



**Safer Policy and Performance Board**

**Tuesday, 11 November 2014 at 6.30 p.m.  
Civic Suite, Town Hall, Runcorn**



**Chief Executive**

**BOARD MEMBERSHIP**

<b>Councillor Dave Thompson (Chairman)</b>	<b>Labour</b>
<b>Councillor Darren Lea (Vice- Chairman)</b>	<b>Labour</b>
<b>Councillor Susan Edge</b>	<b>Labour</b>
<b>Councillor John Gerrard</b>	<b>Labour</b>
<b>Councillor Robert Gilligan</b>	<b>Labour</b>
<b>Councillor Valerie Hill</b>	<b>Labour</b>
<b>Councillor Martha Lloyd Jones</b>	<b>Labour</b>
<b>Councillor Paul Nolan</b>	<b>Labour</b>
<b>Councillor Margaret Ratcliffe</b>	<b>Liberal Democrat</b>
<b>Councillor Pauline Sinnott</b>	<b>Labour</b>
<b>Councillor Geoff Zygadllo</b>	<b>Labour</b>

*Please contact Lynn Derbyshire on 0151 511 7975 or e-mail [lynn.derbyshire@halton.gov.uk](mailto:lynn.derbyshire@halton.gov.uk) for further information.*

*The next meeting of the Board is on Tuesday, 20 January 2015*

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

**Part I**

<b>Item No.</b>		<b>Page No.</b>
<b>1. MINUTES</b>		
<b>2. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS)</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.	
<b>3. PUBLIC QUESTION TIME</b>		<b>1 - 3</b>
<b>4. SSP MINUTES</b>		<b>4 - 10</b>
<b>5. DEVELOPMENT OF POLICY ISSUES</b>		
(A) OPERATION EMBLEM		11 - 21
(B) HALTON ALCOHOL STRATEGY: REDUCING ALCOHOL-RELATED HARM ACROSS THE LIFE COURSE, 2014-2019		22 - 94
(C) MISCHIEF NIGHT/ BONFIRE NIGHT		95 - 96
(D) THE ROLE OF THE RNLI		97 - 107
(E) ASB NEW TOOLS AND POWERS		108 - 112
(F) DRAFT DOMESTIC ABUSE SCRUTINY REVIEW REPORT		113 - 155

*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.*

**REPORT TO:** Safer Policy & Performance Board

**DATE:**

**REPORTING OFFICER:** Strategic Director, Corporate and Resources

**SUBJECT:** Public Question Time

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

### **1.0 PURPOSE OF REPORT**

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

**2.0 RECOMMENDED: That any questions received be dealt with.**

### **3.0 SUPPORTING INFORMATION**

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
  - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
  - Is defamatory, frivolous, offensive, abusive or racist;
  - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
  - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

#### **4.0 POLICY IMPLICATIONS**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

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

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

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

7.1 None.

**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.

**REPORT TO:** Safer Policy and Performance Board  
**DATE:** 11 November 2014  
**REPORTING OFFICER:** Chief Executive  
**SUBJECT:** Specialist Strategic Partnership minutes  
**WARD(s):** Boroughwide

### **1.0 PURPOSE OF REPORT**

The Minutes from the last Safer Halton Partnership meeting, which are subject to approval at the next meeting of the Safer Halton Partnership, are attached for consideration.

**2.0 RECOMMENDATION:** That the minutes be noted.

### **3.0 POLICY IMPLICATIONS**

3.1 None.

### **4.0 OTHER IMPLICATIONS**

4.1 None.

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

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

None.

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

None.

#### **5.3 A Healthy Halton**

None.

#### **5.4 A Safer Halton**

None.

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

None.

**6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

**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.

**SAFER HALTON PARTNERSHIP**

*At a meeting of the Safer Halton Partnership Wednesday, 14 May 2014 The Board Room - Municipal Building, Widnes*

Present	M. Andrews S. Bell K. Bennett D. Cargill J. Duff D. Gordon S. Henshaw A. Jones D. Parr C. Patino N. Sharpe E Sutton- Thompson J. Williams	Community Safety Public Health Cheshire Police Police Crime Panel Faith Representative Community Safety Cheshire Fire and Rescue Service Democratic Services Chief Executive Catering, Cleansing and Stadium Services Halton Housing Trust Policy & Performance, Communities  Commissioning - Learning Disability, Autism and Transition
---------	--	---

*Action*

SHP26 WELCOME & INTRODUCTIONS

David Parr welcomed everyone to the meeting and the following apologies were noted: Sarah Boycott (represented by Kevin Bennett), Lorraine Crane, Dwayne Johnson (represented by Chris Patino), Deana Perchard and Gareth Jones.

SHP27 MINUTES OF THE LAST MEETING / MATTERS ARISING

The minutes of the last meeting were agreed as a correct record.

SHP28 ANTI SOCIAL BEHAVIOUR REFORMS

Mike Andrews, Community Safety Manager, Halton Borough Council, presented the *Anti-Social Behaviour Reforms* to the Partnership.

Following a public consultation in 2011 which included practitioners and victims views, a White Paper was published in May 2012 titled '*Putting Victims First: More effective responses to anti-social behaviour*'.

The key points of the White Paper explained that the

current set of tools did not provide the flexibility that practitioners required to deal with ASB quickly and effectively. Additionally it stated that there needed to be more of a focus on the impact of ASB on victims (especially repeat or vulnerable victims). It also stated that victims were best supported when responses were quick and effective and that using the MARAC to drive a multi-agency approach to managing high risk cases was needed.

The reforms were initially presented at the National Community Safety Network in February 2013. The presentation went on to explain how the reforms would:

- Streamline the toolkit;
- Tackle problem individuals; and
- Tackle environmental ASB.

It also covered:

- Police powers to disperse – members discussed the ‘likely to commit’ scenario;
- Mandatory Possession;
- Empowering communities – members discussed ‘community trigger reviews’; and
- Empowering victims

It was noted that the legislation would be introduced as soon as possible but in the meantime the current powers would remain in force.

The presentation would be sent to members of the Partnership for information.

## SHP29 TASK GROUP UPDATES

The Partnership received the following Task Group Updates:

- a) Alcohol Harm Reduction Group – The Wine Bar, Barley Mow and Simms Cross had all received warnings last quarter. The Raj Tandoori had undergone a licencing operation with UKBA where it was discovered there were 9 illegal workers employed there; they had since had their licence revoked. A passive drug dog operation took place on 24 January resulting in individuals being arrested in three different venues for possession of Class A drugs and one with cannabis. The *Pub Watch* scheme’s first meeting in Runcorn was held at the Ferry Boat in April. No intelligence had been

Simon Bell  
Michael Andrews

received regarding potential for problems during the world cup; however it was commented that domestic violence repeat offenders would receive visits prior to this starting.

- b) Quarterly Alcohol Update – Under 18's admission numbers were dropping however numbers of females with liver disease was on the increase. Only 1/3 of referrals from the alcohol liaison nursing services at Whiston and Warrington actually attended their appointments. Social marketing aimed at schools in Halton was being prepared which would use a different approach to the one previously, using the positives of not drinking rather than the negatives of drinking.

Simon tabled the LAAA quarterly Progress report. It was noted that some of the objectives in the report were already being done in Halton. The action plan being developed would target the causes and culture of alcohol abuse and would focus on helping people to make better lifestyle choices. This would involve more work within the community working closely with RSL's, faith representatives, social workers and community workers etc.

Partners were requested to prioritise the alcohol agenda and provide feedback regarding the LAAA to Simon Bell. It was agreed that Simon and his colleague Elspeth Anwar would present an update on the LAAA at the next SHP meeting in September 2014.

- c) Anti-Social Behaviour – Year end data showed a 1.1% reduction overall on last year. It was commented that new data and intelligence around mini motos was available and would be reviewed by Police. Partners would be updated at the next meeting. Ops Mode and Partnership T&C were working on profiles associated with Dundalk Road, ASDA, Stewards Avenue and Liverpool Road.

Noted that Neighbourhood Resolution Panels had struggled to get referrals but the programme would still be rolled out. The Grange had been selected to receive a one off grant of £30,000 from the PCC for community projects. It was the people of the Grange Ward who would decide how the money was spent. It was commented that it would be helpful if the Partnership could receive a briefing on this

investment by the Commissioner at the next meeting.

- d) Domestic Abuse – The percentage of repeat victims remained fairly stable in Halton. The PCC had agreed to fund a one year pilot at Warrington Hospital whereby a qualified IDVA would be present at the hospital. Warrington Domestic Abuse Partnership would work in collaboration with Halton Domestic Abuse Forum.

The Domestic Violence Disclosure Scheme (DVDS) – ‘Clare’s Law’ was introduced by Cheshire Constabulary on 6 March 2014.

- e) Substance Misuse – Halton was first for effective engagement rate in the NW with 95% for problem drug users (PDU’s). For all drug users 18+, Halton had the highest engagement in the North West at 94%. These figures were improvements on last year’s 90% and 93% respectively. However Hep C positive tests had increased to 67% in quarter 3 of this year.

The Police had recently worked closely with CRI producing some positive results. It was noted that CRI management were encouraging a culture of integrated working.

- f) Partnership Tasking & Co-ordination – Overall crimes were down on quarter 3 but profile areas at Stewards Avenue / Dundalk Road remained busy, mainly with issues relating to off road motorcycles. Two respect weeks were planned in the summer during the school holidays, one in Runcorn and one in Widnes. Community Safety Officers reported that a presentation was made to the LSP regarding organised crime in Halton. It was suggested that a Halton multi-agency strategy should be developed alongside partnership groups that could be called upon following any serious crime activity.
- g) Hate Crimes & Community Tensions – Decreases in numbers were reported for quarter 4 with verbal abuse forming the most common complaint.

#### SHP30 POLICE & CRIME COMMISSIONER

Mike Andrews advised that the PCC had agreed targets and funding for next year.

SHP31 POLICE & CRIME PANEL (PCP)

Dave Cargill, Chairman of the PCP, advised the Partnership that Mr Simon Byrne had now been appointed as the new Chief Constable for Cheshire who would take up his post in June.

The PCP had hosted an open day in Winsford on 11 April 2014 and the PCP members attended Police HQ in Winsford to observe the PCC on 30 April 2014.

The Police Crime Panel's Annual General Meeting would be held at the end of June 2014.

SHP32 ITEMS FOR INFORMATION

The following documents were noted for information:

1. Widnes Blue Lamp Report;
2. Runcorn Blue Lamp Report;
3. Process Evaluation of the Neighbourhood Justice Panels; and
4. Briefing on Effective Responses to Women Offenders.

*Meeting ended at 11.53 a.m.*

**REPORT TO:** Safer Policy & Performance Board  
**DATE:** 11 November 2014  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Community Safety  
**SUBJECT:** Presentation: Operation Emblem  
**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide update on Operation Emblem to the Safer Policy and Performance Board.

2.0 **RECOMMENDATION: That the report be noted.**

3.0 **SUPPORTING INFORMATION**

3.1 To provide an update on the results on the ongoing pilot around mental health triage joint patrols.

4.0 **POLICY IMPLICATIONS**

4.1 No policy implications.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 No financial implications.

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

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 **There are no Equality and Diversity issues associated with this report.**

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

None under the meaning of the Act.

# a better view...

Operation Emblem Street Triage: *A partnership approach*

**John Heritage,**  
Divisional Director

**Inspector Kate Woods,**  
Strategic Lead Mental Health



**A Better View...** *of mind & body*

# The issue

- Increasing use of Section 136 of the Mental Health Act across Cheshire
- Poor experience for those needing support
- Significant inter-agency tension and political anxiety
- Resources being deployed in the wrong place for the wrong reason

# Section 136 Mental Health Act

*"...a person who **appears** to be suffering from mental disorder and to be in immediate need of care or control..... remove that person to a place of safety"*

- Police Power of Arrest
- ‘Disclosable’ on an enhanced DBS

# Demand



Local Authority	2012	2013	2014**
Cheshire West	143	172	85
Cheshire East	101	128	79
Warrington	107	120	46
Halton	92	93	21

# Impact of the demand

	HALTON	WARRINGTON	EAST	WEST
<b>Average duration</b>	7 hours	6.5 hours	6.5	6.5
<b>% taken to Police Custody</b>	42 %	28 %	16%	4%
<b>Detained</b>	39%	30%	32%	30%
<b>Total Cost</b>	£216, 000	£172,000	£156,220	£203,360

# The solution

- Pragmatic solution focused approach;
- ‘Can do’ and ‘will do’ approach
- Evidence from other areas
- Operation Emblem born

# Street Triage (Operation Emblem)



- Provides an immediate response to situations that would benefit from intervention of Mental Health Services;
- Improve the outcomes through appropriate early intervention referrals;
- Reduce the number of inappropriate S136 detentions;
- The ability to have access and review 'live time' Care Plans

# Outcomes: December 2013 – now

- 649 incidents have been attended over 247 shifts
- 145 x potential 136 arrests (67 in total carried out)
- Team on duty for 78 - intervention led to 8 arrests
- Out of the 8 sectioned by the team ALL were detained (eventually!)

# Some other outcomes

- Extended until March 2015 with wider coverage (7 days per week) with partnership funding;
- Multi-agency training;
- National and Regional attention: impact and partnership approach;
- Enrich with other agency involvement



**REPORT TO:** Safer Halton PPB

**DATE:** 11<sup>th</sup> November 2014

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Community Safety

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

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.

2.0 **RECOMMENDATION that:**

- 2.1
- **The Board note the contents of the report; and**
  - **The Board supports the strategy outcomes, objectives, and actions**

3.0 SUPPORTING INFORMATION

3.1 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**

3.2 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.

3.3 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.

3.4 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, objectives and priorities**

- 3.5 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.



- 3.6 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.

- 3.7 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)

- 3.8 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)

- 3.9 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. It is based on 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.
- 3.10 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.
- 3.11 The strategy will be presented to the following boards for further input and discussion:
- Health and wellbeing Board
  - Safer Halton Partnership Board
  - Children's Trust Board
  - Halton Clinical Commissioning Group Executive Board
  - Executive Board

## **4.0 POLICY IMPLICATIONS**

- 4.1 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.

## **5.0 FINANCIAL IMPLICATIONS**

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.

## **6.1 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **6.1 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.

### **6.2 Employment, Learning & 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.

### **6.3 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.

#### **6.4 A Safer Halton**

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

#### **6.5 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.

### **7.0 RISK ANALYSIS**

- 7.1 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.

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

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

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

- 9.1 A) Draft Alcohol Strategy: Reducing alcohol-related harm across the life course, 2014-2019  
B) Draft Alcohol strategy Action Plan, 2014-15

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

---

**2014-19**



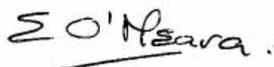
## Foreword

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.



*E 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**

**Contents**

Foreword..... 1

Executive Summary..... 3

Introduction ..... 4

Our Vision, Outcomes and Objectives ..... 5

Strategy development process ..... 6

    Strategy consultation and engagement..... 6

Policy Context ..... 7

    National policy context ..... 7

    Local policy context..... 9

What works to reduce alcohol-related harm?..... 10

Alcohol-related harm in Halton ..... 13

Taking action across the life course..... 14

Alcohol related harm across the life course ..... 15

    1. Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years..... 16

    2. Growing well: Reducing alcohol related harm in school age children in Halton ..... 22

    3. Living well: Reducing alcohol related harm in working age adults..... 29

    4. Ageing well: Reducing alcohol related harm in older adults ..... 36

    5. Keeping our local communities safe from alcohol-related harm ..... 41\_Toc401307803

Strategy delivery ..... 48

How will we measure success? ..... 49

## 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**:

4. Reduce alcohol-related health harms
5. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
6. 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.

---

<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

---

<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.

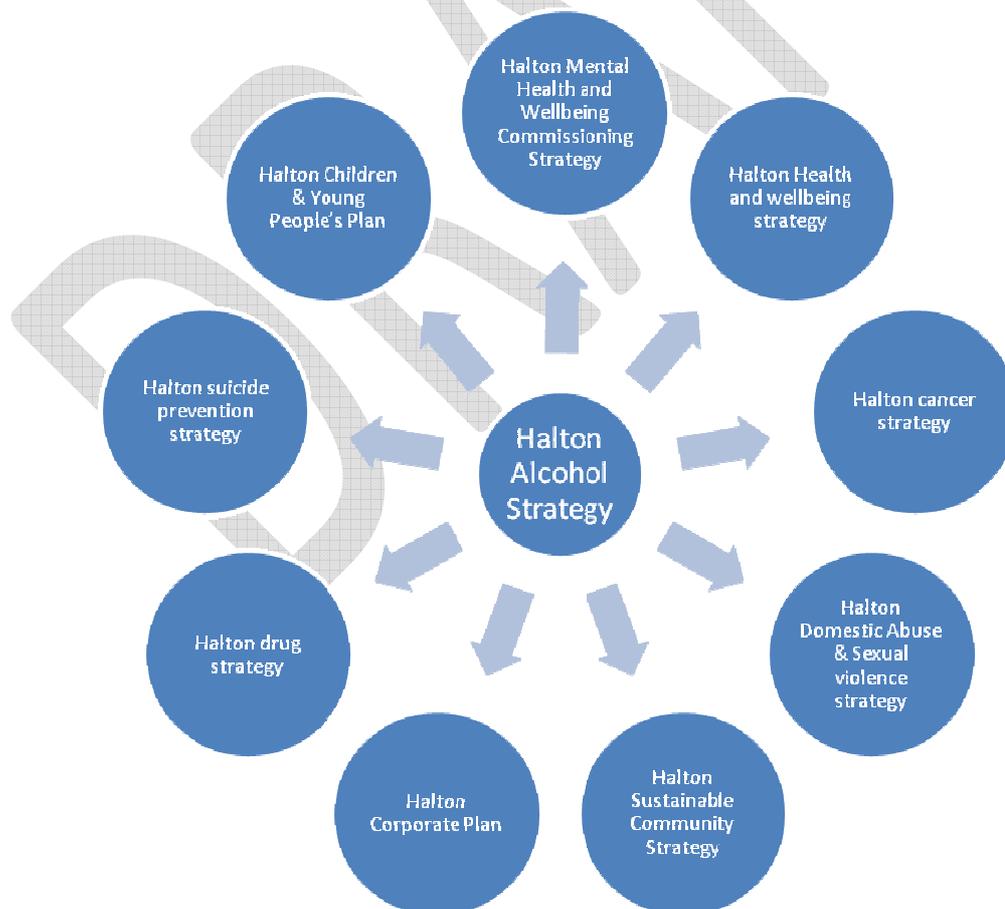
### Local Alcohol Action Area

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

---

<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>.

---

<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**

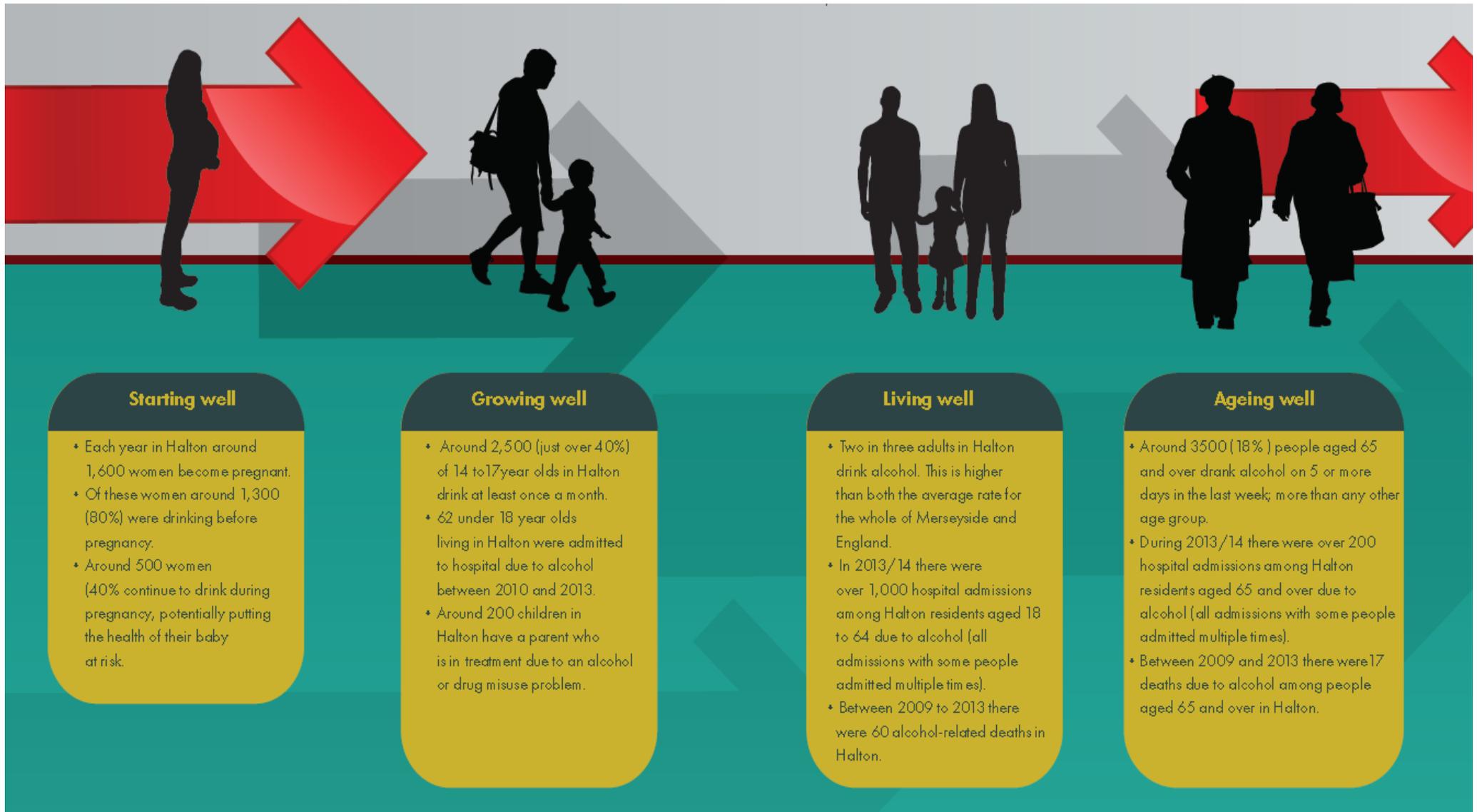
It is clear that the impact of drinking alcohol on health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol. The chapters below outline the actions being taken locally to reduce alcohol-related harm across the life course and make recommendations 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.

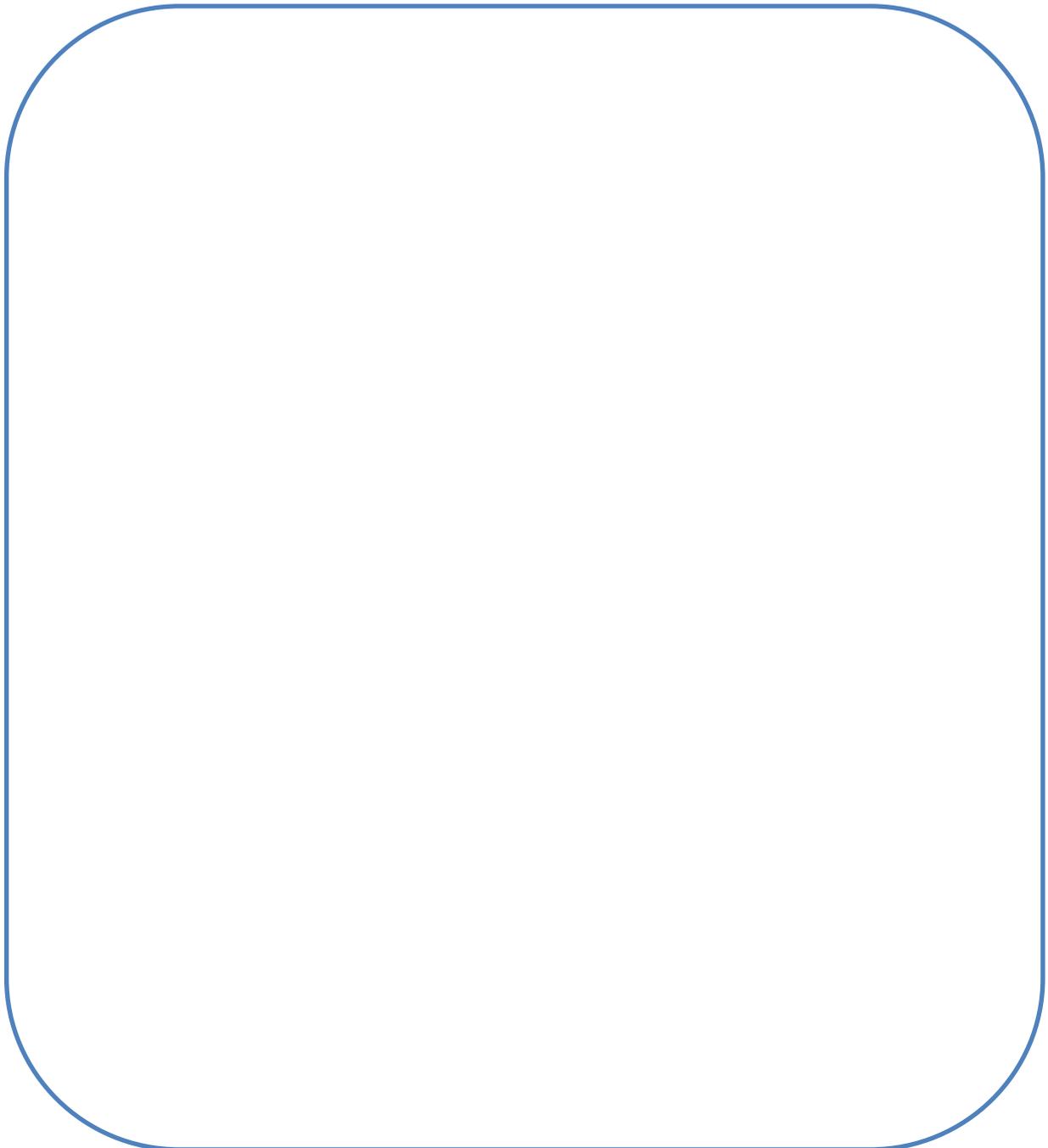
### **Current activity in Halton**

- 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.

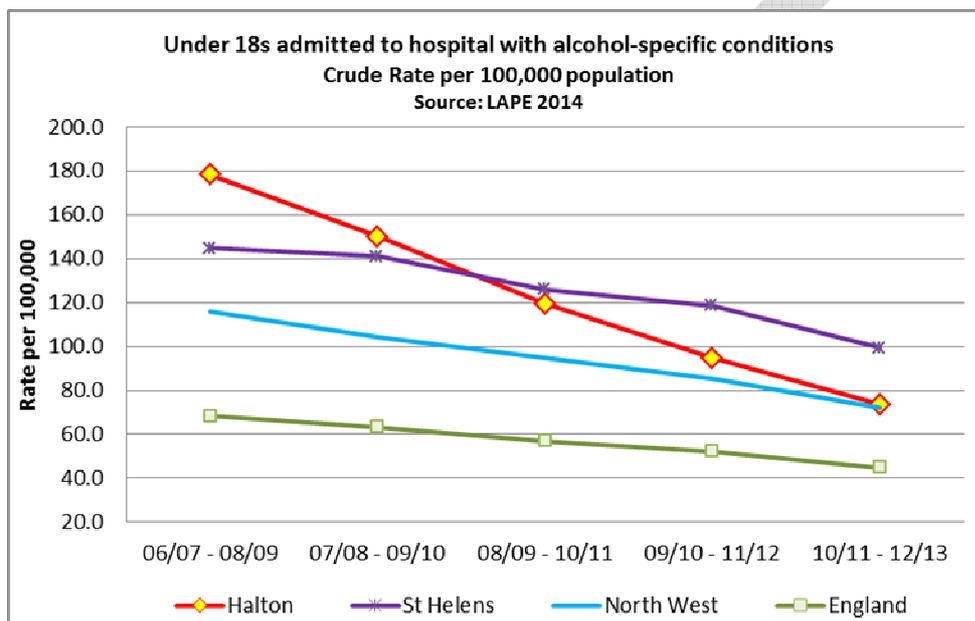
**Table 1: Alcohol consumption among 14-17 year olds in Halton (modelled estimates based upon Trading standards survey, 2013)**

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).





S

*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:

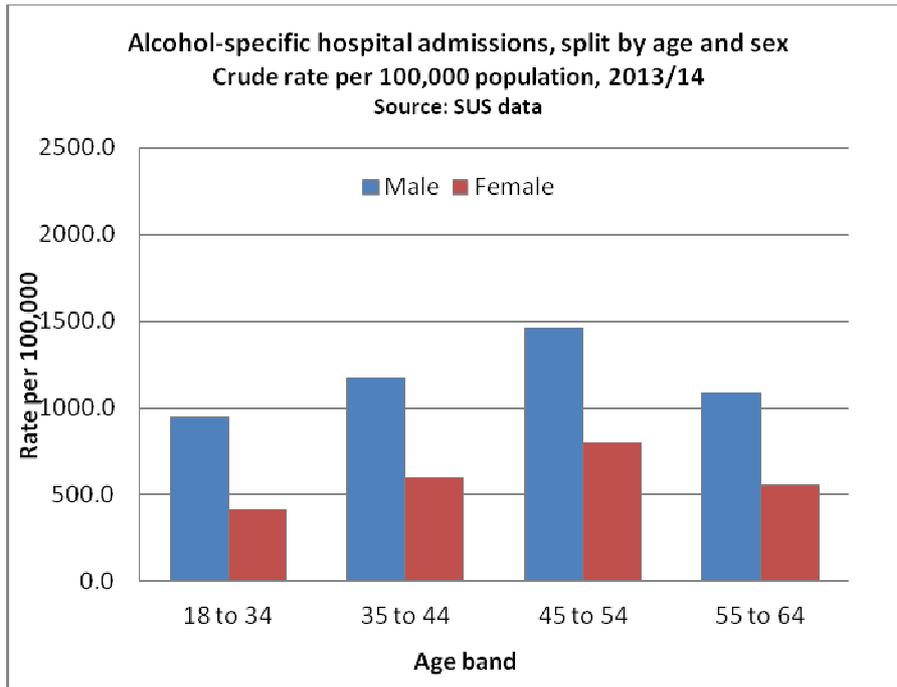
- Two in three working age adults drink alcohol (68%). This is higher than both the average rate for the whole of Merseyside and England.
- Working age men are significantly more likely to drink alcohol than women.
- Increasing risk drinking (regularly drinking more than 3-4 units a day if you're a man 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**

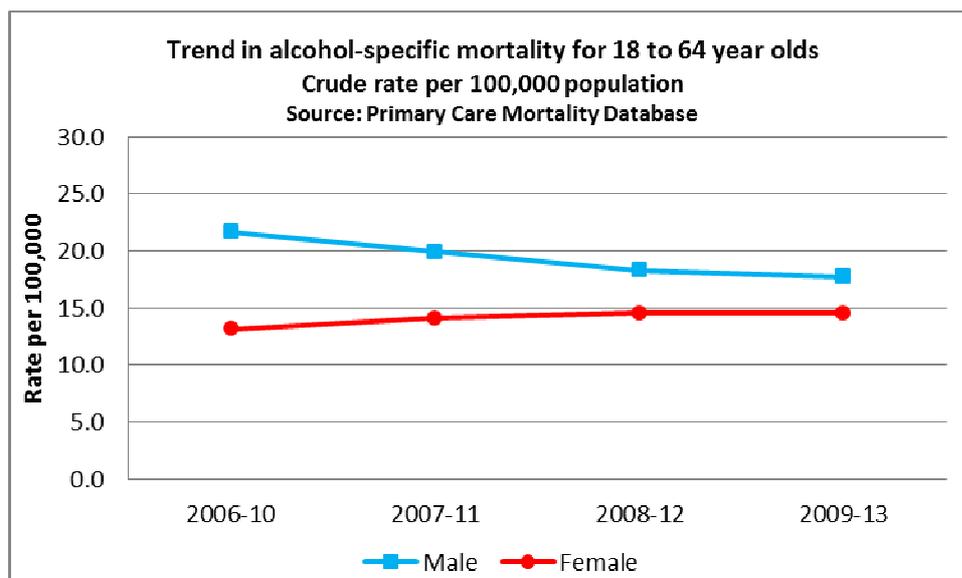
Alcohol-related hospital admissions among working age adults in Halton are significantly higher than North West and England averages. Key points include:

- 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

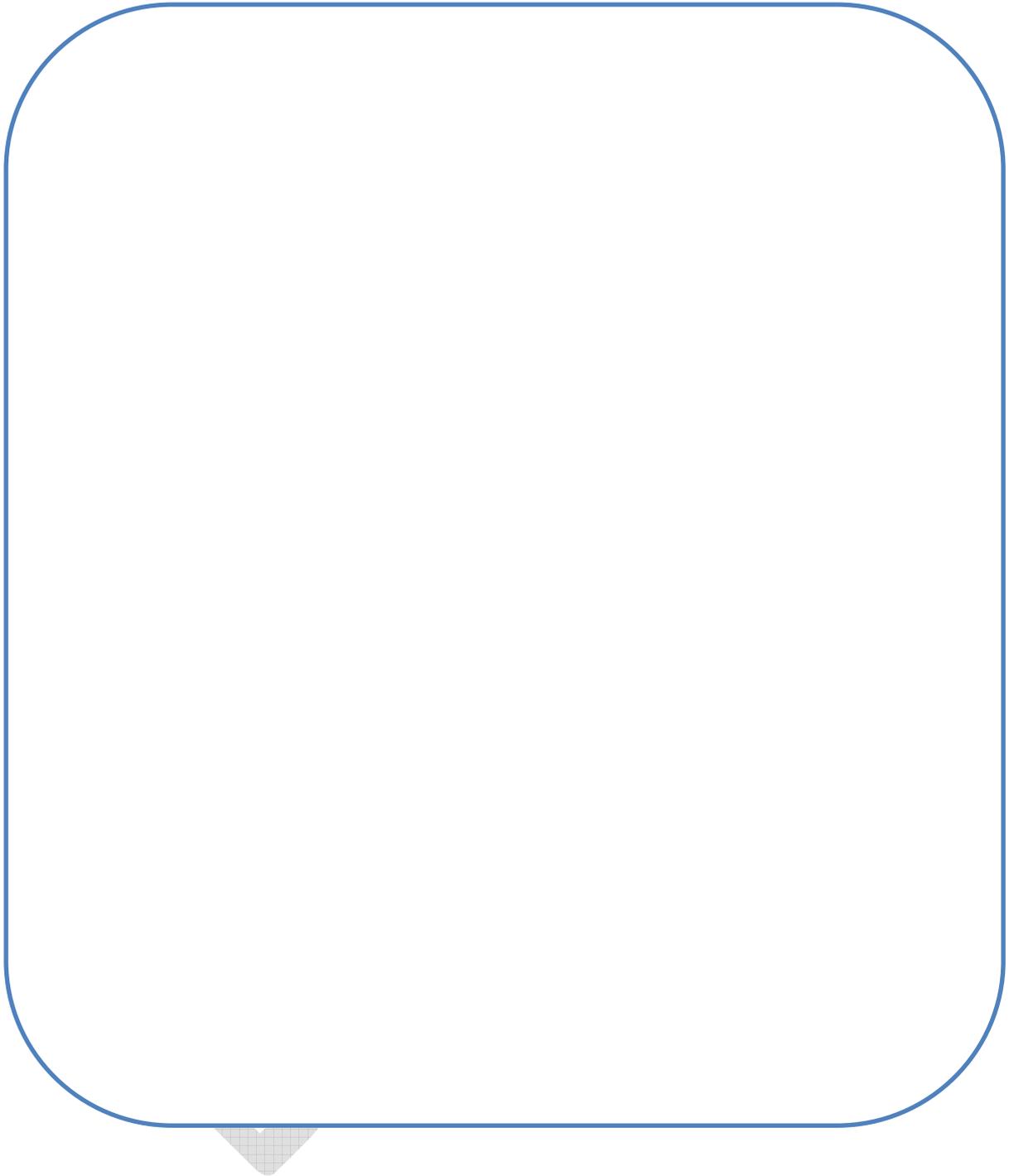
- We currently do not have a local social marketing strategy on alcohol aimed. This would help in changing attitudes and behaviour locally around alcohol among identified groups in order to prevent harm. This would ensure consistent and clear messages on safe drinking to be delivered across all agencies.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

A large, empty rounded rectangular box with a blue border, intended for text input. The box is centered on the page and occupies most of the vertical space below the introductory text.



#### 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.

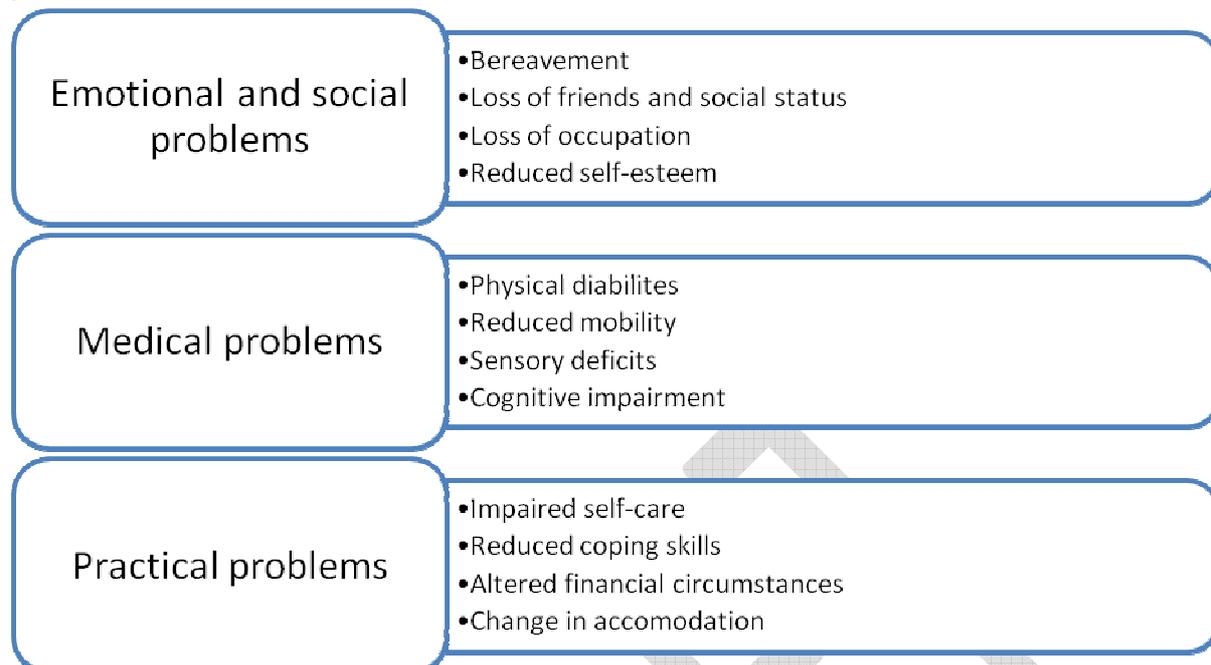
“Whilst the spotlight on excessive drinking generally falls on younger people, the most significant increases in alcohol related harm are actually in older age groups, with people aged 65 and over also reporting the highest rates of drinking on five or more days a week.”

**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**



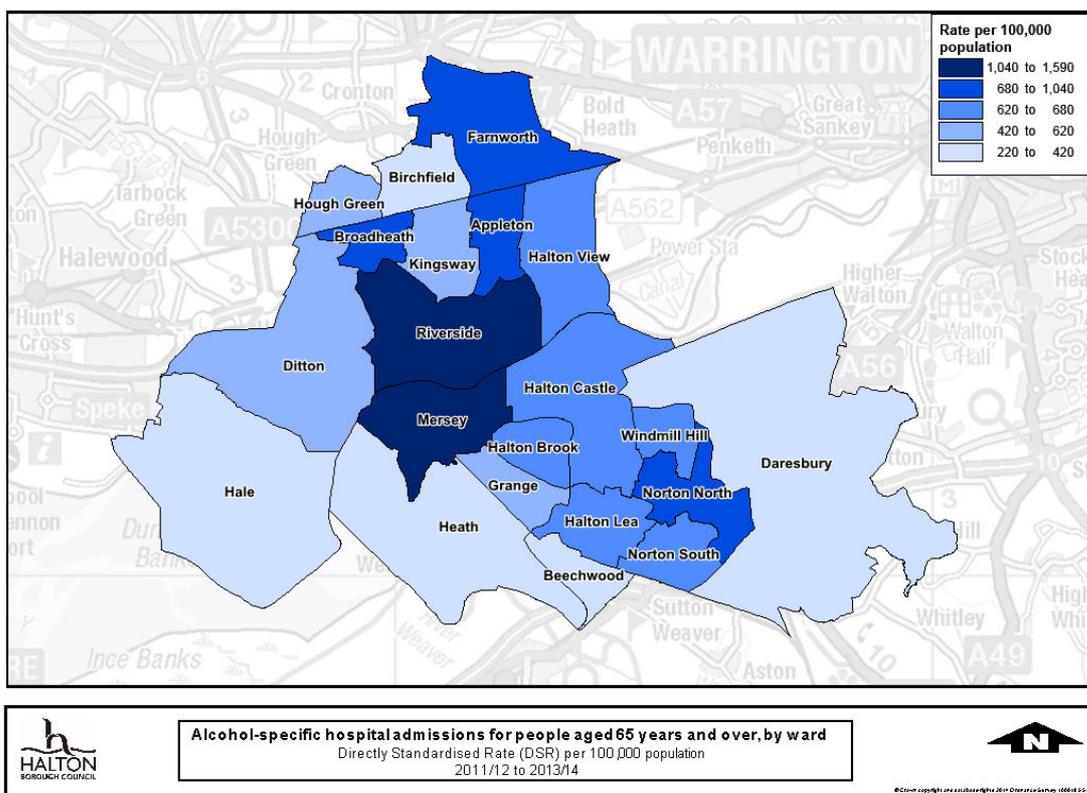
### **Drinking among older people in Halton**

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.

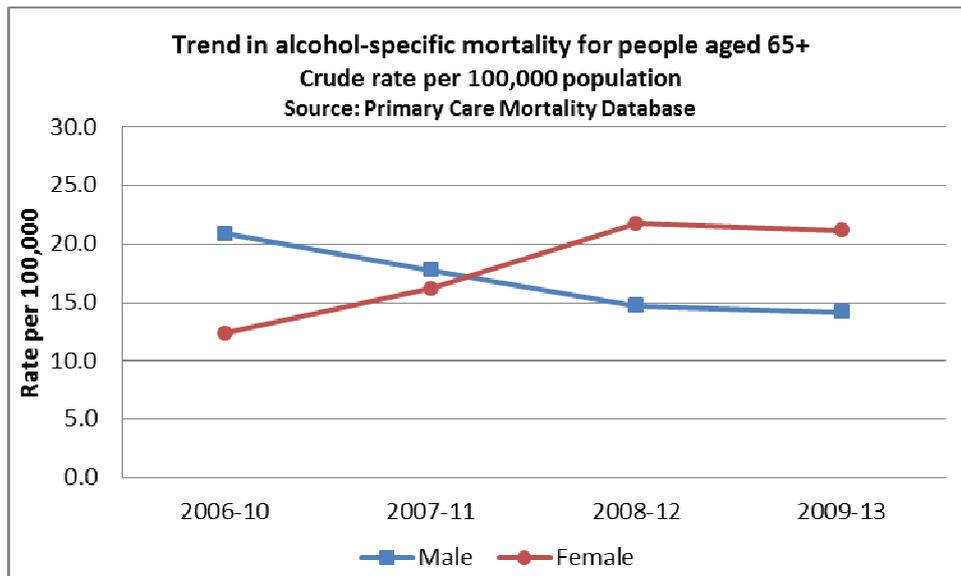
**Alcohol related hospital admissions among older people**

- 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.



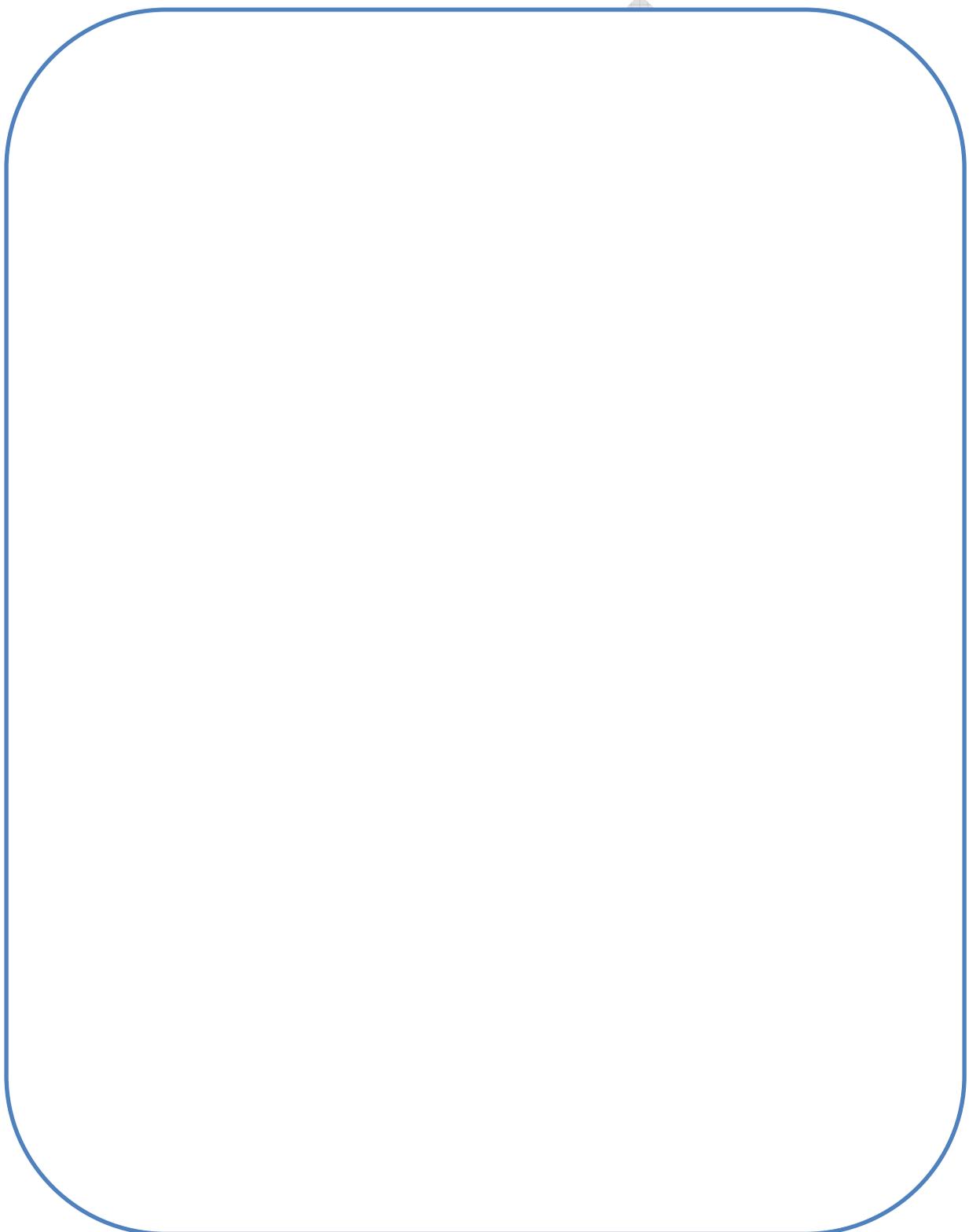
### What are we doing in Halton to promote safe and sensible drinking among older people?

- 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:**



## 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

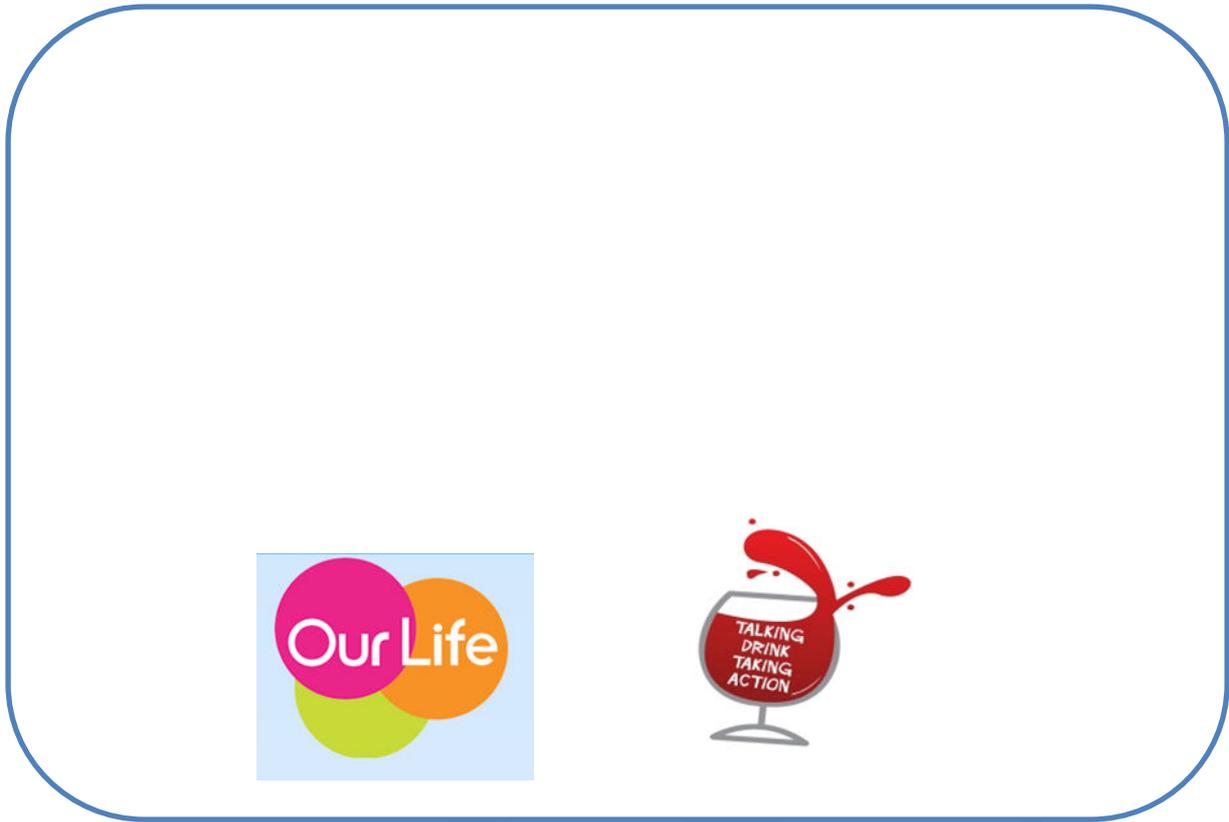
### Increase public awareness of alcohol-related harms

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.

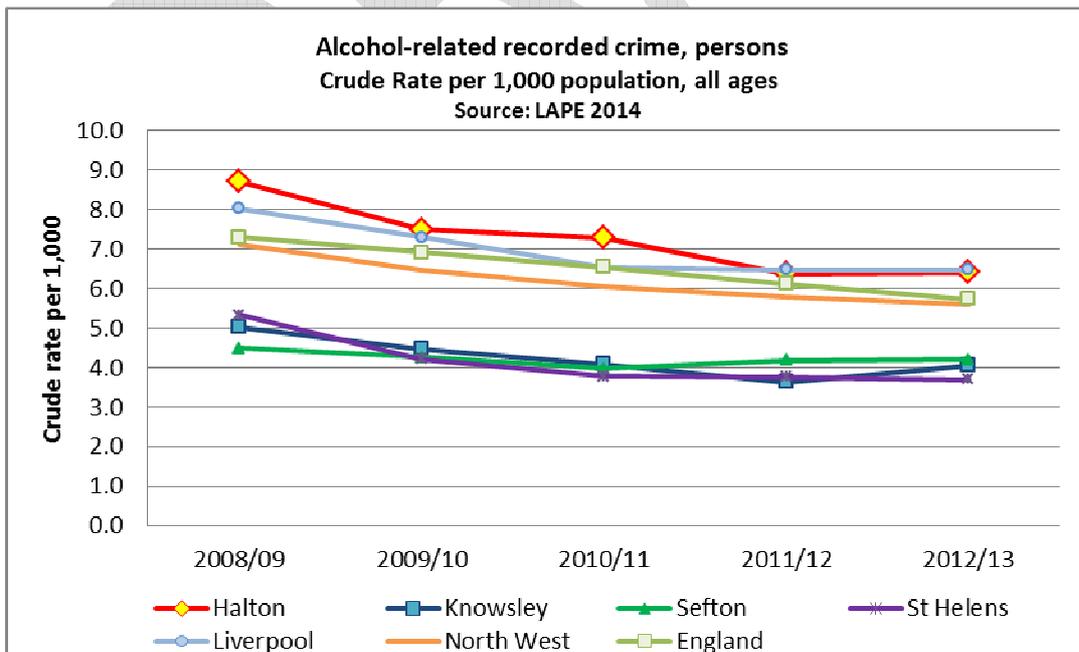
We need to raise public awareness of the harms alcohol are causing our local communities and seek shared solutions to tackle these harms.

**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:**



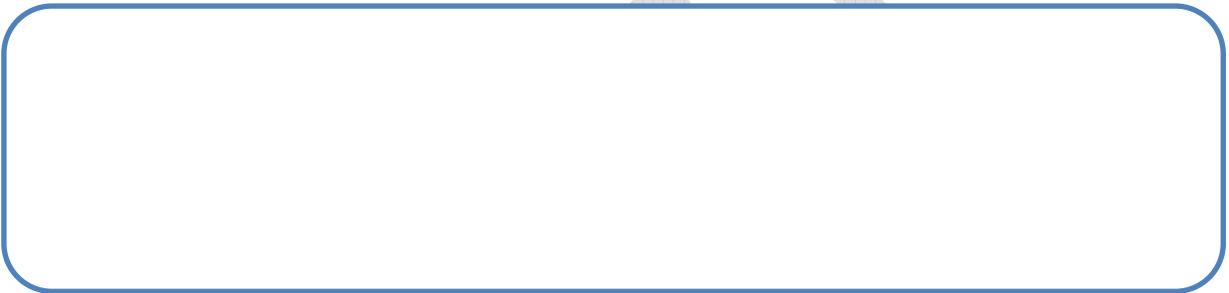
## Preventing alcohol-related domestic abuse in Halton

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	Explore the possibility of voluntary agreements related to sales of high strength alcohol among off-licenses (Ipswich model)	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:** Safer Policy & Performance Board

**DATE:** 11 November 2014

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Community Safety

**SUBJECT:** Presentation: Mischief Night/Bonfire Night

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

To provide a verbal report on incidents of arson and anti-social behaviour following Mischief Night/Bonfire Night, to the Safer Policy and Performance Board.

**2.0 RECOMMENDATION: That the report be noted.**

**3.0 SUPPORTING INFORMATION**

3.1 To provide an update on the work across the Borough and on unauthorised bonfires.

**4.0 POLICY IMPLICATIONS**

4.1 No policy implications.

**5.0 FINANCIAL IMPLICATIONS**

5.1 No financial implications.

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

**6.1 Children and Young People in Halton**

None identified.

**6.2 Employment, Learning & Skills in Halton**

None identified.

**6.3 A Healthy Halton**

None identified.

**6.4 A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY & DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues associated with this report.

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

None under the meaning of the Act.

<b>REPORT TO:</b>	Safer Policy & Performance Board
<b>DATE:</b>	11 November 2014
<b>REPORTING OFFICER:</b>	Strategic Director, Communities
<b>PORTFOLIO:</b>	Community Safety
<b>SUBJECT:</b>	Presentation: The Role of the RNLI
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

To provide a verbal report on the role of the RNLI organisation and how it impacts on Halton.

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

### 3.0 **SUPPORTING INFORMATION**

3.1 The RNLI exists to save life at sea. It covers all of the coastal waters (and some inland waters) of the United Kingdom and the Republic of Ireland. The River Mersey within the Borough of Halton is an estuarine river and is covered by the RNLI's New Brighton station. The RNLI have carried out a number of rescues within the Borough boundary.

3.2 Paul Wright (Divisional Manager – Open Space Service) is a serving Hovercraft Commander with the RNLI at New Brighton and will give a short presentation about the role of the organisation and how it impacts on Halton.

### 4.0 **POLICY IMPLICATIONS**

4.1 No policy implications.

### 5.0 **FINANCIAL IMPLICATIONS**

5.1 No financial implications.

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

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

None identified.

#### 6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY & DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues associated with this report.

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

None under the meaning of the Act.



# **The Role of the RNLI and its Impact in Halton**

# RNLI – NEW BRIGHTON LIFEBOAT STATION

Opened – 1863.



**Atlantic Class 85 Lifeboat – B837 *Charles Dibdin***



Wigg Island 5 June 2011





**Griffon 470 SAR Hovercraft – H005 *Hurley Spirit***









**REPORT TO:** Safer Halton Policy and Performance Board

**DATE:** 11 November 2014

**REPORTING OFFICER:** Michael Andrews

**SUBJECT:** ASB New Tools and Powers

**WARDS:** Borough Wide

### **1.0 PURPOSE OF THE REPORT**

1.1 To provide a verbal update to the Policy and Performance Board on the commencement of the new tools and powers on the 20<sup>th</sup> October 2014.

### **2.0 RECOMMENDATION: That the report be received.**

### **3.0 SUPPORTING INFORMATION**

3.1 Anti-social Behaviour, Crime and Policing Act 2014: Reform of anti-social behaviour powers

The new ASB tools and powers act commenced on the 20th October 2014. This act has introduced new powers that may be useful in dealing with problem premises.

Part 1-6 of the Anti-Social Behaviour Crime and Policing Act 2014 ("the Act") has created new tools and powers that organisations are able to use in order to deal with anti-social behaviour (ASB) 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.

#### Civil injunction

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.

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.

## **Applicants**

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).

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.

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.

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.

## **Closure Power**

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.

### 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.

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.

The Community Safety Manager is currently developing a multi-agency protocol for the use of the new tools and powers in readiness for the commencement date of the 20<sup>th</sup> October.

### **Community Trigger**

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

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**.

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.

The Community Trigger can be used by a person of any age, and agencies should make it as accessible as possible to all victims.

### **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.

#### **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***

#### **4.0 POLICY IMPLICATIONS**

4.1 None associated with this report

#### **5.0 RISK ANALYSIS**

5.1 None associated with this report

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

6.1 Children and Young People in Halton

At this stage there are no current implications

6.2 Employment, Learning and Skills in Halton

None

6.3 A Healthy Halton

At this stage there are no current implications

6.4 A Safer Halton

The new tools and powers will assist the community safety team and its partners in dealing with Anti-Social behaviour in the borough.

6.5 Urban Renewal

None

**7.0 EQUALITY AND DIVERSITY**

None

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

8.1 Home Office Document

[Reform of Anti-Social Behaviour Powers](#)

<b>REPORT TO:</b>	Safer Policy & Performance Board
<b>DATE:</b>	11 November 2014
<b>REPORTING OFFICER:</b>	Strategic Director, Communities
<b>PORTFOLIO:</b>	Community Safety
<b>SUBJECT:</b>	Draft Domestic Abuse Scrutiny Review Report
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

- 1.1 To present the Board with the draft Scrutiny Review of Domestic Abuse report for approval to go forward to Executive Board.

### 2.0 **RECOMMENDATION: That the Board**

- 1) **comment on the findings of the Scrutiny Review; and**
- 2) **endorse the Scrutiny Review and its recommendations to go forward to the Executive Board.**

### 3.0 **SUPPORTING INFORMATION**

- 3.1 This report (attached as Appendix 1) was commissioned by the Safer Policy and Performance Board. A scrutiny review working group was established with four Members from the Board. The lead officer for the group was the Operational Director for Community and Environment, and three officers fed into the review.

The report was commissioned because domestic abuse was identified as a particular problem for the borough.

The Topic Group examined current statistics and analysed trends to gain assurance that the proposed Halton Domestic Abuse Forum (HDAF) strategy was fit for purpose. They additionally assessed the need to undertake supplementary awareness raising activities and initiatives.

The scrutiny review was conducted through a series of meetings, where evidence was presented and analysed. The review took place between April 2014 and September 2014.

Review methodology involved:

- Monthly meetings
- Briefings and verbal reports
- Provision of data/statistic

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

5.1 The financial recommendations highlighted within the topic review will be contained within existing resources.

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

6.1 **Children & Young People in Halton**

The scrutiny review report and recommendations support the Council's priorities in relation to Children & Young People, and their safety and wellbeing. The HDAF Multi-Agency Domestic Abuse and Sexual Violence Strategy 2014-17 sets out the affects and impact of the issue on the lives of children and young people and establishes outcomes which positively influence change.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

The scrutiny review report and recommendations support the Council's strategic priority of Improving Health. Taking on board the recommendations from the report will improve the lives of those within the community living with, or suffering from, domestic abuse issues.

6.4 **A Safer Halton**

The report and recommendations support the Council's strategic priority in providing for A Safer Halton. The recommendations work towards assuring a safer community where residents have a greater aware of the issue and are better equipped to tackle and prevent domestic abuse.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The report and recommendations support the Council's strategic priorities in relation to the safety of residents; it also impacts on needs to access health services, both in the short-term and longer-term.

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**

None under the meaning of the Act.



*Scrutiny Review of the Draft  
Domestic Abuse Strategy 2014/15*

Report  
October 2014

## CONTENTS

<b>Contents</b>	<b>Page</b>	<b>Paragraph</b>
Purpose of the report	3	1
Structure of the report	3	2
Introduction	3	3
Methodology	4	2
Evidence and Analysis with findings/conclusions and recommendations	4	3
Overall Conclusion	8	3
<hr/>		
<b>Annexes</b>	<b>Number</b>	
Topic brief	9	
Methodology	11	
Domestic Abuse Strategy	12	
Action Plan	13	

## **PURPOSE OF THE REPORT**

The purpose of the report, as outlined in the initial topic brief (at *Annex 1*) is to:

- Identify level of Domestic Abuse and identify where Halton is in relation to neighbouring LA's.
- Review existing models of service to meet need by identifying areas of good practice across the sub region of Cheshire
- Explore adoption of white ribbon status for the Borough of Halton
- Identify areas of good practice across the sub region of Cheshire

## **2.0 STRUCTURE OF THE REPORT**

This report is structured with the introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations. The annexes include the topic brief, methodology detail, data and statistics considered by the group, The Draft Multi-Agency Domestic Abuse and Sexual Violence Strategy and a supporting Scrutiny and Review Action Plan to ensure delivery.

## **3.0 INTRODUCTION**

### **3.1 Reason the report was commissioned**

Presented levels of domestic abuse within Halton Borough Council have been identified as a problem. The scrutiny panel wanted to examine the situation, make analysis of the impacting factors on this and feed-in to activity aimed at raising awareness of services available to support victims.

### **3.2 Policy and Performance Boards**

This report was commissioned as a scrutiny working group for the Safer Policy and Performance Board.

### 3.3 Membership of the Topic Team

Membership of the Topic Team included:

Members	Officers
Cllr Darren Lea Cllr Margaret Ratcliffe Cllr Val Hill Cllr Pauline Sinnott	Chris Patino – Operational Director - Community and Environment Mike Andrews – Community Safety Co-ordinator Sarah Ashcroft – Domestic Abuse Co-ordinator Nicola Hallmark – Principal Policy Officer

### 4.0 Methodology Summary

This scrutiny review was conducted through a number of means:

- Monthly meetings of the scrutiny review topic group;
- Provision of information briefings/verbal reports (details can be found in *Annex 2*);
- Provision of data/statistics by key members of staff

### 5.0 Evidence (summary of evidence gathered) and Analysis with findings/conclusions

#### 5.1 Identification of level of the problem

Sarah Ashcroft, Halton's Domestic Abuse Co-ordinator presented figures for the panel

Expansion on these figures and interpretation of them revealed that:

- Halton is tied to Cheshire for figures due to the shared police constabulary
- Comparative figures with Merseyside regions are not collated
- Where Merseyside data was available the data was not comparable due to differences in recording
- Incidents were referred to as 'calls for service' and were represented by numbers of 999 calls
- Halton's 'calls for service' for 2012/13 was 930, and 905 for 2013/4. This data was reported to be greater, per capita head, than any other Cheshire Authority
- Consideration needs to be given to differences between the Authority areas, in terms of levels of relative wealth and deprivation, density of populations, employment rates, educational attainments, housing provision and social welfare issues such as drug and alcohol dependency or rates of physical disability; and potential for

impact of these factors on home life and likelihood/risk of domestic abuse

- In relation to Halton's proportionately high quota of calls for service consideration also needs to be made to the close proximity of housing in the Borough and how this affects reporting of incidents
- Incidence of unreported domestic abuse was deemed to be much higher than reported figures (It was suggested that the average victim has been in a relationship for five years with 33 instances of incident before a report is made). Therefore, it was suggested that high rate of incidents could be considered positive, due to the services in place allowing for greater engagement
- Seasonal trends were identified in levels of incidents. Supposition revealed that there may be some links to financial pressures at peak times of year but no substantive data available to prove this

## **Conclusion**

The group concluded that the figures in themselves were not the necessarily the sole indicator of a negative situation. While any incidence of domestic abuse is negative there are wider considerations that purely the figures relating to call for service.

It was surmised that work already conducted in relation to awareness raising, prevention and both victim and survivor support and engagement, was invaluable to the Borough's portfolio of activity. In addition it was felt that the further outcomes and recommendations of the scrutiny panel would supplement the breadth and depth of the current activity.

### ***Recommendations:***

- (i) ***That Members continue to monitor data but not take it in isolation or without further analysis from officers***

## **5.2 White Ribbon status**

Mike Andrew, Community Safety Officer, gave a verbal overview of the requirements to achieve White Ribbon Status.

The White Ribbon Campaign is an international effort to end violence committed by men against women. It's led by a voluntary organisation which undertakes activity to raise awareness and promote change in social attitudes towards abuse. Wearing the White Ribbon is a personal pledge never to commit, condone or remain silent about violence against women. The Campaign also registers 'Corporate' status to mark an organisation-wide pledge, as well as 'Town' status to recognise the commitment of a body of organisations.

Resources requirements:

- Collating and evaluating work and activity already undertaken across the Borough
- Applying for 'Corporate' status and evidencing this – at a cost of £450 per annum (Community Safety Budget)
- Action planning towards 'Town' status for the Borough of Halton through the outline of further activity

### **Conclusion**

The group noted that White Ribbon status was a worthwhile and manageable achievement. They appreciated that status in itself does not alleviate the issue but adds credence to the Borough's position on domestic violence.

Consideration was given to the fact that the status is targeted at domestic violence from a female victim's perspective and that the Borough's activity and intervention was aimed at a wider group, including male victims, survivors, family support, and perpetrators.

### **Recommendations:**

- To apply for Corporate White Ribbon status.***
- To action plan towards achieving Town White Ribbon status.***

### **5.3 Implementing an awareness raising campaign**

The topic group explored a number of creative and innovative ideas for raising awareness, across the Borough, to ensuring services were accessed appropriately and timely.

Ideas put forward were aimed at reaching relevant targets audiences, at appropriate times, and with the best use of limited financial resource. While some activity could be funded using existing Community Safety budget it was felt that a wider spectrum of activity could be undertaken with additional support. With this in mind agreement was reached to approach the Clinical Commissioning Group (CCG) and Public Health for funding, given the impact of health issues.

Various audiences were explored and it was found that work already undertaken through the community safety team impacted on key themes, including working with children and young people in schools.

The appropriateness of materials was discussed at length and the potential negative impact this could have on victims. For

example, should an abuser find a leaflet or card with support service information on in a victim's belongings.

Ideas included:

- Promotional wording on the back of receipts. A number of store were identified as providing this service and the panel agreed that the 99p Shop would reach the widest demographic
- Electronic 'Ticker Tape' messages, with service access details, could be displayed during stadium events
- Internal to the Council – to reach staff and their families – an article to be written for InTouch and messages to go on pay slips
- Work to be done with local press to gain editorial content
- The Brindley – pantomime tickets may be able to have messages put on to them
- Additional support for schools' advocacy work

### **Conclusion**

That a number of 'quick win' activities could be progressed in the short-term, and with minimal resource, and that others could be mapped out to reach different demographics over a period of time.

The ideas put forward were considered to additionally impact on the Health agenda. As financial resource is limited, for continued and sustained activity, officers should seek additional funding through the Clinical Commissioning Group (CCG) and Public Health.

It was concluded that supplementing existing activity could impact on 'call for service' figures, but that this was not necessarily an issue for concern but in fact a positive in terms of engagement. An ideal scenario was envisaged as additional take-up early intervention services.

#### ***Recommendations:***

- (i) That proposals are progressed with the CCG and Public Health for financial support of the work***
- (ii) That work undertaken further influences the Borough submission for White Ribbon status***

## **5.4 Adoption of the Halton Domestic Abuse Strategy**

The group reviewed the draft Strategy (Annex 3) and commended the officers and agencies involved in its formation. The document was thought to be thorough and comprehensive. Additionally it was felt that Halton were making active progress and were leading the field, comparative to neighbouring authorities, in developing the draft Strategy.

## Conclusion

The topic group were in agreement that the draft Strategy offered a complete approach to tackling the issue of domestic abuse.

### **Recommendations:**

- (i) The draft Halton Domestic Abuse Strategy be ratified by Members and held up as a flagship approach across the Borough**

## 6.0 Overall Conclusion

This scrutiny review has been both a successful and a worthwhile exercise in terms of covering all the outputs and outcomes from the initial topic brief and gaining a thorough understanding and standpoint in relation to domestic abuse across Halton.

The draft multi-agency Halton Domestic Abuse Strategy has been reviewed and recommended for adoption. Additional activity has been identified to embed and compliment the themes of the Domestic Abuse Strategy.

Recommendations for further improvement that have been identified from this scrutiny review have been arranged into an Action Plan at *Annex 4* for ease of reference and monitoring.

## TOPIC BRIEF

**Topic Title:** Review and scrutiny of the Domestic Abuse Strategy 2014-17

**Officer Lead:** Chris Patino

**Planned start date:** April 2014

**Target PPB Meeting:** September 2014

### Topic Description and scope:

- Identify level of Domestic Abuse and identify where Halton is in relation to neighbouring LA's.
- Review existing models of service to meet need by identifying areas of good practice across the sub region of Cheshire
- Explore adoption of white ribbon status for the borough of Halton
- Identify areas of good practice across the sub region of Cheshire

### Why this topic was chosen:

- Present levels in Halton have been identified as a particular problem.

### Key outputs and outcomes sought:

- Recommendation of adoption by the Council of the Domestic Abuse Strategy 2014-17.
- Identify the true level of the problem.
- Seek external funding/partners to help deliver the domestic abuse strategy.
- Increase awareness of support services on offer
- Raise confidence levels of victims to report offences

### Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

- Safer
- Health and wellbeing

### Financial issues

A need to identify any additional funding needed to progress the action plan.

### Nature of expected/desired PPB input:

Member led scrutiny review by Cllr Darren Lea and Members from the Safer PPB, Emma Sutton-Thompson, Cheshire Police, Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC), Sarah Ashcroft (Domestic Abuse coordinator), Mike Andrews, RSL's (Lynn to clarify any volunteers).

Meetings, scrutiny and facilitators.

**Preferred mode of operation:**

Monthly two hourly meetings with a completed action plan by September 2014 for Executive Board approval in October 2014.

**Agreed and signed by:**

PPB chair .....

Officer .....

Date .....

Date .....

**METHODOLOGY DETAIL****a) Briefings**

The following officers gave briefings as part of this scrutiny review:

<b>Name of officer</b>	<b>Title of briefing</b>
Sarah Ashcroft, Domestic Abuse Co-ordinator	Halton Domestic Abuse Data ( <i>Annex 3</i> )
Mike Andrews, Community Safety Officer	White Ribbon Status

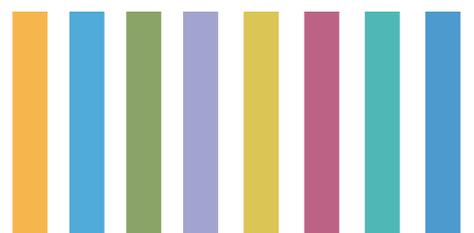
Halton Strategic Partnership /  
Health & Wellbeing Board

# Multi-Agency Domestic Abuse and Sexual Violence Strategy 2014-2017

PROOF



Halton Domestic Abuse Forum



# Contents

Foreword	3
Background	5
Vision	7
Definition of Domestic Abuse	9
Definition of Sexual Violence	11
Context	13
Key Outcomes of the Strategy	23
Governance and Accountability	25
Halton Domestic Abuse Contacts:	27

PROOF



## Foreword

The impact of domestic violence on the safety and well-being of children, young people and adults is well researched and evident in the work that all partners undertake with people who have been affected.

It is crucial that partners and the community work together to reduce domestic violence and its impact by ensuring we all have a common aim and vision that we all share. Victims and perpetrators need to know how to get support, and know that all partners are alert to and act upon signs of domestic violence.

Halton Domestic Advice Forum's role is to ensure that we are able to demonstrate improved outcomes by working together and hearing from victims about what they need when they find themselves in a risk situation.

HDAF has achieved noticeable improvements and will continue to drive this strategy forward. The pilot voluntary perpetrators programme for those who have not been convicted, the programme targeting support and intervention to children, young people and their parents who have been significantly affected by experiencing domestic violence, and the specific role of the Young Persons Advocate focusing on young people's experiences of domestic violence in their relationships are 3 examples of the innovative work developed via HDAF which we are taking forward as part of this strategy.

I would like to thank all the partners and victims who have contributed to the revision of this strategy to make it a living, working document which will help us to continue to make a difference. In particular, I would like to thank Sarah Ashcroft, Domestic Abuse and Sexual Violence Co-Ordinator for her hard work and energy in supporting the work of HDAF and partners.

Tracey Coffey

Chair of HDAF

Operational Director Children and Families, Halton Borough Council

# Background

**PROOF**

**4**



## Background

The purpose of this document is to set out what Halton intends to do over the next three years 2014-2017 in order to ensure that tackle the issue of domestic abuse and sexual violence within our communities. Halton Domestic Abuse Forum as a partnership will aim to create equality for all our residents through reducing the fear and harm experienced from this form of violence and abuse.

This Multi-Agency Domestic Abuse and Sexual Violence Strategy (2014-17) following the successful implementation of the previous version (2011-14).

The impact of Domestic Abuse and Sexual Violence is costly not only to the victim, in terms of personal and emotional cost but also to the local economy with increased costs for health services, the criminal justice system, housing, safeguarding and social care costs and the loss of economic productivity.

The responsibility for any act of domestic abuse or sexual violence lies with its perpetrator. There is no excuse for abuse or violence, there is no justification, it can never be explained away and there is no context in which it is valid, understandable or acceptable.

Domestic Abuse and Sexual Violence are issues that affect children and young people. Ensuring that young people are able to identify abuse and have the knowledge and information available to them to enable them to make and identify healthy relationships in central to raising expectations both in males and females.

The strategy will seek to improve the risk identification, assessment and management processes and to target educational and support services effectively. No single agency can adequately deal with DASV. The issue needs to be addressed by joint working and multi-agency strategies.

This is the beginning of a new phase in Halton and within this document we provide the local context, outline the current needs of our communities and explain our vision for the future. We also have an action plan in place which specifies what will be done, by whom and when in order to achieve our vision.

# Vision

**'Everyone is able to live in an environment free from abuse, and where abuse does occur, support is given to individuals and their families and action is taken against perpetrators to prevent any re-occurrence'.**

6

## Vision

The vision for tackling domestic abuse and sexual violence articulated in the Council's Corporate Plan 2011-16 is:

***'Everyone is able to live in an environment free from abuse, and where abuse does occur, support is given to individuals and their families and action is taken against perpetrators to prevent any re-occurrence'.***

Halton Domestic Abuse Forum acts as a multi-agency partnership and is committed to breaking the cycle of domestic abuse and sexual violence ensuring that within Halton:

- Partnership agencies will work in collaboration demonstrating a whole system approach to supporting victims, children, perpetrators and families affected by domestic abuse and sexual violence;
- Halton exhibits a zero tolerance approach, domestic abuse and sexual violence is never acceptable;
- People understand what domestic abuse and sexual violence is and what they can do about it;
- Victims are protected and supported
- Early and effective interventions are provided for children and young people, offering support and advice to parents and young people in order to address need and support behavioural change;
- Perpetrators are brought to justice and tackle the underlying motivators to their behaviour

# Definition of Domestic Abuse

**PROOF**

**'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.'**

8



## Definition of Domestic Abuse

Domestic Abuse is a systematic abuse of power and control that takes place within particular relationships.

Halton has adopted the Government definition of domestic violence and abuse is:

***'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members' regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:***

- ***psychological***
- ***physical***
- ***sexual***
- ***financial***
- ***emotional***

***Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.***

***Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'***

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

<sup>1</sup> **Family members are:** mother, son, daughter, sister and grandparents; directly-related, in laws or step-family

# Definition of Sexual Violence

**'Sexual violence is any unwanted sexual act or activity'**

**PROOF**

**10**



## Definition of Sexual Violence

Halton adopts the Rape Crisis England and Wales definition of sexual violence:

***‘Sexual violence is any unwanted sexual act or activity. There are many different kinds of sexual violence, including but not restricted to: rape, sexual assault, child sexual abuse, sexual harassment, rape within marriage / relationships, forced marriage, so-called honour-based violence, female genital mutilation, trafficking, sexual exploitation, and ritual abuse. Sexual violence can be perpetrated by a complete stranger, or by someone known and even trusted, such as a friend, colleague, family member, partner or ex-partner. Sexual violence can happen to anyone.’***

# Context

**'It is widely accepted that the issue of both domestic abuse and sexual violence are under-reported.'**

PROOF

12



## Context

Domestic abuse and sexual violence are serious crimes. They are a pattern of controlling and abusive behavior, held together by the threat and use of violence, which is widespread across all communities. It is widely accepted that the issue of both domestic abuse and sexual violence are under-reported.

### National key statistics

- One in four women and one in seven men report being abused by their partner<sup>2</sup>
- On average two women are killed every week in the UK by their partner or ex-partner (in the year 2009/10 94 women and 21 men were killed).<sup>3</sup>
- Victims are likely to experience 35 incidents of abuse before reporting it<sup>4</sup>
- Domestic abuse accounts for 14% of all violent crime<sup>5</sup>
- Both women and men aged between 16 and 24 are at highest risk for domestic abuse compared to older groups<sup>6</sup>
- Around one in twenty children is witness to frequent physical violence between parents<sup>7</sup>
- Sexual abuse in childhood (in children under age of 16) affects 16 per cent of children

<sup>2</sup> Chaplin R, Flatley J and Smith K, Home Office Statistical Bulletin: Crime in England and Wales 2010/11, London: Home Office, 2011

<sup>3</sup> Ibid

<sup>4</sup> Research Development & Statistics Directorate Home Office

<sup>5</sup> Office for National Statistics (2013) Focus on: violent crime and sexual offences, 2011/12 (PDF). [Newport]: Office for National Statistics (ONS)

<sup>6</sup> Farmer E and Callan S, Beyond Violence: Breaking the Cycles of Domestic Abuse: The Centre for Social Justice, July 2012

<sup>7</sup> Cawson P et al. Child Maltreatment in the United Kingdom: A study of the prevalence of abuse and neglect. NSPCC 2000

- Around 90 per cent of survivors of the most serious sexual crimes knew the perpetrator
- Each adult rape is estimated to cost over £96,000

Coordinated Action Against Domestic Abuse (CAADA) estimates that there are 100,000 victims at high risk of serious harm or murder. It costs the tax payer an estimated £3.9bn per year, with high risk domestic abuse making up £2.9bn of this. Domestic Abuse has adverse impacts on the health and wellbeing of victims, and is closely associated with child abuse and neglect, as well as a range of other social issues including homelessness and substance abuse.<sup>8</sup>

The cost of the 'average' domestic violence case has been estimated at £14,000 however, this does not take into account longer-term costs of unemployment, health and social services.<sup>9</sup>

PROOF

<sup>8</sup> CAADA Insights: A plea of greater safety November 2012

<sup>9</sup> A Process Evaluation [www.cardiff.ac.uk/people](http://www.cardiff.ac.uk/people) Funded by the Home Office Nov 2009

## a) National Policy

The Government set out its vision to tackle domestic and sexual violence in 'A Call to End Violence against Women and Girls' 2010. The government committed to undertaking an ambitious vision, recognising that tackling violence against women and girls requires a sustained, robust and dynamic multi-agency approach. The Government refreshed its commitment again in March 2013 publishing a detailed action plan. The updated plan looks at challenging the attitudes that foster violence against women and girls.

The guiding principle of Call to End Violence against Women and Girls focuses on four key objectives:

1. prevent violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it
2. provide adequate support where violence does occur
3. work in partnership to obtain the best outcome for victims and their families
4. take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice.

There have been key developments that have shaped this document including:

- Widening the Government Definition of domestic abuse to include young people aged 16 and 17.
- The introduction of new legislation to make forced marriage a criminal offence in England and Wales.
- Providing protection for victims of stalking by introducing two new specific criminal offences, along with additional related search powers and training for Police and Prosecutors.
- The requirement and duty on Community Safety Partnerships to conduct a Domestic Homicide Review – where a person aged over 16 had died as a result of violence, abuse or neglect caused by either a relative, partner or ex-partner **or** a member of the same household as the deceased.

The above developments are supported by the following national policies/legislation that have influenced development of this refreshed Halton Multi-Agency Domestic Abuse and Sexual Violence Strategy:

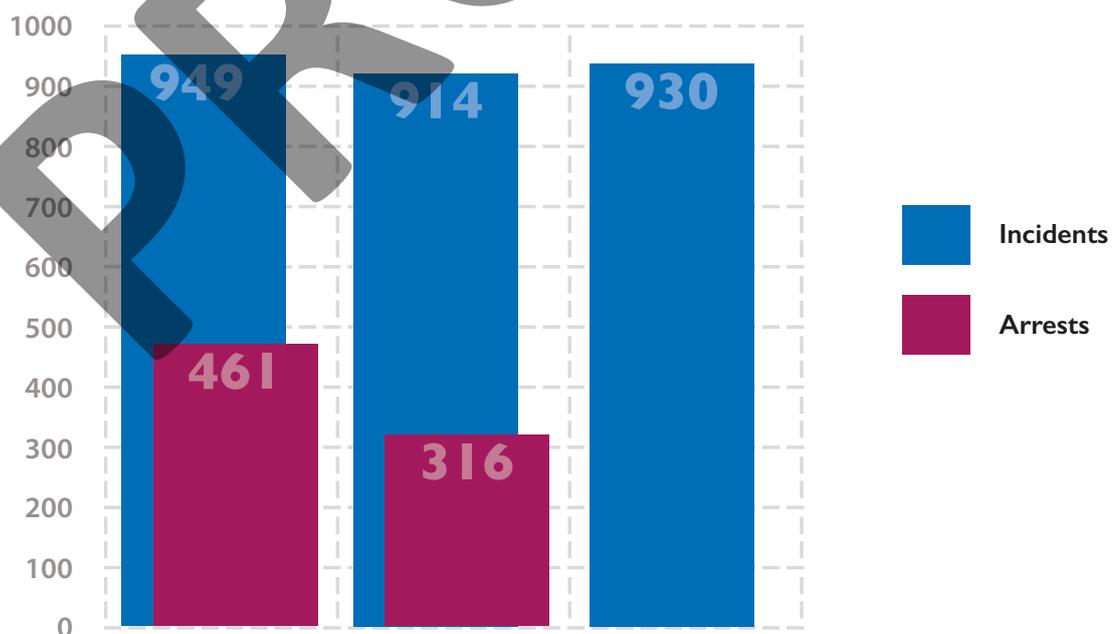
- Association of Police Chief Guidelines for work within Honour-Based Violence 2008
- Working Together 2013
- Call to End Violence Against Women and Girls 2010 & 2011

- The Troubled Family Programme 2012
- The Legal Aid, Sentencing and Punishment of Offenders Bill 2012
- The Victims Strategy, Getting it right for victims and witnesses 2012
- Ending Gang And Youth Violence Cross Government Report 2011
- Munro Review of Child Protection 2010-2012
- Crime and Disorder Act 2004
- Domestic Violence Crime and Victims Act 2004
- Statutory Guidance for Domestic Homicide Review 2011
- Protection from Harassment Act 1997 (updated 2012)

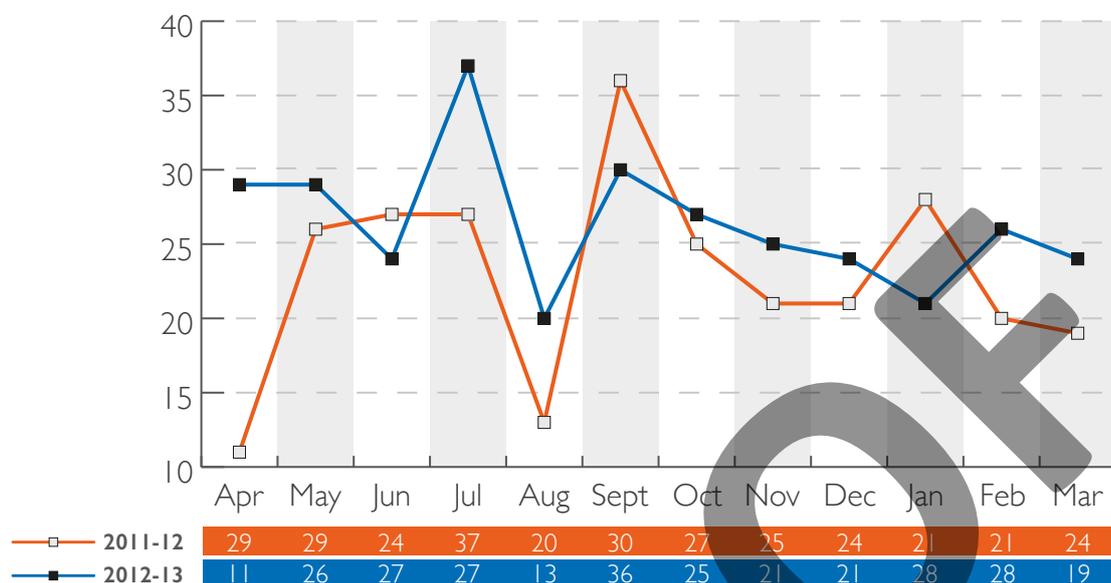
### b) Analysis of Local Need

Local data underlines a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control, with women being considerably more likely to experience repeated and much more severe forms of abuse than men

**Figure 1: Domestic Abuse Incidents** (2012/13 there were 930 incidents however no figures are available for arrests. The graph below represents the data from 2010/11 and 2011/12).



**Figure 2: Number of Domestic Abuse Incidents Involving Victims Who Have Previously Been a Victim During the Last 12 Months**



Trends in domestic abuse in Runcorn and Widnes April 2012 – Mar 814 female victims/survivors of domestic abuse incidents compared with 132 male victims / survivors.

- 779 perpetrators of domestic abuse incidents were male, compared with 105 females.
- 273 high-risk cases were discussed within the Multi-Agency Risk Assessment Conference (MARAC)
- 100 cases were discussed within MARAC as repeat cases, 99 of them involving females as repeat victims
- 363 Children and Young People were identified as affected by domestic abuse within the MARAC process, with 195 of these aged 5 and below

It is widely accepted that there are many incidents which go unreported; this poses difficulties in collating accurate data on domestic abuse. The problem relate to the hidden and private nature of domestic abuse, many incidents go unreported due to fear of reprisal, personal embarrassment, lack of understanding and a lack of knowledge about where to go to and who to talk to and ask for support.

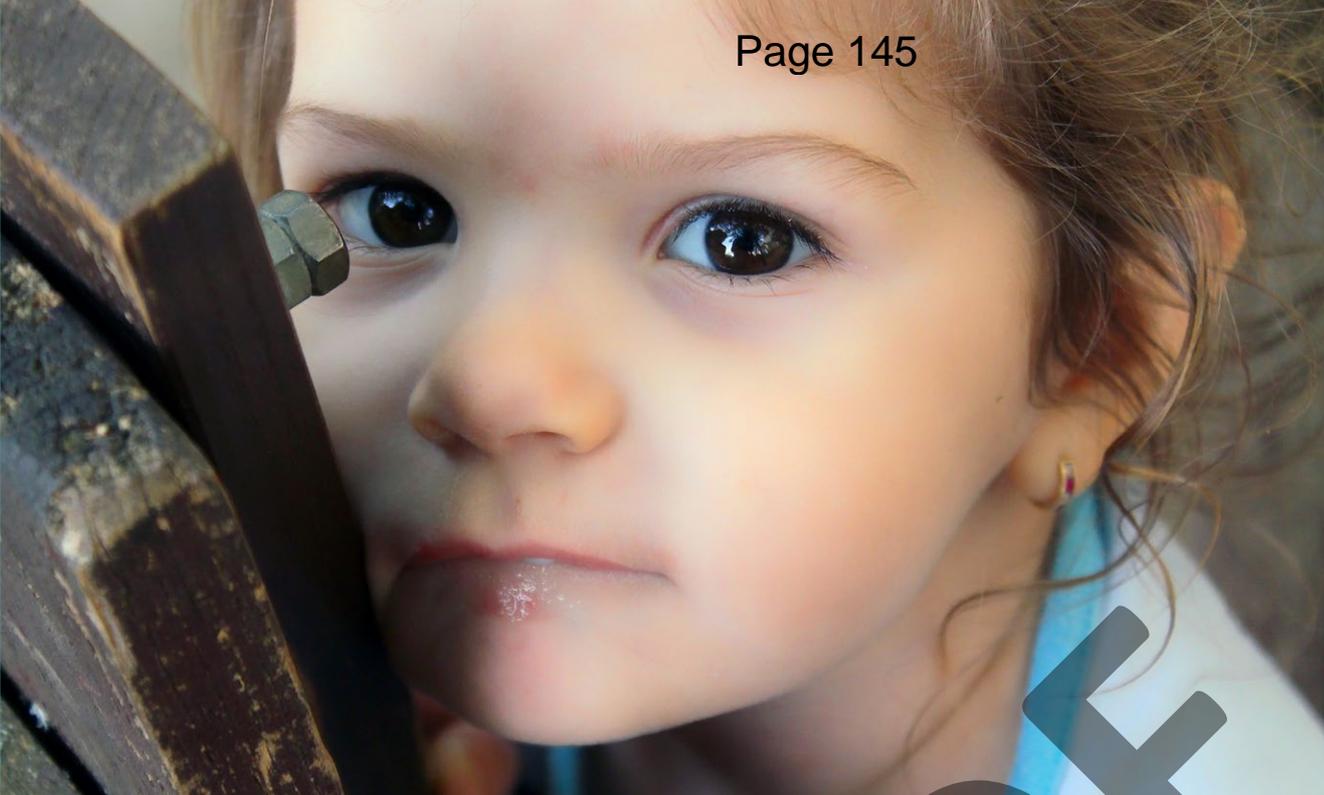
Over the past few years Halton has been actively encouraging victims to come forward and report domestic abuse incidents, raising awareness and understanding across the local communities to break down barriers and encourage local communities to report incidents of domestic abuse. This on-going work seeks that seeks to create a change in culture and subsequently increase domestic abuse reporting makes trends relating to domestic abuse sometimes difficult to interpret, it is not always apparent whether increases in reporting are due to increased domestic abuse within the Borough or an increase in victims willing to report abuse linked to a confidence in the local service provision.

# Local Delivery Structure

**'Domestic Abuse and Sexual  
Violence are issues that affect  
and impact on children and young  
people'**

**PROOF**

**18**



## Local Delivery Structure

### Tiers of Interventions for Victims, Young People and Children

#### Tier 4 – Risk of death or serious harm

Cheshire Police Public Protection Unit	Independent Domestic Violence Advisor
Halton Safeguarding Children Board	Sexual Violence Advisor
Halton Adult Safeguarding Board	Halton Specialist Domestic Violence Court
Safer Halton Partnership	
Multi-Agency Risk Assessment Conference	

#### Tier 3 - Adults, young people and children whose lives have been significantly affected by domestic abuse

Halton Domestic Abuse Forum	Multi-Agency Public Protection Arrangements
Halton Safeguarding Children Board	Community Domestic Abuse Service
Halton Adult Safeguarding Board	Domestic Abuse Family Service
Halton Community Safety Team	Sexual Assault Referral Centre
Cheshire Police Public Protection Unit	Specialist Services for Young People
Multi-Agency Risk Assessment Conference	Voluntary sector
Community Support Services and Social Care	Sanctuary Scheme

#### Tier 2 – Adults, young people and children vulnerable as a consequence of abuse

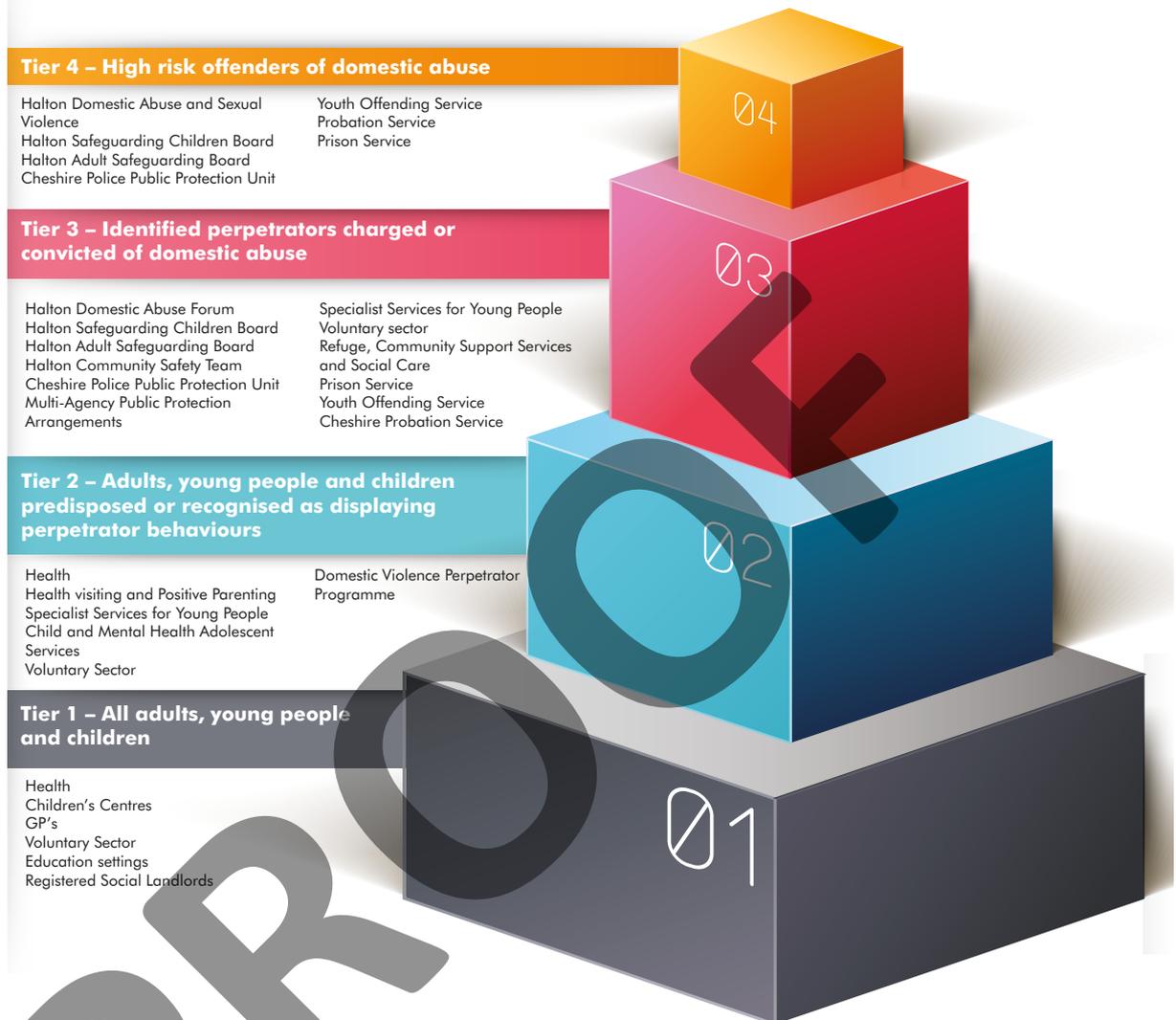
Health	Service User Group
Health visiting and Positive Parenting	Victim Support
Child and Mental Health Adolescent Services	
Specialist Services for Young People	

#### Tier 1 – All adults, young people and children

Health  
Children's Centres  
GP's  
Voluntary Sector  
Education settings  
Registered Social Landlords



## Tiers of Interventions for Perpetrators



### **Victims / Survivors**

The impacting consequences of domestic abuse and sexual violence on the victim/survivor, in most cases, are extremely damaging to the individuals mental and emotional health, well-being and in some cases physical health. The implications of abuse can have long term and permanent effects. Society's better understanding and support of victims/survivors can significantly help reduce the negative impact of domestic abuse and sexual violence on the individual.

Many victims do not readily identify themselves as such, it is essential that all agencies have knowledge and expertise and ability to help them recognise abusive behaviour in their lives to enable victims to understand the impact on not only their safety but the safety of their children too. Support services in Halton focus on assisting victims to achieve long term safety and move on from abuse.

## **Young People**

Domestic Abuse and Sexual Violence are issues that affect and impact on children and young people. Ensuring that children and young people are able to identify abuse, have the knowledge and information available to them to access age appropriate support and are able to identify and foster healthy relationships is central to raising expectations both in males and females.

Halton is developing support services for children, young people and families affected by domestic abuse as well as ensuring there are key links to Child Sexual Exploitation. We want to offer a range of support and positive interventions that will listen to the voice of the child and manage risk such as safety planning ; promote preventative work that will improve outcomes to the lives of children, young people and families.

## **Perpetrators**

The widespread nature of domestic abuse and violence calls for preventative approaches that aim to change attitudes, values and behavior at the level of the individual, the community and professional.

When one relationship ends most perpetrators have other relationships creating new adult and child victims. One of the most common requests from survivors is for someone to work with their partner, to help them change and keep them safe from further abuse.

Perpetrators of domestic abuse must be challenged and brought to justice. Domestic Violence Prevention Programmes are well placed to assist agencies perpetrators that recognise that their actions have an impact on their home life and are willing to make positive changes.

## **Domestic Abuse is a cross-cutting issue**

Domestic abuse, like substance misuse, is a cross-cutting issue. It affects health, housing, parenting, benefits, social functioning, criminal activity, employment, finances and aspirations and like substance misuse it is often hidden until a crisis point is reached by which stage problems are complex, embedded and long lasting.

The overlap of domestic abuse, substance misuse and mental ill health is well documented as are the effects on children (Working Together to Safeguard Children 2010, Munro Review of Child Protection, Alberti Task Force). These are the three key adult factors which disadvantage individuals, families and communities and place significant demands on services.

# Key Outcomes of the Strategy

**“I would definitely recommend this service. For me it has been life changing and has given me my confidence back” Pauline 52**

**“My support worker has been great, going to court with me, she has a knowledge of legal issues and provided practical support. I couldn’t have done it without her.” Maxine 38**

**“I receive fantastic support. I’m having counselling and I feel safe” Laura 22**

**“The service I received as friendly, approachable and knowledgeable. My support worker discussed all the options available in a way that was clear for me understand and never felt judged”. Emma 29**

**22**



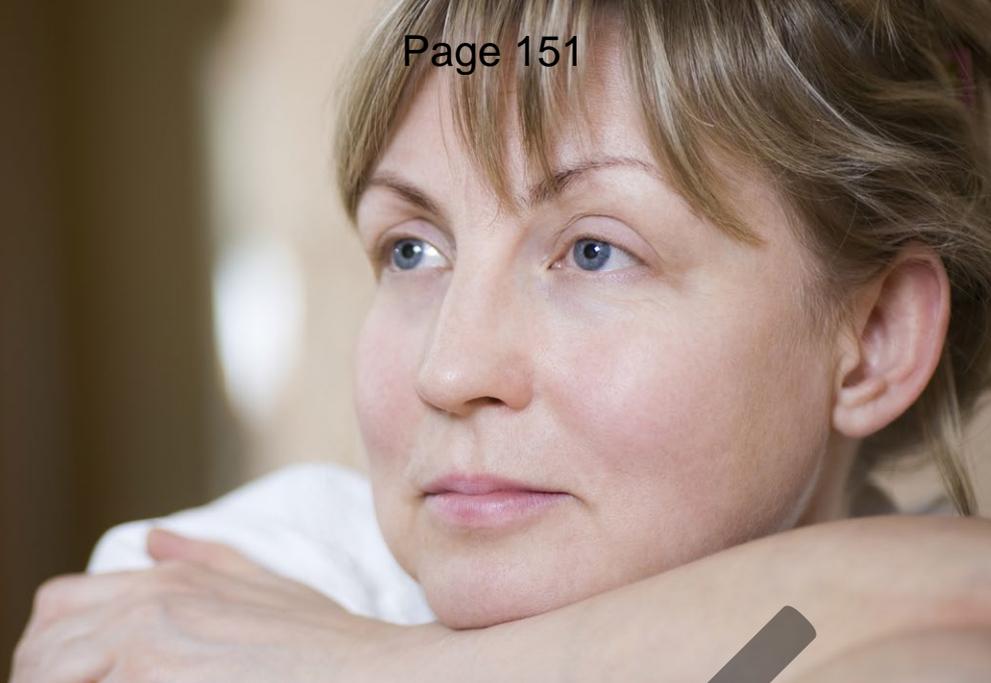
## Key Outcomes of the Strategy

- Halton's residents understand what is meant by domestic abuse and they know what they can do about it and where to get help;
- Halton's victims of domestic abuse are protected and supported to live in safety,
- Increased local community awareness of respectful personal relationships, challenge social tolerances of domestic abuse to tackle the issue at the root cause
- Agencies will hear the voices of service users and listen to the voice of the child so that they can influence the responses of the Halton Domestic Abuse Forum
- There will be fewer children and young people affected by domestic abuse;
- Perpetrators of domestic abuse do not repeat their abusive behaviour.
- Ensure that we have the right services in place to support adults, young people and children.
- Support the development of an effective coordinated, multi-agency response to domestic abuse that is flexible and responds to changes in local need in a fast paced and challenging delivery environment.

# Governance and Accountability

PROOF

24



## Governance and Accountability

Halton Strategic Partnership is ultimately responsible for, and committed to ensuring the vision for domestic abuse in Halton becomes a reality.

Halton Domestic Abuse Forum Strategic Group was established to provide overall direction, control management and guidance for the response to Domestic Abuse and Sexual Violence within Halton. It act as a multi-agency partnership board of lead officers and key representatives, which takes strategic decisions aimed at tackling domestic abuse and sexual violence in their widest forms and provide support to all victims within our area. The Forum is responsible for determining and implementing policy, coordinating activity between agencies, and facilitating training. It evaluates the responses we have locally for victims, children living in households where domestic violence is a feature and to consider provision for perpetrators. The Forum promotes inter-agency cooperation, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust. In order to develop and sustain a high level of commitment to the protection of victims of domestic abuse and affected children and young people.

Halton Domestic Abuse Forum support and encourage service user groups and ensure that they have a voice in the work undertaken within the Borough.

Halton Domestic Abuse Forum recognise that Domestic Abuse and Sexual Violence do not stand alone as isolated issues and have endeavoured to strengthen the links with other areas, such as Hate Crime, Vulnerable Adults and Child Protection.

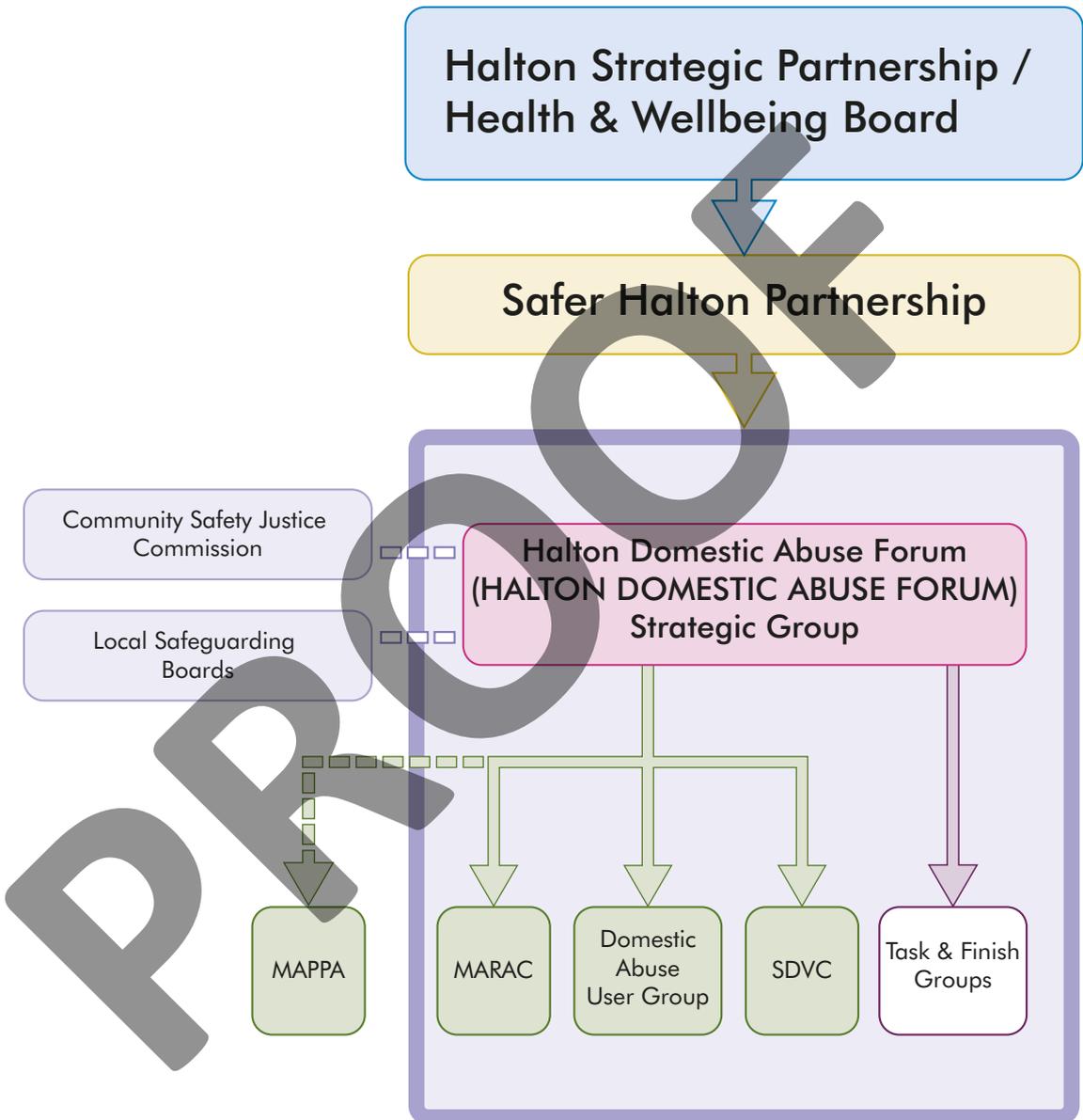
While this work needs to take place within the context of the broader Crime and Disorder reduction strategy, the nature and effects of domestic abuse and sexual violence are such that there is a need to develop specific ways of taking a proactive stance from a strategic as well as operational perspective.

Furthermore, Halton Domestic Abuse Forum is accountable and open to challenge from to Halton Safeguarding Children's Board, Adult Safeguarding Board and the Health and Wellbeing Board.

The strategy will be subject to on-going scrutiny to reflect any changing needs, priorities and take into account financial constraints over the period.

***This strategy is valid until March 2017.***

## Halton Strategic Partnership / Health & Wellbeing Board



## Halton Domestic Abuse Contacts:

For further information relating to the content of this strategy, please contact:

### Domestic Abuse and Sexual Violence Coordinator

Halton Borough Council

Tel: 0303 333 4300

[www3.halton.gov.uk](http://www3.halton.gov.uk)

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

National 24hr Helpline	08082000247 <a href="http://www.nationaldomesticviolencehelpline.org.uk">www.nationaldomesticviolencehelpline.org.uk</a>
M.A.L.E (Men's advice line)	08088010327 <a href="http://www.mensadvice.org.uk">www.mensadvice.org.uk</a>
Broken Rainbow (Lesbian, Gay, Bisexual and Transgender support)	03009995428 <a href="http://www.broken-rainbow.org.uk">www.broken-rainbow.org.uk</a>
Stalking Helpline	0808 802 0300 <a href="mailto:advice@stalkinghelpline.org">advice@stalkinghelpline.org</a>

For information on Specialist Services and Organisations within your local area contact the Police, or:

Halton Domestic Abuse Service	0300 11 11 247 <a href="http://www.halton3.gov.uk">www.halton3.gov.uk</a>
Cheshire West and Chester. Domestic Abuse Family Safety Unit	01606 351375 <a href="http://www.cheshirewestandchester.org.uk">www.cheshirewestandchester.org.uk</a>
Cheshire East Domestic Abuse Family Safety Unit	01606 363532 <a href="http://www.cheshireeast.gov.uk">www.cheshireeast.gov.uk</a>
Warrington Independent Domestic Abuse Support Service	01925 243359 <a href="http://www.warrington.gov.uk">www.warrington.gov.uk</a>

Rape and Sexual Abuse Support Centre – Cheshire & Merseyside	01928 477980 <a href="http://www.rapecentre.org.uk">www.rapecentre.org.uk</a> <a href="mailto:support@rapecentre.org.uk">support@rapecentre.org.uk</a>
--	--

Cheshire Police contact number 101

**In an EMERGENCY always ring 999**

**PROOF**

**DOMESTIC ABUSE SCRUTINY REVIEW  
ACTION PLAN**

**ANNEX 4**

<b>Action No.</b>	<b>Action</b>	<b>Responsible person</b>	<b>Timescale</b>	<b>Resources Required</b>	<b>Progress</b>
1	Publish The Halton Domestic Abuse Strategy, once agreed for adoption.	Sarah Ashcroft	Following Exec. Board ratification	PPB agreement and Exec. Board agreement.	
2	Full list of awareness raising activity ideas to be drawn up.	Chris Patino	By November 2014	Staff time to collate – need to identify what activity can be supported through current budget and what needs additional funding.	
3	Submit reports to CCG and Public Health to attract funding.	Chris Patino	By January 2015	With officer support to collate – to apply for funding for additional activity.	
4	Apply for Corporate White Ribbon status.	Mike Andrews	By December 2014	Community Safety budget. Staff time to evidence activity to support commitment.	