</b>	<b>3,116</b>	<b>196</b>
<b><u>Recharges</u></b>				
Premises	521	260	260	0
Transport	17	9	9	0
Asset Charges	1,246	0	0	0
Central Support Services	1,035	518	518	0
Support Service Income	-9,371	-4,686	-4,686	0
<b>Net Total Recharges</b>	<b>-6,552</b>	<b>-3,899</b>	<b>-3,899</b>	<b>0</b>
<b>Net Department Total</b>	<b>20</b>	<b>-587</b>	<b>-783</b>	<b>196</b>

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	1,718	866	812	54
Supplies & Services	152	53	47	6
Other Agency	20	20	17	3
Contracts & SLA's	5,682	2,200	2,200	0
Transfer to Reserves	707	0	0	0
<b>Total Expenditure</b>	<b>8,279</b>	<b>3,139</b>	<b>3,076</b>	<b>63</b>
<b><u>Income</u></b>				
Other Fees & Charges	-49	-34	-30	(4)
Sales Income	-26	-20	-18	(2)
Reimbursements & Grant Income	-3	0	0	0
Government Grant	-8,749	-2,187	-2,187	0
Transfer from Reserves	-200	0	0	0
<b>Total Income</b>	<b>-9,027</b>	<b>-2,241</b>	<b>-2,235</b>	<b>(6)</b>
<b>Net Operational Expenditure</b>	<b>-748</b>	<b>898</b>	<b>841</b>	<b>57</b>
<b><u>Recharges</u></b>				
Premises Support	50	25	25	0
Central Support Services	2,135	230	230	0
Transport Recharges	25	9	9	0
<b>Net Total Recharges</b>	<b>2,210</b>	<b>264</b>	<b>264</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>1,462</b>	<b>1,162</b>	<b>1,105</b>	<b>57</b>

## COMMUNITIES DIRECTORATE

### Commissioning & Complex Care

Revenue Spending as at 30<sup>th</sup> September 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	7,463	3,573	3,521	52
Premises	304	158	159	(1)
Supplies & Services	1,905	922	922	0
Carers Breaks	423	312	309	3
Transport	170	79	77	2
Contracts & SLAs	149	57	53	4
Payments To Providers	3,816	1,555	1,556	(1)
Emergency Duty Team	103	26	25	1
Other Agency Costs	795	320	312	8
<b>Total Expenditure</b>	<b>15,128</b>	<b>7,002</b>	<b>6,934</b>	<b>68</b>
<b><u>Income</u></b>				
Sales & Rents Income	-384	-202	-225	23
Fees & Charges	-173	-99	-72	(27)
CCG Contribution To Service	-810	-405	-374	(31)
Reimbursements & Grant Income	-663	-155	-156	1
Transfer From Reserves	-848	0	0	0
<b>Total Income</b>	<b>-2,878</b>	<b>-861</b>	<b>-827</b>	<b>(34)</b>
<b>Net Operational Expenditure</b>	<b>12,250</b>	<b>6,141</b>	<b>6,107</b>	<b>34</b>
<b><u>Recharges</u></b>				
Premises Support	192	80	80	0
Transport	436	218	218	0
Central Support Services	1,685	842	842	0
Asset Charges	76	38	38	0
Internal Recharge Income	-1,685	0	0	0
<b>Net Total Recharges</b>	<b>704</b>	<b>1,178</b>	<b>1,178</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>12,954</b>	<b>7,319</b>	<b>7,285</b>	<b>34</b>

Community & Environment  
Revenue Spending as at 30<sup>th</sup> September 2014

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<b><u>Expenditure</u></b>				
Employees	12,471	6,046	6,070	(24)
Other Premises	1,453	739	701	38
Supplies & Services	1,546	818	784	34
Book Fund	192	118	116	2
Promotional	9	4		4
Other Hired Services	1,259	503	482	21
Food Provisions	701	335	328	7
School Meals Food	1,914	696	678	18
Transport	55	27	11	16
Other Agency Costs	652	95	87	8
Waste Disposal Contracts	5,012	1,433	1,456	(23)
Leisure Management Contract	1,467	618	660	(42)
Grants To Voluntary Organisations	333	153	149	4
Grant To Norton Priory	222	111	113	(2)
Rolling Projects	25	13	13	0
Capital Financing	19	0	0	0
<b>Total Spending</b>	<b>27,330</b>	<b>11,709</b>	<b>11,648</b>	<b>61</b>
<b><u>Income</u></b>				
Sales Income	-2,199	-1,085	-1,017	(68)
School Meals Sales	-2,049	-798	-822	24
Fees & Charges Income	-2,766	-1,478	-1,393	(85)
Rents Income	-187	-147	-153	6
Government Grant Income	-31	-13	-13	0
Reimbursements & Other Grant Income	-516	-191	-204	13
Schools SLA Income	-82	-80	-83	3
Room Hire Income	-121	-52	-62	10
School Meals Other Income	-2,935	-277	-317	40
Rolling Projects	-25	-25	-25	0
Meals On Wheels	-192	-81	-76	(5)
Catering Fees	-225	-83	-50	(33)
Capital Salaries	-53	-26	-27	1
Transfers From Reserves	-27	0	0	0
<b>Total Income</b>	<b>-11,408</b>	<b>-4,336</b>	<b>-4,242</b>	<b>(94)</b>
<b>Net Controllable Expenditure</b>	<b>15,922</b>	<b>7,373</b>	<b>7,406</b>	<b>(33)</b>
<b><u>Recharges</u></b>				
Premises Support	2,048	1,046	1,048	(2)
Transport Recharges	2,393	782	807	(25)
Departmental Support Services	9	0	0	0
Central Support Services	3,149	1,612	1,613	(1)
Asset Charges	3,197	0	0	0
Support Costs Income	-357	-357	-357	0
<b>Net Total Recharges</b>	<b>10,439</b>	<b>3,083</b>	<b>3,111</b>	<b>(28)</b>
<b>Net Departmental Total</b>	<b>26,361</b>	<b>10,456</b>	<b>10,517</b>	<b>(61)</b>

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	6,510	3,230	3,166	64
Other Premises	63	21	18	3
Supplies & Services	1,044	75	76	(1)
Aids & Adaptations	113	67	80	(13)
Transport	8	4	5	(1)
Food Provision	28	14	15	(1)
Other Agency	23	10	11	(1)
Transfer to Reserves	885	0	0	0
Contribution to Complex Care Pool	17,971	7,734	7,733	1
<b>Total Expenditure</b>	<b>26,645</b>	<b>11,155</b>	<b>11,104</b>	<b>51</b>
<b><u>Income</u></b>				
Other Fees & Charges	-232	-116	-127	11
Reimbursements & Grant Income	-1,007	-68	-74	6
Transfer from Reserves	-2,485	0	0	0
Capital Salaries	-39	0	0	0
Government Grant Income	-155	-125	-125	0
CCG Contribution to Service	-520	-412	-415	3
<b>Total Income</b>	<b>-4,438</b>	<b>-721</b>	<b>-741</b>	<b>20</b>
<b>Net Operational Expenditure</b>	<b>22,207</b>	<b>10,434</b>	<b>10,363</b>	<b>71</b>
<b><u>Recharges</u></b>				
Premises Support	221	111	111	0
Asset Charges	210	0	0	0
Central Support Services	1,980	942	942	0
Internal Recharge Income	-419	0	0	0
Transport Recharges	50	22	25	(3)
<b>Net Total Recharges</b>	<b>2,042</b>	<b>1,075</b>	<b>1,078</b>	<b>(3)</b>
<b>Net Departmental Total</b>	<b>24,249</b>	<b>11,509</b>	<b>11,441</b>	<b>68</b>

	Annual Budget	Budget To Date	Actual Expenditure	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	373	222	228	(6)
Interest Payments	1,646	823	823	0
Members Allowances	768	384	381	3
Supplies & Services	283	110	93	17
Contingency	713	0	0	0
Precepts & Levies	176	0	0	0
Capital Financing	2,307	0	0	0
Transfers to Reserves	2,445	0	0	0
Bank Charges	79	19	19	0
Audit Fees	167	70	73	(3)
<b>Total Expenditure</b>	<b>8,957</b>	<b>1,628</b>	<b>1,617</b>	<b>11</b>
<b><u>Income</u></b>				
External Interest	-521	-273	-350	77
Government Grants	-4,692	-2,407	-2,627	220
Fees & Charges	-128	-20	-20	0
Reimbursements & Other Grants	-828	-12	-16	4
Transfers from Reserves	-730	0	0	0
<b>Total Income</b>	<b>-6,899</b>	<b>-2,712</b>	<b>-3,013</b>	<b>301</b>
<b>Net Controllable Expenditure</b>	<b>2,066</b>	<b>-1,084</b>	<b>-1,396</b>	<b>312</b>
<b><u>Recharges</u></b>				
Premises	6	4	4	0
Transport	4	2	2	0
Asset Charges	89	0	0	0
Central Support Services	2,227	1,113	1,113	0
Support Services Income	-20,631	-224	-224	0
<b>Net Total Recharges</b>	<b>-18,305</b>	<b>895</b>	<b>895</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>-16,247</b>	<b>-189</b>	<b>-501</b>	<b>312</b>

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Other Premises	72	36	36	0
Hired & Contracted Services	362	785	683	102
MGCB Ltd	820	381	544	(163)
Finance Charges	148	148	148	0
<b>Total Expenditure</b>	<b>1,402</b>	<b>1,350</b>	<b>1,411</b>	<b>61</b>
<b><u>Income</u></b>				
Grants & Reimbursements	-1,402	-546	-526	(20)
Recharge to Capital	0	-804	-885	81
<b>Total Income</b>	<b>-1,402</b>	<b>-1,350</b>	<b>-1,411</b>	<b>61</b>
<b>Net Controllable Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



**Complex Care Pooled Budget**  
**Revenue Spending as at 30<sup>th</sup> September 2014**

Note – Halton BC's net contribution towards the Complex Care Pooled Budget is included within the Prevention and Assessment Department statement shown in Appendix 1.

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Intermediate Care Services	3,491	1,317	1,309	8
End of Life	192	103	103	0
CHC Assessment Team	255	0	0	0
Sub Acute	1,788	873	868	5
Joint Equipment Store	532	202	202	0
Intermediate Care Beds	596	94	94	0
Adult Care:				
Residential & Nursing Care	20,146	8,413	8,369	44
Domiciliary & Supported Living	9,854	4,830	4,800	30
Direct Payments	3,293	2,018	2,180	(162)
Day Care	457	202	194	8
<b>Total Expenditure</b>	<b>40,604</b>	<b>18,052</b>	<b>18,119</b>	<b>(67)</b>
<b><u>Income</u></b>				
Residential & Nursing Income	-4,920	-2,567	-2,625	58
Community Care Income	-1,552	-563	-578	15
Direct Payments Income	-189	-102	-97	(5)
Other Income	-285	-285	-285	0
CCG Contribution to Pool	-12,784	-6,423	-6,423	0
Reablement & Section 256 Income	-2,903	-378	-378	0
<b>Total Income</b>	<b>-22,633</b>	<b>-10,318</b>	<b>-10,386</b>	<b>68</b>
<b>Net Divisional Expenditure</b>	<b>17,971</b>	<b>7,734</b>	<b>7,733</b>	<b>1</b>

Capital Expenditure to 30<sup>th</sup> September 2014

Directorate/Department	Actual Expenditure to Date £'000	2014/15 Cumulative Capital Allocation			Capital Allocation 2015/16 £'000	Capital Allocation 2016/17 £'000
		Quarter 2 £'000	Quarter 3 £'000	Quarter 4 £'000		
<b>Children &amp; Enterprise Directorate</b>						
<b>Schools Related</b>						
Asset Management Data	5	5	8	10	0	0
Fire Compartmentation	2	2	10	39	0	0
Capital Repairs	706	706	1,000	1,150	0	0
Asbestos Management	8	8	15	25	0	0
Schools Access Initiative	10	10	70	100	0	0
Education Programme (General)	30	30	60	103	0	0
Inglefield	0	0	25	50	0	0
Basic Need Projects	0	0	0	983	892	936
School Modernisation Projects	132	132	400	683	0	0
Universal Infant School Meals	202	202	200	241	0	0
Lunts Heath Primary School	10	10	25	28	0	0
Beechwood Primary School	73	73	80	93	0	0
St Bedes Junior School	0	0	36	36	0	0
Halebank	0	0	10	20	0	0
Ashley School	328	328	350	369	0	0
Early Education for 2 Year Olds	160	160	220	334	0	0

Directorate/Department	Actual Expenditure to Date £'000	2014/15 Cumulative Capital Allocation			Capital Allocation 2015/16 £'000	Capital Allocation 2016/17 £'000
		Quarter 2 £'000	Quarter 3 £'000	Quarter 4 £'000		
<b>Economy, Enterprise &amp; Property</b>						
Castlefields Regeneration	40	40	694	925	0	0
3MG	1,040	1,040	2,182	2,909	0	0
Widnes Waterfront	0	0	750	1,000	0	0
Johnsons Lane Infrastructure	14	14	349	466	0	0
Decontamination of Land	0	0	5	6	0	0
SciTech Daresbury – Power Infrastructure	988	988	1,376	1,915	0	0
SciTech Daresbury - Transport	0	0	73	177	0	0
SciTech Daresbury – Tech Space	0	0	0	0	8,630	0
Queens Arms	11	12	17	23	0	0
Former Crosville Site	0	0	389	518	0	0
Moor Lane Demolition	7	7	113	150	0	0
Moor Lane Property Purchase	160	160	160	160	0	0
Former Fairfield Site - Demolition	1	0	122	162	0	0
Former Fairfield Site – Contingency	35	34	34	34	0	0
Travellers Site Warrington Road	30	29	582	776	0	0
Widnes Town Centre Initiative	18	19	46	60	0	0
Lowerhouse Lane Depot - Upgrade	383	381	333	444	0	0
Disability Discrimination Act	31	51	59	150	300	300
<b>Total Children &amp; Enterprise</b>	<b>4,424</b>	<b>4,441</b>	<b>9,793</b>	<b>14,139</b>	<b>9,822</b>	<b>1,236</b>

Directorate/Department	Actual Expenditure to Date £'000	2014/15 Cumulative Capital Allocation			Capital Allocation 2015/16 £'000	Capital Allocation 2016/17 £'000
		Quarter 2 £'000	Quarter 3 £'000	Quarter 4 £'000		
<b>Policy &amp; Resources Directorate</b>						
<b>ICT &amp; Support Services</b>						
ICT Rolling Programme	510	550	825	1,100	1,100	1,100
<b>Policy, Planning &amp; Transportation</b>						
<b>Local Transport Plan</b>						
Bridge & Highway Maintenance	497	650	1,956	2,761	0	0
Integrated Transport & Network Management	34	50	454	1,020	0	0
Street Lighting – Structural Maintenance	40	50	125	200	200	200
Surface Water Management	0	1	146	195	0	0
Local Pinch Point Fund Programme – Daresbury Expressway	126	130	1,690	2,254	0	0
<b>Mersey Gateway</b>						
Land Acquisitions	5,198	5,198	9,102	9,923	6,663	1,672
Development Costs	973	973	2,080	3,289	2,909	2,924
Construction Costs	0	0	0	0	0	70,000
<b>Other</b>						
Risk Management	27	30	100	120	120	120

Directorate/Department	Actual Expenditure to Date £'000	2014/15 Cumulative Capital Allocation			Capital Allocation 2015/16 £'000	Capital Allocation 2016/17 £'000
		Quarter 2 £'000	Quarter 3 £'000	Quarter 4 £'000		
Mid-Mersey Sustainable Transport	4	5	299	399	0	0
Fleet Replacements	816	861	881	1,121	300	0
Brookvale Biomass Boiler	289	322	322	322	0	0
<b>Total Policy &amp; Resources</b>	<b>8,514</b>	<b>8,820</b>	<b>17,980</b>	<b>22,704</b>	<b>11,292</b>	<b>76,016</b>

Directorate/Department	Actual Expenditure to Date £'000	2014/15 Cumulative Capital Allocation			Capital Allocation 2015/16 £'000	Capital Allocation 2016/17 £'000
		Quarter 2 £'000	Quarter 3 £'000	Quarter 4 £'000		
<b><u>Communities Directorate</u></b>						
<b>Community &amp; Environment</b>						
Stadium Minor Works	6	15	23	30	30	30
Widnes Recreation Site	1,043	1,258	1,887	2,515	0	0
Children's Playground Equipment	4	15	59	79	65	65
Landfill Tax Credit Schemes	17	17	30	340	340	340
Upton Improvements	34	35	45	63	0	0
Crow Wood Park	0	0	9	13	0	0
Runcorn Hill Park	233	236	236	311	250	0
Open Spaces Schemes	138	130	142	189	0	0
Runcorn Cemetery Extension	0	0	0	9	0	0
Widnes Crematorium Cremators	105	198	297	396	0	0
Litter Bins	0	0	15	20	20	20
<b>Prevention &amp; Assessment</b>						
Grants for Disabled Facilities	149	250	375	500	787	0
Energy Promotion	6	6	9	12	0	0
Joint Funding RSL Adaptations	89	100	150	200	0	0
Stair lifts (Adaptations Initiative)	119	125	187	250	0	0

Directorate/Department	Actual Expenditure to Date £'000	2014/15 Cumulative Capital Allocation			Capital Allocation 2015/16 £'000	Capital Allocation 2016/17 £'000
		Quarter 2 £'000	Quarter 3 £'000	Quarter 4 £'000		
<b>Commissioning &amp; Complex Care</b>						
ALD Bungalows	0	0	100	100	200	100
Lifeline Telecare Upgrade	0	0	75	100	0	0
Grangeway Court	0	0	0	0	347	0
Halton Carers Centre Refurbishment	10	10	37	50	0	0
Section 256 Grant	0	0	42	55	0	0
Community Capacity Grant	0	0	162	216	0	0
Social Care Capital Grant	0	0	0	0	356	0
<b>Total Communities Directorate</b>	<b>1,953</b>	<b>2,395</b>	<b>3,880</b>	<b>5,448</b>	<b>2,395</b>	<b>555</b>
<b>TOTAL CAPITAL PROGRAMME</b>	<b>14,891</b>	<b>15,656</b>	<b>31,653</b>	<b>42,291</b>	<b>23,509</b>	<b>77,807</b>
Slippage (20%)				-8,458	-4,702	-15,561
					8,458	4,702
<b>TOTAL</b>				<b>33,833</b>	<b>27,265</b>	<b>66,948</b>

<b>REPORT TO:</b>	<b>Executive Board</b>
<b>DATE:</b>	<b>20 November 2014</b>
<b>REPORTING OFFICER:</b>	<b>Director of Public Health</b>
<b>PORTFOLIO:</b>	<b>Health and Wellbeing</b>
<b>SUBJECT:</b>	<b>Public Health Annual Report 2013-14- Drinking Less and Living Longer</b>
<b>WARDS:</b>	<b>Borough wide</b>

## **1.0 PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to provide some background information on the 2013/14 Public Health Annual Report.

**RECOMMENDATION: That the Board note the contents of the report and support the recommendations.**

## **2.0 SUPPORTING INFORMATION**

### **Public Health Annual Report**

- 2.1 Since 1988 Directors of Public Health have been tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report is a key means by which the DPH is accountable to the population they serve.
- 2.2 This year's Public Health Annual Report focusses on the topic of alcohol-related harm and sets out how we are working in partnership to reduce alcohol harm for individuals, families and communities. Alcohol-related harm affects all age groups within Halton. The report is therefore written from a life-course perspective and sets out key actions that will be taken for each group. A communities chapter is also included which covers issues that affect people of all ages e.g. crime and community safety, alcohol availability and price.
- 2.3 Reducing alcohol-related harm was chosen as a topic as it demonstrates the importance of working in partnership and what can be achieved when organisations work together across organisational boundaries. The public health team are currently working in partnership to develop a local alcohol



harm reduction strategy. In addition Halton is one of only twenty areas in the country to be awarded the status of being a Local Alcohol Action Area.

2.4 Chapters included in the report are as follows:

- Starting well: Promoting an alcohol free pregnancy and protecting Halton babies and toddlers from alcohol-related harm
- Growing well: Reducing underage drinking in Halton
- Living well: Promoting safe and sensible drinking among adults
- Aging well: Promoting safe and sensible drinking among older people
- Keeping our local communities safe from alcohol-related harm

Each chapter outlines the current levels of alcohol-related harm, describes current local activity to reduce alcohol-related harm, outlines gaps in current activities and makes recommendations for future actions.

### **3.0 POLICY IMPLICATIONS**

3.1 Reducing alcohol harm is a key priority within the Health and Wellbeing Strategy and across the wider partnership. By highlighting the issue of alcohol harm within the Public Health Annual Report further emphasis is drawn to the importance of the issue and the partnership approach required to reduce alcohol-related harm in Halton.

### **4.0 OTHER/FINANCIAL IMPLICATIONS**

4.1 There are no financial implications relating to the production of the Public Health Annual Report, however, the implementation of the recommendations set out within it may require investment. These will be considered as part of the Alcohol Harm Reduction Strategy and reported to the Board as appropriate.

### **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

#### **5.1 Children and Young People in Halton**

Alcohol harm can affect children and young people in a variety of different ways including; the harm caused by maternal alcohol consumption during pregnancy, parental alcohol consumption may impact on a child's health, development and safety, older children may drink alcohol to excess which can lead to both short term and long-term negative consequences. The report makes recommendations to reduce the impact of alcohol on children and young people in Halton.

#### **5.2 Employment, Learning and Skills in Halton**

Alcohol can affect an individual's ability to access or maintain employment as well as have a detrimental effect on educational attainment. The PHAR highlights these issues that will also be addressed through the Alcohol Harm Reduction Strategy.

### **5.3 A Healthy Halton**

Reducing alcohol-related harm in Halton is a key priority within the Health and Wellbeing Strategy.

### **5.4 A Safer Halton**

Alcohol misuse has a significant impact on community safety. Halton suffers from high levels of alcohol-related crime and anti-social behaviour. The report makes recommendations for actions to improve community safety in Halton.

### **5.5 Halton's Urban Renewal**

A key objective set out in the report to reduce alcohol-related harm is the promotion of a diverse and vibrant local night time economy which does not centre on excessive drinking.

## **6.0 RISK ANALYSIS**

There is no risk associated with the publication of the Public Health Annual Report.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

This report is in line with all equality and diversity issues in Halton.

## **8.0 REASON(S) FOR DECISION**

The Public Health Annual Report is a statutory document.

## **9.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

No alternative options considered.

## **10.0 IMPLEMENTATION DATE**

With immediate effect following approval by Executive Board.

## **11.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Public Health Annual Report 2013-14- Drinking Less and Living Longer	HBC Website	Elspeth Anwar Elspeth.anwar@halton.gov.uk

Public Health  
Annual Report

2013-2014



DRINKING LESS  
and  
LIVING LONGER

## ACKNOWLEDGEMENTS

Annual Report Editorial Board members:

EILEEN O'MEARA  
Director of Public Health

DIANE LLOYD  
Public Health Programme Officer

ELSPETH ANWAR  
Public Health Specialty Registrar

The Annual Report Editorial Board would like to acknowledge and thank all of those who contributed to the production of this year's report.

We would be pleased to receive your comments about this report.

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Further copies of this report may be obtained by contacting the above.



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## Foreword

It gives me great pleasure to welcome you to the first Public Health Annual Report written exclusively for the Borough of Halton. We transferred from the NHS to Halton Council in April 2013 and were warmly welcomed by local elected Members and well supported by the Council Leader, Cllr Rob Polhill and the portfolio holder for Health and Wellbeing, Cllr Marie Wright.

As Director of Public Health I have had the opportunity to build a new, strong, professional team that has integrated environmental health and trading standards as part of its core function. We are working with colleagues from Policy and Resources, Children's Services and Communities to provide earlier help and prevention so we do not just deal with the results of poor health but enable people to stay well. We are continuing to work closely with NHS commissioners especially Halton's Clinical Commissioning Group on their mission to provide a new model of health care. Wider partnerships with the voluntary and private sector have encouraged us to be innovative and commission cutting edge high tech solutions to work with schools. We are also working with local communities to build community participation and resilience so that people can look after their own health.

During our first year within the Council we have worked in partnership to produce Halton's Joint Health and Wellbeing Strategy, an ambitious plan to improve the health of Halton residents.

I have chosen to highlight the work being undertaken in Halton to reduce alcohol-related harm in my annual report this year as it demonstrates the importance of working in partnership and what can be achieved when organisations work together across professional boundaries.

For the **individual**, drinking above recommended guidelines risks a future burdened by illnesses such as cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence.

For local **families**, alcohol can lead to relationship breakdown, domestic violence, child neglect and poverty.

For our **communities**, alcohol can fuel crime and disorder, transform town centres into no-go areas and impact on our local economy.

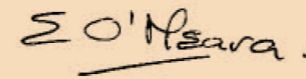
Halton has been chosen as one of only twenty areas in the country to be awarded the status of being a "Local Alcohol Action Area" (LAAA). This award provides us with support from the Home Office and Public Health England during 2014 to address the harm from alcohol in Halton

across three areas – promoting health, reducing alcohol-related crime and anti-social behaviour, and diversifying the night time economy. Halton's Public Health Team are leading on this project working closely with colleagues from health, the Community Safety Team and Cheshire Police.

In addition my Public Health Team is currently leading on the development of a local alcohol harm reduction strategy for Halton.

This year's annual report describes how we are working in partnership to reduce alcohol-related harm in Halton, identifies areas where further progress is required and makes recommendations for future actions.

I hope you enjoy reading the report.



**Eileen O'Meara**  
Director of Public Health  
Halton Borough Council



**Cllr Rob Polhill**  
Halton Borough  
Council Leader  
and Chair of Halton  
Health and Wellbeing  
Board



"In Halton we have long recognised the important role local government plays in protecting and improving the health and wellbeing of our residents. I am delighted that public health is now an integral part of the council, and fully endorse this year's annual report and recommendations. Tackling alcohol-related harm is vital in order to promote the health and safety of our local residents".

# What is the problem with alcohol?

Alcohol misuse damages health, drives crime and anti-social behaviour, harms children and families and creates huge costs for the NHS, Local Authority and the Police.

## HOW ALCOHOL AFFECTS YOUR BODY (and how to avoid the side-effects)

It's worth being aware of some of the side effects your body experiences if you often have a few more drinks than you should. The effects are very similar for men and women and the solution is the same: drink in moderation, keep to the guidelines.

### 1 Brain

Alcohol is a depressant so it slows down the brain. Cutting down may help you feel less depressed and less anxious, and by not drinking over the guidelines, you'll avoid long-term damage to your memory.

### 2 Breasts (women)

Drinking alcohol increases your risk of developing breast cancer. One study showed that breast cancer increased by 6% for each 10 grams of alcohol you drink, that's slightly over a unit of alcohol a day. Staying within the guidelines when you drink will lessen that risk.

### 3 Heart

Frequently drinking too much can damage this very important pump and put you at risk of heart disease. Keep your drinking to within the guidelines and you're less likely to cause damage.

### 4 Blood pressure

One in three adults in the UK has high blood pressure - and regularly drinking too much is one of the most common reasons. Drink less to keep your blood pressure down and reduce your risk of having a stroke or heart attack.

### 5 Stomach

Your stomach will thank you for cutting back on the booze. In the short term, drinking over the guidelines can cause sickness and nausea and sometimes diarrhoea. In the long term, it's also associated with a higher risk of stomach cancer.

### 6 Pancreas

The pancreas produces digestive juices and hormones, like insulin, that are involved in digestion and blood sugar regulation. Regularly drinking too much can cause pancreatitis, which is a serious condition caused by your pancreas becoming inflamed. Damage caused by pancreatitis can also trigger the development of diabetes. Moderation is key.

### 7 Liver

Your liver converts food into energy and helps get rid of waste products. It also plays a vital role in fighting infections. When your liver is damaged, you normally won't know about it until things get serious. Regularly drinking over the unit guidelines can increase your risk of developing liver disease and cause irreparable damage.

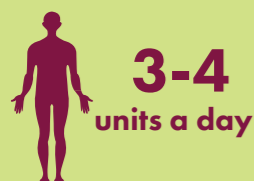
### 8 Bowel

Bowel trouble and alcohol are closely linked. Alcohol can trigger symptoms of irritable bowel syndrome and studies have shown even small amounts of alcohol can increase the risk of bowel cancer.

### 9 Bladder

If you find yourself peeing the night away, it's because alcohol's a diuretic. It makes your kidneys empty out more than is going in. To save yourself some toilet trips, have a few less alcoholic drinks. If you are peeing lots, it will make you dehydrated so drink water.

**What are the unit guidelines?** The government advises that men should not regularly drink more than 3-4 units of alcohol a day and women 2-3 units of alcohol a day. 'Regularly' means drinking every day or most days of the week.



## Women: Reproduction

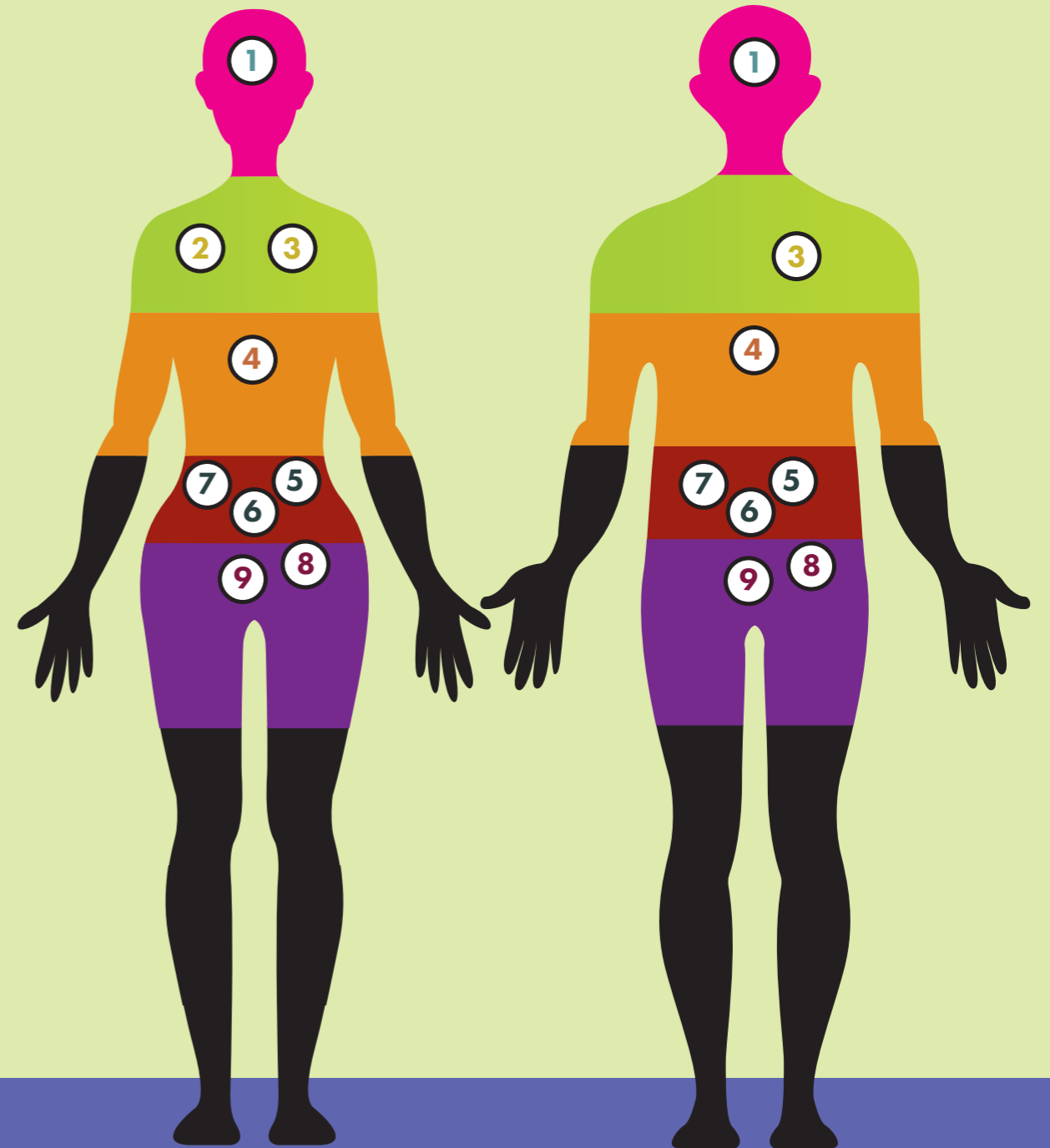
If you're trying for a baby, the government's advice is to avoid alcohol as it can affect your menstrual cycle and reduce the chance of conceiving. If you are tempted to have a drink to get you in the mood, maybe just try some Barry White instead.

## Women: Pregnancy

If you're pregnant, congratulations! It's recommended that to keep your baby safe, you avoid alcohol altogether. If you do choose to drink, the government's advice is to not have more than one to two units of alcohol once or twice a week, and not to get drunk.

## Men: Reproduction

Feeling less amorous than you used to be? Alcohol reduces your testosterone levels. Your sperm can also take a dip in performance, losing quality, structure and movement. If you want to get those swimmers back to gold-standard, skip the extra drinks.



If you want to know more about any of these, there's plenty of information at [drinkaware.co.uk](http://drinkaware.co.uk)



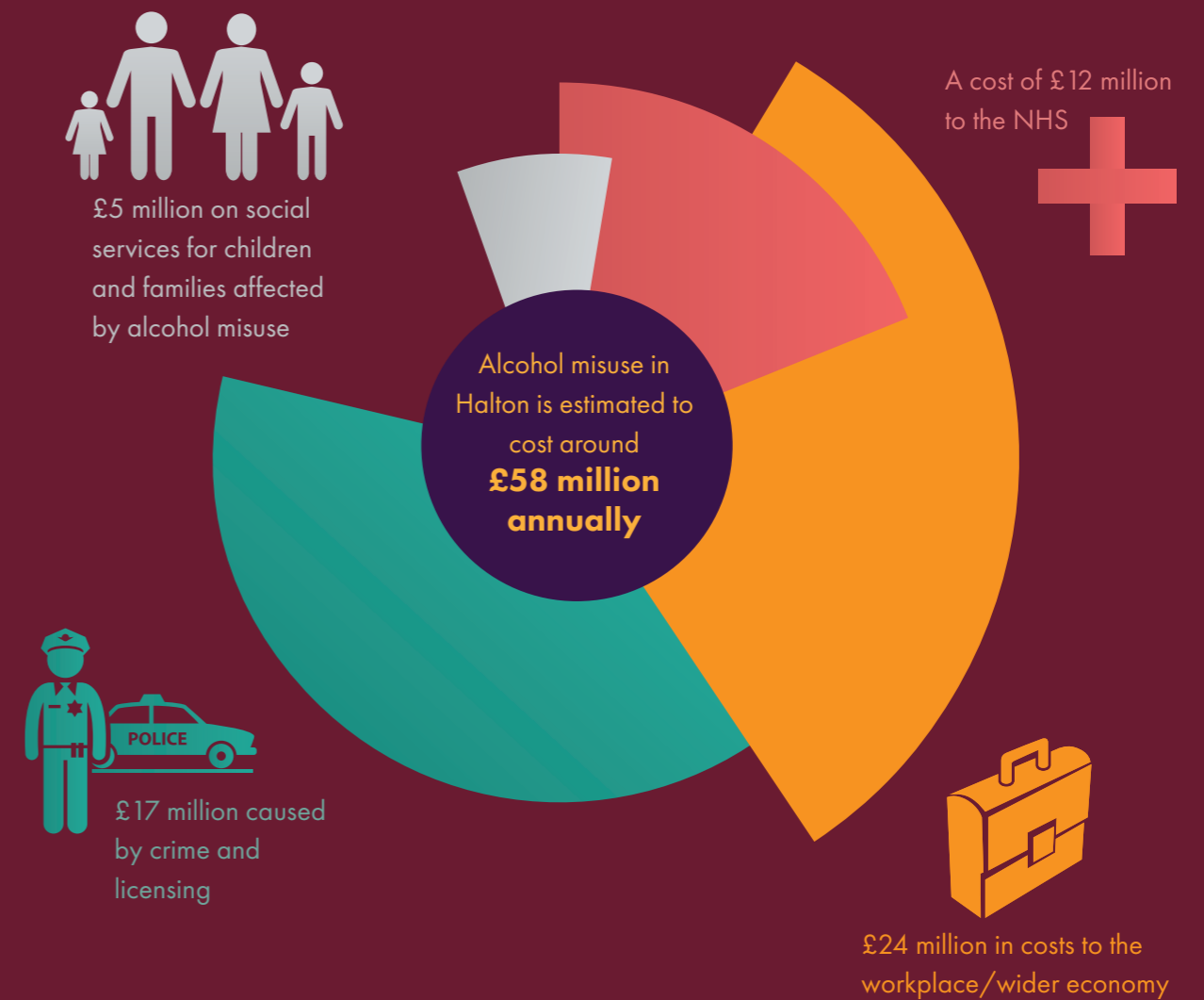
## How alcohol affects crime and community safety

Alcohol misuse may fuel crime and anti-social behaviour. Although the number of violent crimes in England and Wales has fallen over the last 15 years, the proportion committed under the influence of alcohol has not.



## The financial cost of alcohol misuse

Alcohol misuse in England is estimated to cost society around £21.3 billion annually. The cost of alcohol misuse in Halton is £58 million, or £461 per person. This is a large bill we simply cannot afford to keep paying when we need to be protecting our front line services.



## Taking action across the life course in Halton

The harm caused by alcohol is not a problem of any particular sector of our community. It is a problem that cuts across all ages. That is why this year's annual report is written from a life course perspective. As outlined in the figure below alcohol-related harm can start before birth and affect us at each stage in life.

It is clear that the impact of drinking alcohol on public health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol. The chapters below outline the actions being taken locally to reduce alcohol-related harm across the life course and make recommendations for the future. We have also included a communities chapter to cover issues that affect people of all ages e.g. crime and community safety, alcohol availability and price. The emphasis of this report is on preventing the harm from alcohol by intervening as early as possible in order to reduce alcohol-related harm.



### Starting well

- Each year in Halton around 1,600 women become pregnant.
- Of these women around 1,300 (80%) were drinking before pregnancy.
- Around 500 women (40%) continue to drink during pregnancy, potentially putting the health of their baby at risk.

### Growing well

- Around 2,500 (just over 40%) of 14 to 17 year olds in Halton drink at least once a month.
- 62 under 18 year olds living in Halton were admitted to hospital due to alcohol between 2010 and 2013.
- Around 200 children in Halton have a parent who is in treatment due to an alcohol or drug misuse problem.

### Living well

- Two in three adults in Halton drink alcohol. This is higher than both the average rate for the whole of Merseyside and England.
- In 2013/14 there were over 1,000 hospital admissions among Halton residents aged 18 to 64 due to alcohol (all admissions with some people admitted multiple times).
- Between 2009 to 2013 there were 60 alcohol-related deaths in Halton among working age adults

### Ageing well

- Around 3500 (18%) people aged 65 and over drank alcohol on 5 or more days in the last week; more than any other age group.
- During 2013/14 there were over 200 hospital admissions among Halton residents aged 65 and over due to alcohol (all admissions with some people admitted multiple times).
- Between 2009 and 2013 there were 17 deaths due to alcohol among people aged 65 and over in Halton.



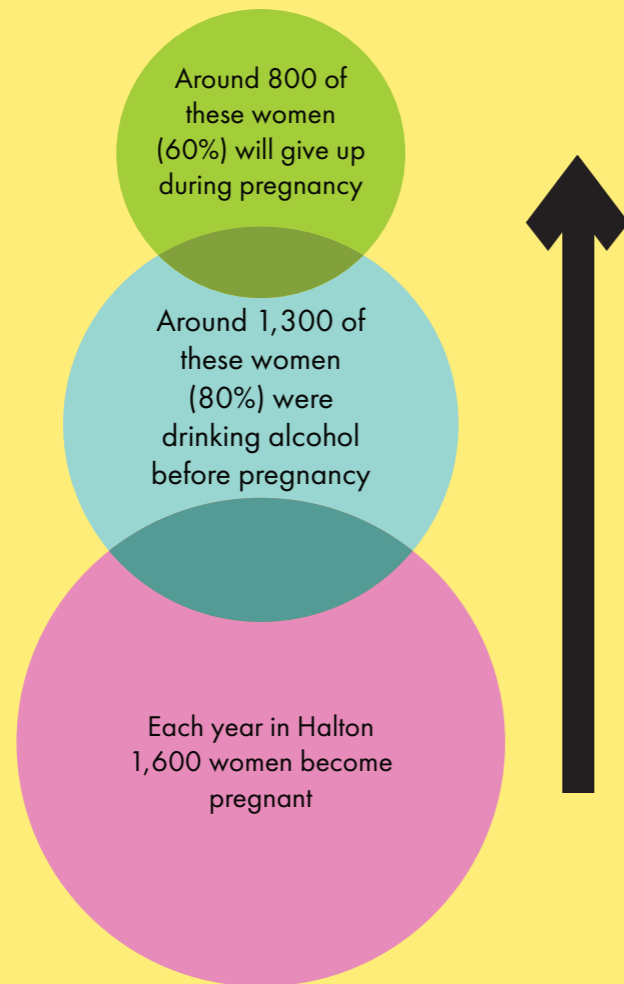


# Promoting An Alcohol Free Pregnancy



## The Halton picture

There is no local data showing the number of women who drink in pregnancy or the quantity they consume. To estimate the drinking during pregnancy we can apply national rates to our local population. It is clear there is still work more work required to ensure local Halton women do not drink during pregnancy.



**We don't know how much alcohol is safe to drink in pregnancy. The healthiest and safest option is therefore for women not to drink when trying for a baby or when pregnant. Reducing or stopping drinking alcohol at any point during pregnancy can make a positive difference to the health of your baby.**

## Foetal alcohol spectrum disorder (FASD)

Foetal alcohol spectrum disorder is the umbrella term for a range of preventable alcohol-related birth defects. Risk factors for foetal alcohol spectrum disorder include:

- Drinking in very early and late pregnancy. The highest risk period for damage is the first 3 weeks before many women may know they are pregnant.
- Binge drinking (drinking more than double the lower risk guidelines for alcohol in one session. Binge drinking for women, is drinking more than 6 units of alcohol, equivalent to two large glasses of wine).

The effects of foetal alcohol spectrum disorder can be mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart problems and even death. Many children experience serious behavioural and social difficulties that last a lifetime.

**Experts estimate that in western countries, one child in 100 is born with foetal alcohol spectrum disorder as a result of their mother's drinking alcohol while pregnant.**

For more information about foetal alcohol spectrum disorder please visit:

- The National Organisation for Foetal Alcohol Syndrome UK:  
[www.nofas-uk.org](http://www.nofas-uk.org)
- The Foetal Alcohol Spectrum Disorder Trust:  
<http://www.fasdtrust.co.uk/>



## Halton survey on drinking alcohol during pregnancy

In order to investigate local knowledge and attitudes related to drinking during pregnancy and the risk of foetal alcohol spectrum disorder (FASD) the Halton health improvement team conducted a survey with members of the public in Halton. Over 250 surveys were completed, key findings include:

- People were unsure about alcohol units
- People found information and advice related to safe levels of drinking in pregnancy confusing
- Although a lot of people had not heard of the term foetal alcohol spectrum disorder (FASD) there was awareness that drinking during pregnancy could lead to the symptoms of foetal alcohol spectrum disorder e.g. facial abnormalities, intellectual delay.

The information collected from this local survey is being used to inform an alcohol awareness campaign around safe drinking during pregnancy in Halton. The aim of the campaign is to ensure that local women and their families know that the healthiest and safest option is not to drink alcohol when trying for a baby or when pregnant.

## What are we doing in Halton to promote an alcohol free pregnancy?

All Halton midwives and health visitors have been trained in the early identification and support of pregnant women who misuse alcohol. This includes when and how to refer to local treatment services.

A dedicated midwifery service exists for Halton women identified as having an alcohol problem during pregnancy.

## What more could we be doing?

A recent local survey revealed that many Halton residents are confused about the guidance around drinking alcohol during pregnancy. More work is required to ensure that local women and their families know that the healthiest and safest option is not to drink alcohol when trying for a baby or when pregnant..

## In order to promote an alcohol free pregnancy we will

1 Develop a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive.

2 Ensure staff in Halton who come into contact with women planning for a baby or pregnant consistently give the advice that the healthiest and safest option is not to drink alcohol when trying for a baby or when pregnant.

3 Review alcohol treatment pathways for pregnant women identified as misusing alcohol.





## How Halton midwives support women who drink: Michelle's story

Michelle was very excited to learn she was pregnant. When she had her booking visit with her midwife, the midwife asked Michelle about how much alcohol she drank. Michelle was initially reluctant to talk about her alcohol intake as she felt guilty about the fact she was still drinking alcohol, she had heard that it was best to cut down when you are pregnant. The midwife sensed Michelle was apprehensive and explained to Michelle the risks associated with drinking during pregnancy, the benefits of cutting down her drinking to her baby and the support she could offer her to do this. This offer of support helped Michelle realise she needed help related to her drinking. Michelle had started drinking regularly when she was a teenager; initially this had just been at weekends and nights out but recently due to stress with her job and in her relationship with her partner this had been gradually increasing. Michelle stated she was now drinking on a daily basis, she had been trying to cut down as she had heard drinking could be harmful for her baby but had been struggling to do this on her own.

Michelle was referred to the Alcohol and Substance Misuse Liaison Midwife. The midwife provided Michelle and her family with information and support which helped her to make informed choices and enabled Michelle to cut down the amount of alcohol she was drinking to reduce the impact of alcohol on her own health and that of her baby. An individual package of care was developed for Michelle and the midwife ensured she was able to access all her antenatal appointments. Michelle also attended one to one parent craft sessions which helped her feel more confident about becoming a mum for the first time. The Drugs and Alcohol Misuse Liaison Midwife made sure that everyone involved in caring for Michelle knew and understood her needs and offered appropriate help and support. With the support provided Michelle was able to successfully reduce her drinking during pregnancy.



# Protecting babies and toddlers from alcohol-related harm



## The Halton Picture

The preschool years are a time of rapid child development. Parental alcohol consumption during this period can have a harmful impact on a baby or toddler's health, safety and development.

Parenting pre-school children is a tiring and demanding job and some parents may turn to alcohol in order to cope with the stresses of the new role. There is no local data showing the number of parents of pre-school children who drink in Halton or the quantity they consume. A recent national survey into the drinking behaviour of new parents found that, after the birth of their first child:

- Around one quarter of parents continued to drink as much as before their baby was born
- Around one in six increased the amount they consumed.
- Overall, around three in ten new parents drank more than the recommended units of alcohol per week.

Rather than helping parents to cope alcohol misuse may cause harm. At its most extreme, alcohol misuse can increase the likelihood of child maltreatment and child death. These extreme cases are rare but only the tip of an iceberg of alcohol-related harm. Drinking above recommended guidelines can impact upon parenting skills and may lead to children's social, physical and educational development being delayed. Alcohol use may also cause relationships to suffer, break down or become abusive which may have negative impacts on the development of young children.

## What are we doing in Halton to protect our babies and toddlers from alcohol-related harm?

Halton early years and children centre staff have been trained in the early identification and support of parents who misuse alcohol. This includes when and how to refer to local treatment services.

## What more could we be doing?

Halton staff who work with families locally report there is a lack of awareness among parents with young children of the harm that drinking alcohol to excess can do to their families.

## In order to protect Halton babies and toddlers from alcohol-related harm we will:

1. Ensure local parenting programmes include messages of the harms of parental dhave upon young children. Ensure local parenting programmes include messages of the harms that parental drinking may have upon young children.

2. Develop an information resource for new parents which includes key messages around safe drinking guidelines, safe sleeping and reducing the risk of accidents.

3. Develop referral pathways between alcohol services and children and family services (to include the early identification, assessment and referral of children who need to be safeguarded).





## How Halton health visitors support parents who drink: Emma's story

### “Emma lives in Runcorn with her partner Paul and their 18 month old son called Leo”

Emma found that since having Leo she had become very isolated and had lost contact with a lot of her friends from before becoming a mum. A lot of days Emma and Leo didn't leave the house. Emma found she often felt very lonely and down and had begun drinking to help her cope. It had started with a glass of wine when Leo had gone to bed to relax but more recently the time she started drinking had become earlier and the amount of alcohol she was drinking had increased.

Emma's drinking had led to rows with her partner Paul. Emma knew she shouldn't be drinking so much but didn't know where to turn for help or support. She was concerned that her drinking was impacting on Leo who was quiet and didn't seem to be speaking as much as other children his age.

Everything came to a head one night when Emma and Paul had a row when drunk and the police were called to the house. The police officer talked to Emma about her drinking and asked if she needed any help and support to reduce her drinking but she didn't want to at that time. However, the next morning Emma saw her health visitor who again asked her about her drinking habits and explained the support she could be offered to reduce her alcohol intake. The health visitor explained to Emma that no one would judge her and that the service was there to support and help her.

Emma's health visitor referred Emma to the local drug and alcohol service. She made sure that everyone involved in caring for Emma and her family knew and understood their needs and offered appropriate help and support. Leo was referred for an assessment of his development and offered a subsidised placement at a local nursery. Leo also attended speech and language therapy and play therapy sessions. Emma and Paul attended relationship counselling.

With support Emma was able to reduce the amount of alcohol she drank and is currently not drinking. Emma found that since she had stopped drinking she had started feeling better about herself and her self-confidence had improved. Leo has really benefited from attending nursery and much to Emma's relief Leo's speech improved and he has now caught up with the other children. Emma and Paul's relationship has also improved and they are enjoying spending time together as a family again.



## Reducing under age drinking

## The Halton picture: Good progress but more work to do!

**Children and their parents and carers are advised that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.**

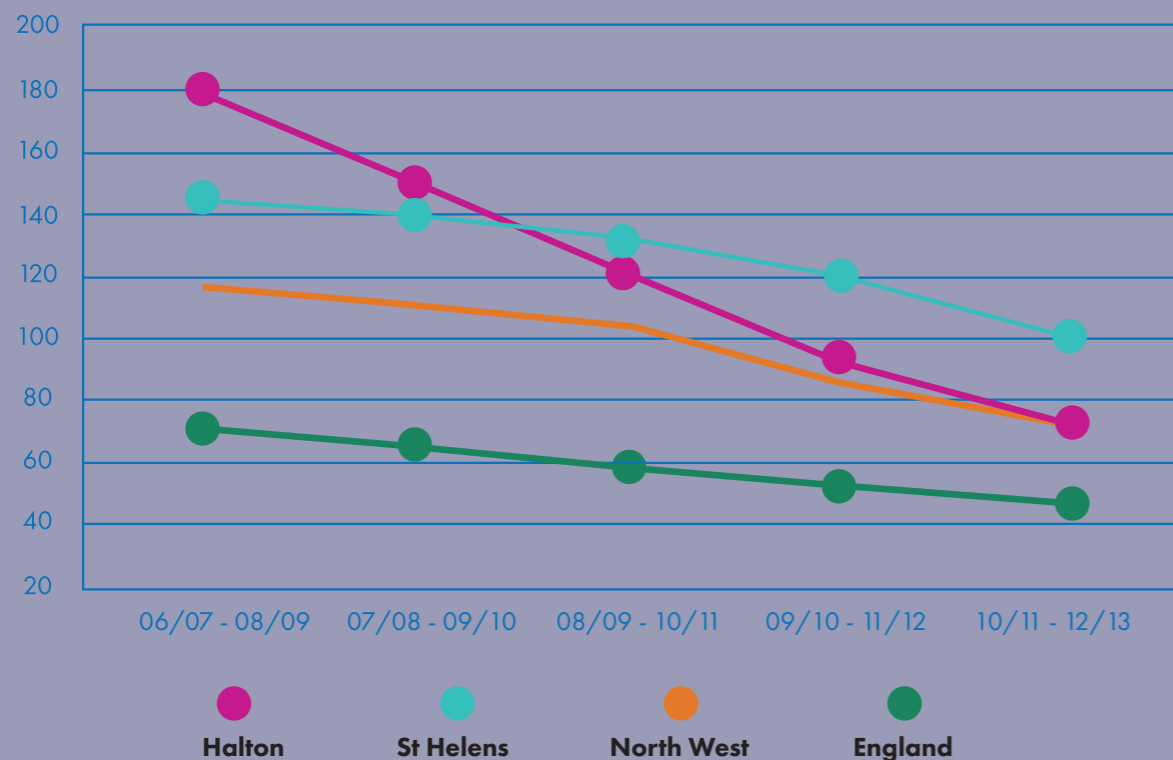
**Chief Medical Officer, 2009**

Childhood is a period of change and transition. At the beginning of childhood young people's health and lifestyle choices are largely determined by their parents. By the end of adolescence they need to be equipped to understand the impact of the choices they make, and have the self-esteem, resilience, and knowledge to make healthy choices.

Alcohol misuse has negative consequences on the health and well-being of school age children in Halton. This effect may occur directly through the young person drinking alcohol or indirectly through excessive alcohol consumption among parents and carers.

The number of our young people admitted to hospital due to alcohol has decreased year on year. Halton has seen the biggest decrease within Merseyside, and also a greater decrease compared to the England and North West average. The number of young people admitted to hospital due to alcohol is now similar to the North West figure.

**Under 18s admitted to hospital with alcohol-specific conditions.  
Crude Rate per 100,000 population  
Source: LAPE 2014**

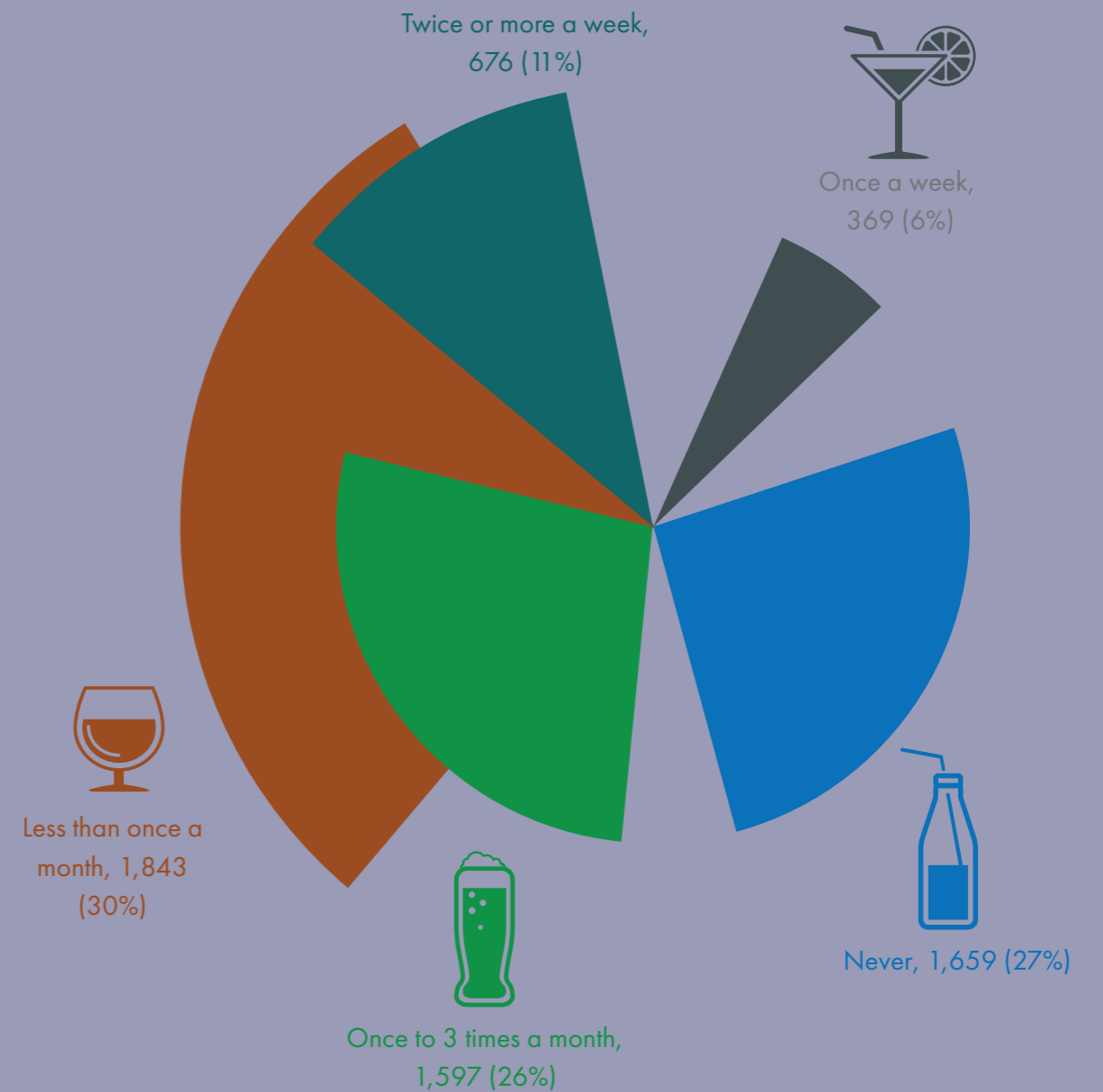


## Local trends in under age drinking

Although the proportion of young people in the UK who drink alcohol regularly is falling, levels of drinking are still significantly higher than the European average.

Local estimates of drinking among Halton young people show there has been a reduction in the number of young people drinking alcohol on a regular basis. The number of young people in the 2013 survey who stated they never drink alcohol had increased to 27% compared to only 14% in the 2011 survey.

## Alcohol consumption among 14 - 17 year olds in Halton





## The effects of parental drinking on children and young people in Halton

Children are especially vulnerable to violence and the wider effects of excessive alcohol consumption among parents and carers in the home. We also know that children whose parents misuse alcohol are at greater risk of themselves developing an alcohol problem.

- Nationally in 2008/09, a fifth (21%) of all young callers to Childline were worried about drinking by a parent or other significant person. They described experiences of neglect, violence, isolation and fear.
- Around 200 children in Halton have a parent who is in treatment due to alcohol or drug misuse. A larger number of children locally will live with parents who drink above the recommended guidelines.



### It is against the law:



- To sell alcohol to someone under 18
- For someone under 18 to buy alcohol, attempt to buy alcohol or to be sold alcohol in any circumstances
- For someone under 18 to consume alcohol in any part of licensed premises with one exception – 16 and 17 year olds accompanied by an adult may consume, but not buy beer, wine and cider with a table meal in licensed premises.
- For an adult to buy or attempt to buy alcohol on behalf of someone under 18.

## What are we doing in Halton to reduce underage drinking?

### School based education programmes

Alcohol awareness training is available for pupils and teachers in all schools

All Halton schools participate in the local Healthy Schools programme which provides health information and support around alcohol.

The Halton Healthitude programme is a school based health education programme that works with teachers and students in Halton to raise awareness of the harms related to alcohol.

R U Different? a social norms campaign is being run in secondary schools from September 2014.

Holistic health drop ins are provided in 3 High Schools and offer young people one to one support on reducing alcohol use and harm reduction.

### Community based alcohol awareness campaigns

Resources are widely available in local communities giving important alcohol messages

The VRMZ mobile outreach bus and street based teams engage young people in hotspot areas 6 days a week and provide information, advice and guidance on alcohol to children and young people.

### Support for children and young people affected by parental / sibling alcohol misuse

Children and young people affected by parental / sibling alcohol misuse are able to access one to one support in community settings.

The Amy Winehouse Foundation offer schools and community groups, a programme of 6 targeted sessions to children and young people affected by parental / sibling alcohol misuse. Sessions aim to build resilience, self-esteem, ensure young people are safeguarded and prevent them from becoming problematic alcohol users in the future.

Alcohol misuse has been chosen as a local priority, for Halton's Inspiring families (nationally known as Troubled Families) initiative.



## Early identification and treatment

Key staff members working with children and young people have been trained in the early identification and support of young people who misuse alcohol. This includes when and how to refer to local treatment services.

Cheshire police and street based teams work in partnership to run Operation Stay Safe; which aims to reduce alcohol related youth anti-social behaviour. Police and health staff jointly patrol the public areas of Halton on key nights to identify drunken youths who are placing themselves at risk. These are taken to a place of safety and parents are requested to collect their children. Meanwhile youth workers give advice to the child and parents and may arrange follow up appointments.

Young Addaction provide a specialist substance misuse service in Halton which offers one to one treatment and harm reduction interventions to young people misusing alcohol and drugs. Interventions include motivational interviewing, cognitive behaviour therapy (CBT), and recovery focused care plans.

Young people can access one to one support at drop in clinics in local hostels for homeless young people e.g. YMCA and Belvedere.

## Reducing underage sales

Perform test purchases at bars, clubs and off-licenses to check for staff selling alcohol to people under 18.

Issuing fixed penalty notices where we find licensees selling alcohol to under 18s in licensed premises.

Seize alcohol from under 18s who are caught drinking in public places.

Licensed premises operate Think 21 / Think 25 policies.

Operation Iced – is an initiative taken with the door staff in Halton to identify underage drinkers attempting entry with false or borrowed ID cards / passports. These documents are seized and handed to police for follow up and when possible the offenders details taken. The individual then attends an alcohol awareness course.

## What more could we be doing?

Not all local schools currently engage with alcohol education programmes.

We need to ensure that young people in Halton affected by parental alcohol misuse are well supported.

We need to ensure that young people who misuse alcohol are identified early and able to access appropriate support.

## In order to reduce underage drinking in Halton we will:

1 Work to ensure all local schools take up the offer of alcohol education programmes

2 Promote a family approach to alcohol treatment to ensure that young people affected by family alcohol misuse are well supported.

3 Review alcohol treatment pathways for young people who misuse alcohol in Halton (to include pathways for vulnerable young people including truants and those excluded from school, young offenders, looked after children, children with special educational needs).



Social norms refer to our perceptions of what is 'normal' behaviour in the people around us. It has long been established that these beliefs are very influential on our own behaviour, especially amongst young people - so for example how much alcohol a person drinks will be strongly determined by how heavily they think their friends drink.

Individuals have a tendency to follow the herd (or what they perceive the herd to be doing). Therefore, we may indulge in a 'risky behaviour' because we (incorrectly) assume everyone else is doing it.

Data gathered in Halton shows that young people often overestimate the number of their peers who drink alcohol and the frequency and amount they drink. R U Different? is a nationwide school based intervention that uncovers the real attitudes and perceptions of young people – and tackles these views in a positive, efficient and measurable way.

The R U Different? campaign will be delivered in local secondary schools from September 2014.

## The Halton Healthitude programme

Healthitude is a school based health education programme that works with teachers and students in Halton to raise awareness of the harms related to alcohol. Information covered includes, what do you know about alcohol? The harm alcohol causes, the recovery position, alcohol and the law.

Healthitude also covers topics including Healthy Eating, Tobacco Education, Mental Wellbeing, Healthy Relationships and Sexual Health and Cyber Bullying Prevention.

- 720 children and young people across Halton have been engaged on the Healthitude programme during the period of April 2013 to March 2014.
- 78% of children who took part in the sessions have shown an increase in knowledge in at least two areas.

### Pupils and teachers say:

**They were good lessons. It was really fun. I learnt things I didn't know before. Miss was very helpful**

**Great credit must go to you and your team on the successful delivery of the Healthitude programme. Our students really enjoyed the sessions and got a lot from them. In light of the positive feedback from our students, we would like to roll the programme out to some more year 9 classes. Thank you for all your hard work in the planning and delivery of the sessions**





## Courtney's story

### "My name is Courtney I am 15 and I live in Runcorn"

I was referred into the young Addaction service by the local hospital. I had gone around to my friend's house one evening where we had been listening to music and drinking vodka. My friends called my parents when I became drunk. When my parents arrived at the house they rang for an ambulance, because I had passed out. Following an assessment by the paramedics I was taken to hospital for further treatment.

I was seen in A&E by the triage nurses and following assessment and treatment was referred to talk to the Young Addaction advisor about alcohol use and staying safe. My parents had been very shaken up by finding me drunk and spoke to me about their fears and the dangers and risks I had taken by drinking so much alcohol.

I was very sorry about the incident. The Young Addaction worker was very supportive and not judgemental or lecturing, after a chat she let me go home. I was provided with information and support related to the short and long term risks of alcohol both to my health and safety, and also information about how to be assertive and say no to drink. I realised I had made my parents and friends very worried when I became unwell due to drinking alcohol. We also talked about managing and coping mechanisms in regards to anxieties and worries. I was also told about activities for young people locally that didn't involve alcohol.

I realised that I had been drinking as I was worried about what to do with my life after my school exams were over. The Young Addaction advisor provided me with the number of the local Connexions service for career advice and support. My parents were also given phone numbers in case they needed further support in the future.



# Promoting safe and sensible drinking among adults

## The Halton picture

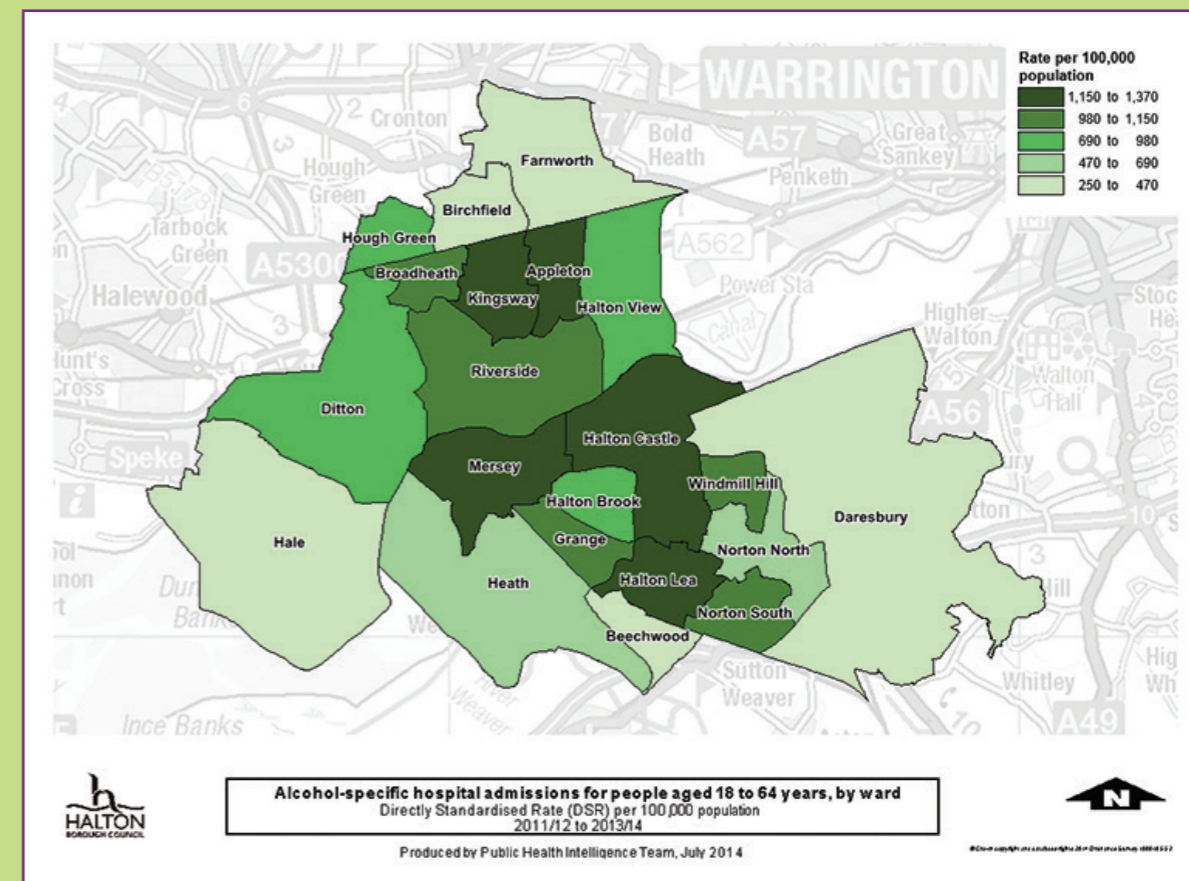
Alcohol plays a big part in society today and the majority of adults who choose to drink do so without any ill effect. However, for some adults, their families and the wider community in Halton the impact of alcohol misuse on their health, safety and wellbeing is very serious.

### In Halton:

- Two in three working age adults drink alcohol (68%). This is higher than both the average rate for the whole of Merseyside and England.
- Working age men are significantly more likely to drink alcohol than women.
- Increasing risk drinking (regularly drinking more than 3-4 units a day if you're a man or regularly drinking more than 2-3 units a day if you're a woman) is more common among younger working age people (aged 18-34 and 35-44). Rates of higher risk drinking are consistent across all age groups.

### Working age adults admitted to hospital due to alcohol

- Hospital admissions for alcohol-related conditions are not evenly distributed throughout the borough. The highest rates of hospital admissions among working age adults related to alcohol are seen in Kingsway, Appleton, Mersey, Halton Castle and Halton Lea wards.
- The number of working age men admitted to hospital due to alcohol is higher than the number of working age women
- In Halton a few individuals account for a large number of hospital admissions due to alcohol. Last year local people of working age were admitted to hospital due to alcohol 4 or more times, in total these individuals accounted for over 200 hospital admissions.



### Working age adults dying due to alcohol

Between 2009 to 2013 there were 60 alcohol-related deaths among working age adults in Halton. The majority of those who died were only aged between 45 to 54. The number of deaths among women due to alcohol has increased in recent years and there is now an even split of deaths among men and women.

### What are we doing in Halton to promote safe and sensible drinking among working age adults?

#### Prevention

##### Alcohol awareness campaigns:

These campaigns are delivered in line with local and national campaigns, for example; Dry January, Know your limits, alcohol awareness week, Christmas campaigns, which aim to raise awareness of alcohol related harm and information and advice on lower risk drinking and local services available.

##### Alcohol education sessions:

Education sessions are delivered to community members in order to increase awareness of the potential damage alcohol may cause, this looks at the impact of alcohol on physical and mental health and social impact.

#### Alcohol Health days:

Alcohol health days are offered to organisations; such as workplaces and community venues for example, Haltons Vintage Rally or the Runcorn Carnival where the local community have the opportunity to seek advice around lower risk drinking in order for them to make an informed choice around their drinking. This may involve the use of the alcohol free bar, and opportunistic alcohol screening and brief alcohol advice may also be offered.

#### Identifying alcohol problems in working age adults

In Halton the Health Improvement Team deliver a programme of Identification and Brief Advice (IBA) training to targeted front line staff to enable them to identify those at risk as a result of their drinking in the adult population of Halton at the earliest opportunity. This enables clients to receive brief alcohol advice based on their screening result and/or a referral into specialist alcohol service can be made if appropriate. Amongst those who are trained to routinely provide early identification and brief advice to their clients are; health and social care teams, for example GPs, practice nurses, midwives and the police and fire service.

#### Treatment

Halton public health team commissions an alcohol liaison service at both Whiston and Warrington hospitals. The alcohol liaison service provides support with the medical management of patients with alcohol problems within the hospital, the implementation of case-finding strategy and delivery of brief advice within the hospital, liaison with community alcohol and other specialist services, and the education and support for other healthcare workers in the hospital.

Halton public health team commission a drug and alcohol integrated recovery service, operated by Crime Reduction Initiative (CRI). The service provides rapid and open access to drug and alcohol treatment.

#### What more could we be doing?

We currently do not have a local social marketing strategy on alcohol. This would help in changing attitudes and behaviour locally around alcohol among identified groups in order to prevent harm. This would ensure consistent and clear messages on safe drinking to be delivered across all agencies.

We could do more to support local business in developing workplace alcohol policies.

We need to ensure that clear referral pathways exist between services to support individuals who misuse alcohol.

#### In order to promote safe and sensible drinking among working age adults we will:

1 Develop a coordinated alcohol awareness campaign aimed at working age adults to include supporting the local promotion of national alcohol awareness campaigns e.g. Dry January, Alcohol awareness week and Drink Wise campaigns

2 Support local workplaces in developing workplace alcohol policies.

3 Review alcohol treatment pathways for working age adults (aged 18 to 64) in Halton. To include a review of pathways for vulnerable adults e.g. the unemployed, veterans, offenders, people with mental health problems, the homeless.



## Michael's experience of taking part in Dry January

**“My name is Michael, I am 43 and live in Widnes and signed up to Dry January 2014.”**

I knew I drank more than I really should, I don't tend to drink during the week but drink from Friday to Sunday, often socially but also just when in the house. This usually starts with a few beers before we eat, a couple glasses of wine whilst eating, then I tend to carry on drinking after that and I would say that on average I drank between 15-20 units in an evening.

I knew with Christmas coming I would possibly exceed my usual drinking, so I saw an advert for Dry January in the local paper and then signed up on line. I enjoyed Christmas and the New Year came and we were going out with friends so I decided that I may still be drinking after midnight on 1st January and we also had family coming over on New Years Day, so I decided to start on 2nd January, it did say on the website that you can start at any point throughout January. From the 2nd to the 31st January I did not drink any alcohol and I can't begin to explain how good I felt by the end of January.

At first it was hard, but I found I had so much more time to spend with my family and whereas before we would all be sat in different rooms maybe watching TV, we would all sit together and more importantly I could remember the conversations and what we had watched the next day. No more hangovers the next day, I also had more energy and I reckon I saved about £100 over the month.

I did start to have a drink again in February, the 1st of February to be truthful, although now I felt it was not a habit anymore and I could choose to have a drink or not. I would recommend people to sign up for Dry January next year as it gives you a chance to reflect on your drinking and put it in to perspective, I know I will be signing up again for 2015!

**For more information on Dry January please visit the Dry January Website:**

[www.dryjanuary.org.uk/](http://www.dryjanuary.org.uk/)

**DRY JANUARY** 00 00 00 **DONATE!** English | Cymraeg

HOME | FUNDRAISING | PUBLIC HEALTH | TESTIMONIALS | CORPORATE SUPPORT | ADVICE | UNIT CALCULATOR **OUT TO DRY.**

**CAN YOU STAY OFF THE BOOZE FOR 31 DAYS?**

Our aim: to start a new conversation about alcohol  
Your challenge: to go booze free for 31 days  
Your chance: to lose weight, feel better, save money and make a difference.

We're already getting ready for Dry January 2015, so sign up today at the button below.

**SIGN ME UP**

----- 368 PEOPLE ARE SIGNED UP FOR DRY JANUARY -----

**DRY TIPSTER**  
**CONTAIN YOUR EXCITEMENT**  
You may be getting excited at the prospect of your first drink after 31 days, take your energy and use it on a climbing wall, yeah that's right a climbing wall - it's great fun honestly.

**DRY TWITTER**  
**@DRYJANUARY**

EntrepreneurshipTeam @Entrepreneurship  
It's back, Pink Passion! Buy a ticket @CrestAcademy Xmas Fairs & Fashion Show, 20th Nov for #DryJanuary #Widnes19 Dec 31st 1915  
It's remembered by Dry January  
Expand

SafeStocks @SafeStocks 7 Oct  
Come on people of Stockton get signed up for #DryJanuary #D215myle  
It's remembered by Dry January  
Expand



## Sheila's story

**"My name is Sheila  
I am 44  
and live in  
Widnes."**

I only used to drink alcohol socially and on special occasions. However, last year I suffered a double bereavement when first my mother and then my father passed away in a 6 month period. Following this I started drinking more to cope with my emotions. I found that drinking helped me to forget and numbed the pain. I quickly found my drinking got out of hand with my first drink of the day getting earlier and that I could not get through a day without drinking. I was very ashamed of my behaviour and was hiding it from my family. I was hiding bottles of wine around the house to disguise the amount I was drinking.

However rather than helping me cope, drinking made me feel like I was spiralling out of control. My husband became very concerned about the amount I was drinking and this caused lots of arguments. I knew I needed to get help when my husband said our marriage only stood a chance if I was prepared to face up to the consequences of my 'out of control' drinking. I went to see my GP who referred me to CRI at Ashley House. I attended with my husband for support. The staff at Ashley House were very supportive and discussed treatment options. I chose to be admitted to undertake detox. I then commenced on a recovery plan. As part of this I attended extended brief intervention sessions which helped to motivate me to stay off the drink by exploring why I had been drinking and why I wanted to stay drink free. I was also referred to counselling for support with my bereavement and had a health check for my general health and wellbeing.

It has not been an easy journey but I am pleased to say that thanks to the support I have received I am now alcohol free and feel much more positive about life and am looking forward to returning back to work.



# Promoting safe and sensible drinking among older adults



## The Halton picture

Alcohol misuse among older people has been described as a hidden problem. Estimating the size of the problem is therefore difficult, however there is evidence that alcohol misuse is increasing among people aged over 65. National research tells us:

- One in five older men and one in ten older women drink enough to harm themselves, a rise of 40% in men and 100% in women over the past 20 years.
- 18% of those aged 65 and over drank alcohol on 5 or more days in the last week; more than any other age group
- Older people are more likely to drink at home alone. This may mean that their drinking is hidden from friends and family. In addition measures poured at home are likely to be bigger than in pubs and restaurants.

Alcohol misuse among older people is often described as a hidden problem. Estimating the size of the problem is difficult, however there is evidence that alcohol misuse is increasing in people over the age of 65.

Older people may have had a lifelong pattern of problem drinking (early onset) or may first develop drinking problems in later life (late onset). About a third of older people with drink problems develop them for the first time in later life. Older people are more sensitive to alcohol's effects, reacting more slowly and tending to lose their sense of balance. The liver becomes less efficient at breaking down alcohol as you age.

Reasons for alcohol abuse in old age include bereavement, loneliness, pain, ill health, disability and depression. Older people can be successfully treated and even people with a long history of misuse can change behaviour.

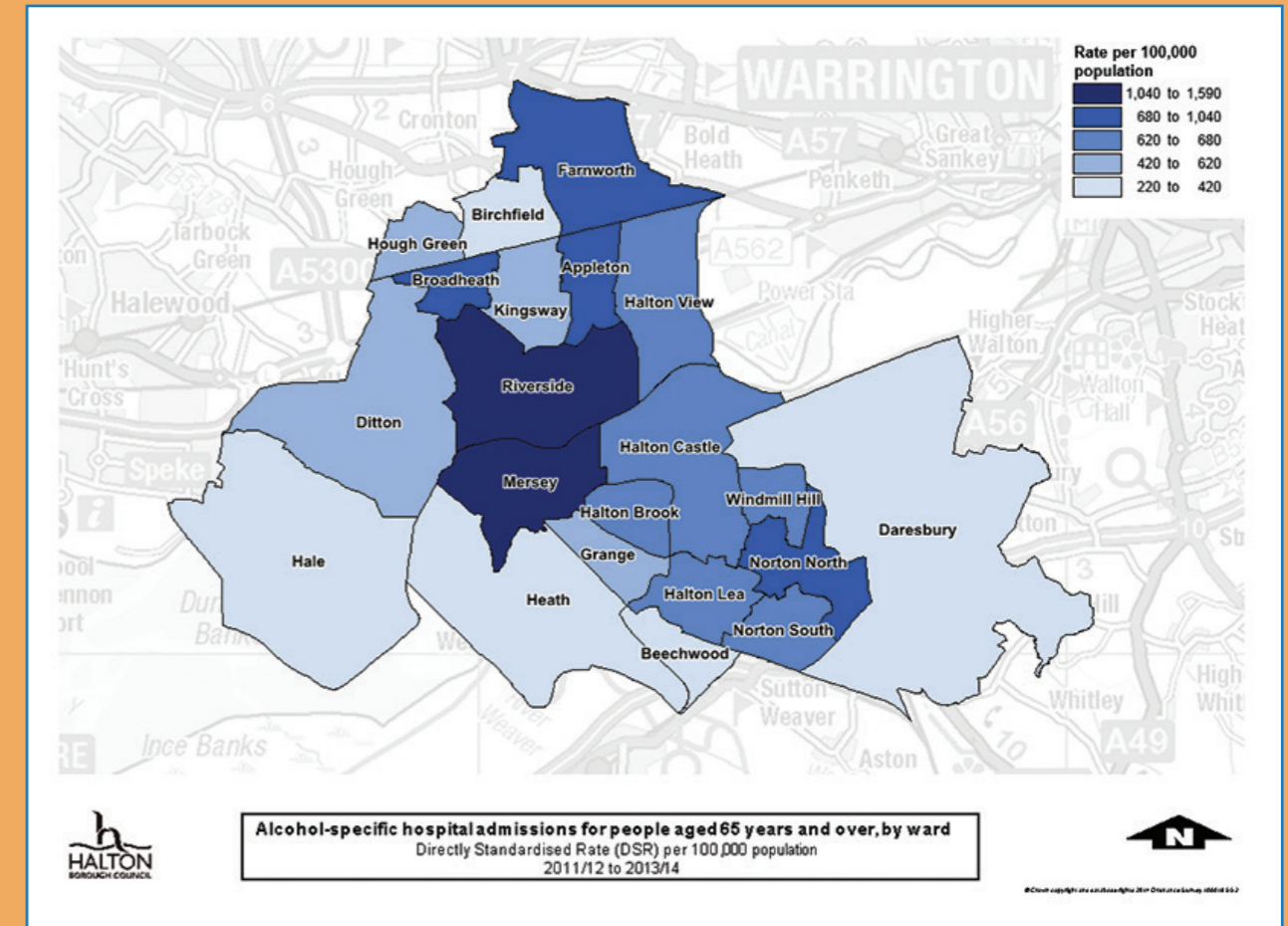
**“Whilst the spotlight on excessive drinking generally falls on younger people, the most significant increases in alcohol related harm are actually in older age groups, with people aged 65 and over also reporting the highest rates of drinking on five or more days a week.”**

Age UK, 2014

## Alcohol-related hospital admissions among older people in Halton

In line with national trends locally alcohol specific hospital admissions for people aged 65 and over have increased.

Hospital admissions for alcohol related conditions among those aged 65 and over are not evenly distributed throughout the borough. The highest rates of alcohol-specific hospital admissions are seen in Mersey and Riverside.



## Older Halton residents dying due to alcohol-related diseases

Nationally mortality rates due to alcohol, among people aged 75 and over, have risen to their highest level since records began in 1991. In Halton between 2009 and 2013, 17 people (6 men and 11 women) died due to alcohol-related diseases.



# OLDER & WISER?



KNOW YOUR LIMITS!



We all age at a different rate, so you need to regularly look at your drinking and how it affects you...

Your body's ability to process alcohol decreases with age, this is because your body's water content decreases. This means that there is a higher concentration of alcohol in your blood, so it has a stronger and longer lasting effect.

## Alcohol and Falls

Drinking can make you unsteady on your feet, which can lead to falls and as you get older you're more likely to have a serious injury, such as broken bones.

As you get older you are advised to drink less than these lower risk guidelines set out by the Department of Health

	<b>MEN</b>		<b>WOMEN</b>
	No more than 3-4 units a day		No more than 2-3 units a day



## Why do older people drink? Life changes associated with alcohol misuse in older people





## What are we doing in Halton to promote safe and sensible drinking among older people?

The Health and Wellbeing service currently delivers alcohol identification and brief advice sessions (IBA). This enables front line staff to identify older people's drinking levels using an AUDIT screening tool at an early opportunity and either offer brief alcohol advice or use an alcohol care pathway to ensure those who require it are referred into wider alcohol services.

Falls awareness sessions delivered to staff and older people include sections on alcohol awareness.

Halton Borough Council (HBC) conducts pre-retirement courses for employees to try and prepare them for the change of role associated with giving up work.

Halton health and social care agencies have taken a partnership approach to tackling loneliness in older people across the borough. Loneliness awareness sessions are being developed for staff and older people as is a loneliness pathway. A loneliness awareness marketing campaign has been funded and is in the process of being developed.

Halton Borough Council and Bridgewater Community Healthcare NHS Trust staff (Sure Start to LaterLife and Health Improvement teams) have formed the Health and Wellbeing service which focuses on older people's needs. There is some evidence to indicate that alcohol interventions for older people are most effective when delivered by professionals who have an underlying expert knowledge of older people.

Our local alcohol treatment service (CRI) provides support for older people.

## What more could we be doing?

We currently don't know how many older people locally drink above recommended guidelines and if excess drinking is perceived as a problem by this age group.

There is an opportunity to train front line staff who work with older people to identify and support older people who misuse alcohol. This includes when and how to refer to local treatment services.

## In order to promote safe and sensible drinking among older people in Halton we will:

1 Undertake insight work with older people to better understand the nature of the problem and what prevention strategies and treatment approaches work best with older drinkers

2 Develop an alcohol awareness campaign aimed at older people – to be targeted at older peoples settings (social groups, bingo etc), general practice, local faith groups. To include experienced based interventions (peer to peer).

3 Develop and train key staff who work with older people in delivering brief interventions which focus on motivating factors for older people.







### Gill's story

**"My name is Gill, I am 68 and live in Widnes"**

I had suffered from alcohol problems during my 30's and 40's but in recent years I had made a good recovery. I am now retired and was enjoying spending more time with friends and family. Unfortunately, my husband died very suddenly, this understandably left me feeling very depressed.

I felt lost without my husband, we had been married for 45 years and had done everything together. I found that I was spending a lot of time on my own at home, and had started drinking again in order to cope with being alone. I was worried that my

drinking might get out of hand again. Fortunately for me, my family were on hand to support me through this difficult time and encouraged me to go and talk to my GP. With my GP's help I was able to access counselling to help me deal with my loss.

My GP also told me about Sure Start to later life and I have attended the Day-trippers, a fun group that go for days out, and other social events. This has helped me to make new friends and feel less lonely. Due to the help and support that I have received I have managed to keep my drinking under control.



# Keeping our local communities safe from alcohol-related harm





## Increasing awareness of alcohol related harm within Halton

### Talking Drink: Taking Action

We recognise that we need to engage the local community in Halton in looking for shared solutions for tackling alcohol-related harm. Halton's public health team has asked Our Life, a community engagement organisation, to explore this issue with local people at a community level.



Our Life will deliver an approach based on the citizen's jury model of community engagement. This allows a diverse group of residents to share their opinions with each other and hear from a range of external people with certain expertise (commentators), before reaching a set of recommendations to reduce alcohol-related harm and working these through with local decision-makers.

## Supporting a minimum unit price for alcohol

Of all the alcohol sold, very cheap alcohol products play the biggest part in driving alcohol-related harm

The simplest way to reduce demand for alcohol is to put the price up. Like most consumer products, demand for alcohol is related to its price. When the price of alcohol rises, demand for alcohol falls and so too does alcohol related harm. Over the last thirty years the affordability of alcohol in the UK has increased. Minimum pricing would not affect every drink – only those which are sold at an unacceptably low price. By introducing a minimum price per unit of alcohol, drinks with a high number of units, which are currently being sold at low prices, will see the greatest change in price.

We believe that introducing a minimum price for alcohol of 50p a unit will have a positive impact on reducing alcohol related harm in Halton. An important study from the University of Sheffield has worked out that setting a minimum cost of 50p per unit of alcohol means that nationally each year there would be 98,000 fewer hospital admissions, 3,000 lives will be saved and there will be 40,000 fewer crimes.



## Reducing alcohol-related crime and anti-social behaviour in Halton

Excess alcohol consumption is directly associated with crime, anti-social behaviour, violence and aggression (including domestic abuse).

Good progress has been made in reducing alcohol-related crime locally. Between 2008 and 2012 Halton had the greatest decrease in the rate of alcohol-related recorded crime within Merseyside. However rates remains higher than the North West and England averages.



## What are we doing in Halton to reduce alcohol-related crime and anti-social behaviour?

Ensuring a visible police presence in town and city centres during hot-spot times.

Enforcing 'banning orders' for individuals who have been barred from premises or arrested for drink-related violence or disorder.

Targeting named offenders of violent crime and potential alcohol-related crime 'hotspots', and late night cafes, bars and clubs.

Seizing alcohol from people drinking in an anti-social manner within designated no drinking zones, and arresting those who fail to comply.

Greater use of CCTV to diffuse potential disorder in town centres.

Issuing Direction to leave orders, which give police officers the power to tell anyone aged 16 or over to leave a particular area for up to 48 hours. These are generally issued in the night time economy and are for people who are drunk and disorderly but fall below the threshold of behaviour that requires an arrest. The offenders are sent a health pack and advice on local alcohol support services. If an individual comes to our attention twice then a joint visit with a police officer and health professional is arranged.

Offenders arrested whilst drunk are usually visited by health workers in custody and are offered alcohol advice and referrals to local alcohol support services.

All police officers and Police community support officers have been trained in the early identification and support of those who misuse alcohol. This includes when and how to refer to local treatment services.

## Preventing domestic abuse in Halton

Alcohol is a contributing factor in many cases of domestic abuse. In England and Wales in 2009/10, 37% of the victims of domestic abuse perceived their attackers to have been under the influence of alcohol, and a Home Office study of male domestic abuse offenders in England found that 49% had a history of alcohol misuse.

## What are we doing in Halton to reduce domestic abuse?

A Halton domestic abuse and sexual violence strategy is under development. The strategy will promote joint working to improve the risk identification, assessment and management of domestic abuse and sexual violence in Halton. There is also an action plan in place which specifies what will be done, by whom and when in order to reduce incidences of domestic abuse and sexual violence as well as support victims and their families.

## Ensure the local licensing policy supports alcohol harm reduction

Halton Borough Council is directly responsible for controlling alcohol provision through licensing, planning and trading standards.

Effective licensing enforcement has an impact on drinking behaviour and failure to enforce the law leads to higher levels of alcohol consumption in the population. In Halton, the council and Cheshire Police work with licensed premises and off licenses to ensure they adopt more responsible approaches to the sale of alcohol.

## What are we doing in Halton to ensure the local licensing policy supports alcohol harm reduction?

A multi-agency alcohol harm reduction meeting is held once a month. At this meeting all Temporary Event Notices/ Licence variations and new licences of note are discussed. Premises that have had incidents are discussed and further actions agreed. These may vary from warning to the generation of a joint action plan or in more extreme cases a full license review and prosecution.

Licensing enforcement officers work with licensed premises to voluntarily improve practice as per the guidance of the licensing act. This has the added benefit that the trade actively works in partnership with us and results are achieved far faster than through a judicial process.

Police and trading standards conduct joint visits to licensed premises to ensure conditions are being complied with and fraudulent or phoney sales are not being undertaken. Test purchase operations are run for underage sales.



Operation Stagger – this is a plain clothes operation used at premises when we have intelligence that they are repeatedly serving drunks. Observations by officers will result in ID advice, action plans or prosecutions.

Licensing enforcement officers work with the door staff to ensure they act proportionately when dealing with incidents, contact the police when required, are readily identifiable and keep a record of all incidents for examination by police.

The Pub Watch – the licensing team and police support both the Widnes and Runcorn pub watch schemes and work closely with the trade to promote pub watch bans of offenders.

ArcAngel – this is the Cheshire equivalent of Best bar None and is a scheme promoting minimum standards of safety and responsible retailing within the borough. Over the past 3 years fifteen premises in Halton have joined the scheme with others on the way.

## Promoting a diverse and vibrant night-time economy in Halton

The aim of creating a more diverse and vibrant night-time economy is intended to broaden the range of businesses offering activities that do not centre on drinking alcohol. The night time economy locally brings many positive benefits, from job creation, spending in our local economy and provision of a diverse range of activities for local people, including restaurants, arts centre, ice rink, cinemas etc. We want to encourage a wide range of age groups to make use of a night-time centre and to offer alternatives to going out to get drunk. We believe that this could have significant benefits in helping to reduce crime and disorder and reducing health harms.

Purple Flag is a national accreditation scheme that recognises excellence in the management of town and city centres at night. Town centres that achieve a Purple Flag will be those that are safe, vibrant, appealing, well-managed and offer a better night out.

Purple Flag aims to raise standards and improve the quality of our towns and cities at night. Just as Blue Flag is an indicator of a safe/clean beach and Green Flag an indicator of a good open space/park, Purple Flag is set to be the indicator of where to go for a good night out and will bring positive publicity for successful town and city centres.

## What are we doing in Halton to promote a diverse and vibrant night time economy?

The council recently conducted a review of the night time economy across Halton. The report made recommendations to improve and diversify the night time economy within the borough.

## In order to keep our local communities safe from alcohol-related harm we will:

1 Work with partners to influence the Government and other key decision makers in relation to issues such as introducing a minimum unit price for alcohol and restricting alcohol promotions and advertising.

2 Work in partnership to review Halton Borough Council's statement of licensing policy to ensure it supports the alcohol harm reduction agenda

3 Work towards the completion of a self-assessment / gap analysis for the town centre areas in Widnes and Runcorn, using the Purple Flag criteria as a guide Benchmark.



Taking the hard line against ALCOHOL RELATED CRIME

Arc Angel is a standards based approach adopted by all agencies working in partnership with the licensed trade to target the problem of alcohol-related crime and disorder as well as underage drinking and alcohol-related incidents.

### The ArcAngel approach aims to:

- Encourage responsible drinking, discourage binge drinking and drinking in public;
- Target hotspot locations and prolific and persistent offenders of alcohol related violent crime and disorder;
- Help reduce the number of incidents of alcohol related serious injuries, common assaults and Accident and Emergency admissions;
- Improve the care and support for victims and witnesses of alcohol related violent crime.
- Help people feel safer during a night out;
- Raise public awareness of the issue of alcohol related violence and disorder and the penalties that will be imposed against offenders.

ArcAngel aims to protect communities and raise the standards of acceptable behaviour. This means that as well as having a no tolerance attitude to alcohol fuelled behaviour we're getting pubs, clubs and off licences to sign up to delivering a drinking environment that will stamp out underage drinking and discourage binge drinking so that you'll have a night out to remember - for the right reasons.

Many venues throughout Cheshire now have ArcAngel Accreditation which means, they follow the codes of practice to try to combat alcohol-related crime (including the sale of alcohol to people who are underage).

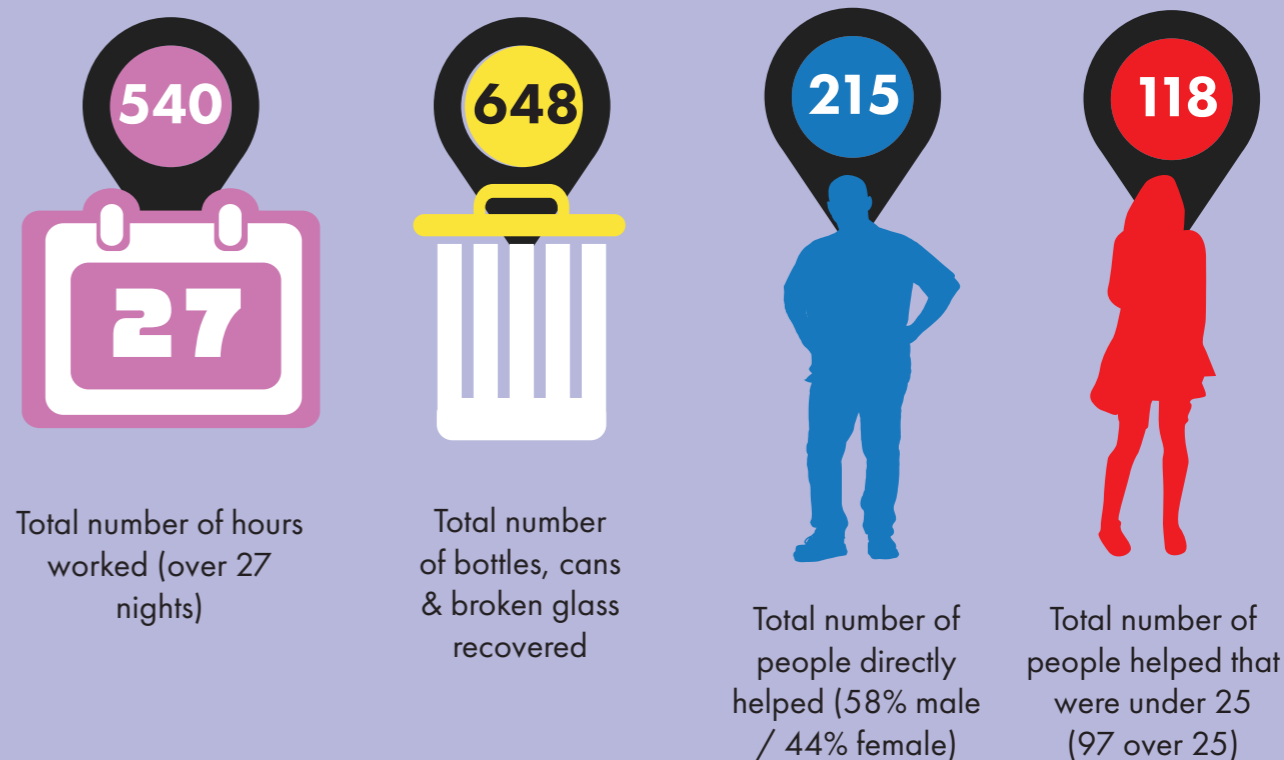
More info: [www.cheshire.police.uk/get-involved/arcangel.aspx](http://www.cheshire.police.uk/get-involved/arcangel.aspx)

## Halton Street Pastors project

The Halton Street Pastors project began in June 2013. 15 volunteer street pastors have been recruited to cover the Widnes area. They receive extensive training. A team of approximately four volunteer pastors go out on the streets in Widnes on Saturday nights between 23:00 hours and 04:00 hours the next day. The pastors make contact with members of the public, helping them in many ways, including:

- providing flip flops to women who were walking bare foot;
- dealing with minor injuries;
- helping people who had lost contact with their friends;
- providing water and wipes to people vomiting; and
- helping people with taxis home.

The Pastors also removed glass bottles and drinking glasses from certain areas making the streets a safer place.



The attitude of the public so far has been very positive and people have welcomed the Pastor Service. With regards to door staff, feedback from forums has been positive. There had been incidents where door staff had sought out the Pastors to assist with injured members of the public. Also, since the presence of the pastors, some bars and clubs have been stopping people leaving with bottles and glasses and cleaning up the front of their premises.

## More information and support

If you feel you have a problem with your drinking there is plenty of help and support available locally. Please contact:

You're local GP  
Halton CRI: support those living in Halton affected by alcohol. Telephone 0151 422 1400

Young Addaction (Under 19s): support young people having problems with alcohol.  
Telephone 0151 257 2530

### For pregnant women:

NHS Choices: Alcohol in pregnancy  
<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/alcohol-medicines-drugs-pregnant.aspx#close>

Drink Aware: Alcohol and pregnancy  
<https://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol/fertility-and-pregnancy/alcohol-and-pregnancy>

### For young people:

Talk to Frank:  
<http://www.talktofrank.com/>

### The facts about young people and alcohol:

[https://www.drinkaware.co.uk/media/246532/alcohol%20and%20young%20people\\_new.pdf](https://www.drinkaware.co.uk/media/246532/alcohol%20and%20young%20people_new.pdf)

### For parents:

Talking to your child about alcohol:  
<http://www.drinkaware.co.uk/check-the-facts/alcohol-and-your-child#>

### For adults:

Change 4 Life helps you keep an eye on how much you are drinking and offers advice and tips on how to reduce your intake.  
<http://www.nhs.uk/change4life/Pages/drink-less-alcohol.aspx>

NHS Choices offers a variety of online resources covering binge drinking, alcoholism, drinking calculator, alcohol limits and more.  
[www.nhs.uk/Livewell/alcohol](http://www.nhs.uk/Livewell/alcohol)  
[www.nhs.uk/Livewell/alcohol](http://www.nhs.uk/Livewell/alcohol)

Drinkaware promote responsible drinking and challenge the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm.  
[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

### For older adults:

Sure Start to later life – the gateway to information, services and activities for people over 55  
Tel: 0151 907 8311 Fax: 0151 420 0631  
Email: [ss2ll@halton.gov.uk](mailto:ss2ll@halton.gov.uk)  
Or alternatively you can visit our website at: [www.ss2ll.co.uk](http://www.ss2ll.co.uk)

Age UK Halton –run a variety of projects and services in the Halton area.  
For more information call 01744 752 644

### Community safety:

To find out more about alcohol-related harm in the North West and join the debate please visit:  
<http://drinkwisenorthwest.org/>

For more information on a minimum unit price for alcohol visit:  
<http://minimumpricing.info/>

Information related to Cheshire Police is available on their website:  
<http://www.cheshire.police.uk/default.aspx>

For information on Specialist Services and Organisations within Halton contact the Halton Domestic Abuse Service 0300 11 11 247  
[www.halton3.gov.uk](http://www.halton3.gov.uk)

### If you would like additional help and support with Domestic Abuse, contact any of the following national helplines:

National 24hr Helpline 08082000247  
[www.nationaldomesticviolencehelpline.org.uk](http://www.nationaldomesticviolencehelpline.org.uk)

M.A.L.E (Men's advice line) 08088010327  
[www.mensadvice.org.uk](http://www.mensadvice.org.uk)

Broken Rainbow (Lesbian, Gay, Bisexual and Transgender support)  
03009995428

[www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk)  
Stalking Helpline 0808 802 0300  
[advice@stalkinghelpline.org](mailto:advice@stalkinghelpline.org)



## Update on recommendations from the Public Health Annual Report 2012

RECOMMENDATIONS	COMMENTARY ON PROGRESS
CVD	
Local Authority Commissioners should review the current Health Checks Plus programme	The Health Checks Plus programme has been reviewed and a new streamlined programme has been developed and rebadged as NHS Health Checks. The new programme focuses on the mandatory elements of the national programme and includes the new national elements around raising awareness of dementia and alcohol screening. The programme was rolled out to GP practices in Autumn 2013.
Continue to invest in services that can assist people to manage and/ or reduce any risks identified	Working with Public Health colleagues from other areas Halton Borough Council and Halton CCG have played a pivotal role in the development of a pathway to provide support for patients who have a high risk of developing diabetes across Merseyside. High risk patients identified through GP registers and NHS Health Checks are referred to health trainers who have been trained to deliver patient education around "Borderline Diabetes" and who can sign patients up to relevant healthy lifestyle programmes. The pathway was launched locally in January 2014 and to date 43 patients have received patient education, 18 of which have signed up to the Fresh Start weight management programme.

Local Healthy Weight Strategy Groups should ensure that all actions in the local Healthy Weight Strategy and accompanying delivery plan are implemented and performance is monitored and evaluated	Performance of the Local Healthy Weight Strategy is monitored through the Healthy Lifestyles group and reported to the Health and Wellbeing Board. A review of the Healthy Weight pathway is underway to ensure that it is still effective and responsive to local need.
Providers should ensure that lifestyle programmes monitor and target those most in need to address health inequalities	A range of well-established and successful lifestyle interventions are available for patients who are identified as being at risk of CVD, diabetes and other conditions. These include free weight management courses such as Fresh Start, Stop Smoking Services including the provision of free vouchers for nicotine replacement products and alcohol reduction services such as Brief Interventions. The Council is working with Halton's Health and Well Being Service and Halton Clinical Commissioning Group to ensure that GP practices can advise patients of the full range of available services and make appropriate referrals into the services on behalf of the patient and for outcomes resulting from lifestyle interventions to be monitored.
Tobacco Control	
Commissioners and providers should review evidence-based interventions that will help reduce the percentage of young people, especially women, starting to smoke	Commissioners and Providers follow NICE Guidelines PH10, PH14, PH23, PH26, PH48 which all identify recommendations to follow to help reduce the percentage of young people, especially women starting to smoke. An event held in Riverside college on 5th March 2014 highlighted the fact that tobacco kills one in two. The event consisted of performances by 12 dancers and a rapper designed to drive home the message to young people. The performances were filmed and heavily promoted on social media for a three week period.

Providers should review data collection of pregnant women smoking at the time of delivery and ensure robust processes are in place	<p>Smoking at time of delivery (SATOD) data is collected by all Midwives and is collated and presented at a borough level and has shown improvements.</p> <p>Providers review this data for monitoring purposes and targets. Work continues in partnership with the CCG and maternity providers to ensure they record the data accurately.</p> <p>The Stop Smoking Service has a specialist cessation role specifically in place to work with pregnant smokers and has established partnerships between the Service and Midwives to enable direct referrals and regular communication to take place.</p>
Commissioners, providers and the Health and Wellbeing Board should work nationally, regionally and locally to support advocacy for plain packaging	The Tobacco Control Coordinator works closely with Tobacco Free Futures (Northwest region) and is Chair of the Cheshire & Merseyside Tobacco Alliance and ensures regional and sub-regional advocacy support for plain packaging is coordinated and delivered locally.
Dental Health	
Local Authority Commissioners should work in partnership with the National Commissioning Board to monitor performance and ensure good access to dental services	The performance is monitored and a report on progress was presented to the Halton Health and Wellbeing Board, reporting good access to dental services, 70% of dentists are accepting new patients, which is good access when compared to the rest of England.

National Commissioning Board should encourage the application of fluoride varnish by the dental team in their practices in line with Delivering Better Oral Health- an evidence-based toolkit for prevention (2nd Edition)	Recent evidence suggests that fluoride varnish is not as effective as the distribution of toothbrushes and toothpaste to children, and therefore while this continues to be available it is no longer the main focus for action.
Local Authority commissioners should review the work of the Oral Health Promotion team	The work of the Oral health promotion team is being reviewed and will work within the healthy child programme as this is fully transferred into the local authority.
Early Years (relates to HWB Child Development Action Plan)	
Data quality of local data collection via the Child Health Surveillance System should be reviewed by both commissioner and provider	The Halton Child health system has been reviewed and is being replaced. National work continues to improve the child health system.
Develop the Health Visitor service, (in line with the Health Visitor implementation plan, "A Call For Action") to ensure that all children have access to the core healthy child programme	This is fully compliant with the national Health Visitor implementation plan. All children in Halton have access to the core healthy child programme.
Midwifery, Health Improvement Team and GPs should monitor the effectiveness of health programmes for pregnant women including early booking, targeted smoking cessation campaigns, access to appropriate weight loss services and encourage a high uptake of seasonal influenza and whooping cough immunisations.	Midwifery and health improvement team are each performance monitored in relation to early booking and smoking cessation rates. Regional up take of immunisations for pregnant women is monitored and acted upon accordingly. Weight loss services for pregnant women have been piloted and their performance monitored.

Alcohol	
Ensure that people have accurate, relevant information to enable them to make healthy, safe, informed choices and that messages are promoted in the right settings	A range of campaigns and promotional activities and campaigns are available locally. Halton has supported the Dry January campaign and has conducted a piece of social marketing into Foetal Alcohol Spectrum Disorders (FASD). National campaigns are supported on a local level, with a great deal of prevention and promotion activity aimed at young people delivered by Young Addaction and Catch 22, through the use of outreach youth work and the youth centres. School activity is coordinated through the Healthitude programme, which brings together a range of service providers to promote healthy lifestyles with local primary and secondary schools. During 2013/ 2014, 986 children and young people have received 1 hour alcohol awareness education sessions.
GPs should promote brief interventions and screening within primary care	A national enhanced service is available for GPs with regards to identification of 'at risk' patients and brief advice training is available for all GPs and practice staff
Commissioners, providers and the Health and Wellbeing Board should work nationally, regionally and locally to support minimum pricing per unit of alcohol	Halton is supportive of activity to introduce a minimum pricing per unit of alcohol.

All School Nurses, Youth Workers, Children's Social Care and Youth Offending Team staff should receive training to enable them to identify drug and alcohol problems to enable them to offer appropriate support and referral if needed. In addition, people who work with children need to be trained to recognise when children exhibit signs of experiencing parental alcohol misuse and know what action to take.	325 front line staff/ community residents have been trained in IBA. Those trained includes 44 young people with special needs, 16 vulnerable adults have received alcohol awareness sessions. Alcohol awareness has also been incorporated into the Falls Training Programme and delivered to 74 staff who work with older people  100% of staff reporting an increased knowledge of alcohol misuse and feel they have the confidence to highlight issues and refer on appropriately.  Relationships have improved between adult substance misuse services and children's services, with improved protocols and pathways, joint visits and clear referrals now established to ensure that systems are in place to support young people when parental misuse of alcohol is identified.
Cancer	
NHS Commissioning Board should provide regular updates to Health and Wellbeing Boards on improvement in screening and uptake rates and ensure cancer and non-cancer screening programmes are accessible to people with learning or other disabilities	The Halton Action on Cancer Group receives regular updates regarding screening which it reports to the Healthy Lifestyles group and to the Health and Wellbeing Board.  Recent activity has highlighted some access issues with regards to people with a disability and as a result this has been escalated to the relevant Trusts for action.



Local Hospital Trusts should commit to achieving agreed staging reporting for at least 70% of all cancers, collating, analysing and reporting this staging data after a minimum time delay

Following the negotiation of a cancer staging CQUIN (a framework aimed at improving services and outcomes for patients), with both local provider trusts (Warrington and Halton Hospital Foundation Trust and St Helens & Knowsley Hospitals), local trusts will be financially incentivised in 13/14 to achieve 70% staging data completeness. This will be monitored by the Clinical Commissioning Group during Quality Review meetings throughout 13/14 and progress reports will be brought to the Halton Action on Cancer Board. This is to ensure that both local trusts are compliant with the nationally expected standard by 14/15.

Commissioners should continue to invest in public awareness of cancer signs and symptoms

During the year Halton has continued to support the active promotion of National campaigns through "Be Clear on Cancer" activity. This has included the support for the 'Breast Cancer in Women over 70' campaign along with the promotion of breast cancer screening services in Halton and the promotion of the regional 'Be Clear on Cancer campaign for ovarian cancer'.

During 2013/14 over 2100 presentations / training sessions were delivered to front line staff/ community groups/ residents on cancer awareness, and nine GP practices were supported with training, events and cancer awareness sessions. This included Appleton Village, Murdishaw Health Centre and Oaks Place practices where 32 staff attended training, and Castlefields Health Centre where 27 staff received breast cancer awareness training.

## Data On Health & Wellbeing in Halton:

This year's public health annual report is focused on reducing alcohol related harm in Halton. Data on health and wellbeing in Halton is available in the joint strategic needs assessment (JSNA). The JSNA pulls together a wide range of information about the health and well-being of the local population.

The JSNA and children's JSNA are available from:  
[www3.halton.gov.uk/Pages/health/JSNA.aspx](http://www3.halton.gov.uk/Pages/health/JSNA.aspx)

For further information contact the public health intelligence team:  
[Health.Intelligence@halton.gcsx.gov.uk](mailto:Health.Intelligence@halton.gcsx.gov.uk)

**Joint Strategic Needs Assessment**

The JSNA must pull together a wide range of information about the current and future health and well-being needs of the local population. It provides an opportunity to look to the future - over the next 5, 10, 15 and 20 years - so that we can plan now for likely changes in needs. Therefore it is one of the major influences in directing our commissioning priorities and planning service development.

The JSNA has been set out in chapters; where key issues are highlighted, information about what services are making a difference and the key priorities for the future are identified. The JSNA is intended to be an on line tool, enabling the reader to go straight to the chapters that they require. Each chapter references other relevant chapters that can provide wider context, allowing the reader to access all relevant and interlinking information to the subject area. Data updates are added each year when new information is available.

This assessment has not been done in isolation. Results of local and national consultations, surveys and research with people who use services, carers, residents and service providers have been used to inform the JSNA.

- Summary document
- JSNA data updates 2013
- Health Profiling
- More Borough Statistics and Profiles

**Demographics and Wider Determinants**

- Economic
- Housing
- Overall Health and Wellbeing in Halton
- Social Care
- Substance Misuse
- Transport
- Community Safety
- Demographics
- Smoking

**Children and Young People**

The Children's JSNA is available from <http://www.haltonchildrenstrust.co.uk/index.php/jsna/> and includes the following chapters

1. Introduction, Key Findings & Methodology
2. Population and socio-economic profile
3. Maternal health
4. Early Years: 0-4 years
5. Health & Wellbeing of School Age Children: 5-18 years
6. Educational Attainment and Employment
7. Safeguarding
8. Children with Disabilities & Complex Health Needs, including learning disabilities and autism
9. Children in Care
10. Engagement and Participation

**Adults (working age)**

- Diabetes
- Hypertension High Blood Pressure
- Physical sensory and learning disability
- Sexually Transmitted Infection
- Stroke
- Alcohol
- Mental Health
- Cancer
- COPD
- Coronary Heart Disease
- Obesity
- Immunisations

**Older People**

- Dementia
- Older People Falls

**Specialist Needs Assessments**

- Alcohol
- Older People

# Top Ten Priorities for Public Health

## A Public Health Manifesto from the North West Directors of Public Health

1. Introduce a minimum price of 50p per unit of alcohol sold to tackle alcohol-related harm and improve health and social outcomes.
2. Introduce a sugar sweetened beverage duty at 20p per litre to help address poor dental health, obesity and related conditions.
3. Commit to the eradication of childhood poverty to meet targets set by the Child Poverty Act 2010 and improve the health and wellbeing of all children.
4. Work with employers to increase payment of the living wage and introduce a higher minimum wage to improve quality of life, happiness and productivity in work.
5. Ban the marketing on television of foods high in fat, sugar and salt before 9pm to reduce children's exposure to unhealthy food advertising and improve diet choices.
6. Implement the recommendations contained within the "1001 critical days" cross party report to ensure all babies have the best possible start in life.
7. Implement tougher regulation of pay day loan companies to improve the health and wellbeing of people with debts.
8. Require all schools to provide a minimum of one hour of physical activity to all pupils every day in line with UK physical activity guidelines for 5-18 year olds.
9. Introduce policies to encourage active travel and use of public transport to improve the quality of local environments and improve road safety, health and wellbeing.
10. Require compulsory standardised front of pack labelling for all pre-packaged food and beverages (including alcoholic drinks) to encourage informed decision making about food and drink consumption.

Source: "Top Ten for Number Ten" – A Public Health Manifesto from the North West Directors of Public Health- July 2014

[http://www.cph.org.uk/wp-content/uploads/2014/07/  
Public-Health-Manifesto-final-version.pdf](http://www.cph.org.uk/wp-content/uploads/2014/07/Public-Health-Manifesto-final-version.pdf)

**REPORT TO:** Executive Board

**DATE:** 20 November 2014

**REPORTING OFFICER:** Director of Public Health

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Halton Alcohol Strategy: Reducing alcohol-related harm across the life course, 2014-2019

**WARDS:** Borough wide

## **1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to present the final draft of the Halton Alcohol Strategy: Reducing alcohol-related harm across the life course.

### **RECOMMENDATION: That Executive Board**

- 1) note the contents of the report; and**
- 2) supports the strategy outcomes, objectives, and actions.**

## **2.0 SUPPORTING INFORMATION**

2.1 Halton experiences an unacceptable level of alcohol related harm with significant impact on local individuals, families and communities. For local people, regular drinking risks a future burdened by illnesses such as cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence. For local families, alcohol dependence can lead to relationship breakdown, domestic abuse and impoverishment. For our local communities, alcohol can fuel crime and disorder and transform town centres into no-go areas.

### **Halton Alcohol Strategy: Reducing alcohol-related harm across the life course, 2014-2019**

2.2 The Halton Alcohol Strategy (Appendix A) sets out actions aimed at rebalancing the relationship Halton has with alcohol. The harm caused by alcohol in Halton is not a problem of a small minority. It is a problem that cuts across our entire population and affects local residents of all ages. That is why this strategy takes a life course approach to reducing alcohol-related harm at all stages of life from birth to old age. A 'Communities' chapter is also included to cover issues that affect people of all ages for example alcohol-related crime and community safety.

2.3 The Strategy builds upon the effective work that has been undertaken by partners locally. No one organisation is able to address all the factors to

reduce alcohol-related harm in Halton. Therefore this strategy has been written in collaboration with all partners agreeing the vision, outcomes, objectives and actions. This strategy is supported by a detailed action plan outlining actions, responsible leads, timescales and outcomes to be achieved (Appendix B). The plan will be monitored by the Alcohol Strategy Implementation Group, and outcomes reported to the Safer Halton Partnership, Health and Well Being Board and all other relevant bodies.

- 2.4 The strategy includes background information which sets out the policy context in which the strategy has been developed, levels of alcohol-related harm experienced in Halton and evidence of what works to reduce alcohol-related harm. Each chapter outlines the scale of the alcohol-related harm, describes current activity being undertaken to reduce alcohol-related harm, identifies gaps in activity compared to the evidence base and best practice examples and finally makes recommendations to reduce alcohol-related harm.

### **Alcohol Harm Reduction Strategy - vision, outcomes and objectives**

- 2.5 The strategy makes the case that the impact of drinking on public health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol.

Our Vision is to enable people in Halton to have a sensible relationship with alcohol that promotes good health and wellbeing and ensures Halton is a safe place to live.

- 2.6 In order to achieve this vision and minimise the harm from alcohol in Halton the strategy will seek to deliver three interlinked **outcomes**:
1. Reduce alcohol-related health harms
  2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
  3. Establish a diverse, vibrant and safe night-time economy.

We have also identified three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

- 2.7 In order to deliver the three outcomes the alcohol partnership group has identified the following **objectives**:
- A. Increase awareness of alcohol related harm across the life course and establish responsible drinking as the norm (linked to outcome 1 +2)



- B. Identify and support individuals drinking above recommended guidelines (linked to outcome 1)
- C. Ensure individuals identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (linked to outcome 1)
- D. Reduce levels of alcohol-related crime and disorder (linked to outcome 2)
- E. Prevent alcohol-related domestic abuse (linked to outcome 2)
- F. Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda (linked to outcome 1, 2+3)
- G. Promote a diverse and vibrant night-time economy (linked to outcome 3)
- H. Work to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective (linked to outcome 1, 2+3)

2.8 The Halton Alcohol Harm Reduction strategy has been developed by a multi-agency group with representation from both Adult and Children’s Services at the Council, the Police, service providers, the voluntary and community sector and other key partners.

**Alcohol harm reduction strategy development group:**

HBC - Public Health	HBC – Elected Members
Halton Clinical Commissioning Group	Cheshire Police
HBC – Children’s Commissioners	Cheshire Fire
HBC – Trading Standards	Drink Wise
HBC - Community Safety Team	Crime Reduction Initiative (CRI)
Licensing Enforcement Officers	Young Addaction
Alcohol liaison nurse Warrington and Halton Hospitals	Public Health England (Local alcohol action area support)
Alcohol liaison nurse St Helens and Knowsley Teaching Hospitals	Health visitor, Bridgewater Community Healthcare NHS Trust
HBC - Domestic abuse lead	HBC – Adult Social Care
Halton and St Helen’s Voluntary and Community Action	Health Improvement team, Bridgewater Community Healthcare NHS Trust (now HBC)
School nurses, Bridgewater Community Healthcare NHS Trust	Alcohol and substance misuse liaison midwife, Bridgewater Community Healthcare NHS Trust
HBC – Sure Start to Later Life	Home Office (Local Alcohol Action Area Support)
HBC - Children’s Social Care	North West Ambulance Service
College and schools representatives	Halton resident and service user

- 2.9 The strategy was informed by the outcomes of a public consultation event attended by over 60 people and has been informed and influenced by both local need and national policy. A formal public consultation is also being undertaken to enable local people to provide feedback and insight to the final version of the strategy and action plan, although both will be kept under regular review to ensure that they are still relevant and meeting the needs of local people.
- 2.10 The strategy will be presented to the following boards for further input and discussion:
- Safer PPB
  - Health and Wellbeing Board
  - Safer Halton Partnership Board
  - Children's Trust Board
  - Halton Clinical Commissioning Group Executive Board

### **3.0 POLICY IMPLICATIONS**

- 3.1 The Strategy will set the context for partnership working to prevent and tackle the impact of harm caused by alcohol for individuals, families and the communities of Halton. The harmful impacts of alcohol described above have been recognised by partners in Halton and reducing alcohol related harm has been identified as a priority by the Health and Wellbeing Board, the Halton Children's Trust and the Safer Halton Partnership Board, and the work supports the delivery of national policies, strategies and guidelines.

Halton is one of only twenty areas in the country to be awarded the status of being a "Local Alcohol Action Area" (LAAA). This award provides support from the Home Office and Public Health England during 2014 related to addressing the harm from alcohol across three areas – health, crime and anti-social behaviour, and diversifying the night time economy. Key partners have been involved from local authority, health and community safety and an action plan has been developed. This work is integrally linked to the development of the alcohol strategy and action plan.

### **4.0 OTHER/FINANCIAL IMPLICATIONS**

- 4.1 The actions identified within the strategy will be delivered through existing resources identified within each partner's budget. Some service redesign or an innovative approach to service delivery will be required to better meet the needs of local people.

### **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

#### **5.1 Children and Young People in Halton**

The strategy supports the work of the Children's Trust in reducing the harm caused by alcohol to children, young people and families.

#### **5.2 Employment, Learning and Skills in Halton**

Alcohol can affect an individual's ability to access or maintain employment as well as have a detrimental effect on educational attainment. Through reducing alcohol-related harm the strategy will contribute to the development of opportunities otherwise adversely impacted by alcohol.

### **5.3 A Healthy Halton**

This strategy forms a central strand of meeting the commitments to reduce the harm caused by alcohol identified in the Health and Wellbeing Strategy.

### **5.4 A Safer Halton**

Reducing the harm caused by alcohol is a central strand of the work of the Safer Halton Partnership.

### **5.5 Halton's Urban Renewal**

As part of the strategy, there is a commitment to working to stimulate and diversify the night-time economy so that it can provide alternative options to drinking alcohol. This will, in turn, contribute to the development of local town centres and Halton's Urban Renewal.

## **6.0 RISK ANALYSIS**

The key risk is a failure to reduce the harm caused by alcohol for Halton's residents in accordance with the objectives of this Strategy. This risk can be mitigated through the regular review and reporting of progress and the development of appropriate interventions where under-performance may occur.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

The Strategy specifically aims to meet the needs of all residents in Halton to reduce alcohol related harm.

## **8.0 REASON(S) FOR DECISION**

The Alcohol Harm Reduction Strategy is a statutory document.

## **9.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

No alternative options considered.

## **10.0 IMPLEMENTATION DATE**

With immediate effect following approval by Executive Board.

## **11.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
A) Draft Alcohol Strategy: Reducing alcohol-related harm across the life course, 2014-2019	HBC website	Dr Elspeth Anwar
B) Draft Alcohol strategy Action Plan, 2014-15	HBC website	Dr Elspeth Anwar

# **Halton alcohol strategy: Reducing alcohol-related harm across the life course**

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**2014-19**



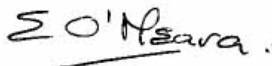
## Foreword

Welcome to our Alcohol Strategy for Halton. Our vision is to enable people in Halton to have a sensible relationship with alcohol that promotes good health and wellbeing and ensures Halton is a safe place to live. Reducing levels of alcohol-related harm locally is everybody's business. The misuse of alcohol affects the health and wellbeing of all our residents, the safety of our communities, and the future success of our town centres and their night-time economies.

This strategy builds upon the excellent and effective work that has been undertaken by partners locally. The strategy outlines how we will work in partnership to make Halton a safer and healthier place by promoting a responsible drinking culture, identifying individuals with problems early and ensuring effective treatment is available, reducing alcohol-related crime, antisocial behaviour and domestic abuse and establishing a diverse and vibrant night-time economy. The strategy outlines action across the life course with a particular focus on prevention and protecting children and vulnerable groups from alcohol harm.

We are proud to have been designated as one of 20 Local Alcohol Action Areas for 2014/15, and are already working closely with the Home Office and Public Health England in taking forward our programme of work which has been linked into the development and implementation of this strategy.

There are some things we know will reduce alcohol-related harm that cannot do locally and require Government action. We will continue to lobby for a 50p minimum unit price for alcohol, restrictions to alcohol advertisements and promotions and the inclusion of public health as a 5<sup>th</sup> licensing objective.



Eileen O'Meara



**Eileen O'Meara, Director of Public Health, Halton Borough Council**

I fully endorse the alcohol strategy and its actions. I attended the launch event for the strategy development process and had the privilege of hearing from a local resident who had successfully recovered from alcohol addiction. It highlighted to me that alcohol misuse can affect anyone of us and we need to provide help and support to help people recover. But also importantly we need to focus upon preventing alcohol problems from occurring in the first place especially among our children and young people.



In Halton we are committed to working with our community on alcohol harm reduction, a key aim of the strategy is to raise awareness among the community of the harm alcohol can cause to local people, families and communities. We will be running an alcohol inquiry and are looking forward to hearing the recommendations from our community.

**Cllr Marie Wright, Halton Borough Council's portfolio holder for Health and Wellbeing**

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## Executive Summary

Halton experiences an unacceptable level of alcohol related harm with significant impact on local individuals, families and communities. No one organisation is able to address all the factors to reduce alcohol-related harm in Halton. Therefore this strategy has been written in collaboration with all partners agreeing the vision, outcomes, objectives and actions.

Our Vision is to enable people in Halton to have a sensible relationship with alcohol that promotes good health and wellbeing and ensures Halton is a safe place to live.

In order to achieve this vision and minimise the harm from alcohol in Halton the strategy will seek to deliver three interlinked **outcomes**:

1. Reduce alcohol-related health harms
2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
3. Establish a diverse, vibrant and safe night-time economy.

We have also identified three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

It is clear that the impact of drinking alcohol on health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol. The strategy therefore takes a life course approach to reducing alcohol-related harm. A communities chapter is also included to cover issues that affect people of all ages e.g. crime and community safety, alcohol availability and price.

1. Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years
2. Growing well: Reducing alcohol related harm among school age children in Halton
3. Living well: Reducing alcohol related harm in working age adults
4. Aging well: Reducing alcohol related harm in older adults
5. Keeping our local communities safe from alcohol-related harm

Each chapter outlines the scale of the alcohol-related harm, describes current activity being undertaken to reduce alcohol-related harm, identifies gaps in activity compared to the evidence base and best practice examples and finally makes recommendations to reduce alcohol-related harm.

This strategy is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved.

## Introduction

Halton experiences an unacceptable level of alcohol related harm with significant impact on local individuals, families and communities.

For local **people**, regular drinking risks a future burdened by illnesses such as cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence.

For local **families**, alcohol dependence can lead to relationship breakdown, domestic abuse and impoverishment.

For our local **communities**, alcohol can fuel crime and disorder and transform town centres into no-go areas.

This strategy sets out actions aimed at rebalancing the relationship Halton has with alcohol. The harm caused by alcohol in Halton is not a problem of a small minority. It is a problem that cuts across our entire population and affects local residents of all ages. That is why this strategy takes a life course approach to reducing alcohol-related harm at all stages of life from birth to old age. A communities chapter has also been included to cover issues that affect people of all ages for example alcohol-related crime and community safety.

### Working in partnership to achieve success

In order to reduce the damage alcohol is causing to local people's health, to our local communities and to our local economy it is essential that we work in partnership. This strategy has been developed collaboratively and sets out how by working together we can make a difference. The strategy sets out evidence based actions to reduce alcohol-related harm in Halton. All partners agreed the vision, outcomes, objectives and actions.

The emphasis of this strategy is on preventing harm from alcohol by intervening as early as possible. We are aiming to rebalance the relationship Halton has with alcohol in order to reduce the damage it is causing to local people's health, to our local communities and to our local economy. We recognise that change will not be achieved overnight; this strategy will be delivered over a five year period and is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved. We are committed to reviewing this strategy on an annual basis in order to monitor progress and build in further initiatives and actions as new evidence emerges to respond to local need.

## Our Vision, Outcomes and Objectives

The impact of drinking on public health and community safety is so great that radical steps are needed to change our relationship with alcohol.



In order to achieve this vision and minimise the harm from alcohol in Halton the strategy will seek to deliver three interlinked **outcomes**:

1. Reduce alcohol-related health harms
2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
3. Establish a diverse, vibrant and safe night-time economy.

We have also identified three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

In order to deliver the three outcomes the alcohol partnership group has identified the following **objectives**:

- A. Increase awareness of alcohol related harm across the life course and establish responsible drinking as the norm (linked to outcome 1 +2)
- B. Identify and support individuals drinking above recommended guidelines (linked to outcome 1)
- C. Ensure individuals identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (linked to outcome 1)
- D. Reduce levels of alcohol-related crime and disorder (linked to outcome 2)
- E. Prevent alcohol-related domestic abuse (linked to outcome 2)
- F. Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda (linked to outcome 1, 2+3)
- G. Promote a diverse and vibrant night-time economy (linked to outcome 3)
- H. Work to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective (linked to outcome 1, 2+3)

## Strategy development process

No one organisation is able to address all the factors to reduce alcohol-related harm in Halton. Therefore this strategy has been written in collaboration with all partners agreeing the vision, outcomes, objectives and actions. The partners involved in drafting this strategy are listed below:

### Alcohol harm reduction strategy development group:

HBC - Public Health	HBC – Elected Members
Halton Clinical Commissioning Group	Cheshire Police
HBC – Children’s Commissioners	Cheshire Fire
HBC – Trading Standards	Drink Wise
HBC - Community Safety Team	Crime Reduction Initiative (CRI)
Licensing Enforcement Officers	Young Addaction
Alcohol liaison nurse Warrington and Halton Hospitals	Public Health England (Local alcohol action area support)
Alcohol liaison nurse St Helens and Knowsley Teaching Hospitals	Health visitor, Bridgewater Community Healthcare NHS Trust
HBC - Domestic abuse lead	HBC – Adult Social Care
Halton and St Helen’s Voluntary and Community Action	Health Improvement team, Bridgewater Community Healthcare NHS Trust (now HBC)
School nurses, Bridgewater Community Healthcare NHS Trust	Alcohol and substance misuse liaison midwife, Bridgewater Community Healthcare NHS Trust
HBC – Sure Start to Later Life	Home Office (Local Alcohol Action Area Support)
HBC - Children’s Social Care	North West Ambulance Service
College and schools representatives	

## Strategy consultation and engagement

Consultation with key professionals and the public has been vital in developing this strategy. At an early stage an engagement event for professionals with an interest in alcohol harm reduction in Halton was held. This planning event was very well attended, with over 60 people attending. Professionals engaged in meaningful discussions and feedback was received related to the key things we should be doing in Halton related to:

- Prevention
- Early identification
- Treatment and recovery
- Alcohol and crime and community safety
- Alcohol licensing, availability and price

The feedback received was utilised in the development of objectives and action plan.

Consultation with the local community has also been undertaken. A questionnaire was developed and made available both online and a paper based format. This allowed feedback to be received from the local community related to key actions to reduce alcohol-related harm in Halton.

## Policy Context

Reducing the harm caused by alcohol is both a national and local priority.

### National policy context

In March 2012, *The Government's Alcohol Strategy*<sup>1</sup> was launched. This strategy sets out the Government's approach to turning the tide against irresponsible drinking. The alcohol strategy set out proposals to crackdown on the 'binge drinking' culture, curb alcohol fuelled violence and disorder that blights too many of our communities, and reduce the number of people drinking to damaging levels. The alcohol strategy built upon the *Government's Drug Strategy 2010*<sup>2</sup>, which set out the ambition to increase effective treatment and support full recovery for those suffering from addictions, including to alcohol.

*Health first: An evidence based alcohol strategy for the UK*<sup>3</sup> was written by an independent group of experts and calls upon the UK government to go further in order to reduce alcohol harm. *Health First* sets out evidence-based actions with the aim of changing society's relationship with alcohol for the better. The top ten recommendations included in the Health First strategy are:

1. A minimum price of at least 50p per unit of alcohol should be introduced for all alcohol sales, together with a mechanism to regularly review and revise this price.
2. At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body.
3. The sale of alcohol in shops should be restricted to specific times of the day and designated areas. No alcohol promotion should occur outside these areas.
4. The tax on every alcohol product should be proportionate to the volume of alcohol it contains. To incentivise the development and sale of lower strength products, the rate of taxation should increase with product strength.
5. Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction.
6. All alcohol advertising and sponsorship should be prohibited. In the short term, alcohol advertising should only be permitted in newspapers and other adult press. Its content should be limited to factual information about brand, provenance and product strength.
7. An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety.
8. The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml.
9. All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients.
10. People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

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<sup>1</sup> Available from: <https://www.gov.uk/government/publications/alcohol-strategy>

<sup>2</sup> Available from: <https://www.gov.uk/government/publications/drug-strategy-2010--2>

<sup>3</sup> Available from: <http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf>

**The Licensing Act 2003<sup>4</sup>** and its regulations set out the law on alcohol licensing. It provides a framework within which licensing authorities process and determine applications and exercise other licensing functions.

Under the Licensing Act 2003, local licensable authorities regulate 4 'licensable activities'. These are the:

- sale of alcohol
- supply of alcohol (for example, in a members' club)
- provision of regulated entertainment
- provision of late-night refreshment (after 11pm)

Licensing authorities must promote the statutory licensing objectives of preventing crime and disorder; preventing public nuisance; public safety; and protecting children from harm.

In 2010 the Government set out an aim to overhaul alcohol licensing to address rebalancing the Licensing Act 2003 in favour of local communities in order to reduce crime and disorder and the health and social harms caused by alcohol.

**Amended guidance issued under section 182 of the Licensing Act 2003<sup>5</sup>** has recently been made available which calls on licensing authorities to be bold and innovative in their approach to alcohol licensing in order to protect the public from alcohol-related harms. The amended guidance provides new powers for the police and licensing authorities to close down problem premises and deal with alcohol-fuelled crime and disorder, and enables tougher action on irresponsible promotions in pubs and clubs. It also includes guidance for local authorities on the process of adopting early morning restriction orders (EMRO's), late night levy's (LNL's) and introducing Cumulative impact policies (CIP).

In addition the **Police Reform and Social Responsibility Act 2011<sup>6</sup>** provides new powers to reduce alcohol-related crime and disorder and reduce underage sales. The act includes:

- doubling the fine for persistent underage sales to £20,000
- introducing a late-night levy to help cover the cost of policing the late-night economy
- increasing the flexibility of early morning alcohol restriction orders
- reducing the evidential requirement placed upon licensing authorities when making their decisions
- removing the vicinity test for licensing representations to allow more people to comment on alcohol licences
- reforming the system of temporary event notices
- suspension of premises licences if annual fees aren't paid

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<sup>4</sup> Available from: <http://www.legislation.gov.uk/ukpga/2003/17/contents>

<sup>5</sup> Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/363262/GuidanceS182web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/363262/GuidanceS182web.pdf)

<sup>6</sup> Available from: <https://www.gov.uk/government/publications/police-reform-and-social-responsibility-act-supporting-guidance>

## Local policy context

The harmful impacts of alcohol described above have been recognised by partners in Halton and reducing alcohol related harm has been identified as a priority by the Health and Wellbeing Board, the Halton Children’s Trust and the Safer Halton Partnership Board.

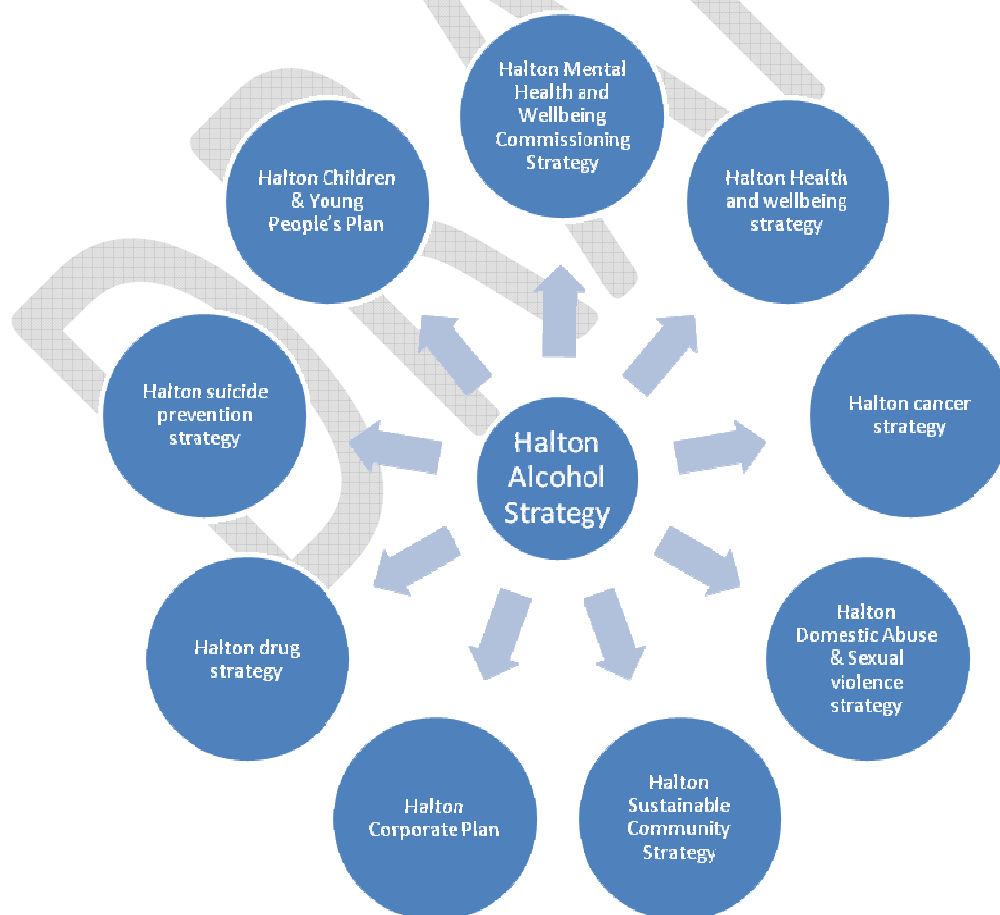
### Local Alcohol Action Area

Halton is one of only twenty areas in the country to be awarded the status of being a “Local Alcohol Action Area” (LAAA). This award provides support from the Home Office and Public Health England during 2014 related to addressing the harm from alcohol across three areas – health, crime and anti-social behaviour, and diversifying the night time economy. Key partners have been involved from local authority, health and community safety and an action plan has been developed. This work is integrally linked to the strategy development work.

### Links to local strategies

Many local strategies link to and influence local actions to reduce alcohol-related harm in Halton. Key local strategies which have influenced the strategy development are outlined below:

**Figure 1: Local strategies linked to the Halton alcohol-harm reduction strategy**





## What works to reduce alcohol-related harm?

In order to reduce alcohol-related harm in Halton it will be vital we take an evidence based approach. There has been extensive research and guidance published around reducing alcohol-related harm, a brief summary is provided below.

### Prevention

Information and education are necessary components of a comprehensive approach to reducing the harm from alcohol. Interventions such as media campaigns and school education programmes are important both in increasing knowledge and in changing attitudes to alcohol. NICE recommends that alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and different learning needs<sup>7</sup>.

However the evidence suggests that information and education initiatives are unlikely, on their own, to deliver sustained changes in drinking behaviour. They will only help to change behaviour if they are supported by actions in the areas outlined below<sup>8</sup>.

### Early identification

There is strong evidence that opportunistic early identification and brief advice (alcohol IBA) is effective in reducing alcohol consumption and related problems. NICE has recommended widespread implementation of early identification and brief advice in a range of health and social care settings<sup>9</sup>.

### Treatment

NICE has published detailed guidelines on the identification, assessment and management of harmful drinking and alcohol dependence. These guidelines recommend improved access to effective interventions delivered by specialist services. These include psychological interventions and community-based assisted withdrawal programmes<sup>10</sup>. Alcohol treatment has been shown to be highly cost effective, for every £1 spent in treatment the public sector saves £5<sup>11</sup>.

The Royal College of Physicians recommend that every acute hospital have an Alcohol Liaison Nurse to manage patients with alcohol problems within the hospital and liaise with community services<sup>12</sup>.

### Price of alcohol

Making alcohol less affordable is the most effective way of reducing alcohol-related harm. There is overwhelming evidence that increasing the price of alcohol through taxation reduces alcohol intake.

<sup>7</sup> NICE public health guidance 7: School-based interventions on alcohol

<sup>8</sup> WHO. Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm

<sup>9</sup> NICE public health guidance 24: Preventing harmful drinking

<sup>10</sup> NICE clinical guideline 115: Diagnosis, assessment and management of harmful drinking and alcohol dependence

<sup>11</sup> Russell et al (2005) *Cost-effectiveness of treatment for alcohol problems: findings of randomised UK Alcohol Treatment Trial*. British Medical Journal, 331, pp. 544-547

<sup>12</sup> Department of Health: Commissioning to improve the outcome for people at risk of alcohol-related harm

There is also clear evidence that reductions in alcohol consumption achieved through price increases translate into reductions in alcohol-related harm. Increases in the price of alcohol are associated with reductions in alcohol-related deaths and illness, traffic crash fatalities and drink driving, incidence of risky sexual behaviour and sexually transmitted infections, other drug use, violence and crime. The reverse is also true: price cuts increase harm<sup>13</sup>.

An important study from the University of Sheffield has worked out that setting a minimum cost of 50p per unit of alcohol means that nationally each year there would be 98,000 fewer hospital admissions, 3,000 lives will be saved and there will be 40,000 fewer crimes<sup>14</sup>.

## **Availability of alcohol**

International evidence suggests that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. Based upon this evidence NICE have recommended that legislation on licensing should be revised to include protection of the public's health is one of its objectives<sup>15</sup>.

## **Promotion of alcohol**

There is evidence that alcohol advertising does affect children and young people. It shows that exposure to alcohol advertising is associated with the onset of drinking among young people and increased consumption among those who already drink. All of the evidence suggests that children and young people should be protected as much as is possible by strengthening the current regulations<sup>16</sup>.

## **Reducing alcohol-related crime and disorder and promoting a vibrant and diverse night time economy**

Policy tools that can reduce the problems associated with alcohol, crime and disorder and the night time economy include<sup>17</sup>:

- Alcohol pricing
- Licensing
  - Outlet density and mix
  - Monitoring and enforcement
  - Licensing hours
- Premise design and operations
  - Glassware management within premises
  - Manager and staff training
  - Accreditation and awards

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<sup>13</sup> Health First: An evidence based alcohol strategy for the UK

<sup>14</sup> For more information visit: <http://minimumpricing.info/how-does-a-50p-minimum-unit-price-help/>

<sup>15</sup> NICE public health guidance 24: Alcohol-use disorders: preventing harmful drinking

<sup>16</sup> For more information see Drink Wise. Let's look again at alcohol campaign launch report.

<http://drinkwisenorthwest.org/wp-content/uploads/2014/10/report.pdf>

<sup>17</sup> Greater London Authority. Alcohol consumption in the night-time economy

- Environment within the premise (covering capacity, layout, seating, games, food, and general atmosphere)
- Public realm design
  - CCTV
  - Street lighting
  - Active frontages
  - Public toilet provision
  - Glassware management outside premises
  - General layout
- Policing (covering targeted policing, street policing, third party policing, transport policing, anti-social behaviour/drink banning orders and alcohol arrest referral schemes)
- Transport (covering buses, taxis and parking)
- Public education campaigns and community engagement

The most effective approaches seem to be those that consist of several policy elements or are multicomponent approaches, guided by evidence on the local needs/demands.



**Pictured: Trying alcohol-free mocktails at the alcohol strategy planning event. Alison Wheeler (Director, Drink Wise), David Parr (Chief Executive, Halton Borough Council), Sandra Jones (Bridgewater Community Healthcare NHS Trust) Eileen O'Meara (Director of Public Health, Halton Borough Council), Cllr Marie Wright (Executive Board Member, Health and Wellbeing, Halton Borough Council).**

## Alcohol-related harm in Halton

Halton experiences a high level of alcohol related harm.

### **1. Alcohol-related health harms**

**Drinking habits:** In Halton 22,500 residents drink at levels which could harm their health and of these, around 5,500 drink at a level which is a high risk to their health.

**Hospital admissions:** Each year 792 people are admitted to hospital due to alcohol

**Mortality:** Each year in Halton 16 people die due to alcohol

### **2. Alcohol-related crime, antisocial behaviour and domestic abuse**

**Crime:** Around 600 people a year in Halton are affected by alcohol-related violent crime

**Domestic abuse:** In Halton around 50% of domestic abuse incidents discussed at Multi-Agency Risk Assessment Conference (MARAC) each year involved alcohol as a contributing factor

### **3. Establishing a diverse, vibrant and safe night-time economy.**

**Financial cost:** The combination of crime, health, worklessness absenteeism, and social care costs to Halton arising from alcohol are estimated at £58 million per year – around £461 per resident.

**Community safety:** The North West big drink debate revealed that nearly half of respondents said they avoid their local town and city centres at night because of drunken behaviour<sup>18</sup>.

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<sup>18</sup> For more information see The Big Drink Debate North West. Available from: <http://www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=5327>

## **Taking action across the life course**

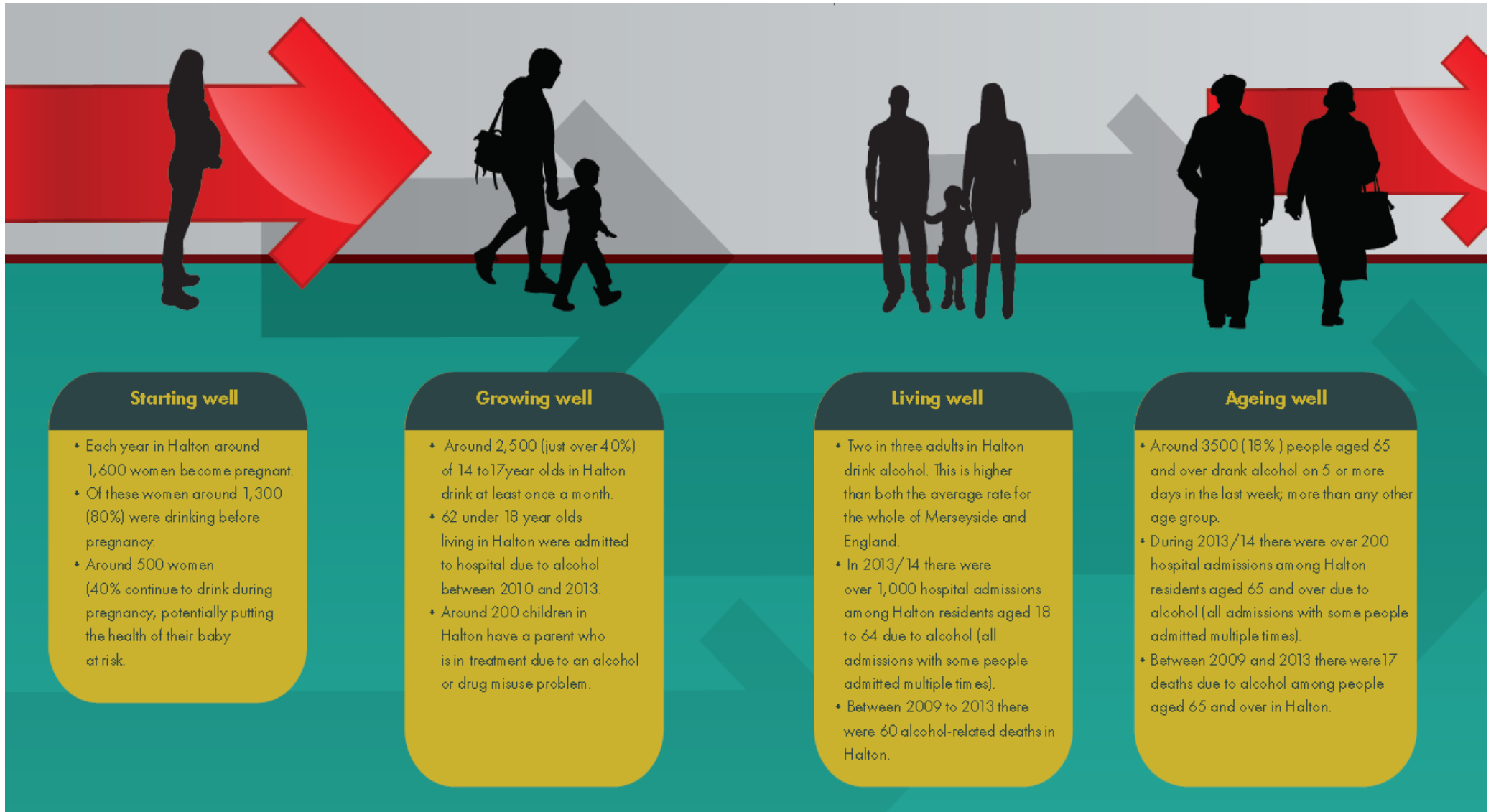
It is clear that the impact of drinking alcohol on health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol. The chapters below outline the actions being taken locally to reduce alcohol-related harm across the life course and make recommendations for the future. We have also included a communities chapter to cover issues that affect people of all ages e.g. crime and community safety, alcohol availability and price.

6. Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years
7. Growing well: Reducing alcohol related harm among school age children in Halton
8. Living well: Reducing alcohol related harm in working age adults
9. Aging well: Reducing alcohol related harm in older adults
10. Keeping our local communities safe from alcohol-related harm

Each chapter outlines the scale of the alcohol-related harm, describes current activity being undertaken to reduce alcohol-related harm, identifies gaps in activity compared to the evidence base and best practice examples and finally makes recommendations to reduce alcohol-related harm.

This strategy is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved; this is included as Appendix 1.

## Alcohol related harm across the life course



## 1. Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years

### ➤ Promoting an alcohol free pregnancy

#### Objectives:

- A. Increase awareness of the harm of alcohol to the unborn child
- B. Ensure the early identification and support of pregnant women drinking above recommended guidelines
- C. Ensure pregnant women identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

#### Drinking during pregnancy

There is a lack of good quality evidence about how much alcohol it is safe to drink during pregnancy. UK guidance recommends that pregnant women should avoid drinking alcohol, and if they do choose to drink, they should not drink any more than 1 or 2 units of alcohol once or twice per week and should not get drunk.

We know that drinking alcohol during pregnancy can cause harm. Alcohol passes freely across the placenta from mother to foetus and possible outcomes of alcohol consumption during pregnancy may include miscarriage, stillbirth, low birth weight (LBW), learning disabilities and hyperactivity as well as foetal alcohol spectrum disorder (FASD).

#### Foetal alcohol spectrum disorder (FASD)

Foetal alcohol spectrum disorder is the umbrella term for a range of preventable alcohol-related birth defects. Risk factors for foetal alcohol spectrum disorder include:

- Drinking in very early and late pregnancy. The highest risk period for damage is the first 3 weeks before many women may know they are pregnant.
- Binge drinking (drinking more than double the lower risk guidelines for alcohol in one session. Binge drinking for women, is drinking more than 6 units of alcohol, equivalent to two large glasses of wine).

The effects of foetal alcohol spectrum disorder can be mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart problems and even death. Many children experience serious behavioural and social difficulties that last a lifetime.

**Experts estimate that in Western countries, one child in 100 is born with foetal alcohol spectrum disorder as a result of their mother's drinking alcohol while pregnant.**

For more information about foetal alcohol spectrum disorder please visit:

- The National Organisation for Foetal Alcohol Syndrome UK: [www.nofas-uk.org](http://www.nofas-uk.org)
- The Foetal Alcohol Spectrum Disorder Trust: <http://www.fasdtrust.co.uk/>



**We don't know how much alcohol is safe to drink in pregnancy. The healthiest and safest option is therefore for women not drink when trying for a baby and when pregnant.**

There is no local data showing the number of women who drink in pregnancy or the quantity they consume. To estimate drinking during pregnancy we can apply national survey estimates to our local population.

### **Each year in Halton:**

- Around 1,600 women become pregnant
- Of these women around 1,300 (80%) were drinking before pregnancy
- Of these women around 800 (60%) will give up drinking during pregnancy
- This means that each year around 500 women in Halton continue drinking during pregnancy

### **Current activity in Halton**

- Pregnant women in Halton are advised of safe drinking guidelines during pregnancy during antenatal visits, and this information is included within local healthy pregnancy information materials.
- Halton midwives and health visitors have been trained in alcohol identification and brief advice (alcohol IBA). Alcohol IBA promotes the early identification and support of pregnant women who drink above recommended guidelines, including referral to the alcohol and substance misuse liaison midwife and local treatment services where appropriate.
- There is a dedicated alcohol and substance misuse liaison midwife who coordinates antenatal care services for pregnant women identified as misusing alcohol.
- Local alcohol treatment services support pregnant women to stop drinking, this includes provision for specialist detoxification in community and inpatient settings.

### **Gaps in activity identified in Halton**

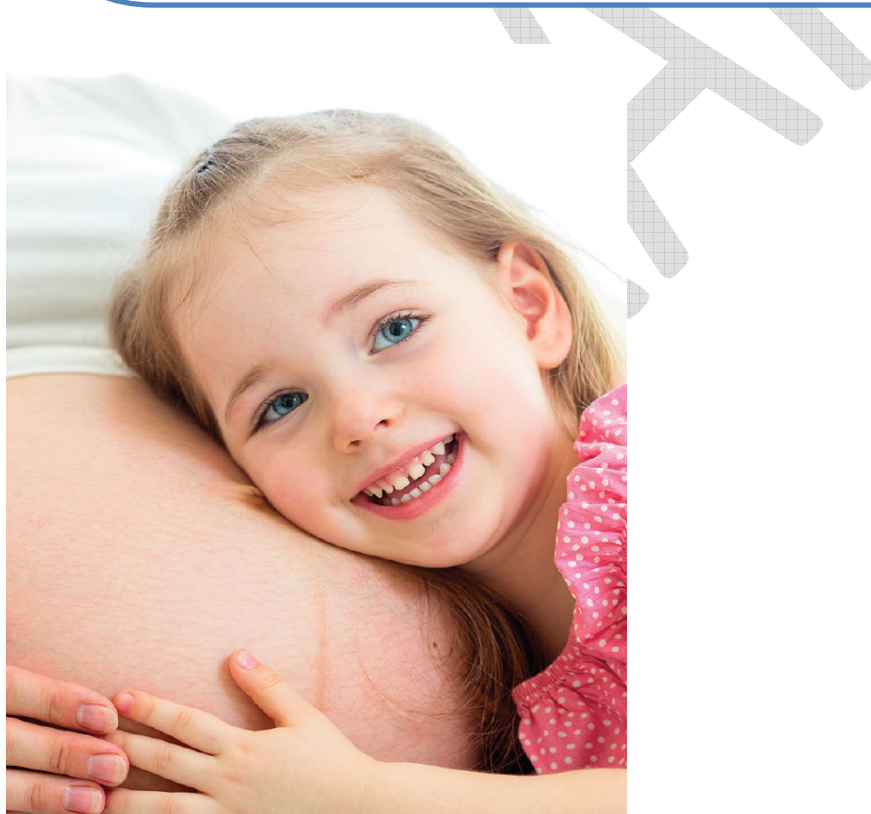
- There is confusion among the local public related to national safe drinking guidelines during pregnancy
- The highest risk period for foetal damage is the first 3 weeks before women may know they are pregnant. We therefore need to ensure that preconception advice provided locally includes messages around the harm of drinking alcohol when trying for a baby and when pregnant.
- Halton midwives and health visitors have been trained in alcohol identification and brief advice (alcohol IBA). The next step is to ensure the implementation of this training.
- In patient detox services for pregnant women although rarely required have previously been difficult to access

**Findings of a local survey on attitudes to drinking during pregnancy**

In order to investigate local knowledge and attitudes related to drinking during pregnancy the Halton Health Improvement Team conducted a survey with members of the public in Halton. Over 250 surveys were completed, key findings include:

- People were unsure about alcohol units
- People found information and advice related to safe levels of drinking in pregnancy confusing
- Although a lot of people had not heard of the term foetal alcohol spectrum disorder there was awareness that drinking during pregnancy could lead to the symptoms of foetal alcohol spectrum disorder e.g. facial abnormalities, learning difficulties.

The information collected from this local survey will be used to inform a local alcohol awareness campaign around safe drinking during pregnancy in Halton. The campaign aims to ensure that local women and their families know that the healthiest and safest option is not to drink alcohol when trying for a baby and when pregnant.



**In order to reduce alcohol related harm during preconception and in pregnancy we will:**

**Increase awareness of the harm of alcohol to the unborn child:**

- Develop a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive. Develop a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive.
- Ensure that preconception advice provided by GP's and midwifery includes messages around the harm of drinking alcohol when trying for a baby or when pregnant.
- Ensure staff working in sexual health clinics are giving clear consistent advice that the healthiest and safest option is not to drink when trying for a baby or when pregnant.

**Ensure the early identification and support of pregnant women drinking above recommended guidelines:**

- Ensure Halton midwives and health visitors are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation this training.
- Ensure clear local pathways are in place to identify and support women in the Family Nurse Partnership (FNP) programme who are identified as having an alcohol problem.

**Ensure pregnant women identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support:**

- Review alcohol treatment pathways for pregnant women identified as misusing alcohol
- Agree pathway and funding for inpatient detox treatment for pregnant women

## ➤ **Protecting Halton babies and toddlers from alcohol-related harm**

### Objectives:

- A. Increase awareness of the harms of alcohol among parents of babies and toddlers
- B. Ensure the early identification and support of parents of babies and toddlers drinking above recommended guidelines
- C. Ensure parents of babies and toddlers identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

### **Drinking among parents of babies and toddlers**

The preschool years are a time of rapid child development and what happens during these early years can influence health and wellbeing in later life. The early years of life are largely defined by the family. Developing local parents' capacity to be the best parents they can for their children is therefore vitally important. A child brought up in a stable and nurturing environment is better placed to succeed in life than a child from a less secure background.

Parental alcohol consumption during this period may impact upon parenting and this can have harmful effects on a baby or toddler's health, safety and development. At its most extreme, alcohol use can increase the likelihood of child maltreatment, accidents and child death. We know that alcohol misuse by parents is identified as a factor in a large number of child protection cases.

Parental alcohol misuse may also cause relationships to suffer, break down or become abusive which may have negative impacts on the development of young children.

It is important parents recognise the impacts their drinking has upon their child however currently there seems to be a lack of awareness amongst parents of the damage that hazardous drinking can do to their families. Parenting pre-school children is a tiring and demanding job and some parents may turn to alcohol in order to cope with the stresses of the new role. A recent national survey into the drinking behaviour of new parents found that:

- 62% of parents believe that their drinking behaviour has no effect on their family.
- Around one quarter of parents continued to drink as much as before their baby was born
- Around one in six increased the amount they consumed.
- Overall, around three in ten new parents drank more than the recommended units of alcohol per week.

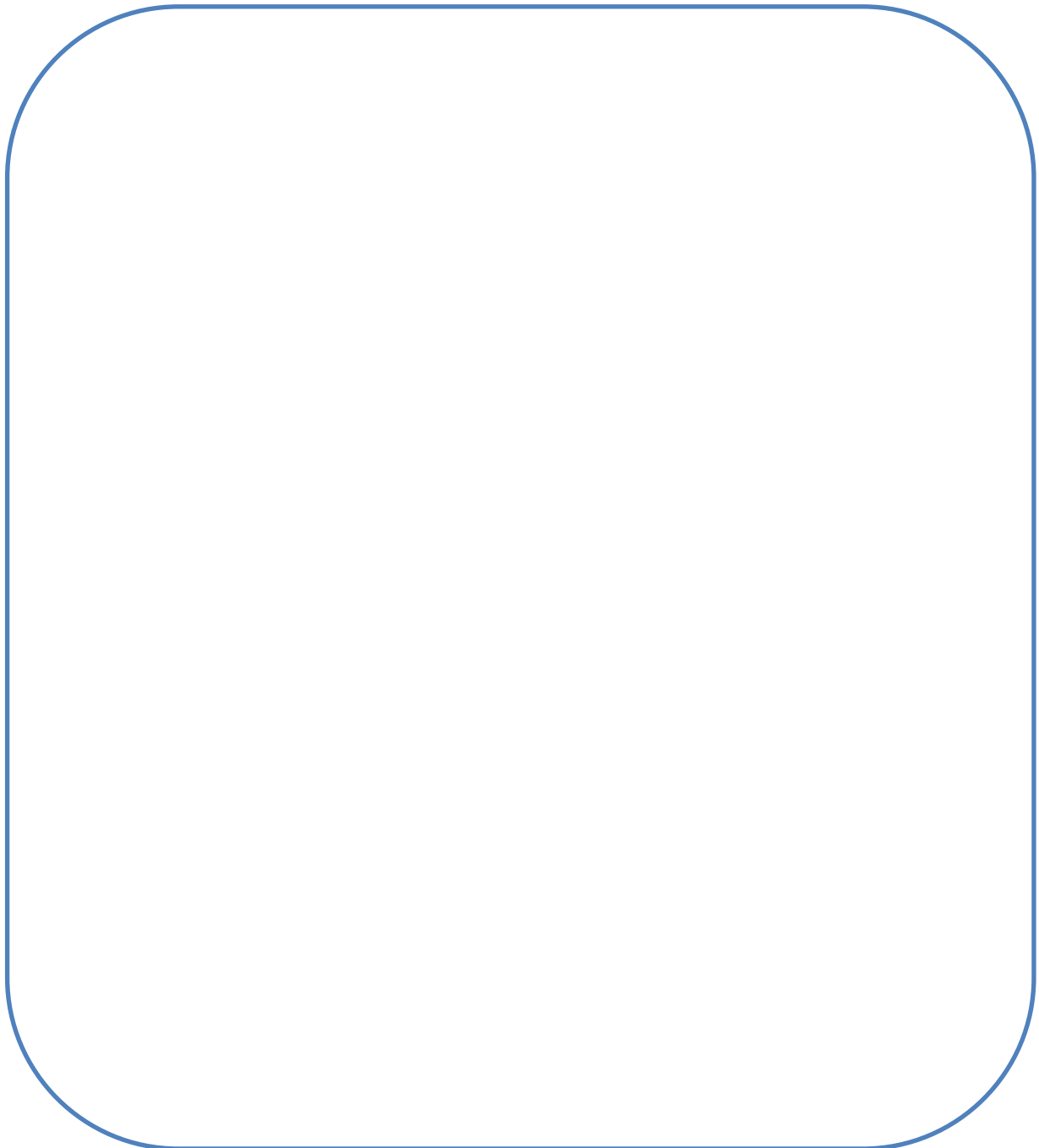
### **Current activity in Halton**

- Halton early years and children centre staff have been trained in alcohol identification and brief advice (alcohol IBA). Alcohol IBA promotes the early identification and support of individuals drinking above recommended guidelines, including referral to local alcohol treatment services where appropriate.

## Gaps identified

- Staff who work with parents of young children locally report there is a lack of awareness of the impacts drinking above recommended guidelines may have upon young children
- Early years and children centre staff have been trained in the identification and support of pregnant women who misuse alcohol the next step is to ensure the implementation of this training.

**In order to reduce alcohol related harm in the early years we will:**



## 2. Growing well: Reducing alcohol related harm in school age children in Halton

### Objectives:

- A. Increase awareness of the harms of alcohol among school age children
- B. Ensure the early identification and support of school age children drinking above recommended guidelines
- C. Ensure school age children identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support
- D. Reduce underage drinking and associated anti-social behaviour

Alcohol misuse has negative consequences on the health and well-being of school age children in Halton. This harm may occur because:

- Many local children live with a parent (or parents) who misuse alcohol which may impact upon their parenting ability.
- The young person drinks alcohol themselves. We know that young people's bodies are less able to cope with alcohol and drinking at an early age can cause serious health problems (both physical and mental), both in the short and the long-term. Drinking at an early age is also associated with an increased risk of anti-social behaviour or crime, having more sexual partners, pregnancy and drug misuse.

### Drinking among school age children in Halton

Local estimates of drinking among young people show there has been a reduction in the number of young people drinking alcohol on a regular basis. The number of young people in Halton aged 14 to 17 who stated they never drink alcohol was 27% in 2013 an increase from 14% when the same survey conducted in 2011, see Table X.

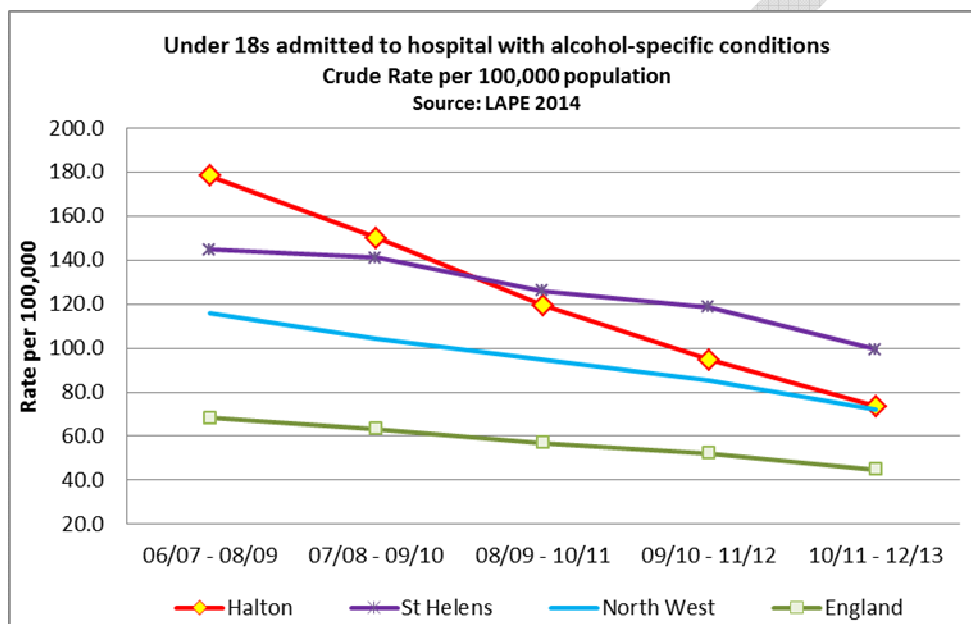
**Table 1: Alcohol consumption among 14-17 year olds in Halton (modelled estimates based upon Trading standards survey, 2013)**

Alcohol consumption	Number of 14-17 year olds	Percentage (%)
Never	1,659	27
Less than once a month	1,843	30
On to three times a month	1,597	26
Once a week	369	6
Twice or more a week	676	11

**Children and their parents and carers are advised that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.**

**Chief Medical Officer, 2009**

The number of young people in Halton admitted to hospital due to alcohol has also decreased year on year. Halton has seen the biggest decrease within Merseyside, and also a greater decrease compared to the England and North West average. The number of young people admitted to hospital due to alcohol is now similar to the North West figure.



### The impacts of parental drinking on children and young people in Halton

Children are especially vulnerable to violence and the wider effects of excessive alcohol consumption among parents and carers in the home. Previously this serious but often hidden consequence was rarely considered, identified or acted upon<sup>19,20</sup>.

In Halton around 200 children in Halton have a parent who is in treatment due to alcohol or drug misuse. A larger number of children locally will live with parents who drink above the recommended guidelines.

<sup>19</sup> Alcohol Concern. Swept under the carpet: children affected by parental alcohol misuse. Available from: <http://www.alcoholconcern.org.uk/publications/policy-reports/under-the-carpet>

<sup>20</sup> 4 Children. Over the Limit: The Truth about Families and Alcohol. Available from: <http://www.4children.org.uk/Resources/Detail/Over-the-Limit>



**Current activity in Halton**

- ***School and college based alcohol awareness programmes***

Alcohol awareness training is available for pupils and teachers in all schools:

- All Halton schools participate in the local *Healthy Schools programme* which provides health information and support around alcohol
- The *Halton Healthitude programme* is a school based health education programme that works with teachers and students in Halton to raise awareness of the harms related to alcohol.
- *R U Different?* a social norms campaign is being run in secondary schools from September 2014
- Holistic health drop ins, are provided in 3 High Schools and offer young people one to one support on reducing alcohol use and harm reduction.

- ***Community based alcohol awareness campaigns***

- Resources are widely available in local communities giving important alcohol messages
- The *VRMZ mobile outreach bus* and street based teams engage young people in hotspot areas 6 days a week and provide information, advice and guidance on alcohol to children and young people.

- ***Support for children and young people affected by parental/sibling alcohol misuse***

- Children and young people affected by parental/sibling alcohol misuse are able to access one to one support in community settings.
- The *Amy Winehouse Foundation* offer schools and community groups, a programme of 6 targeted sessions to children and young people affected by parental /sibling alcohol misuse. Sessions aim to build resilience, self -esteem, ensure young people are safeguarded and prevent them from becoming problematic alcohol users in the future.
- Alcohol misuse has been chosen as a local priority, for *Halton's Inspiring families (nationally known as Troubled Families) initiative*

- ***Early identification***

- Key staff members working with children and young people have been trained in alcohol identification and brief advice (alcohol IBA). Alcohol IBA promotes the early identification and support of young people who drink above recommended guidelines, including referral to local alcohol treatment services where appropriate.

- ***Treatment***

- *Young Addaction* provide a specialist substance misuse service in Halton which offers one to one treatment and harm reduction interventions to young people misusing alcohol and drugs. Interventions include motivational interviewing, CBT, and recovery focused care plans.

- Young people can access one to one support at drop in clinics in local hostels for homeless young people e.g. YMCA and Belvedere.
- **Reducing underage drinking and associated anti-social behaviour**
  - Cheshire police and street based teams work in partnership to run *Operation Stay Safe*; which aims to reduce alcohol related youth anti-social behaviour. Police and health staff jointly patrol the public areas of Halton on key nights to identify drunken youths who are placing themselves at risk. These are taken to a place of safety and parents are requested to collect their children. Whilst youth workers give advice to the child and parents and may arrange follow up appointments.
  - Perform test purchases at bars, clubs and off-licenses to check for staff selling alcohol to people under 18.
  - Issuing fixed penalty notices where we find licensees selling alcohol to under 18s in licensed premises.
  - Seize alcohol from under 18s who are caught drinking in public places.
  - Licensed premises operate *Think 21/ Think 25 policies*
  - *Operation Iced* – is an initiative taken with the door staff in Halton to identify underage drinkers attempting entry with false or borrowed ID cards/ passports. These documents are seized and handed to police for follow up and when possible the offenders details taken. The individual then attends an alcohol awareness course.
  - Diversionary activities are provided locally to allow young people to get involved with activities which do not involve drinking alcohol.

### **What more could we be doing?**

- Early years staff in Halton have been trained in alcohol identification and brief advice (alcohol IBA). The next step is to evaluate the implementation of this training. We need to ensure this training is tailored to meet the needs of staff working with young people locally. In addition we need to ensure that vulnerable young people e.g. truants and those excluded from school, young offenders, looked after children, children with special educational needs.
- We currently do not have information related to how many local young people attend A+E due to alcohol misuse

**In order to reduce underage drinking in Halton we will:**

**Increase awareness of the harms of alcohol among school age children (prevention)**

- Develop a coordinated alcohol awareness campaign plan aimed at children and young people and their parents
- Coordinate the delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, web magazine)
- Deliver a social norms campaign within schools
- Provide information, advice and guidance around alcohol in young people settings within local communities (Outreach work)

**Ensure the early identification and support of school age children drinking above recommended guidelines (early identification)**

- Ensure key staff within the children and young people workforce are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation of this training. To include staff who work with vulnerable young people including truants and those excluded from school, young offenders, looked after children, children with special educational needs.
- Ensure young people attending A+E due to alcohol are identified and supported appropriately.

**Ensure school age children identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (treatment and recovery)**

- Ensure all children affected by family alcohol misuse are able to access support
- Review alcohol treatment pathways for young people who misuse alcohol in Halton (to include pathways for vulnerable young people including truants and those excluded from school, young offenders, looked after children, children with special educational needs).



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*ocial norms* refer to our perceptions of what is 'normal' behaviour in the people around us. It has long been established that these beliefs are very influential on our own behaviour, especially amongst young people - so for example how much alcohol a person drinks will be strongly determined by how heavily they think their friends drink.

Individuals have a tendency to follow the herd (or what they perceive the herd to be doing). Therefore, we may indulge in a 'risky behaviour' because we (incorrectly) assume everyone else is doing it.

Data gathered in Halton shows that young people often overestimate the number of their peers who drink alcohol and the frequency and amount they drink.

R U Different? is a nationwide school based intervention that uncovers the real attitudes and perceptions of young people – and tackles these views in a positive, efficient and measurable way.

The R U Different? campaign will be delivered in local secondary schools from September 2014.

### 3. Living well: Reducing alcohol related harm in working age adults

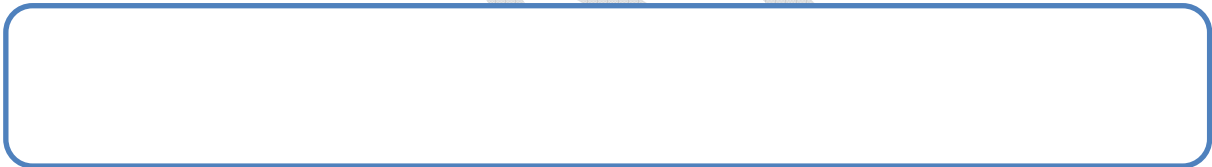
**Objectives:**

- A. Increase awareness of the harms of alcohol among working age adults
- B. Ensure the early identification and support of working age adults drinking above recommended guidelines
- C. Ensure working age adults identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

**Drinking among working age adults in Halton**

In Halton:

- Two in three working age adults drink alcohol (68%). This is higher than both the average rate for the whole of Merseyside and England.
- Working age men are significantly more likely to drink alcohol than women.
- Increasing risk drinking (regularly drinking more than 3-4 units a day if you're a man or regularly drinking more than 2-3 units a day if you're a woman) is more common among younger working age people (aged 18-34 and 35-44). Rates of higher risk drinking are consistent across all age groups.

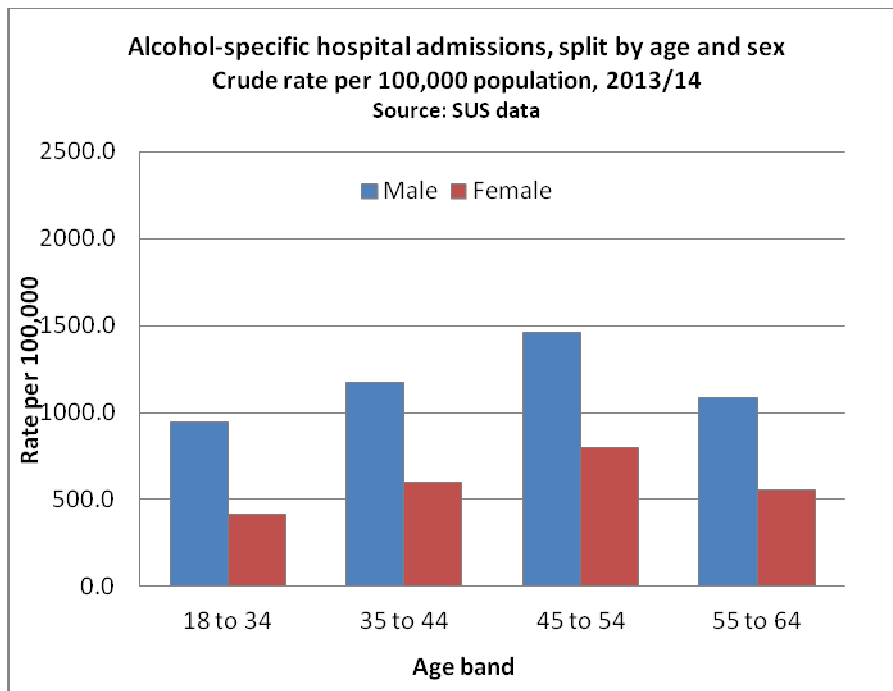


### **Alcohol-related hospital admissions**

Alcohol-related hospital admissions among working age adults in Halton are significantly higher than North West and England averages. Key points include:

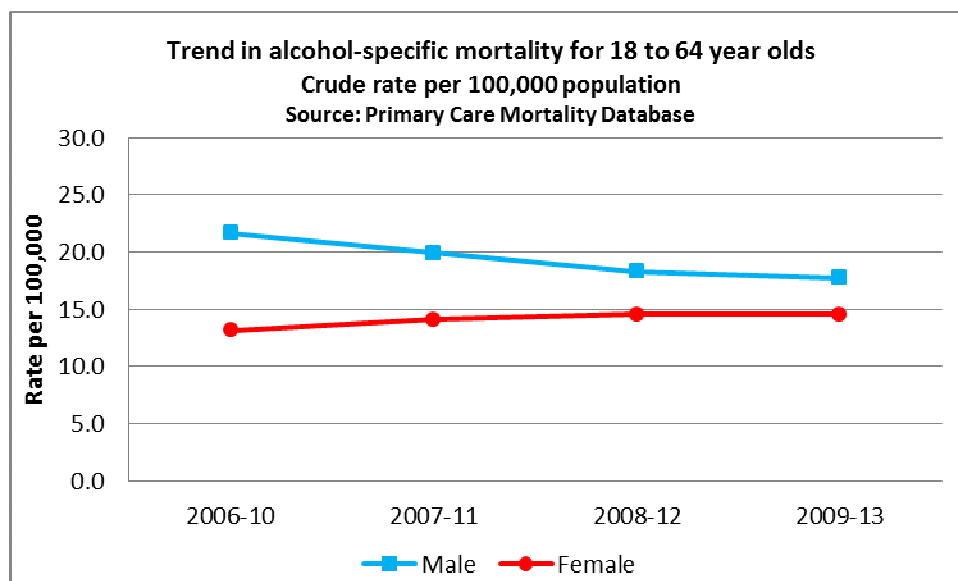
- Admissions among working age adults are highest among those aged 45 to 54
- The number of working age men admitted to hospital due to alcohol is higher than the number of working age women.
- Hospital admissions for alcohol-related conditions are not evenly distributed throughout the borough. The highest rates of hospital admissions related to alcohol are seen in Kingsway, Appleton, Mersey, Halton Castle and Halton Lea wards.
- In Halton a few individuals account for a large number of hospital admissions due to alcohol. During 2012/13 35 local people were admitted to hospital due to alcohol 4 or more times, in total these individuals accounted for over 200 hospital admissions.





**Alcohol-related mortality among working age adults**

- Between 2009 and 2013 there were 60 alcohol-related deaths among working age adults in Halton. The majority of those who died were aged between 45 to 54. The number of deaths among women due to alcohol has increased in recent years and there is now an even split of deaths among men and women.



### What are we doing in Halton to promote safe and sensible drinking among working age adults

#### Prevention

- Alcohol awareness campaigns:**  
 These campaigns are delivered in line with local and national campaigns, for example; Dry January, Know your limits, alcohol awareness week, Christmas campaigns, which aim to raise awareness of alcohol related harm and information and advice on lower risk drinking and local services available.
- Alcohol education sessions:**  
 Education sessions are delivered to community members in order to increase awareness of the potential damage alcohol may cause, this looks at the impact of alcohol on physical and mental health and social impact.
- Alcohol Health days:**  
 Alcohol health days are offered to organisations; such as workplaces and community venues for example, Haltons Vintage Rally or the Runcorn Carnival where the local community have the opportunity to seek advice around lower risk drinking in order for them to make an informed choice around their drinking. This may involve the use of the alcohol free bar, and opportunistic alcohol screening and brief alcohol advice may also be offered.

#### Identifying alcohol problems in working age adults

- In Halton the Health Improvement Team deliver a programme of Identification and Brief Advice (IBA) training to targeted front line staff to enable them to identify those at risk as a result of their drinking in the adult population of Halton at the earliest opportunity. This enables clients to receive brief alcohol advice based on their screening result and/or a referral into specialist alcohol service can be made to ensure that a comprehensive assessment is made and an appropriate treatment plan put in place for the individual. This is supported by the alcohol care pathway being covered within the training programme. Amongst those who are trained to routinely provide early identification and brief advice to

their clients are; health and social care teams, for example GPs, practice nurses, midwives and the police and fire service.

- Screening for alcohol misuse is included within health checks offered by GPs to certain groups of individuals

### Treatment

- Halton public health team commissions an **alcohol liaison service** at both Whiston and Warrington hospitals. The alcohol liaison service provides support with the medical management of patients with alcohol problems within the hospital, the implementation of case-finding strategy and delivery of brief advice within the hospital, liaison with community alcohol and other specialist services, and the education and support for other healthcare workers in the hospital.
- Halton public health team commission a **drug and alcohol integrated recovery service**, operated by Crime Reduction Initiative (CRI). The service provides rapid and open access to drug and alcohol treatment.
- Inpatient detoxification and residential rehabilitation services are available.

### Current gaps in activity

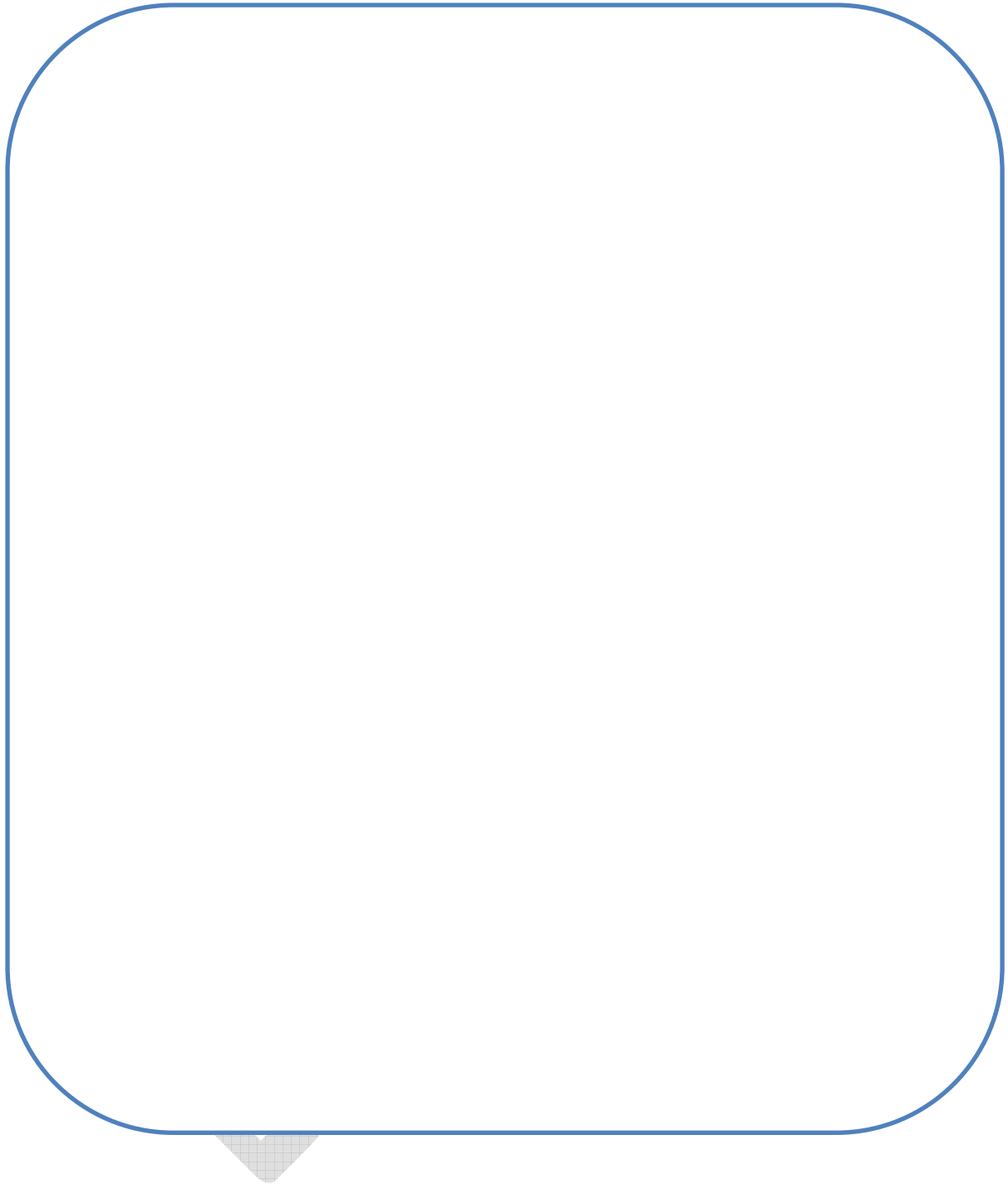
- We currently do not have a local social marketing strategy on alcohol aimed. This would help in changing attitudes and behaviour locally around alcohol among identified groups in order to prevent harm. This would ensure consistent and clear messages on safe drinking to be delivered across all agencies.
- We could do more to support local business in developing workplace alcohol policies.
- We need to ensure that clear referral pathways exist between services to support individuals who misuse alcohol. This should include a review of pathways for vulnerable adults e.g. the unemployed, veterans, offenders, people with mental health problems, homeless people, those with learning difficulties.



**Pictured: Elspeth Anwar (HBC), Cllr Marie Wright, David Parr Chief Executive (HBC), Cllr Dave Cargill, Cllr Norman Plumpton Walsh and Sarah Boycott Chief Superintendent (Cheshire Police) at the launch of Halton's 2014 Dry January campaign.**

**In order to promote safe and sensible drinking among working age adults we will:**

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#### 4. Ageing well: Reducing alcohol related harm in older adults

Objectives:

- A. Increase awareness of the harms of alcohol among older adults
- B. Ensure the early identification and support of working age adults drinking above recommended guidelines
- C. Ensure working age adults identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

Alcohol misuse among older people is often described as a hidden problem. Estimating the true size of the problem is difficult, however there is evidence that alcohol misuse is increasing in people over the age of 65.

We know:

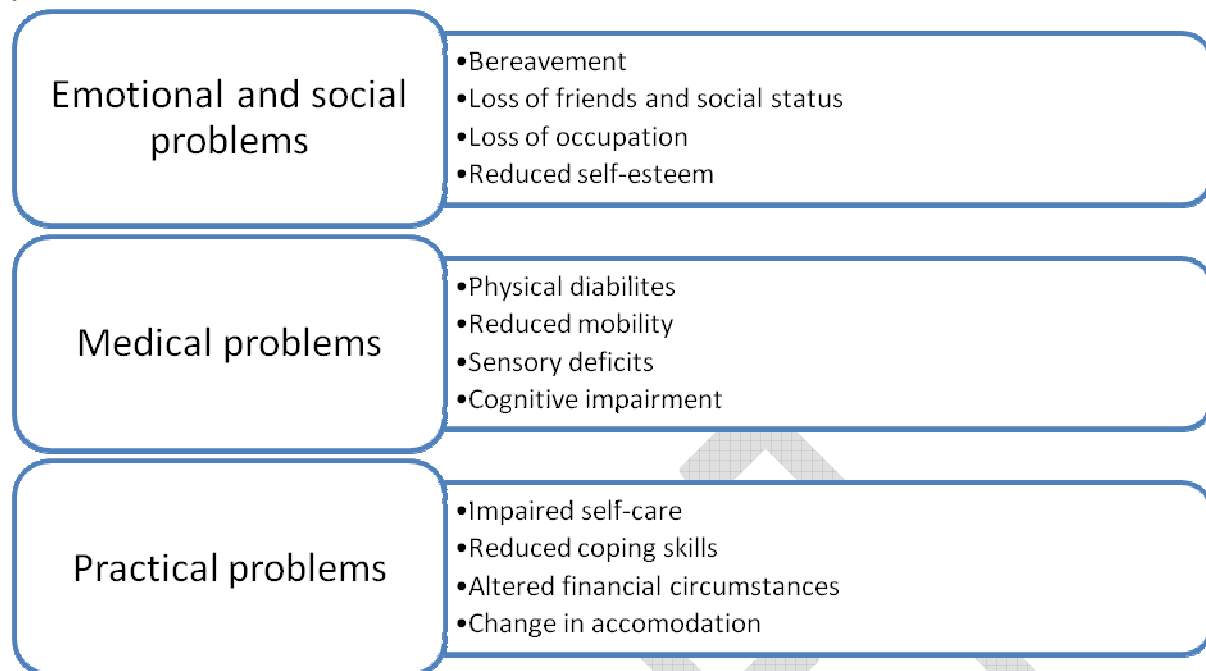
- Older people may have had a lifelong pattern of problem drinking (early onset) or may first develop drinking problems in later life (late onset). About a third of older people with drink problems develop them for the first time in later life.
- Older people are more sensitive to alcohol's effects, reacting more slowly and tending to lose their sense of balance. The liver becomes less efficient at breaking down alcohol as you age.

“Whilst the spotlight on excessive drinking generally falls on younger people, the most significant increases in alcohol related harm are actually in older age groups, with people aged 65 and over also reporting the highest rates of drinking on five or more days a week.”

**Age UK, 2014**

As individuals become older, they often experience significant life changes, for example, loss of family, friends and health, and changes in role such as retirement or becoming a caregiver for a partner or relative. These life changes may be associated with an increase in alcohol intake. Figure X illustrates some of the life changes that may be associated with alcohol problems in older people.

**Figure 2: Life changes that may be associated with alcohol problems**



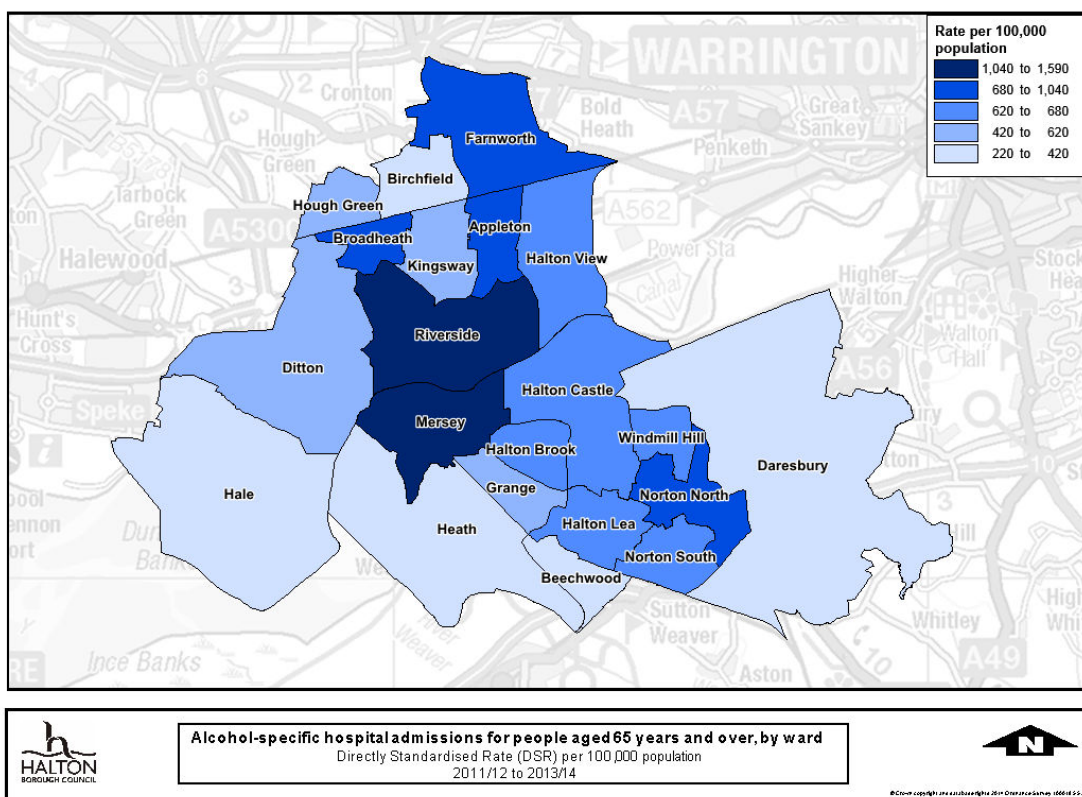
### **Drinking among older people in Halton**

There is evidence that today's population of older people may be relatively heavier drinkers than previous generations. There is little local data about drinking habits of older people, national data tells us:

- One in five older men and one in 10 older women drink enough to harm themselves, a rise of 40% in men and 100% in women over the past 20 years.
- 18% of those aged 65 and over drank alcohol on 5 or more days in the last week; more than any other age group,
- Older people are more likely to drink at home alone. This may mean that their drinking is hidden from friends and family. In addition measures poured at home are likely to be bigger than in pubs and restaurants.

**Alcohol related hospital admissions among older people**

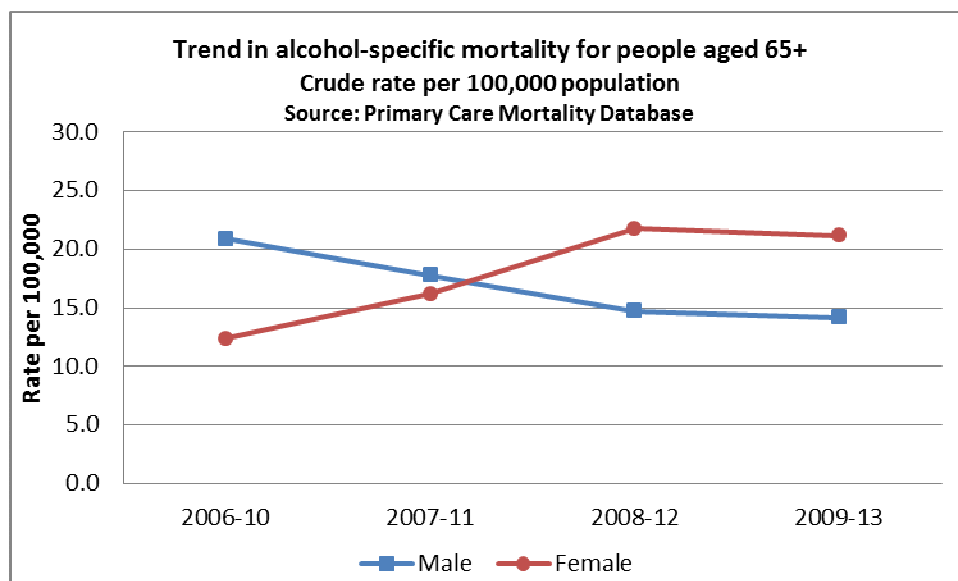
- In 2013/14 there were 214 hospital admissions due to alcohol among those aged over 65 in Halton.
- The number of older men admitted to hospital due to alcohol is higher than the number of older women
- In Halton a few individuals account for a large number of hospital admissions due to alcohol. Last year 13 older people accounted for nearly 70 hospital admissions.
- Hospital admissions for alcohol related conditions among those aged 65 and over are not evenly distributed throughout the borough. The highest rates of alcohol-specific hospital admissions are seen in Mersey and Riverside ward.



**Alcohol-related mortality**

Nationally mortality rates due to alcohol, among people aged 75 and over, have risen to their highest level since records began in 1991. In Halton between 2009 and 2013, 17 people (6 men and 11 women) died due to alcohol-related diseases. Unlike in younger age groups mortality rates due to alcohol are higher among women aged over 65 than men.





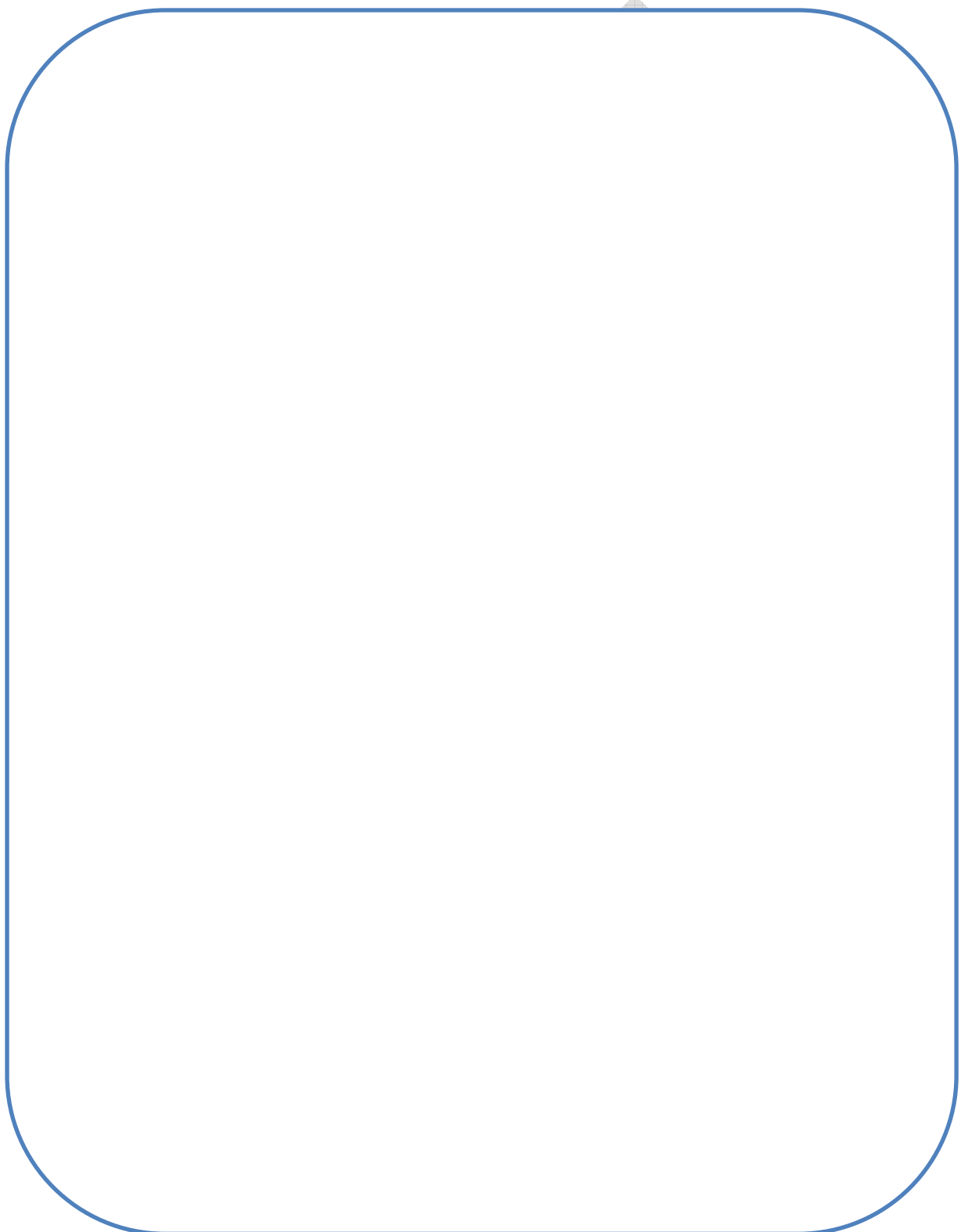
### What are we doing in Halton to promote safe and sensible drinking among older people?

- The Health and Wellbeing service currently delivers alcohol identification and brief advice sessions (IBA). This enables front line staff to identify older people's drinking levels using an AUDIT screening tool at an early opportunity and either offer brief alcohol advice or use an alcohol care pathway to ensure those who require it are referred into wider alcohol services.
- Falls awareness sessions delivered to staff and older people include sections on alcohol awareness.
- Halton Borough Council (HBC) conducts pre-retirement courses for employees to try and prepare them for the change of role associated with giving up work.
- Halton health and social care agencies have taken a partnership approach to tackling loneliness in older people across the borough. Loneliness awareness sessions are being developed for staff and older people as is a loneliness pathway. A loneliness awareness marketing campaign has been funded and is in the process of being developed.
- HBC and Bridgewater Community Healthcare NHS Trust staff (Sure Start to Later Life and Health Improvement teams) have formed the Health and Wellbeing service which focuses on older people's needs. There is some evidence to indicate that alcohol interventions for older people are most effective when delivered by professionals who have an underlying expert knowledge of older people
- Our local alcohol treatment service (CRI) provides support for older people identified as dependent drinkers.

## **What more could we be doing?**

- We currently don't know how many older people locally drink above recommended guidelines and if excess drinking is perceived as a problem by this age group.
- There is an opportunity to train front line staff who work with older people to identify and support older people who misuse alcohol. This includes when and how to refer to local treatment services.
- Very few older people are currently engaged with alcohol treatment services locally.

## **In order to reduce alcohol related harm in older people we will:**

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## 5. Keeping our local communities safe from alcohol-related harm

As well as causing significant harm to local individuals and families alcohol also causes significant harm to our local communities. Alcohol consumption is directly associated with crime and anti-social behaviour and violence and aggression (including domestic abuse).

Link to Objectives:

- D. Increase awareness of the harms of alcohol among our local communities
- E. Reduce levels of alcohol-related crime and disorder
- F. Prevent alcohol-related domestic abuse
- G. Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda
- H. Promote a diverse night-time economy
- I. Work to influence government policy and initiatives around alcohol: : 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective

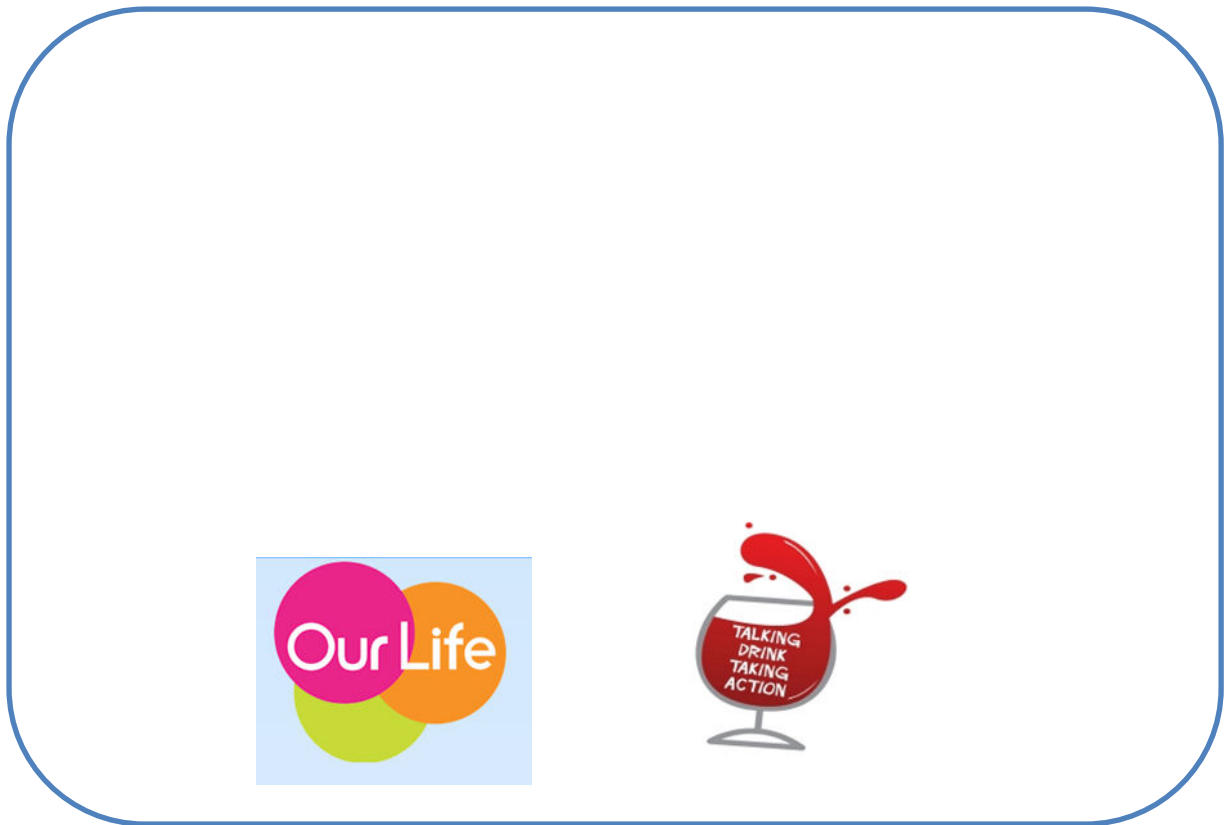
### Increase public awareness of alcohol-related harms

We recognise that we need to engage the local community in Halton in looking for shared solutions for tackling alcohol-related harm. Whereas most smokers want to quit many people who drink alcohol to harmful levels are not aware they may be putting their health at risk, the Department of Health found that 83% of those who drink above recommended guidelines do not think their drinking is putting their long-term health at risk and only 18% of people who drink above the guidelines say they actually want to change their behaviour.

Similar beliefs have been found locally. The Health Improvement Team spoke to local men aged 35 to 54 from working class backgrounds to explore their drinking habits and to see whether they saw their drinking as causing harm. This research identified that despite high alcohol consumption the vast majority did not see their drinking as a problem – it was a completely normal behavior among their peers. They were resistant to messages to change behaviour. The minority who did recognise the need to change were resistant to seeking support due to the stigma associated with this.

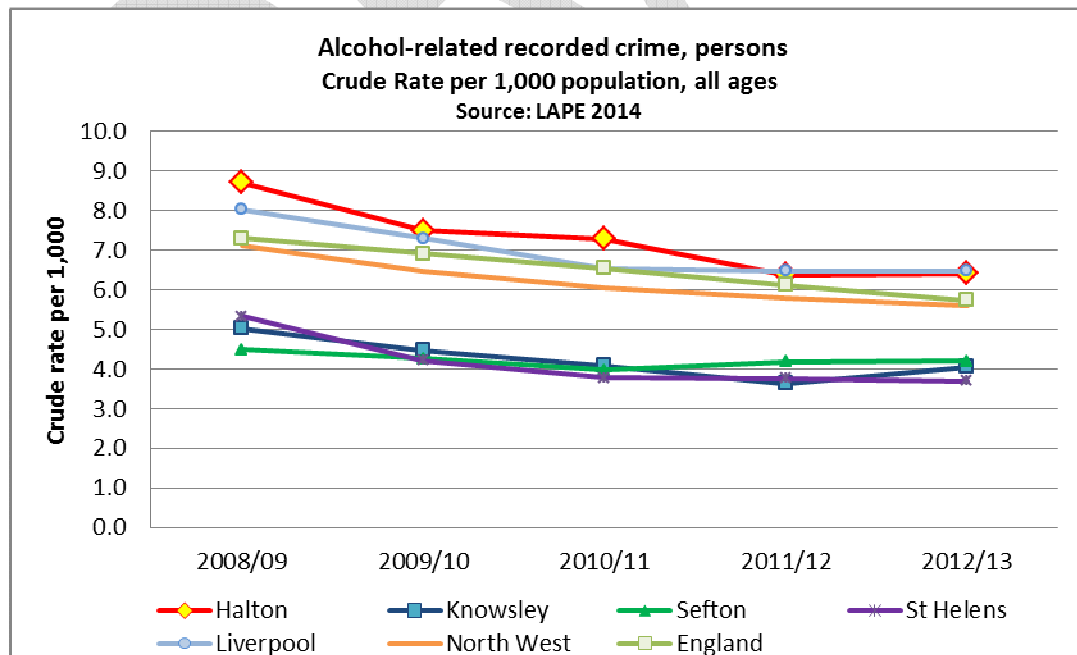
We need to raise public awareness of the harms alcohol are causing our local communities and seek shared solutions to tackle these harms.

**In order to increase awareness of alcohol-related harms we will:**



### Reducing alcohol-related crime and anti-social behaviour in Halton

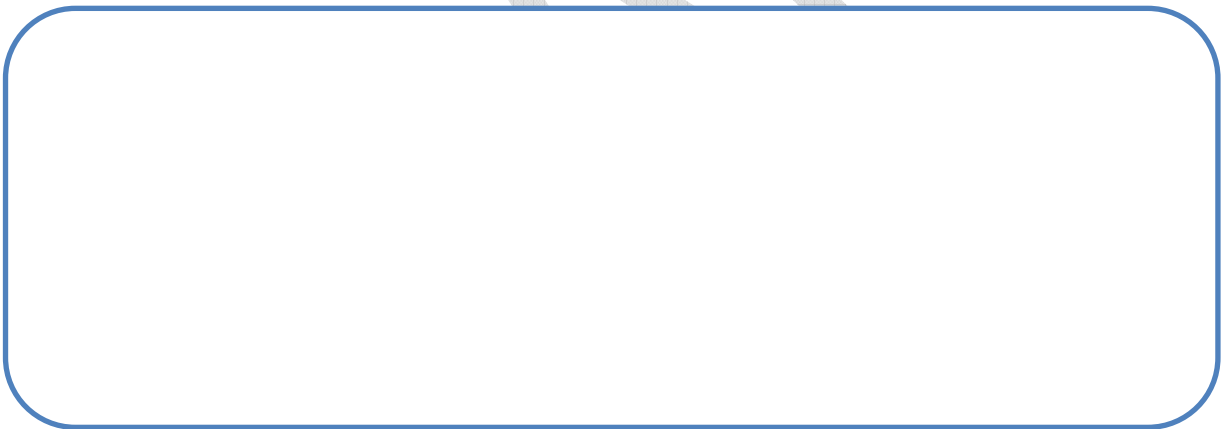
Excess alcohol consumption is directly associated with crime, anti-social behaviour, violence and aggression (including domestic abuse). Good progress has been made in reducing alcohol-related crime locally. Between 2008 and 2012 Halton had the greatest decrease in the rate of alcohol-related recorded crime within Merseyside. However rates remains higher than the North West and England averages.



#### Current local activity

- Ensuring a visible police presence in town and city centres during hot-spot times.
- Enforcing 'banning orders' for individuals who have been barred from premises or arrested for drink-related violence or disorder.
- Targeting named offenders of violent crime and potential alcohol-related crime 'hotspots', and late night cafes, bars and clubs.
- Seizing alcohol from people drinking in an anti-social manner within designated no drinking zones, and arresting those who fail to comply.
- Greater use of CCTV to diffuse potential disorder in town centres.
- Issuing Direction to leave orders, which give police officers the power to tell anyone aged 16 or over to leave a particular area for up to 48 hours. These are generally issued in the night time economy and are for people who are drunk and disorderly but fall below the threshold of behaviour that requires an arrest. The offenders are sent a health pack and advice on local alcohol support services. If an individual comes to our attention twice then a joint visit with a police officer and health professional is arranged.
- Offenders arrested whilst drunk are usually visited by health workers in custody and are offered alcohol advice and referrals to local alcohol support services.
- All police officers and Police community support officers have been trained in the early identification and support of those who misuse alcohol. This includes when and how to refer to local treatment services.

**In order to reduce alcohol-related crime and anti-social behaviour in Halton we will:**



## Preventing alcohol-related domestic abuse in Halton

Alcohol is a contributing factor in many cases of domestic abuse. In Halton around 50% of domestic abuse incidents discussed at Multi-Agency Risk Assessment Conference (MARAC) each year involved alcohol as a contributing factor

### Current local activity

- A Halton domestic abuse and sexual violence strategy is under development. The strategy will promote joint working to improve the risk identification, assessment and management of domestic abuse and sexual violence in Halton. There is also an action plan in place which specifies what will be done, by whom and when in order to reduce incidences of domestic abuse and sexual violence as well as support victims and their families.

**In order reduce alcohol-related domestic abuse in Halton we will:**



## **Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda**

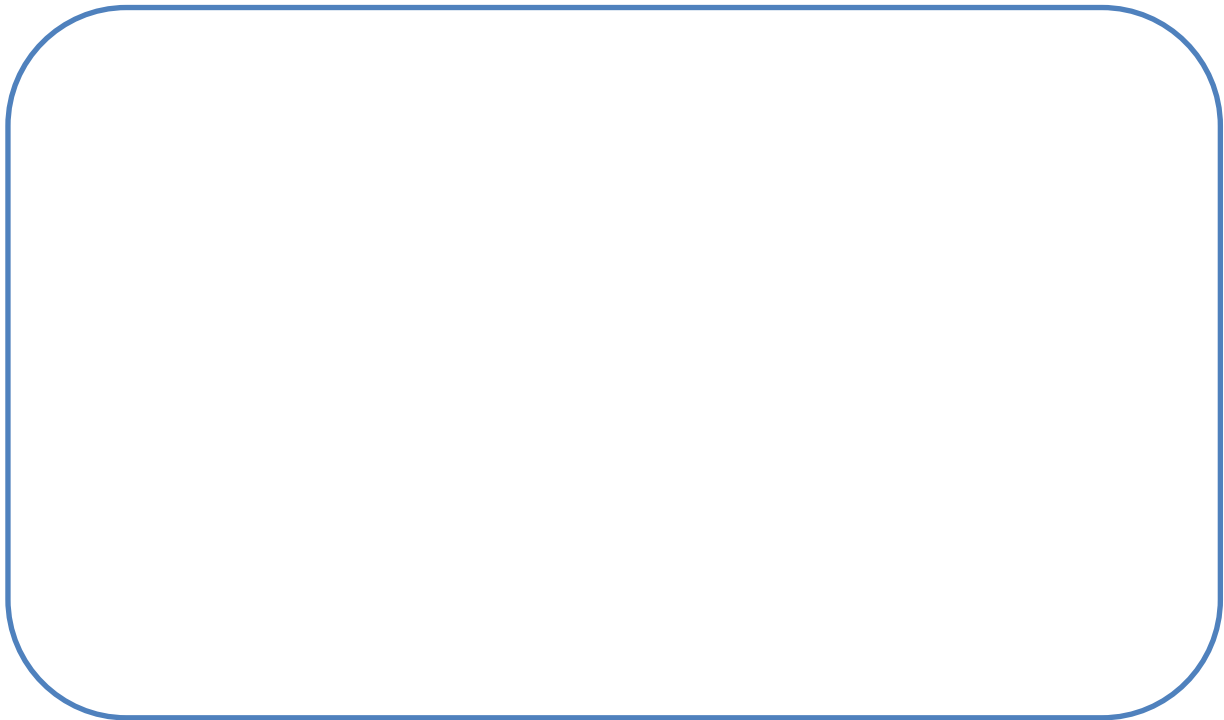
Halton Borough Council is directly responsible for controlling alcohol provision through licensing, planning and trading standards.

Effective licensing enforcement has an impact on drinking behaviour and failure to enforce the law leads to higher levels of alcohol consumption in the population. In Halton, the council and Cheshire Police work with licensed premises and off licenses to ensure they adopt more responsible approaches to the sale of alcohol.

### **What are we doing in Halton to ensure the local licensing policy and enforcement activity supports alcohol harm reduction?**

- A multi-agency alcohol harm reduction meeting is held once a month. At this meeting all Temporary Event Notices/ Licence variations and new licences of note are discussed. Premises that have had incidents are discussed and further actions agreed. These may vary from a warning to the generation of a joint action plan or in more extreme cases a full license review and prosecution.
- Licensing enforcement officers work with licensed premises to voluntarily improve practice as per the guidance of the licensing act. This has the added benefit that the trade actively works in partnership with us and results are achieved far faster than through a judicial process.
- Police and trading standards conduct joint visits to licensed premises to ensure conditions are being complied with and fraudulent or phoney sales are not being undertaken. Test purchase operations are run for underage sales.
- Operation Stagger – this is a plain clothes operation used at premises when we have intelligence that they are repeatedly serving drunks. Observations by officers will result in ID advice, action plans or prosecutions.
- Licensing enforcement officers work with the door staff to ensure they act proportionately when dealing with incidents, contact the police when required, are readily identifiable and keep a record of all incidents for examination by police.
- Pub watch – the licensing team and police support both the Widnes and Runcorn pub watch schemes and work closely with the trade to promote pub watch bans of offenders.
- ArcAngel – this is the Cheshire equivalent of Best bar None and is a scheme promoting minimum standards of safety and responsible retailing within the borough. Over the past 3 years fifteen premises in Halton have joined the scheme with others on the way.

**In order to ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda we will:**



### **Promoting a diverse and vibrant night-time economy in Halton**

The aim of creating a more diverse and vibrant night-time economy is intended to broaden the range of businesses offering activities that do not centre on drinking alcohol. The night time economy locally brings many positive benefits, from job creation, spending in our local economy and provision of a diverse range of activities for local people, including restaurants, arts centre, ice rink, cinemas etc. We want to encourage a wide range of age groups to make use of a night-time centre and to offer alternatives to going out to get drunk. We believe that this could have significant benefits in helping to reduce crime and disorder and reducing health harms as well as benefiting the local economy.

**Purple Flag** is a national accreditation scheme that recognises excellence in the management of town and city centres at night. Town centres that achieve a Purple Flag will be those that are safe, vibrant, appealing, well-managed and offer a better night out. Purple Flag aims to raise standards and improve the quality of our towns and cities at night. Just as Blue Flag is an indicator of a safe/clean beach and Green Flag an indicator of a good open space/park, Purple Flag is set to be the indicator of where to go for a good night out and will bring positive publicity for successful town and city centres.

#### **What are we doing in Halton to promote a diverse and vibrant night time economy?**

- The council recently conducted a review of the night time economy across Halton. The report made recommendations to improve and diversify the night time economy within the borough.



**In order to promote a diverse and vibrant night-time economy in Halton we will:**

**Work to influence government policy and initiatives around alcohol**

There are some actions we know will reduce alcohol-related harm that cannot do locally and require Government action.

**A 50p minimum unit price (MUP) for alcohol**

Of all the alcohol sold, very cheap alcohol products play the biggest part in driving alcohol-related harm. Minimum pricing would not affect every drink – only those which are sold at an unacceptably low price. By introducing a minimum price per unit of alcohol, drinks with a high number of units, which are currently being sold at low prices, will see the greatest change in price. We believe that introducing a minimum price for alcohol of 50p a unit will have a positive impact on reducing alcohol related harm in Halton.

**Restrictions of all alcohol marketing**

Awareness of alcohol advertising is associated with the onset of drinking among young people and increased consumption among those who already drink. All of the evidence suggests that children and young people should be protected as much as is possible by strengthening the current regulations.

**Public health as a fifth licensing objective**

Evidence suggests that alcohol availability impacts upon alcohol-related harm. Based upon this evidence NICE have recommended that legislation on licensing should be revised to include protection of the public's health is one of its objectives.

**In order to influence government policy and initiatives around alcohol we will:**

## Strategy delivery

### Expenditure on reducing alcohol-related harm

From April 2013, responsibility for the commissioning of local substance misuse and alcohol services transferred to the Local Authority. In-patient and Community treatment budgets for alcohol, used to contract provision from Mersey Care NHS Trust and Crime Reduction Initiatives (CRI) respectively, also transferred into the Public Health allocation.

The following financial breakdown is based upon current direct expenditure in alcohol services and does not reflect all of the wider universal and targeted activity that is commissioned locally. Such expenditure, on areas as diverse as School Nursing, Health Visiting, Primary Care, or voluntary and community sector activity, can have a direct impact upon the services available to reduce the harm caused by alcohol in the community, but does not fall within the direct influence of the alcohol strategy and action plan.

Cheshire Police also and the Halton community safety team play a key role in reducing alcohol-related crime and anti-social behaviour. This work is undertaken within wider crime reduction activity and cannot therefore be assigned a financial cost currently.

#### Reducing the harm from Alcohol – Financial Information (based on 2014/15 Budgets)

Halton Borough Council – Integrated Community Substance Misuse Services*	£1,676,290
Halton Borough Council – Public Health Alcohol Initiatives	£266,500
Halton Borough Council – Universal and Targeted Youth Harm Reduction	£450,000
Halton Borough Council - Specialist young person's substance misuse service	£200,000
<b>Total</b>	<b>£2,592,790</b>

\*The budget for the integrated service includes both alcohol and drug related community based treatments.

The Alcohol Strategy Implementation Group has agreed to work in partnership to agree future funding towards achieving the agreed objectives and outcomes.

## How will we measure success?

This strategy is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved; this is included as Appendix 1. The strategy development group will continue to meet as the Alcohol Strategy Implementation Group in order to ensure progress towards meeting the agreed objectives and outcomes. Regular updates on progress will be provided to the Halton health and wellbeing Board and the Safer Halton partnership.

In order to achieve our vision and minimise the harm from alcohol in Halton the strategy will seek to deliver three interlinked outcomes:

1. Reduce alcohol-related health harms
2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
3. Establish a diverse, vibrant and safe night-time economy.

High level indicators have been selected in order to monitor progress towards each of these outcomes:

Outcome	Indicators
1. Reduce alcohol-related health harms	Under 18 alcohol-specific hospital admissions Alcohol-specific hospital admissions (working age adults 18-64) Alcohol-specific hospital admissions (older adults 65+)
2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse	Alcohol-related recorded crime Alcohol-related violent crime Alcohol-related sexual crime
3. Establish a diverse, vibrant and safe night-time economy.	Reductions in crime and anti-social behaviour within Runcorn and Widnes town centres Improved public perception of town centres at night

Progress towards these indicators will be monitored by the Alcohol Strategy Implementation Group. The suitability of the indicators and inclusion of additional indicators will also be reviewed at regular intervals.

## Appendix 1: Alcohol Strategy Action Plan 2014-15

Preconception and pregnancy						
Objective	Targets/ outcomes		Actions	Timescales	Lead	Comments
<b>Increase awareness of the harm of alcohol on the unborn child (prevention)</b>	Pregnant women have a clear understanding that the healthiest and safest option is therefore for women not to drink when trying for a baby and when pregnant.  Less pregnant women report drinking during pregnancy	1	Develop a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive.	Launch campaign Feb 2015 Review progress June 2016	Public health/ HIT	Linked to actions
		2	Ensure that preconception advice provided by GP's and midwifery includes messages around the harm of drinking alcohol when trying for a baby or when pregnant.	Ongoing Review progress June 2016	Midwifery/ GPs	
		3	Ensure staff working in sexual health clinics are giving clear consistent advice that the healthiest and safest option is not to drink when trying for a baby or when pregnant.	Ongoing Review progress June 2016	Sexual health team	
<b>Ensure the early identification and support of pregnant women drinking above recommended guidelines (early identification)</b>	All Halton midwives trained on IBA  All Halton health visitors trained on IBA	4	Ensure Halton midwives and health visitors are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation this training.	Nov 2015  Annual review	Health improvement team	Linked to actions 5, 10, 17, 30, 41, 54

	<p>All FNP nurses to be trained in the early identification and support of pregnant women who misuse alcohol</p> <p>Local pathway developed between FNP and alcohol treatment services</p>	5	<p>Ensure clear local pathways are in place to identify and support women in the Family Nurse Partnership (FNP) programme who are identified as having an alcohol problem.</p>	Review Nov 2015	FNP Lead/ CRI	<p>Linked to actions 4, 10, 17, 30, 41, 54</p>
<p><b>Ensure pregnant women identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (treatment and recovery)</b></p>	<p>New effective pathway developed</p>	6	<p>Review pathways to support for pregnant identified as misusing alcohol</p>	March 2015	Alcohol strategy Group	
		7	<p>Agree the pathway and funding for inpatient detox treatment for pregnant women</p>	March 2015	Alcohol strategy group	

Early years (age 0-5)						
Objective	Targets/ outcomes		Actions	Timescales	Lead	Comments
<b>Increase awareness of the harms of alcohol among parents of babies and toddlers (prevention)</b>	Alcohol awareness messages included within 50% of local parenting programmes	8	Identify all available local parenting programmes and ensure they include messages of the harms parental drinking may have upon young children.	June 2016	HIT/ Children's centre leads	
	Development and dissemination of an information resource  Reduction of cot deaths related to alcohol (as reviewed by child death overview panel)	9	Develop an information resource for new parents which includes key messages around safe drinking guidelines, safe sleeping and reducing the risk of accidents.	June 2016  (Audit of child death overview panel cases)		
<b>Ensure the early identification and support of parents of babies and toddlers drinking above recommended guidelines (early identification)</b>	Early Years Intervention workers, front line Children's Centre Staff to be identified and trained on alcohol IBA.	10	Ensure key non clinical early years staff are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation of this training.	June 2016	Health improvement team	Linked to actions 4, 5, 10, 30, 41, 54

<p><b>Ensure parents of babies and toddlers identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (treatment and recovery)</b></p>	<p>New effective protocol developed</p>	<p>11</p>	<p>Take a 'whole family' approach to providing treatment and support to parents with young children (aged 0-5) suffering from alcohol misuse. To include the development of joint local protocols between alcohol services and children and family services (to include the identification, assessment and referral of children who need to be safeguarded)</p>	<p>June 2015</p>	<p>CRI safeguarding lead/ children and family services</p>	
	<p>Increase in the number of parents in treatment who attend parenting programme to develop their parenting skills</p>	<p>12</p>	<p>Develop and support the parenting skills of alcohol misusers who have responsibility for the care of babies and toddlers.</p>	<p>June 2015</p>	<p>HIT/ CRI/ Substance misuse specialist midwife/ health visitors/ FNP nurses</p>	<p>Note linked to action 8</p>

School age children (age 5 to 18)						
Objective	Targets/ outcomes		Actions	Timescales	Lead	Comments
<b>Increase awareness of the harms of alcohol among school age children (prevention)</b>	Annual alcohol awareness campaign plan developed and agreed by all agencies	13	Develop a coordinated alcohol awareness campaign plan aimed at children and young people and their parents	Ongoing Review Nov 2015	HIT/ Young Addaction/ Cheshire Police	Linked to actions X
	Deliver Healthitude programme to 15-20 schools (per year)  Development of a coordinated approach to school based alcohol awareness sessions (including sessions jointly delivered between agencies)	14	Coordinate the delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, web magazine )	June 2015	HIT	
	Social norms campaign to be run in ten schools/ colleges  Shift in perceptions of young people related to alcohol	15	Deliver a social norms campaign within schools	Nov 2015	R U Different	



	consumption  Reduction in the number of young people who state that they binge drink (Trading Standards North West survey)					
	200 bus deployments and 250 street based team deployments per year	16	Provide information, advice and guidance around alcohol in young people settings within local communities (Outreach work)	Nov 2016	Young Addaction/ Catch 22	
<b>Ensure the early identification and support of school age children drinking above recommended guidelines (early identification)</b>	Children and young people workforce staff to be identified and trained on alcohol IBA.	17	Ensure key staff within the children and young people workforce are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation of this training. To include staff who work with vulnerable young people including truants and those excluded from school, young offenders, looked after children, children with special educational needs.	June 2016	Health improvement team	Linked to actions 4, 5, 10, 30, 41, 54
	Identify the number of young people attending A+E due to	18	Ensure young people attending A+E due to alcohol are identified and supported appropriately.	June 2015	Alcohol strategy Group	

	alcohol in Halton Data sharing agreement developed					
<b>Ensure school age children identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (treatment and recovery)</b>	Variation to contract to cover all children (currently aged 10+)	19	Ensure all children affected by family alcohol misuse are able to access support	June 2015	CYP Commissioner/ Young Addaction	
	New effective pathway developed	20	Review alcohol treatment pathways for young people who misuse alcohol in Halton (to include pathways for vulnerable young people including truants and those excluded from school, young offenders, looked after children, children with special educational needs).	March 2015	Alcohol strategy Group	
<b>Reduce underage drinking and associated anti-social behaviour</b>	All Operation stay safe supported by relevant agencies	21	Strengthen Operation stay safe – street based teams work in partnership with community safety officers to reduce alcohol related anti-social behaviour	June 2016	Safer Halton Partnership (Cheshire Police and HBC Community safety team)/ Young Addaction	
	Intelligence related to underage drinking is shared appropriately	22	Establish relationships between agencies, community groups and service providers (including voluntary) that ensures any intelligence in	June 2015	Trading Standards	

			relation to under 18s and alcohol is appropriately shared.			
	A year on year increase in the number of licensed premises operating Challenge 25 policy in Halton	23	Work towards all local licensed premises operating a Challenge 25 policy	By November 2018 Review in Nov 2015	Trading Standards, Halton Community Safety Partnership (Cheshire Police and HBC licensing enforcement officers)	
	Number of staff attending training programme per year  Number of visits to premises  Number of test purchasing and enforcement actions	24	Develop and implement a structured approach to ensuring that Halton licensed premises comply with their obligations in relation to the sale and supply of alcohol, to include: <ul style="list-style-type: none"> <li>- Production of Challenge 25 promotional materials</li> <li>- Training programme for staff in licensed premises (Responsible retailers course)</li> <li>- Visits to all licensed premises</li> <li>- Test purchasing and</li> </ul>	March 2016	Trading Standards/ Licensing enforcement officers	

			enforcement actions where appropriate			
	Increase in young people attending an alcohol awareness course.	25	Develop a restorative justice approach to deal with under 18s who attempt to buy alcohol to complement Operation Ice	March 2016	Cheshire Police/Community Safety/ Trading Standards.	
	Raised awareness and uptake of available activities	26	Promote diversionary activities for local young people as an alternative to drinking alcohol	June 2016	Halton CVS/ HIT	
<b>Working age adults (aged 18 to 64)</b>						
<b>Objective</b>	<b>Targets/ outcomes</b>		<b>Actions</b>	<b>Timescales</b>	<b>Lead</b>	<b>Comments</b>
<b>Increase awareness of the harms of alcohol among working age adults (prevention)</b>	Annual alcohol awareness campaign plan developed and agreed by all agencies	27	Develop a coordinated alcohol awareness campaign plan aimed working age adults to include supporting the local promotion of national alcohol awareness campaigns e.g. Dry January, Alcohol awareness week, Drink Wise campaigns	Ongoing  Review Nov 2015	HIT/ Alcohol strategy group	Link to action X
		28	Deliver alcohol health events across the borough to raise awareness within the local community of safe drinking recommendations and local alcohol	Ongoing  Review Nov 2015	HIT	

			support services			
	Support 5 workplaces to develop and implement alcohol policies	29	Support local workplaces to implement alcohol policies <a href="http://www.hse.gov.uk/pubns/indg240.pdf">http://www.hse.gov.uk/pubns/indg240.pdf</a>	June 2016	HIT	
<b>Ensure the early identification and support of working age adults drinking above recommended guidelines (early identification)</b>	Key staff to be identified and trained on alcohol IBA.	30	Ensure key staff are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation of this training. To include staff who support vulnerable adults e.g. the unemployed, veterans, offenders, people with mental health problems, homeless people, those with learning difficulties	June 2016	HIT	Linked to actions 4, 5, 10, 17, 41, 54
		31	Promote uptake of NHS Health checks for local residents aged 40-74 (which includes an alcohol check)	Nov 2015	Public Health	
<b>Ensure working age adults identified as having an alcohol misuse problem can access effective alcohol</b>	New effective pathway developed	32	Review alcohol treatment pathways for working age adults (aged 18 to 64) in Halton. To include a review of pathways for vulnerable adults e.g. the unemployed, veterans, offenders,	March 2015	Alcohol strategy group	

<b>treatment services and recovery support (treatment and recovery)</b>			people with mental health problems, homeless people, those with learning difficulties			
	Service specification agreed by all commissioning organisations  Performance monitoring agreed.	33	Secure future funding arrangements for Alcohol liaison nurses based in Warrington and Whiston Hospital	Nov 2015	PH Commissioner	
	Repeat attenders within and across agencies are identified  A multi-disciplinary approach is taken to supporting such individuals	34	Work in partnership to identify and support individuals who are repeat attenders to services due to alcohol-related harm e.g. repeat ambulance call outs, repeat hospital A+E attendances and admissions	Nov 2015	Alcohol strategy group	
	Thiamine is offered and prescribed for all known harmful or dependent drinkers	35	Promote thiamine therapy for identified heavy drinkers	June 2016	CRI	
	Decision on whether to locally fund Nalmefene	36	Monitor NICE guidance on the use of Nalmefene (due November 2014) and decide whether a pilot should be funded locally	March 2015	Public health alcohol lead	

	Identify local mutual aid groups  Co-location of services	37	Develop effective links between treatment services and local mutual aid groups, and ensure that all clients have the opportunity and encouragement to access a mutual aid programme of their choice.  Use PHE self-assessment toolkit:  <a href="http://www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf">http://www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf</a>	Ongoing  Review Nov 2015	CRI	
<b>Older adults (aged 65+)</b>						
<b>Objective</b>	<b>Targets/ outcomes</b>		<b>Actions</b>	<b>Timescales</b>	<b>Lead</b>	<b>Comments</b>
<b>Increase awareness of the harms of alcohol among working age adults (prevention)</b>	Insight work completed	38	Undertake insight work with older people to better understand the nature of the problem and what prevention strategies and treatment approaches work will best with older drinkers	Nov 2015	HIT	
	Alcohol awareness campaign developed	39	Develop an alcohol awareness campaign aimed at older people based upon local insight work	June 2016	HIT	

	Raised awareness and uptake of available activities	40	Provide activities and opportunities to socialise – linked to developing Halton Loneliness Strategy	Nov 2015	HIT	
<b>Ensure the early identification and support of older adults drinking above recommended guidelines (early identification)</b>	Key staff to be identified and trained on alcohol IBA.	41	Ensure key staff who work with older people are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation of this training.	June 2016	Health improvement team	
		42	Promote uptake of NHS Health checks for local residents aged 40-74 (which includes an alcohol check)	Nov 2015	Public health	
<b>Ensure older adults identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (treatment and recovery)</b>	New effective pathway developed	43	Review alcohol treatment pathways for older adults in Halton (to include developing alcohol treatment services which are culturally appropriate for older people).	March 2015	Alcohol strategy group	
	Service specification agreed by all commissioning organisations  Performance monitoring agreed.	44	Secure future funding arrangements for Alcohol liaison nurses based in Warrington and Whiston Hospital	Nov 2015	PH Commissioner	



	<p>Repeat attenders within and across agencies are identified</p> <p>A multi-disciplinary approach is taken to supporting such individuals</p>	45	<p>Work in partnership to identify and support individuals who are repeat attenders to services due to alcohol-related harm e.g. repeat ambulance call outs, repeat hospital A+E attendances and admissions</p>	Nov 2015	Alcohol strategy group	Linked to action
	<p>Thiamine is offered and prescribed for all known harmful or dependent drinkers</p>	46	<p>Promote thiamine therapy for identified heavy drinkers</p>	June 2016	CRI	Linked to action
	<p>Decision on whether to locally fund Nalmefene</p>	47	<p>Monitor NICE guidance on the use of Nalmefene (due November 2014) and decide whether a pilot should be funded locally</p>	March 2015	Public health alcohol lead	Linked to action
	<p>Identify local mutual aid groups</p> <p>Co-location of services</p>	48	<p>Develop effective links between treatment services and local mutual aid groups, and ensure that all clients have the opportunity and encouragement to access a mutual aid programme of their choice.</p> <p>PHE self-assessment toolkit:  <a href="http://www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf">http://www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf</a></p>	<p>Ongoing</p> <p>Review Nov 2015</p>	CRI	Linked to action

Keeping our local communities safe from alcohol-related harm						
Objective	Targets/ outcomes		Actions	Timescales	Lead	Comments
<b>Increase awareness of the harms of alcohol among our local communities</b>	<p>Increase knowledge of participants of alcohol related harm within local communities</p> <p>Development of community led recommendations for change</p> <p>Increase in number of participants who feel engaged and that they can inform local decision making processes</p>	49	Hold a community conversation around alcohol – using an Inquiry approach based on the citizen's jury model of community engagement.	Nov 2015	Our Life	

	Alcohol awareness campaign plan developed and agreed by all agencies	50	Develop a coordinated alcohol awareness campaign plan that covers all life course stages and supports the local promotion of national alcohol awareness campaigns (to include both health and crime and community safety messages)	Nov2015	HIT/ Alcohol strategy group	Link to actions 1, 13, 27, 39
<b>Reduce levels of alcohol-related crime and disorder</b>	<i>Reductions in crime in town centre hot spots</i>  <i>Surveys show that residents feel safer</i>	51	Maintain and support current local activity to reduce alcohol –related crime and anti-social behaviour	Nov 2015	Halton Community Safety Partnership	
		52	Cheshire police will run days of action targeting alcohol related crime and disorder throughout the year and during seasonal periods of increased risk.	Nov 2015	Cheshire Police	
	All Halton street pastor volunteers receive alcohol awareness training	53	Support the Halton street pastors project	Nov 2015	Alcohol strategy group	
<b>Prevent alcohol-related domestic abuse</b>	Key staff in custody and domestic violence advocacy services to be identified and trained on alcohol IBA.	54	Ensure key staff who deal with domestic abuse incidents are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation of this training.	June 2016	HIT/ HBC Domestic abuse lead	Linked to actions 4, 5, 10, 17, 30, 41

	New effective pathway developed Services co-located	55	Develop referral pathways between domestic abuse support services and local alcohol treatment services (To explore the co-location of services)	Nov 2015	CRI/ HBC Domestic abuse lead	
<b>Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda</b>	Self-assessment tool completed in partnership SOLP reviewed in partnership	56	Review Halton’s Statement of Licensing Policy in line with best practice to ensure it supports the alcohol-harm reduction agenda	Nov 2015	Public health/ Cheshire Police/Halton Community Safety/ Trading Standards.	
	Local protocol developed	57	Develop protocols to ensure A&E departments share data about attendees injured by violent crime with the police ( <b>Information Sharing to Tackle Violence (ISTV)</b> <sup>1</sup> )	June 2016	Halton Community Safety Partnership/ Public health	
	Increase in number of premises signed up to Arc Angel scheme	58	Further develop and strengthen local Arc Angel scheme	March 2016	Halton Community Safety Partnership	
	<i>Increase in number of premises signed up to Arc Angel scheme</i>	59	Further develop and strengthen local Pub watch	March 2016	Halton Community Safety Partnership	

<sup>1</sup> <https://www.gov.uk/government/news/aes-and-police-to-share-information-to-help-tackle-violence>

	<p>Number of staff attending training programme per year</p> <p>Number of visits to premises</p> <p>Number of test purchasing and enforcement actions</p>	60	<p>The establishment and implementation of a structured approach to ensuring that Halton licensed premises comply with their obligations in relation to the sale and supply of alcohol, to include:</p> <ul style="list-style-type: none"> <li>- Production of Challenge 25 promotional materials</li> <li>- Training programme for staff in licensed premises (Responsible retailers course)</li> <li>- Visits to all licensed premises</li> </ul>	March 2016	Trading Standards/ Licensing enforcement officers	
	<p>Identify sales of high strength alcohol locally</p> <p>Explore retailers perceptions of a voluntary scheme</p> <p>Decision made on implementation of a local scheme</p>	61	<p>Explore the possibility of voluntary agreements related to sales of high strength alcohol among off-licenses (Ipswich model)</p>	March 2016	Halton Community Safety Partnership/ Public Health	
<b>Promote a diverse night-time economy</b>	Benchmarking undertaken	62	Benchmarking against Purple Flag standards, develop action plan to implement all standards across	Nov 2015	Halton Community Safety	

	Action plan developed		Runcorn and Widnes Town centres		Partnership	
		63	Explore possibility of developing night time venues and events in Halton which are non-alcohol based (Night markets, pop-up cinema, extended hours of premises not serving alcohol, dry bars e.g. the Brink Liverpool and Umbrella Manchester )	Ongoing Review Nov 2015	Community Development team/ Public Health	
<b>Work to influence government policy and initiatives around alcohol: : 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective</b>		64	Work to influence government policy and initiatives around alcohol: : 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective	Ongoing Review Nov 2015	Drink Wise	

**REPORT TO:** Executive Board

**DATE:** 20 November 2014

**REPORTING OFFICER:** Director of Public Health

**SUBJECT:** The Procurement of a Level 3 Healthy Weight Service for Adults and Children in Halton

## **1.0 PURPOSE OF REPORT**

- 1.1 To seek Executive approval to commence the procurement of a Level 3 Healthy Weight Service for Adults and Children in Halton.

## **2.0 RECOMMENDATION: That Executive Board**

- 1) Approve the proposal to tender for a Level 3 Healthy Weight service for Halton; and**
- 2) Agree to using Procurement Standing Order 1.8.3 (a) to waive Procurement Standing Order 4.1 in relation to a five month extension for the Specialist Weight Management contract with Warrington and Halton Hospital and for Cognitive Behavioural Therapy contract with 5 Boroughs Partnership.**

## **3.0 BACKGROUND**

- 3.1 Halton Borough Council is responsible for commissioning services which improve the health of the local population, prevent the onset of disease and reduce the subsequent burden on health treatment services. This includes the provision of support services for people who are overweight and obese to help them reduce and manage their weight. The funding for this service sits in Halton Borough Council's Public Health budget.
- 3.2 Weight Management services in Halton are split into four levels as follows:
- Level 1 – Universal – services available to all
  - Level 2 – Targeted – services available for overweight and obese people without co-morbidities
  - Level 3 – Specialist – services available for morbidly obese people and children (BMI 40+) and obese people and children (BMI 30+) with co-morbidities
  - Level 4 – Bariatric – services for severely obese people (commissioned by CCG).

This report is concerned with the commissioning of a Level 3 specialist service for both adults and children.

- 3.3 Obesity is a substantial public health issue which affects approximately 300 million people worldwide and is associated with increased risk of a wide range of chronic diseases including Type 2 diabetes, hypertension, coronary artery disease, stroke, some cancers and infant mortality for obese mothers.
- 3.4 Prevalence of adult obesity is not routinely collected at population level however modelled estimates suggest an obesity rate of approximately 27% in Halton. Data from the National Child Measurement Programme reveals that for 2012/13 12% of reception age children and 23% of Year 6 pupils were classified as obese.

#### **4.0 CURRENT POSITION**

- 4.1 Financial provision for Level 3 Weight Management services is contained within Halton Borough Council's Public Health budget. The services are currently delivered under two separate contracts as detailed below. Both contracts are due to end on 31st March 2015.
- 4.2 Warrington and Halton Hospitals NHS Trust deliver a dietetics and community food worker service for adults under a Service Level Agreement with the Council. The annual value of the contract is £315,000. As part of the Adult Weight Management pathway the service works jointly with Halton Borough Council's Health Improvement Team which delivers Level 1 and 2 and part of level 3 services and is a major source of referrals into specialist services.
- 4.3 5 Boroughs Partnership are commissioned as part of a block contract for which Halton Borough Council is an associate commissioner to deliver Cognitive Behavioural Therapy to level 3 service users who require this. The service also provides 2 dietetic clinics per month (one on each side of the Borough) for children who are morbidly obese however, the service is currently oversubscribed. The total annual cost of the service is £34,500.

#### **5.0 PROPOSALS**

- 5.1 It is proposed that the Council conducts a tender exercise for a Level 3 healthy weight service for both adults and children under a single contract at an indicative cost of £200,000 per annum. This will include the dietetics and Cognitive Behavioural Therapy elements of the existing services and will also include services for underweight people. It will not include the Community Food Worker element of the service. This element of the service is the subject of a separate report to the Council's Executive Board.
- 5.2 It is intended that the Level 3 Healthy Weight Contract will be awarded for a period of three years from 1<sup>st</sup> August 2015 with the option for two annual extensions subject to satisfactory



performance. This will mean a cost of £200,000 per annum with an aggregate contract value over five years of £1,000,000 from Halton Borough Council's Public Health budget.

- 5.3 An open tender process is proposed and tender submissions will be evaluated using MEAT (Most Economic Advantageous Tender) principles. Initial contracts will be awards on a three year basis with an opportunity for up to two annual extensions subject to satisfactory performance. An integral element of the procurement process will be a proportionate approach to Social Value and all prospective providers will be evaluated against the Halton Social Value Procurement Framework.
- 5.4 It is anticipated that the new service will commence on 1<sup>st</sup> August 2015. Executive Board are requested to consider a waiver of Procurement Standing order 4.1 as detailed under Recommendations to extend the current contract with Warrington and Halton Hospital NHS Trust and 5 Boroughs Partnership for a five month period at a cost of approximately £29,125 per month, thereby ensuring service continuity while the tender process takes place.

## **6.0 BUSINESS CASE**

- 6.1 **Value for Money**  
The contract for the new service will be awarded on the basis of quality and price, thus ensuring value for money. It is anticipated that applications to deliver this service will enable efficiency savings to be made which will represent a reduction on current expenditure.
- 6.2 **Transparency**  
Contracts will be recorded in the Council's Contracts Register accessible via the internet together with the publication of all spend in excess of £500.
- 6.3 **Propriety and Security**  
Compliance with anti-corruption practices will be adhered to and any of the contracts within the subject of this report will be terminated if there is any occurrence of corruption by any organisation or their staff.
- 6.4 **Accountability**  
The contracts will be performance managed and service standards monitored by the Public Health team.
- 6.5 **Position of the Contract under the Public Contracts Regulations 2006.** These contracts are Part B exempt services and do not need to be advertised in the OJEU.

## **7.0 POLICY IMPLICATIONS**

- 7.1 The method of procurement complies with the Council's procurement policy and Procurement Standing Orders, and will utilise The Chest e-procurement portal.

## **8.0 FINANCIAL IMPLICATIONS**

- 8.1 As outlined in the report it is anticipated that the aggregate value of the level 3 Healthy Weight service will be in the region of £1,000,000 over a five year period.

## **9.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **9.1 Children and Young People in Halton**

As outlined in the report the dietetics service for children is currently oversubscribed. It is intended that the new service will include a specialist paediatric dietetics service to work with children and their families. This is particularly important since healthy eating messages learned in early life can influence lifestyles and behaviour going into adulthood.

### **9.2 Employment, Learning and Skills in Halton**

There is evidence to suggest that losing weight can increase confidence and therefore employability.

### **9.3 A Healthy Halton**

As outlined in the report overweight and obesity is a major contributory risk factor for a range of conditions and diseases. The service aims to support individuals to lose weight to prevent the onset of ill health and reduce the burden on NHS treatment services.

### **9.4 A Safer Halton**

N/A

### **9.5 Halton's Urban Renewal**

N/A.

## **10.0 RISK ANALYSIS**

- 10.1 Risk will be a particular consideration in the tender evaluation process. Robust service monitoring should provide early warning of any performance issues.

## **11.0 EQUALITY AND DIVERSITY ISSUES**

- 11.1 All contractors will be required to demonstrate that they embrace and comply with the Equality Act, and services will be monitored to ensure this is the case.

**12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE  
LOCAL GOVERNMENT ACT 1972**

None.

**REPORT TO:** Executive Board

**DATE:** 20<sup>th</sup> November 2014

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Specialist Community Substance Misuse Services

**WARD(S)** Borough-wide

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to seek approval for the granting of a Direct Award for the delivery of community substance misuse services to March 2016 to Crime Reduction Initiatives (CRI), to enable remodelling of the current service.

## **2.0 RECOMMENDATION: The Executive Board:**

- (i) Notes the content of the paper.**
- (ii) To ensure the stability and continuity of the service, support the recommendation to grant a Direct Award to CRI for the delivery of Specialist Community Substance misuse services from 1<sup>st</sup> March, 2015 to 31<sup>st</sup> March, 2016.**
- (iii) Agree the proposed timescale for the procurement of a substance misuse service as outlined in Appendix A.**

## **3.0 BACKGROUND**

3.1 Halton Borough Council is responsible for commissioning services to support local people with substance (drugs and alcohol) misuse problems. The aim is to improve health and social care outcomes, reduce the harm from addiction to legal and illicit substances and reduce inequalities for local people.

3.2 CRI have held the Halton substance misuse contract since February 2011. The current contract annual contract value is £1,644,954. During this period performance across all indicators has been improved considerably.

3.3 The Substance Misuse contract is due to end on the 28<sup>th</sup> February, 2015, there is no option to extend the current contract as the +1 year clause has been implemented. A 12 month contract is financially unviable as procurement of a service is approximately 6% of the contract value (£96,000).

#### **4.0 CURRENT POSITION**

4.1 According to the Public Health England (May 2014) update, the performance of the service has resulted in the following outcomes:

- The rate for successful completions in opiate\* treatment is 13.68% which is the 8<sup>th</sup> best in the whole country.
- The rate for successful completions in alcohol treatment is 60.61% which is the 3<sup>rd</sup> best in the whole country.

(\*Opiates such as heroin, and prescription pain relievers, morphine and codine)

4.2 The current annual contract value is £1,644,954. The commissioners have worked with the service to identify efficiencies in operational delivery costs whilst maintaining a high quality service that has produced a significant increase in performance.

During 2014, efficiencies of £65,000 have been realised. If a Direct Award is agreed, this £65,000 of efficiencies will again be sought, alongside an additional £25,000. This will generate a total efficiency saving over the period 2014 - 2016 of £155,000.

Commissioners will work with the current provider to identify further efficiencies prior to the open procurement process which will seek to reduce the future contract value from 2016 onwards.

4.3 In addition, the Department of Health are currently conducting a formal consultation on the implementation of a Health Premium Incentive Scheme as part of the Public Health funding allocations for 2015 to 2016.

As part of this scheme, it has been proposed that a National Indicator applicable to all local Authority areas will be 'Successful completion of drugs treatment'. During the last procurement exercise performance dropped as key staff members resigned from the service and the provider changed. There is a risk that a change of provider during the consultation and benchmarking phase may impact on the allocation of the 2015 budget.

4.4 In early 2015 the substance misuse service will relocate to new premises from Ashley House to Ashton Dane a short distance from Ashley House. In addition to the move a satellite service will be developed in Runcorn. The move represents an opportunity to remodel the service and reduce rental costs.

#### **5.0 PROPOSAL**

5.1 In order to ensure we maintain stability of our specialist community drugs and alcohol treatment and recovery service, whilst at the same time allowing sufficient time for a service review and relocation of the service to take place, it is proposed that a Direct Award of a contract be given to the current provider (CRI) for 12 months. We will use a '*Voluntary Ex-Ante Transparency Notice*' (VEAT) which will permit us to provide this direct

award without going out to procurement. The contracting authorities will give sufficient information as to the justification for this Direct Award without advertising on the Official Journal of the European Union (*OJEU*) and observe a minimum 10 day standstill period before the contract is awarded. If the proposal to provide CRI with a Direct Award of a contract from 1st March 2015 to the 31st March 2016 is agreed, the procurement of a longer term contract will then be implemented from July 2015 (Appendix A).

- 5.2 If the proposal is not agreed, or if there is a significant challenge as part of the VEAT process the service will have to go out to tender with immediate effect.

## **6.0 POLICY IMPLICATIONS**

- 6.1 The method of procurement complies with the Council's procurement policy and Procurement Standing Orders, and will utilise a VEAT Direct Awards as described in section 5.1.

## **7.0 FINANCIAL/RESOURCES IMPLICATIONS**

- 7.1 As outlined in the report the provision of Specialist Community Substance Misuse services in Halton currently costs £1.6million and therefore represents a significant proportion of the total Public Health grant income. Resources implications discussed in sections 4.2, 4.3 and 4.4.

## **8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

- 8.1 These are contained within the report.

## **9.0 RISK ANALYSIS**

- 9.1 If the proposal is not agreed it will be disruptive to the service, could affect our current excellent recovery rates and not allow time for a proper service review.

## **10.0 EQUALITY AND DIVERSITY ISSUES**

- 10.1 An Equality Impact Assessment (EIA) is not required for this report.

## **11.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.

<b>PROJECT TIMETABLE</b>	<b>Provision of Substance Misuse Service</b>
<b>TYPE OF CONTRACT</b>	<b>Open process (Part B Exempt)</b>
<b>PERIOD OF CONTRACT</b>	<b>3 years with option for annual extensions up to two additional years</b>

**TENDER TIMETABLE**

<b>ACTION</b>	<b>OPEN PROCESS</b>	
	<b>Date (provisional)</b>	<b>Time Allocated</b>
Prepare Preliminary Estimates Report	June 2015	
Draft Tender Documents. Comprising: MIQ (questionnaire and matrix), ITT (contract and specification(s)), TUPE, Performance Monitoring etc.	<i>Finalise all documents prior to/in advance of tender publication</i>  August 2015  The timeline incorporates ongoing engagement with stakeholders	1 month
Advertise Contract on The Chest portal.	Week commencing 7 <sup>th</sup> September 2015 <i>All tender documents issued</i>	1 day
Provider event?	<i>To be confirmed</i>	

Closing date for questions relating to ITT			
Closing date/time for submission of ITT / Tenders		28 <sup>th</sup> September 2015	3 weeks (from advertising)
Verification – ‘Remove Seal’			1 day
Evaluate mandatory information on ITT			1 week
Evaluate / Moderate ITTs - Panel			1 week
Inform Short-listed Suppliers			1 day
Presentation & Interview		5 <sup>th</sup> October 2015	1 week
Final evaluation / Moderation			
SMT			1 day
Award			1 day
Exec Board for information			1 day
Mobilisation period			2 months
Award Contract / Contract start date			1 day
OJEU Award Notice (My Tenders)		Up to 42 days after award	
<b>Internal only:</b>			
1.	Check if successful supplier is set up on Agresso		1 day
2.	Provide client with correct expenditure code		
3.	Provide client with correct ProClass code		

**These dates are indicative and are subject to change by the Council**



<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	20 November 2014
<b>REPORTING OFFICER:</b>	Strategic Director Children & Enterprise
<b>PORTFOLIO:</b>	Economic Development
<b>SUBJECT:</b>	Norton Priory Museum – Monastery to Museum project
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of the report is to notify members that a tendering exercise will be entered into via “The Chest” in respect of the Monastery to Museum 900 project.

2.0 **RECOMMENDATION: That Members note that a tendering exercise will be entered into via “The Chest” in order to appoint a main contractor for the Monastery to Museum 900 project which is a joint venture to rebuild Norton Priory Museum between Norton Priory Museum Trust and Halton Borough Council.**

### 3.0 **SUPPORTING INFORMATION**

3.1 The Heritage lottery approved funding for £3.67m in August 2014 for the project, this being 82% of the estimated cost which amounts to £4.478m in total. The remaining match funding is being raised by Norton Priory Trust, and in respect of this the Council has previously agreed to provide financial support to the Trust by way of agreeing to provide a loan of up to £300,000 to be paid back over 3 years if the Trust are unable to raise all of the match funding required. (Exec Board Minute EXB 167 13<sup>th</sup> March 2014)

3.2 The draft programme for the project has an anticipated start on site in March 2015 with completion in June 2016. The design team are currently developing the design and will soon commence with the preparation of the tender documents ready for issuing for tender in late November.

3.3 It is intended to firstly seek expressions of interest from suitably qualified contractors, these expressions will then be assessed following which an invitation to tender will be issued to 6 or 7 contractors.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy issues

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 In addition to the loan of up to £300,000, it has been agreed in principle that the Council will also fund the installation of a biomass boiler at an estimated cost of £100,000. This will generate an annual revenue income for the Council due to the governments renewable heat incentive scheme (RHI), which over the 20 year lifetime of the scheme will generate an estimated income of £383,000. (Exec Board Minute EXB 68 2<sup>ND</sup> Oct 2014)

5.2 The estimated cost of the actual building work element of the project, excluding the fit out which will be subject to a separate procurement exercise is circa £2.72m.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None

6.2 **Employment, Learning & Skills in Halton**

It is anticipated that some form of work related opportunity for unemployed locals will be included in the building contract thus helping to enhance local skills.

The newly refurbished museum will also provide a greatly enhanced experience for visitors and it is predicted that visitor numbers will increase from circa 34,000 per annum to 55,000 per annum.

6.3 **A Healthy Halton**

None

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 There are no significant risks with proceeding with the procurement process as the Heritage Lottery funding has been secured.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

**REPORT TO:** Executive Board

**DATE:** 20th November 2014

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Physical Environment

**SUBJECT:** Homeless Services at Grangeway Court

**WARD(S)** Grange

## **1.0 PURPOSE OF THE REPORT**

1.1 The report seeks the Board's agreement to a revised service delivery model at Grangeway Court and approval for a further waiver of procurement standing orders in order to extend the current contractual arrangements with Your Housing Group (YHG).

## **2.0 RECOMMENDATION: That the Board:**

- 1) agrees the revised service model as set out in the report;**
- 2) acting in accordance with Procurement Standing Order 1.8.3, agrees to waive Procurement Standing Orders Part 4.1 to enable an extension of the current contract and lease with Your Housing Group up to the 31<sup>st</sup> March 2016; and**
- 3) agrees the implementation of the previously agreed plans to refurbish the retained accommodation units, and to undertake the layout conversions.**

## **3.0 SUPPORTING INFORMATION**

3.1 This Council owned scheme comprises 31 units of self-contained accommodation laid out in 8 large bungalows, together with a separate office/administration block (see Appendix). It is used to house homeless families (as opposed to single persons) that are nominated exclusively by the Councils Housing Solutions Team.

3.2 Increasing vacancy levels at the scheme over the last 2 years have led to YHG incurring significant financial losses. As a consequence a number of reports have been submitted to Executive Board over the last year to vary the terms of the existing contract, first for the Council to forego the £50,000 per annum lease charge and more recently agreeing to under write up to 70% of income lost due to vacancies.

3.3 In order to develop a sustainable solution YHG and Council officers have been working to develop a revised service model, and

agreement has now been reached on a proposal which retains 24/7 staffing cover but at reduced overall cost.

- 3.4 The principal changes compared to current service delivery are:
- a restructure of the staffing establishment resulting in efficiencies
  - A scheme of 10 units rather than 31, with some conversion works required to the retained units to ensure an appropriate mix of one and two bed units.
  - A reduction in Supporting People grant requirement from £213,065 per annum to £140,731 (a £72,334 saving).
- 3.5 In addition it is suggested that four additional units (one block) be retained/mothballed. This would offer a contingency in the event that demand increased due to the continuing uncertainty around the impact of the Governments welfare reform programme. It should be noted however that the costs/income associated with these four units have not been factored into the proposed financial model.
- 3.6 The proposal is subject to the retained units being refurbished by HBC as originally planned as YHG have assumed reduced maintenance costs.
- 3.7 At its meeting on the 16<sup>th</sup> October 2014 Executive Board agreed to extend the present contract which expired on 5<sup>th</sup> October 2014 to the 31<sup>st</sup> March 2015, and the report suggested Board consider extending the contract for a further year to implement any new service model.
- 3.8 YHG have indicated they would in principle be agreeable to extending the contract to 31<sup>st</sup> March 2016 subject to the agreement of its Executive Team. This would give time to demonstrate the sustainability of the model prior to commencing a procurement exercise in the second half of 2015/16.
- 3.9 If the proposal is accepted then approximately one third of the site would be freed up for disposal, which would be the subject of a separate report in due course.
- 3.10 In conclusion it is recommended that the revised service model be agreed, the contract with YHG be extended to the 31<sup>st</sup> March 2016, and the previously planned improvement works be implemented together with the planned conversions.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 There are no policy implications arising from this report.

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 The financial model includes a 15% allowance for lost rent due to vacancies, and a requirement for the Council to fund rental loss above that threshold. The full £72,333 SP revenue saving will therefore only be realised if occupancy remains at 85% or higher. For illustration purposes if this rate was to fall to 70% then the cost to HBC would be £17,815.

5.2 Board has previously approved a capital budget of up to £347,000 to refurbish Grangeway Court but with a scheme of only 14 units the costs will be lower.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

### 6.1 Children & Young People in Halton

The development of a sustainable accommodation model at Grangeway Court will significantly reduce the risk of having to place families with children into unsatisfactory bed and breakfast accommodation.

### 6.2 Employment, Learning & Skills in Halton

None

### 6.3 A Healthy Halton

None.

### 6.4 A Safer Halton

The revised service model will enable continued support and refuge to be provided to vulnerable homeless families.

### 6.5 Halton's Urban Renewal

None

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

## 9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Part II Exec Board Report 12/07/12 - Homelessness Services	N/A	Commissioning Manager
Exec Board Report 05/09/13 – Homeless Accommodation Update	Runcorn Town Hall	Commissioning Manager
Exec Board Report 09/01/14 -	Runcorn Town Hall	Commissioning

Grangeway Court Variation to Contract Terms		Manager
Exec Board Report 16/10/14 – Grangeway Court Homelessness Service	Runcorn Town Hall	Commissioning Manager





<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	20 November 2014
<b>REPORTING OFFICER:</b>	Strategic Director, Communities
<b>PORTFOLIO:</b>	Community Safety
<b>SUBJECT:</b>	Anti-Social Behaviour across Housing Tenures
<b>WARD(S)</b>	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to inform the Board of the work that the Council undertakes to tackle anti-social behaviour and improve conditions in a range of housing tenures and highlight the new Council powers recently introduced.

2.0 **RECOMMENDATION: That the Board**

- 1) **note the content of the report and in particular paragraph 4.2.**
- 2) **delegate to the Strategic Director – Communities the right to exercise the Council’s functions under Part 4 Chapter 3 (closure of premises associated with nuisance or disorder etc.) of the Anti-social Behaviour, Crime and Policing Act 2014 other than those reserved to the Chief Executive or person nominated by the Chief Executive.**

3.0 **SUPPORTING INFORMATION**

3.1 Members will be aware that a range of reports relating to anti-social behaviour have previously been discussed at the Executive Board. In particular, focusing on private landlords and a range of issues surrounding homelessness.

3.2 **Housing Tenure in Halton**

3.2.1 Figures from the 2011 Census reveal that 4,752 households rent their home from a private landlord or letting agency. This equates to 8.9% of all households living in the Borough which (along with Knowsley) is the lowest proportion of private rented stock for all Merseyside and Cheshire authorities and the fourth lowest for all North West authorities. Registered Social Landlords (RSL) dwellings totalled 13,752 or 26% of the total stock, one of the

highest percentages in the north west due to the New Town.

3.2.2 Appendix A compares the size and growth of the private rented sector in Halton and neighbouring local authority areas between 2001 and 2011. As shown all areas experienced high levels of growth in this period. While Halton's growth at 157% is one of the highest it appears that those areas with the lowest proportions of private rented stock experienced the highest levels of sector growth. Over the same period RSL stock witnessed a 15% reduction, due in large part to sales and redevelopment at Castlefields, which reinforces the importance and increasing role of the private rented sector in meeting housing needs. Appendix A provides more information relating to other Boroughs as a comparison.

3.2.3 The vast majority of private landlords in Halton are responsible landlords who have a vested interest in maintaining their properties to a good standard and taking appropriate action against tenants who commit anti-social behaviour or breach other terms and conditions of their tenancy agreement. However, like other areas, there is a small minority of landlords whose properties do not meet minimum standards and/or whose management practices are poor. This can be equally attributed to Registered social landlords.

3.2.4 When issues do arise in the sector they tend to relate to one or more of the following problems:

- Private sector tenants living in poorly maintained properties;
- Poorly maintained empty properties;
- Tenants committing anti-social behaviour;
- Poor and/or illegal management standards;

These problems can be exacerbated if the landlord does not live locally, is difficult to trace and/or for whatever reason refuses to take appropriate action to address identified issues.

The following paragraphs describe the authority's current and planned approach to these issues.

### 3.3 **Tenants committing anti-social behaviour**

3.3.1 Private tenancies are, in the main, assured short hold tenancies which give the tenant the right to live in the property for a fixed period of time (usually 6 or 12 months). Following this period the tenancy reverts to a periodic tenancy which is automatically renewed usually on a month by month basis.

3.3.2 Landlords cannot evict an assured short hold tenant within the fixed term period without a reason (i.e. rent arrears or other breach of tenancy conditions), however, once the initial fixed term has expired

landlords can evict tenants relatively easily even if the terms of the tenancy have not been breached. Consequently private rented tenancies are less secure than most other tenancy types. Landlords do not have to include a term prohibiting unacceptable behaviour in their tenancy agreement, although in practice most tenancy agreements include this as standard.

3.3.3 The Community Safety team work closely with the Police and Youth Offending Team to take appropriate action under the Crime and Disorder Act 1998 and Anti-Social Behaviour Act 2003 against perpetrators of anti-social behaviour. Remedies have included issuing Anti-Social Behaviour Orders, Parenting Orders, injunctions and closure orders (but see below under the Anti-social Behaviour, Crime and Policing Act 2014 for the current position). The team also work closely with other relevant Council services such as the Inspiring Families project to tackle the issue and ensure that responses are appropriate and effective.

3.3.4 Where the perpetrator of anti-social behaviour is a private tenant the team will initially write to the landlord to inform them of the problem and offer advice and assistance as often the threat of being evicted from their home is enough to force the perpetrator to improve their behaviour. If the problems do persist the team will take appropriate action against the tenant.

3.3.5 A recent survey of private landlords revealed that around 35% of those responding to the survey had experienced problems with tenants causing anti-social behaviour and 72% had had problems with tenants paying the rent. It is clear from comments that by and large landlords are aware of the correct procedure to deal with these issues and are willing to use these procedures if they have to. Nonetheless there is scope to further promote the support offered by the Community Safety Team via the Private Landlords Forum and the "I am a Landlord" webpage.

#### 3.4 Anti-social Behaviour, Crime and Policing Act 2014: Reform of anti-social behaviour powers

The Government has recently introduced new legislative provisions to tackle Anti-Social Behaviour (ASB). The commencement date for most of the new ASB tools and powers was 20th October 2014. However, the provisions relating to injunctions are not yet in force. This Act introduces new powers that may be useful in dealing with problem premises.

Parts 1 to 6 of the ASB Crime and Policing Act 2014 has created new tools and powers that organisations are able to use in order to deal with anti-social behaviour in their communities thereby replacing a number of other existing tools and powers.

One of the purposes of the Act is to ensure that any response to anti-social behaviour is victim focussed. In light of this it is important to ensure that there is a co-ordinated approach to dealing with ASB so that local areas can meet the needs of victims of ASB.

3.5 Civil injunction (Part 1 of the Act)

The injunction under Part 1 of the Anti-social Behaviour, Crime and Policing Act 2014 is a civil power which can be applied for to deal with anti-social individuals. The injunction can offer fast and effective protection for victims and communities and set a clear standard of behaviour for perpetrators, stopping the person's behaviour from escalating.

3.6 Although the injunction is a civil power, it is still a formal sanction and many professionals will want to consider informal approaches before resorting to court action, especially in the case of under 18s. However, where informal approaches have not worked or professionals decide that a formal response is needed more quickly, they should be free to do so.

3.7 **Applicants**

3.7.1 A number of agencies can apply for the injunction to ensure that the body best placed to lead on a specific case can do so. These are:

- A local council;
- A housing provider
- The chief officer of police for the local area;
- The chief constable of the British Transport Police;
- Transport for London;
- The Environment Agency and Natural Resources Wales;
- NHS Protect and NHS Protect (Wales).

3.7.2 For anti-social behaviour in a housing context the nuisance or annoyance test will apply, that is, where the conduct is capable of causing nuisance or annoyance to a person in relation to that person's occupation of residential premises or the conduct is capable of causing housing-related nuisance or annoyance to any person. Only social landlords, local councils or the police will be able to apply for an injunction under these provisions in the legislation. In the case of social landlords only, "housing-related" means directly or indirectly relating to their housing management function.

3.7.3 The injunction can be applied for by the police, local councils and social landlords against perpetrators in social housing, the private-rented sector and owner-occupiers. This means that it can be used against perpetrators who are not even tenants of the social landlord who is applying for the order.

3.7.4 The injunction can also be used in situations where the perpetrator has allowed another person to engage in anti-social behaviour, as opposed to actively engaging in such behaviour themselves. For example, in a case where another person, such as a visitor or lodger, is or has been behaving anti-socially, the injunction could be used against the problem visitor, lodger or owner if applicable. An agency seeking to apply for the injunction must produce evidence (to the civil standard of proof, that is, 'on the balance of probabilities') and satisfy the court that it is both 'just and convenient' to grant the order.

### 3.8 **Closure Power** (Part 4 Chapter 3 of the Act)

3.8.1 The power comes in two stages: the closure notice and the closure order which are intrinsically linked. The closure notice can be used by the council or the police out of court. Following the issuing of a closure notice, an application must be made to the magistrates' court for a closure order, unless the closure notice has been cancelled.

#### 3.8.2 Closure Notice

Closure notices are very short term instruments (lasting up to 24 hours or 48 hours). They can be extended by the courts for a period of up to three months (which can be further extended to a maximum of six months) by the issue of closure orders. The purpose of closure notices is to prevent nuisance or disorder continuing at premises.

3.8.3 A closure notice may prohibit access (a) by all persons except those specified, or by all persons except those of a specified description; (b) at all times, or at all times except those specified; (c) in all circumstances, or in all circumstances except those specified. However, a closure notice may not prohibit access by (a) people who habitually live on the premises, or (b) the owner of the premises.

3.8.4 If a closure notice is issued it is mandatory that an application for a closure order be made to the magistrates' court. The grounds on which the court may make a closure order are wider than the grounds on which a closure notice may be served. These are (a) that a person has engaged, or (if the order is not made) is likely to engage, in disorderly, offensive or criminal behaviour on the premises, or (b) that the use of the premises has resulted, or (if the order is not made) is likely to result, in serious nuisance to members of the public, or (c) that there has been, or (if the order is not made) is likely to be, disorder near those premises associated with the use of those premises. Whatever the ground applied for the court must be satisfied that the order is necessary to prevent the

behaviour, nuisance or disorder from continuing, recurring or occurring.

3.8.5 It is also worth noting that (unlike a closure notice) a closure order may prohibit access by (a) people who habitually live on the premises, or (b) the owner of the premises.

3.9.1 The test

A closure notice can be issued for 24 hours if the council or police officer (of at least the rank of inspector) is satisfied on reasonable grounds:

that the use of particular premises has resulted, or (if the notice is not issued) is likely soon to result, in nuisance to members of the public; or

that there has been, or (if the notice is not issued) is likely soon to be, disorder near those premises associated with the use of those premises, and that the notice is necessary to prevent the nuisance or disorder from continuing, recurring or occurring.

3.9.2 The closure notice can be issued in the first instance for 48 hours or extended from 24 hours up to a maximum of 48 hours by the council's chief executive officer (head of paid service) or designate thereof, or by a police superintendent.

A closure notice may not prohibit access by:

- (a) people who habitually live on the premises, or
- (b) the owner of the premises,

3.9.3 The Community Safety Manager is currently developing a multi-agency protocol for the use of the new tools and powers.

3.9.4 The relevant delegations need to be put in place to enable the Council's functions to be exercised. The Chief Executive is designated under the Act to be the person who may sign a 48 hour notices or extend 24 hour notices and therefore requires no further authority. The Chief Executive is also authorised to designate a person who may also carry out the functions reserved to the Chief Executive under section 77(2)(b) and 77(4)(b) of the Act. However, a delegation from the Executive Board is required relating to (1) issuing 24 hour notices on behalf of the Council and (2) generally to carry out the functions of the Council relating to closure orders. Item ii) of the recommendation to this report will achieve these goals.

3.10 **Community Trigger** (Part 6 and Schedule 4 of the Act)

3.10.1 The Community Trigger is a process which allows members of the

community to ask the Community Safety Partnership to review their response to complaints of Anti-Social Behaviour. This expression is shorthand for the local involvement and accountability provisions in the Act.

3.10.2 Victims will be able to use the Community Trigger to request action, starting with a review of their case. Agencies including councils, the police, local health teams and registered providers of social housing will have a duty to undertake a case review when someone requests one and the case meets a locally defined threshold.

3.10.3 The Community Trigger can also be used by any person on behalf of a victim, for example a family member, friend, carer, councillor, Member of Parliament or other professional person. This is intended to ensure that all victims are able to use the Community Trigger. However, the victim's consent should be sought by the person using the Community Trigger on their behalf.

3.10.4 The Community Trigger can be used by a person of any age, and agencies should make it as accessible as possible to all victims.

### 3.11 **Community remedies**

3.11.1 Community remedies are matters for the police to deal with but the Council is involved (under section 101) as a consultee in the process of developing the 'community remedy document'. The community remedy document is a list of actions any of which might, in the opinion of the local policing body, be appropriate in a particular case to be carried out by a person who has engaged in anti-social behaviour or has committed an offence, and is to be dealt with for that behaviour or offence without court proceedings.

#### 3.11.2 **Reporting Thresholds**

A complainant has reported the same problem 3 or more times in the past 6 months to the Council, Police, or their Landlord, and inappropriate action has been taken in line with the relevant agencies policy and procedure.

Or

Different complainants have made reports about the same problem 5 times in the past 6 months to the Council, Police, or their Landlord, and inappropriate action has been taken in line with the relevant agencies policy and procedure.

#### 3.11.3 **What is not suitable for a trigger**

If someone has reported Anti-Social Behaviour and received a

service but the problems and the investigation are on-going;  
***They will be advised to contact the agency they are working with to tell them what is happening***

If someone has reported Anti-Social Behaviour and received a service but they're unhappy with the service received or action taken;  
***They will be advised to submit a complaint under the agency's complaints procedures***

3.11.4 **Response to complaints about anti-social behaviour.**

Section 104 is actually about the review of responses to complaints. In a case where a person has made a complaint about anti-social behaviour in a particular local government area, the relevant bodies in that area must carry out a review of the response to that behaviour (an 'ASB case review') if (a) that person, or any other person, makes an application for such a review, and (b) the relevant bodies decide that the threshold for a review is met. This is also being referred to as the 'community trigger'. The Council is a relevant body and ASB case reviews will be carried out jointly with other relevant bodies. Review procedures must be put in place. Section 105 provides that the relevant bodies (apart from the Council) are (1) the chief officer of police, (2) each clinical commissioning group within the area, and (3) any local providers of social housing who are among the relevant bodies by virtue of the co-option arrangements made in relation to the Council's area.

3.12 **Landlord Accreditation Scheme**

3.12.1 As well as the regulatory role of the local authority in enforcing minimum housing standards the Council also strives to drive up standards in the sector by encouraging landlords to apply for accredited status through the Landlord Accreditation Scheme. The scheme also aims to build positive relationships with private landlords. This is particularly important in helping the authority to prevent statutory homelessness and minimising the need to temporarily house homeless households in bed and breakfast accommodation resulting from the interim duty to accommodate while investigations are carried out which can present a drain on Council resources.

3.12.2 Halton's Landlord Accreditation Scheme has been in existence since June 2006 and was developed in conjunction with landlords who attend the Private Landlords Forum (see 3.7.12). The scheme is managed by the Landlord Accreditation Officer whose post is located in the Housing Solutions team. The Officer also has responsibility for overseeing the administration of the Bond Guarantee Scheme (BGS) described in 3.7.8.



3.12.3 The scheme is voluntary as are all accreditation schemes throughout the country (whether these accredit the landlord or the property). Legally landlords cannot be compelled to apply for accreditation and schemes are not intended to be used as an enforcement tool. While there is no statutory requirement for local authorities to operate accreditation schemes many do so as they recognise the benefits of building positive relationships with landlords and supporting them to understand and fulfil their responsibilities. There are many benefits to landlords who qualify for accreditation including opportunities to fast track benefit applications, insurance discounts, seminar invitations and general guidance and support.

3.12.4 Membership to the accreditation scheme currently stands at 48 members, covering 170 properties. The authority has also developed a Managing Agent Accreditation Scheme. Two local agents are currently going through the application process, collectively they have management responsibility for almost 330 properties. This is described in more detail below).

3.12.5 In order to qualify for accreditation, landlords must comply with two tests:

#### Property test

The landlord's portfolio of properties must meet the statutory minimum standard for housing. This is currently measured by the Housing, Health and Rating System which is a risk based evaluation tool which assesses 29 categories of hazard (see 3.4.3.1). Properties that are found to contain serious hazards (known as "category 1" hazards) do not meet minimum standards.

Of the 16 standards within the code for the scheme, 12 relate specifically to the property. Property standards are therefore key to the landlord achieving accredited status.

#### Landlord test

The landlord must be deemed to be a "fit and proper" person to rent properties. In deciding whether the landlord is a fit and proper person the Landlord Accreditation Officer takes into account:

- any previous convictions relating to violence, sexual offences, drugs and fraud;
- whether the landlord has broken any laws relating to housing or landlord and tenant issues;
- whether the landlord has been found guilty of unlawful discrimination; and
- whether the landlord has previously managed houses in multiple occupation that have broken any approved code of

practice.

- 3.12.6 On receiving an application for accreditation, the Landlord Accreditation Officer will notify Council departments who deal with complaints and enforcement. The notification includes a full disclosure of all properties listed on the application. This is likely to highlight if any “problem” properties have been omitted from a landlord’s application, although to date no landlords applying for the scheme have attempted to exclude any properties from their application. It will also help to identify whether the landlord is a “fit and proper” person to become an accredited landlord.
- 3.12.7 In most cases, the Landlord Accreditation Officer will then make arrangements to inspect all of the landlord’s portfolio of properties. If, upon inspection, only one of the properties fails to meet minimum standards the application for accreditation is rejected unless the landlord takes the necessary action required to bring that property up to standard. Consequently, the scheme contains a built in incentive for landlords to ensure that all their properties meet the required standards.
- 3.12.8 The Environmental Health team has recently installed new software which will enable the team to monitor complaints more effectively. This will be used to identify any hotspot areas. It is intended that officers will then undertake regular visits to hotspot areas to identify and take appropriate action against potential problem properties. The new system will also enable the team to promote their services more effectively by targeting identified hotspot areas.
- 3.12.9 The team were hoping to improve communications with landlords and tenants by creating dedicated “I am a landlord” and “I am a private tenant” webpages on the Halton BC website with links to the Home Page. The webpages will inform landlords and tenants of their rights and responsibilities and advise on appropriate services and how to access them.
- 3.12.10 The Council holds a database of known privately rented properties but not all properties are included. This can sometimes cause a delay in following up any problems as there is a need to trace the owner of the property via Land Registry for which there is a small fee. In order to minimise delays and the cost involved in this the team propose to develop a simple voluntary registration scheme for private landlords to register details of the properties they own. This would be advertised in the local press, Inside Halton and on the Council’s website. Although voluntary the scheme would be promoted in such a way that there is a clear expectation that landlords will voluntarily register their details.
- 3.12.11 The local authority has the power to investigate complaints of harassment and illegal eviction and to instigate court proceedings

on the tenant's behalf, however, complaints against private landlords tend to relate to the condition of the property rather than management issues such as harassment or illegal eviction. There have been a couple of cases that the Environmental Health team have started to follow up but, in both cases, the tenant withdrew the allegations.

4.0 **POLICY IMPLICATIONS**

4.1 A new policy for Closure Powers will need to be agreed as contained within this report.

4.2 Appendix B provides some case studies on how the team has tackled ASB and it is proposed that the Council and its partners utilise the new powers to target persistent problematic tenants. Work is underway to consider how the Council and its partners can use the powers as a deterrent mechanism.

5.0 **FINANCIAL IMPLICATIONS**

5.1 At this stage, the financial implications are outlined in the body of the report will not require additional financial resources.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

Research suggests that poor housing conditions can have an adverse impact on educational attainment.

6.2 **Employment, Learning & Skills in Halton**

None arising from this report.

6.3 **A Healthy Halton**

Poor housing conditions can have an adverse effect on health, consequently, improving the housing stock can bring about positive health benefits.

6.4 **A Safer Halton**

The safety of housing is a key consideration in assessing whether properties meet minimum standards.

6.5 **Halton's Urban Renewal**

Improving housing conditions has a positive effect on the visual appearance of neighbourhoods and a positive impact on climate change.

7.0 **RISK ANALYSIS**

7.1 Not applicable

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no equality and diversity issues arising from this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact Officer
Safer PPB Report: "Scrutiny Review of Anti-Social Behaviour in the Private Rented Sector" 13 <sup>th</sup> March 2012	Municipal Buildings	Strategic Director, Communities
Safer PPB Report: "Scrutiny Review of Anti-Social Behaviour in the Private Rented Sector" 13 <sup>th</sup> November 2012	Municipal Buildings	Strategic Director, Communities
Executive Board Report: "Scrutiny Review of Anti-Social Behaviour in the Private Rented Sector" 13 <sup>th</sup> December 2012	Municipal Buildings	Strategic Director, Communities

## Growth in the Private Rented Sector 2001 to 2011

Area	2001 Census			2011 Census			Growth in private rented sector 2001-2011 (number)	Growth in private rented sector 2001-2011 (%age)	Growth in number of households 2001-2011 (number)	Growth in number of households 2001-2011 (%age)
	Total households	Rented from a private landlord or letting agency (number)	Rented from a private landlord or letting agency (%age)	Total households	Rented from a private landlord or letting agency (number)	Rented from a private landlord or letting agency (%age)				
<b>Halton</b>	<b>47948</b>	<b>1843</b>	<b>3.8</b>	<b>53312</b>	<b>4752</b>	<b>8.9</b>	<b>2909</b>	<b>157.8</b>	<b>5364</b>	<b>11.2</b>
Warrington	78030	3294	4.2	85140	8683	10.2	5389	163.6	7110	9.1
Cheshire East	147144	9069	6.2	159441	18244	11.4	9175	101.2	12297	8.4
Cheshire West	132887	7554	5.7	141442	16021	11.3	8467	112.1	8555	6.4
<b>Total Cheshire</b>	<b>406009</b>	<b>21760</b>	<b>5.4</b>	<b>439335</b>	<b>47700</b>	<b>10.9</b>	<b>25940</b>	<b>119.2</b>	<b>33326</b>	<b>8.2</b>
Knowsley	60553	2282	3.8	61323	5488	8.9	3206	140.5	770	1.3
Liverpool	187865	23243	12.4	206515	44912	21.7	21669	93.2	18650	9.9
St Helens	72697	2865	3.9	75736	7056	9.3	4191	146.3	3039	4.2
Sefton	116847	8911	7.6	117930	14552	12.3	5641	63.3	1083	0.9
Wirral	133345	10827	8.1	140583	20636	14.7	9809	90.6	7238	5.4
<b>Total Merseyside</b>	<b>571307</b>	<b>48128</b>	<b>8.4</b>	<b>602087</b>	<b>92644</b>	<b>15.4</b>	<b>44516</b>	<b>92.5</b>	<b>30780</b>	<b>5.4</b>
<b>North West</b>	<b>2812789</b>	<b>215464</b>	<b>7.7</b>	<b>3009549</b>	<b>424667</b>	<b>14.1</b>	<b>209203</b>	<b>97.1</b>	<b>196760</b>	<b>7.0</b>
<b>England</b>	<b>20451427</b>	<b>1798864</b>	<b>8.8</b>	<b>22063368</b>	<b>3401675</b>	<b>15.4</b>	<b>1602811</b>	<b>89.1</b>	<b>1611941</b>	<b>7.9</b>

**Private Rented Sector Case Studies**

**Case studies for enforcement activity**

**Case study 1**

A three bedroomed property in Runcorn was reported to the Environmental Protection team as the tenants had not had hot water or heating for a couple of weeks, and the landlord wasn't assisting. There were two tenants at the property.

Officers visited the property and confirmed that there were issues. In order to resolve the matter quickly Officers contacted the landlord to advise that the work was required immediately. She failed to cooperate and took no action. Further discussions with the tenant confirmed that no works had been carried out.

A Statutory Notice was served on the landlord to require the works to be completed.

The landlord failed to comply with notice and no improvements were made therefore a decision was made to refer the matter to the Council's legal department. Consequently the landlord was prosecuted for failing to comply with the legislation and the magistrates imposed a fine. A new boiler has now been installed.

**Case study 2**

A sub-standard House in Multiple Occupation was brought to the team's attention by the Council Tax department. The landlords had been letting rooms in a commercial premise. There were issues with fire Safety and lack of facilities for the tenants. This was brought to the landlords' attention and they were advised of the standards that are expected in a House in Multiple Occupation.

The landlords worked closely with an Architect, Environmental Health and Building Control to ensure that the premises were refurbished quickly and to a high standard to ensure the safety of the tenants. New fire systems were installed, new windows and doors and the general lay-out altered which resulted improvements to facilities at the premises.

The works have now been completed and eight tenants are benefiting from the new facilities.

**Rent arrears**

Client A approached Housing Solutions as her property had become unaffordable due to a job loss. She was in receipt of Local Housing

Allowance, however her entitlement did not cover the full rent amount and so created a shortfall that was unmanageable (£60 per month). The tenant had been maintaining the rent but was beginning to struggle and so wanted help rehousing. A discussion with her landlord led her to believe he wasn't willing to negotiate on the rent. Having advised the landlord of our involvement with Client A and informing him of the local housing allowance rate he was willing to reduce the rent in order to make the shortfall more manageable and a new 12 month tenancy agreement has been signed.

### **Bond Guarantee Scheme**

Client B suffered a marital breakup and when the couple split the mortgaged property they owned was subject to repossession proceedings. Client B had custody of his three children, one of which recently became a mother herself creating a fourth dependent child within the household.

Client B approached the Council for assistance with his homeless situation. The quickest and most effective homeless prevention tool for this family was the Bond Guarantee Scheme (BGS). Client B was able to locate a property in the most convenient area for him and his children with regards to proximity to schools, family support network etc. The BGS provided the landlord with a bond and also set up direct payment of Local Housing Allowance, which helped in persuading the landlord to accept Client B despite his adverse credit history.

Client B and his family were in settled accommodation for 17 months, with no issues, however a change in the client's circumstances affected his benefits and resulted in a shortfall in the rental payments which he was unable to meet. As the client had come through the BGS, the landlord knew she could make contact with a designated officer within the Council at an early stage to highlight the issues. Contact was made with the tenant by this officer to gather further information. This was used in addition to the background information already held to make a referral to the welfare rights team. They were quickly able to use this information to work with Client B and ensure he was receiving the correct benefits he was entitled to, which in turn allowed him to get his rental payments back on track. The client and his family were therefore able to remain in the property and the tenancy is still continuing successfully to date.

**REPORT TO:** Executive Board

**DATE:** 20 November 2014

**REPORTING OFFICER:** Strategic Director, Policy & Resources

**PORTFOLIO:** Transportation

**SUBJECT:** Objections to proposed waiting restrictions on part of Cronton Lane, Widnes

**WARDS:** Farnworth

### 1.0 PURPOSE OF REPORT

- 1.1 To report on two objections which have been received following public consultation on a proposed Traffic Regulation Order to introduce 'At Any Time' waiting restrictions on part of Cronton Lane, Widnes. A plan and definition of the original recommendation is supplied in Appendix 'B'.
- 1.2 The report was considered by the Environment and Urban Renewal Policy and Performance Board (E&UR PPB) on 10<sup>th</sup> September 2014 and it supported a recommendation that the proposed waiting restrictions should be implemented.

### 2.0 RECOMMENDATIONS: That the Board agrees to make a Traffic Regulation Order to implement 'At Any Time' waiting restrictions on Cronton Lane, Widnes as listed in Appendix 'B', and the objectors be informed accordingly.

### 3.0 SUPPORTING INFORMATION

- 3.1 The request to introduce further waiting restrictions on Cronton Lane, extending those already in place adjacent to the shops at the east end of the route, has been the subject of three earlier reports to the Environment & Urban Renewal Policy & Performance Board (E&UR PPB). On 11<sup>th</sup> September 2013 (Item 21) an 18 name petition was reported, requesting that the existing "At Any Time" waiting restrictions at the east end of Cronton Lane be extended in effect as far as Hill View. The 18 Cronton Lane households represented on the petition accounted for the majority of the 21 properties fronting onto the lane between the western end of the existing waiting restrictions adjacent to the shops and the Hill View junction.
- 3.2 The E&UR PPB resolved that wider consultation should be carried out to seek views on the proposal from the surrounding area, this was carried out and the results reported to the E&UR PPB on 26<sup>th</sup> March 2014 (Item 47). It was resolved that the necessary steps be taken to introduce a Traffic Regulation Order to implement "At Any Time" waiting restrictions on both sides of Cronton Lane, Widnes, extending from its junction with Lunts Heath Road/Birchfield Road to Hill View.
- 3.3 The formal consultation to introduce such restrictions has now been undertaken and two objections have been received from residents of properties fronting the affected area. The letters of objection with name and address identification removed are attached as Appendix 'A', with a drawing and schedule for the proposed restrictions also attached as Appendix 'B'. These objections were considered by the E&UR PPB on 10<sup>th</sup> September 2014 and the Board supported a recommendation that the proposed waiting restrictions should be implemented.



- 3.4 Objection 1: This letter of objections sets out a series of points (*objectors points in italic text*):
- 1) *Parking problems along Cronton Lane most often occur between 5.00pm and 7.00pm Monday – Friday. At other times there are relatively few issues. As previously reported to the E&UR PPB (Item 21, 11<sup>th</sup> September 2013) the original petition request for waiting restrictions from residents of Cronton Lane between Lunts Heath Road and Hill View was for “At Any Time” restrictions though site observations do indicate that late afternoon/early evening period is a busy time at the shops, naturally producing a higher level of demand for parking space than at other times of the day.*
  - 2) *Belief that the main complaint from residents on Cronton Lane expressed through the original petition was concerned with inconsiderate parking and that the introduction of “Any Time Parking” restrictions will not deter motorists. The petition requesting the proposed waiting restrictions was clear in favouring “At Any Time” double yellow lines which would be the responsibility of Cheshire Police to enforce.*
  - 3) *It is unrealistic to expect the Police to provide high levels of attendance and enforcement through the busy part of each day between 5.00 and 7.00pm. Whilst the Police would be requested to provide enforcement of any restrictions, with special attention being given when they are first introduced, it is not unreasonable to expect this enforcement to deliver amongst regular users of the shops an understanding that there is a good risk of receiving a penalty notice for parking on the yellow lines, without having to have Police attendance each day. Cheshire Police are unable to produce figures for the number of parking offences recorded over the past two years on Cronton Lane.*
  - 4) *Inconvenience for residents. This is an unfortunate side-effect of any parking restrictions which will apply equally to residents and visitors alike and it is a factor that residents will have considered for themselves in relation to their own circumstances.*
  - 5) *The proposed restriction would prevent visitors from parking outside homes when visiting and parking elsewhere could generate complaints from adjoining areas because of this displacement. It is correct that parking displacement would occur. Visitors would need to park at least 100 metres further away from properties near the shops than is presently the case, if no space was available on their host’s driveways. However, as evidenced in the original petition requesting the extended waiting restrictions (see para. 3.1 above) most residents evidently accept this situation as an inconvenience worth tolerating and the vehicles so displaced would be unlikely to create a knock-on problem elsewhere. Disabled badge holders are entitled to park on waiting restrictions for up to three hours provided their vehicle does not cause an obstruction.*
  - 6) *Motorists visiting the [Cronton Lane] shops will need to seek alternative parking e.g. Norlands Lane, potentially causing fresh complaints. The proposed restrictions extend only as far west as Hill View, requiring visitors to park only approximately 100 metres further away from the shops. There is normally adequate on-street parking space available in Hill View or Norlands Lane which should not inconvenience residents of these roads.*
  - 7) *The shops along Cronton Lane are a resource and the introduction of “Any Time Parking” restrictions could adversely affect their trade. The immediate area of the shops already has ‘At Any Time’ waiting restrictions; the current proposal seeks only to extend these to Hill View as per the attached drawing in Appendix ‘B’. No objections have been received from the retail premises during the formal advertising period associated with the ‘At Any Time’ waiting restriction consultation.*
- 3.5 Objection 2: This objection is concerned mainly with enforcement issues and the

inconvenience that the proposed restriction would cause to residents. Asserting that the lack of enforcement action in the area of the existing waiting restrictions outside the Cronton Lane shops means that drivers tend to disregard them, the objector believes that extending the existing restrictions would serve little purpose apart from causing severe inconvenience to adjacent residents. The objector puts forward alternative enforcement methods.

- 3.6 If introduced, Cheshire Police would be requested to carry out rigorous enforcement action on Cronton Lane in order to re-educate highway users not to park on the waiting restriction lines. A standard exemption exists in a No Waiting restriction of this type that allows drivers, including residents of course, to park on the restrictions provided that they are actively engaged in loading/unloading their vehicles.
- 3.7 In view of the petition received earlier in the year, which was considered by the Environment & Urban Renewal Policy & Performance Board on 26<sup>th</sup> March 2014 and having considered the objections, it is requested that the proposed waiting restrictions should be implemented to address the problems currently being experienced.

#### **4.0 CONSULTATION**

- 4.1 The ward councillors for Farnworth have been consulted and support the recommended actions. Cheshire Police have been consulted and have raised no objections to the proposal.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 The total cost of introducing the requested waiting restrictions would be approximately £1,000. This would be met from the annual traffic management revenue allocations.

#### **6.0 OTHER IMPLICATIONS**

- 6.1 There are no direct policy, social inclusion, sustainability, value for money, legal or crime and disorder implications resulting from this report.

#### **7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### **7.1 Children & Young People in Halton**

There are no direct implications on the Council's 'Children and Young People in Halton' priority.

##### **7.2 Employment, Learning & Skills in Halton**

There are no direct implications on the Council's 'Employment, Learning & Skills in Halton' priority.

##### **7.3 A Healthy Halton**

There are no direct implications on the Council's 'A Healthy Halton' priority.

##### **7.4 A Safer Halton**

The proposed waiting restrictions could serve to prevent obstruction and protect sightlines for pedestrians, cyclists and drivers alike.

##### **7.5 Halton's Urban Renewal**

There are no direct implications on the Council's 'Employment, Learning & Skills in Halton' priority.

## **8.0 RISK ANALYSIS**

- 8.1 There is a variable and uncertain road safety risk associated with not introducing these requested waiting restrictions, the degree of risk depending on the degree to which drivers would continue to park so as to obstruct the footpath, carriageway, desire lines and sight lines along Cronton Lane.

## **9.0 EQUALITY & DIVERSITY ISSUES.**

- 9.1 There are no direct equality and diversity issues associated with this report.

## **10.0 BACKGROUND PAPERS**

- 10.1 Report to Executive Board Sub- Committee 7<sup>th</sup> December 2006 - Proposed Zebra Crossing – Cronton Lane, Widnes
- 10.2 Report to Environment & Urban Renewal Policy & Performance Board, 11<sup>th</sup> September 2013 (Item 21) - Petition requesting the introduction of bollards and waiting restrictions to prevent parking on part of Cronton Lane, Widnes.
- 10.3 Report to Environment & Urban Renewal Policy & Performance Board, 26<sup>th</sup> March 2014 (Item 47) - Consultation results re: request for waiting restrictions to prevent parking on part of Cronton Lane, Widnes.
- 10.4 Report to Environment & Urban Renewal Policy & Performance Board, 10<sup>th</sup> September 2014 (Item 20) - Objections to proposed waiting restrictions on part of Cronton Lane, Widnes.

**OBJECTION 1**

09 June 2014

**Re: Proposed Waiting Restrictions, Cronton Lane Widnes**

Dear Mr Parr,

I am writing with regards to a letter I received from Halton Borough Council dated 30<sup>th</sup> May 2014, informing me of a proposal by the Council to implement "At Any Time" waiting restrictions on Cronton Lane.

I was informed in the letter that any objections to the proposals, together with the grounds on which they are made, must be sent in writing to you, by 04<sup>th</sup> July 2014.

Whilst I welcome and appreciate the fact that the Council has taken seriously the concerns of some residents about parking along Cronton Lane, I believe the proposal to introduce "At Any Time" waiting restrictions to be a gross over reaction and akin to using a very big mallet to crack a rather small nut.

I understand one of the most common complaints from homeowners along this stretch of road is to do with motorists who park across driveways and I can appreciate from my own experience how annoying this is. However it is a relatively rare occurrence and I am sure there are more appropriate alternatives to consider which tackle the issue of parking, whilst at the same time avoids causing significant other problems for homeowners and businesses along this road e.g. a white line across the driveways or a resident parking permit which can also be given to family and friends when they visit.

I have set out below a list of my objections and my reasons for them:

- 1) Any problems caused by motorists parking along Cronton Lane most often occur between 5.00pm and 7.00pm Monday – Friday. At all other times of the day and night there are relatively few, if any, issues caused by the parking of motorists.
- 2) I believe the main complaint from residents on Cronton Lane which instigated the consultation, was concerned with the inconsiderate parking of motorists when visiting the shops on the junction of Cronton Lane and Norlands Lane e.g. parking across driveways. I do not believe the introduction of "Any Time Parking" restrictions will deter motorists who are responsible for the issues raised by residents from continuing to park in the way that they do now. The existing parking restrictions certainly don't deter most motorists from parking where they want to i.e. along the double yellow lines and I fail to see how "At Any Time" parking restrictions will fare any better. I have photographs which clearly show this to be the case and I am sure a Council officer would be able to determine this for him/herself, were s/he to visit the junction between 5pm and 7 pm on a weekday.
- 3) In the years I've lived on Cronton Lane, I've yet to see any enforcement of the existing parking regulations along the road and I don't believe new restrictions would be any better enforced. This isn't a criticism of the police, as they would need to have a police officer on duty each day between 5.00pm and 7.00pm to have any effect; and that would be an unrealistic expectation. I am happy to be challenged on this assumption, for example perhaps you could tell me how many traffic penalty notices have been issued by Cheshire Police to motorists of cars parked illegally along this road over the last 2 years.

- 4) I believe the only people who will be affected by the introduction of an "At Any Time" waiting restriction are the home owners along Cronton Lane; myself included. For reasons I have previously given, it will be mostly the homeowners on Cronton Lane who abide by the "Any Time Waiting" restriction even though it is not the home owners who cause the problems. So although the Council will be seen to have taken steps to address the residents' complaint about parking, those steps will in fact have done nothing to resolve them.
- 5) The proposed restriction would prevent visitors e.g. family and friends from parking outside the homes when visiting. Visitors would instead have to park somewhere else, such as outside the homes of residents where the restrictions did not apply e.g. further along Cronton Lane or on Norlands Lane. This could potentially cause those home owners to complain to the council, so starting the process all over again.
- 6) Any motorist visiting the shops who does abide with the parking restrictions is likely to seek out an alternative place to park and will no doubt choose the closest next available road e.g. Norlands Lane. This could potentially cause the home owners along this road to complain to the council, so starting the process all over again.
- 7) The shops along Cronton Lane are regarded as a much valued community resource by people living in the area and the introduction of "Any Time Parking" restrictions could adversely affect their trade. Times are hard enough for small businesses and I am sure the Council would not want to be seen to be putting obstacles in their way; even if it was inadvertent.

I hope that my objections are given serious consideration by the Council before a final decision is made on this matter and that the option which is chosen has the full support and backing of both the residents and businesses along Cronton Lane.

Regards,

**OBJECTION 2**

**RE: Proposed no waiting along Cronton Lane.**

This is the second time that I have objected to these plans, the first objection has somehow been lost.

My objection regarding the no waiting at anytime is due to the fact that currently there are double yellow lines in place outside of the shopping area and for a few metres up the Lane. Currently these lines are completely ignored and observed by very few drivers, these include mainly delivery drivers but also people visiting the shops during specific times of day ie breakfast, lunch and dinner time. This does not affect the entire road. Nor is it an issue all of the time. Recently there was even a fire engine parked on these lines whilst the firemen were buying their lunch in the chip shop. Regrettably I did not have my phone on me to photo evidence this, however it is not the first time. If the emergency services are unwillingly to respect the no waiting at any time lines currently in place what hope have we got that anybody else will?

In my opinion the issue is not having yellow lines put down, the issue is having these rules enforced. I have lived here for over 2 years now and have never observed PCSO's patrolling the Lane (which would also deter some of the anti social behaviour and drunken teenagers at the weekend, however that is another matter entirely) or police moving people on who are parked illegally. In fact I regularly observe the police driving around said cars. I find it extremely frustrating that both the council and some residents seem to think that this is the solution to the problem. I have 2 very young children, both under 3 and I often have to park on the road to get the children in and out of the cars, as do my parents who child mind for me. Double yellow, no waiting at anytime lines, would be an incredible inconvenience for us all day every day, not simply for a few hours each day. Equally, as a 2 car household, we regularly need to swap cars for work the following day. We currently do this by leaving 1 car on the road. This would become a logistical nightmare if we had to park up Hill View in order to simply swap the cars.

Having read the minutes from the previous council meeting. I read a letter that was presented to the council from The Cronton Lane Residents. I would like to make it extremely clear here that we were not shown this letter, nor asked to contribute or agree to what was in the letter and so I would like to know who sent you that letter because I am certainly not happy for them to speak inaccurately on my behalf.

My suggestion would be to install cameras or have people (police/PCSO/traffic wardens) visibly fining vehicles or moving them on. I have no doubt that whether you put down the double yellow lines or not, in the future you will end up paying for further deterrents anyway because double yellow lines don't currently work, it is a ridiculous idea to think that painting them further up the Lane will deter people and make the problem go away.

Regards



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**Proposed 'At Any Time'  
 Waiting Restrictions  
 Cranton Lane &  
 Hill View**  
 Scale: NTS Date: Aug 2014  
 Drawn: SJ Dra. No 9084

**Details of Proposed Order**

[a] Type: "At Any Time" Waiting Restrictions

[b] Details:

<b>Road</b>	<b>Details</b>	<b>Extent of Restriction</b>
Cronton Lane	Both sides from its junction with Norlands Lane/Lunts Heath Road to a point 12 metres west of the centre of its junction with Hill View.	At any time
Hill View	Both sides from its junction with Cronton Lane to a point 12 metres south of the southern kerb line of Cronton Lane.	At any time

[c] Associated revocations: The Halton Borough Council (Cronton Lane, Widnes) (Prohibition of Waiting) Order, 2002

[d] Exemptions: Standard.

[e] Statement of Reasons: To prevent obstructive parking on Cronton Lane, caused mainly by drivers visiting nearby Cronton Lane shops.

[f] Plan: Drg. no. 9084.

[g] Date to be advertised: ASAP.

[h] Date to be effected: ASAP.

[i] Advertising code: 2050 1625 W041.



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