

Public Document Pack



Safer Halton Policy and Performance Board

Tuesday, 20 January 2009 7.00 p.m.
Civic Suite, Town Hall, Runcorn

A handwritten signature in black ink that reads 'David W R'.

Chief Executive

BOARD MEMBERSHIP

Councillor Shaun Osborne (Chairman)	Labour
Councillor John Stockton (Vice- Chairman)	Labour
Councillor Marjorie Bradshaw	Conservative
Councillor Susan Edge	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Keith Morley	Labour
Councillor Margaret Ratcliffe	Liberal Democrat
Councillor Linda Redhead	Liberal Democrat
Councillor Colin Rowan	Conservative
Councillor Mike Shepherd	Liberal Democrat
Councillor Dave Thompson	Labour

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The next meeting of the Committee is on Tuesday, 17 March 2009

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

Part I

Item No.	Page No.
1. MINUTES	
2. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS)	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Safer Halton Policy and Performance Board

DATE: 20 January 2009

REPORTING OFFICER: Chief Executive

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 33 (5).

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(11) states that Public Questions shall be dealt with as follows: -

- (i) A total of 30 minutes will be allocated for 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 submitted by 4.00 pm on the day prior to the meeting. At any 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 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 that 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 RISK ANALYSIS

None.

7.0 EQUALITY AND DIVERSITY ISSUES

None.

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

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

REPORT TO: Safer Halton Policy and Performance Board
DATE: 20 January 2009
REPORTING OFFICER: Chief Executive
SUBJECT: Specialist Strategic Partnership minutes
WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Community Portfolio which have been considered by the Safer Halton Specialist Strategic Partnership are attached at Appendix 1 for information.

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 on Tuesday, 11 November 2008 in the Civic Suite, Town Hall, Runcorn

Present	S. Eastwood	HBC Health and Community
	D. Houghton	HBC Policy and Partnerships
	D. Johnson	HBC Health and Community
	N. Mannion	Neighbourhood Management
	A. Jones	HBC
	J. Manley	Cheshire Police
	P. Burke	HBC
	J. McCusker	GONW
	L. Derbyshire	HBC
	Cllr Wright	Ditton Ward
	D. Cargill	HBC
	C. Myring	HBC
	A. Collins	Police Authority
	M. Andrews	HBC
	S. Blackwell	Cheshire Police
	H. Patel	Citizens Advice Bureau
	P. Carr	HBC - Environmental
	Cllr Osborne	Ditton Ward

Action

SHP12 WELCOME AND INTRODUCTIONS

Superintendent Jed Manley of Cheshire Police Authority welcomed everybody to the meeting and introductions were made.

SHP13 APOLOGIES

Apologies had been received from David Parr – Halton Borough Council, Garath Jones – Youth Offending Team, Sean Henshaw - Cheshire Fire & Rescue Service and Sue Milner – PCT.

SHP14 MINUTES

The minutes of the meeting held on 9th September 2008 were agreed as a correct record.

SHP15 PRESENTATION - PREVENT TERRORISM AGENDA

The Partnership received a presentation from Detective Chief Inspector Paul Taylor entitled 'Preventing

Violent Extremism' (PVE). The presentation covered:-

- Threat levels;
- Current threats;
- The PVE Strategy;
- Publications raising awareness in PVE;
- The Constabulary response; and
- PVE and the future.

Arising from the presentation the following comments were noted:-

- That the importance of communities in encouraging enforcement of extremism is crucial to the success of preventing violent extremism in the community;
- Violent extremism affected all cultures and communities;
- The importance of community intelligence to help address this issue was noted;
- It was suggested that Partnership Members would benefit from reading a copy of the Government Strategy relating to protecting individuals;
- In order to engage with local communities on this issue it was important to ensure the message was delivered locally by appropriate agencies; and
- It was important for the Constabulary to educate the members of the Committee, as they were the ones who are in the best position to enforce the strategy within the communities.

RESOVLED: That

- (1) the presentation be received; and
- (2) DCI Taylor be thanked for his informative presentation.

SHP16 PRESENTATION - MISCHIEF NIGHT

The Partnership received a presentation regarding Mischief Night (30th October 2008), given by Simon Blackwell which:-

- Outlined the partnership work and planning that had taken place to address the issues in Widnes on Mischief Night;
- Set out the Seasonal Action Plan and Operation Pistachio which had taken three months to plan and included three action strands, prevention, enforcement and post incident/evaluation;
- Explained the analysis of last year's data on the four wards, Ditton, Hough Green, Kingsway and Riverside;
- Outlined the linkages with Cheshire Fire Service;
- Highlighted the activities within the three action strands;
- Explained the innovation high visibility patrolling that had taken place which had been co-ordinated and targeted hot spot areas;
- Showed photographs of the briefing session at the beginning of the evening (4 pm);
- Outlined the communications and marketing campaign and the use of bluetooth text messaging;
- Set out and explained the initial evaluation results and the crime figures for the night, Halloween which highlighted a reduction in the number of calls to the fire service in Widnes;
- Detailed the lessons learned and follow up actions that would be taken; and
- Played a video of the BBC overview on the operation.

During the discussion after the presentation, the Partnership requested that a report be presented to the next meeting giving a detailed evaluation of the operation.

Clarity was sought on any geographical displacement of youths as a result of the operation. In response, it was reported that there had been no major increase and a data analysis was being undertaken on this issue to ensure that the Authority had evidence of this.

It was also reported that there had been a further positive video from the BBC after the event and it was

suggested that the two videos should be used to promote the success of the evening.

The Chairman thanked Simon Blackwell for his presentation and thanked all those involved in the 'Mischief Night' operation.

RESOLVED: That

- (1) the presentation be received;
- (2) a report detailing the evaluation of the operation be presented to the next meeting of the Board.

SHP17 TASK GROUP UPDATES

The Task Groups provided updates for the 2nd Quarter which were circulated and taken as read, the following items in particular were noted:

Alcohol

- It was noted that David Parr would lead in the discussions across St Helens, Halton and Warrington LA's and Halton and St Helens and Warrington PCTs about combining resources for adult drug and alcohol treatment services and going out to market with one invitation to tender for these services.
- The importance of parental responsibility was discussed and it was suggested that the strategy could encourage parents and grandparents to take responsibility for their children/grandchildren. It was also suggested that young people should be included in the discussions on this issue; and
- Concern was raised that the report did not include data on the increase of crime as a result of alcohol or the emerging issues. It was noted that the Enforcement Group's Action Plan addressed issues relating to alcohol and a bid had been submitted to fund the Plan. It was agreed that progress on the action plans would be brought back to the next meeting.

Anti Social Behaviour

- It was reported that initial meetings for the three

year Pilot Project would take place in the near future;

- The positive impact the On Streets Project in Hough Green had in the community was noted. It was suggested that funding be identified to roll this project out over the Borough;
- It was noted how successful the Kooldown Plus Programme had been. It was also noted that the funding for this ended on 31st March 2009 and it was suggested that serious consideration be given to identifying funding for this programme to continue; and
- The Partnership took the opportunity to thank everyone who had been involved in the Anti Social Behaviour Conference on 3rd November 2008.

Current and Repeat Crime

- DCI Blackwell advised that pages 15 to 56 were not intended for this meeting and were inserted in error; and
- The enormous impact the dedicated Drugs Team work operations was noted.

Domestic Abuse

- The link between domestic violence and alcohol was noted. It was also noted that funding restricted the activities in relation to preventative measures;
- Concern was raised re the number of repeated offenders in respect of domestic violence and it was acknowledged that 43% of domestic violence was related to alcohol; and
- Clarity was sought on the waiting time for the Sanctuary Scheme. In response, it was reported that it was a very quick response.

Engagement and Liveability

- Concern was raised in relation to the fear and perception of crime in the older generation. It was reported that some properties in the Borough were not secure i.e. broken fences and it was

suggested that this issue would need to be raised with the Housing Association. In response it was reported that consultation on 'Assessing the Need' was taking place would be completed in March/April 2009. The findings would be presented to the Executive Board and Council and an update would be given to the Partnership in March when the consultation had been completed.

Drugs

- The Tender for the new drug service had been halted as the PCT were undertaking internal Budgeting and had provided some funding for a combined alcohol and drug service.

Neighbourhood Management

- 'Your guide to a Safer Community' leaflets for Castlefields and Windmill Hill were circulated at the meeting.

RESOLVED: That

- (1) the reports be noted.; and
- (2) on completion of the consultation on 'Assessing the Need' a report be presented to the Board on the findings.

SHP18 WNF COMMISSIONING AND LAA PROCESS

The Partnership considered a report that provided members with an update on the Working Neighbourhoods Fund Commissioning Pot and work being undertaken for monitoring the Local Area Agreement.

Arising from the discussion the following comments were noted:-

- That the Complementary Anti-social Behaviour Reduction Projects incorporated the whole of the Halton area;
- That more detailed action plans would be available next year and the details relating to anti social behaviour would be circulated when available; and
- It was suggested that at the next meeting the Partnership receive a presentation on the Strategic

Priority proposals relating to alcohol and what to expect over the next few years.

RESOLVED:

- (1) That the report and comments raised be noted;
- (2) The Strategic Priority Proposals relating to alcohol be presented to the next meeting of the Partnership; and
- (3) Detailed action plans be presented to the Partnership next year.

SHP19 PCSO'S ISSUING FIXED PENALTY NOTICES

The Partnership received a report that advised the members of the Clean Neighbourhoods and Environment Act 2005 which provided Local Authorities with new powers to clamp down on environment crime, such as abandoned vehicles, fly tipping and litter. The Fixed Penalty Notices (FPNs), in particular was seen as an integral aspect of the Council's measures to reduce environmental crime where education and encouragement measures had failed.

The Partnership was advised that Safer Halton Partnership Police Inspector and officers from the Council's Environment Directorate had been working closely in recent months and agreement that Police Community Support Officers (PCSO's) be authorised to issue Fixed Penalty Notices (littering and dog fouling) had now been reached. A Protocol between the Council and Cheshire Police had been agreed as attached as Appendix 1.

The agreement between the Police and the Council would significantly increase the number of authorised officers throughout the borough and would strengthen further the current partnership working in tackling environmental crime and anti-social behaviour.

The Partnership noted that the public would be made aware of the Fixed Penalty Notices via the media and the Council Magazine 'Inside Halton'.

RESOLVED: That the report be noted.

SHP20 MID TERM REVIEW OF SUSTAINABLE COMMUNITY STRATEGIES FOR HALTON 2025

The Partnership considered a report regarding the Mid Term Review of the Sustainable Community Strategy for Halton 2025.

RESOLVED: That

- (1) the report and the need for a mid term review of the Sustainable Community Strategy (SCS) be noted;
- (2) in order to comply with statutory guidance that the vision for a safer, stronger and more attractive neighbourhoods for Halton for 2025 be set out;
- (3) the Safer Halton Section ensure that where appropriate, a review of targets and narratives take place and that these are updated on a regular basis; and
- (4) for each of the LAA/SCS targets, an Action/Delivery plan be developed setting out how the Council and its partners will deliver the targets and outcomes in both the LAA and SCS (or cross referencing an existing strategy)

SHP21 LOCAL AREA AGREEMENT

The Partnership considered a report concerning the Local Area Agreements (LAA).

The Partnership was advised that the LAA and their targets were currently be refreshed. The Timetable was set out in Appendix One to the report and in February 2009 the Secretary of State CLG would need to approve the refreshed LAAs for commencement on 1st April 2009.

RESOLVED: That the report be noted.

SHP22 NEIGHBOURHOOD CRIME AND JUSTICE ADVISOR UPDATE

RESOLVED: That the update be noted.

SHP23 FACE THE PEOPLE SESSION

The Partnership agreed the proposal to merge the Police Forum meeting on 28th January 2009 at 7 pm in Kingsway Learning Centre with the Pilot Face to Face meeting. It was agreed that the public would be informed of the meeting and the Authority would liaise with Gary Finchett and that the new Chief Constable be asked to attend.

RESOLVED: That

- (1) the information items be noted; and
- (2) The Police Forum meeting on 28 January 2009 at 7 pm in Kingsway Learning Centre be extended to incorporate the Pilot Face to Face.

SHP24 YOUTH CRIME ACTION PLAN FUNDING

The Partnership considered a report which gave Members information on the Youth Crime Action Plan.

RESOLVED: That the report be noted.

SHP25 ANY OTHER BUSINESS

The Partnership raised concern at the pending credit crunch and the impact it could have on the Borough in particular, people borrowing money from 'loan sharks'. The ongoing activities taking place to address the issues relating to 'loan sharks' was noted. After considerable discussion, it was agreed that the Partnership would consider this in more detail at a later date.

SHP26 MR DAVE WILLIAMS

The Chairman reported that Dave Williams would shortly be leaving the Authority and he paid tribute to the work with Halton, and in particular his contribution to the Partnership.

RESOLVED: That the Partnership place on record its thanks to Mr Williams and extend its best wishes for his future career.

Meeting ended at 4.15 p.m.

REPORT: Safer Halton Policy and Performance Board

DATE: 20 January 2009

REPORTING OFFICER: Strategic Director - Environment

SUBJECT: Road Casualty Reduction Programme

WARDS: Boroughwide

1. PURPOSE

1.1 To report on road traffic casualty and collision reduction work in the Borough.

2. RECOMMENDATIONS

It is recommended that:

[1] The current programme of road traffic casualty reduction work be endorsed.

3. SUPPORTING INFORMATION

3.1 Creating safer roads supports several of the aims and objectives from Halton's Corporate and Community Strategy and this report sets out some of the approaches which have been adopted towards achieving these goals.

3.2 In 2000, Halton's casualty rates were well above average; people Killed or Seriously Injured (KSI), Children Killed or Seriously Injured (CKSI) and Slight casualty rates (SLI) were respectively 1.5, 2.3 and 1.2 times the national rate for Great Britain. During the period covered by Halton's first five year Local Transport Plan (LTP1), 2001/2 to 2005/6, an extensive programme of work combining conventional traffic engineering solutions with educational, training and publicity measures was undertaken. Details of these Local Safety Schemes (LSS) are included in Appendix 1, which sets out the expenditure areas, casualty savings and financial benefits in terms of the value to the community of the accidents prevented. However, there are of course other benefits that cannot be fully assessed through financial appraisals which include avoiding the pain, loss and grief when loved ones are killed and seriously injured.

3.3 The Department for Transport publishes data on the value of the benefits of preventing road accidents of various types, together with an average figure of £89,820 for each incident involving personal injury, which includes an allowance for damage-only accidents. The most recent valuation relates to 2005, and includes amongst others elements for lost output, medical costs, human costs, police time and property damage. The following table sets out the average number of injury accidents over the three years prior to the annual LSS programmes being carried out, totaled for all the sites treated in that year. Also given are the number of accidents in the year immediately

following, the cost of the work carried out and the value of accident prevention to the community, per year :

Year	Total Cost of Schemes Completed £	Accs. Before Schemes Were Implemented at These Sites (Avg. over 3 yrs.)	Accs. In First Year at These Sites After Schemes Were Implemented	Annual Total Value of Prevention £
2001/2	406,000	30	28	179,640
2002/3	428,000	35	21	1,257,480
2003/4	261,000	38	29	808,380
2004/5	201,000	19	9	898,200
2005/6	135,000	12	7	449,100
2006/7	90,069	6	3	269,460
Totals	1,521,069	140	97	3,862,260

The Local Safety Scheme (LSS) programme has also part-financed conversion of the Watkinson Way/Fiddlers Ferry Road junction to a signal-controlled circulatory system over the years 2004/5 to 2007/8, but as the scheme has only recently been finished no data is yet available as regards the value of accident prevention at this location. LSS contributions to the cost of this scheme are not included in Appendix 1 but will be shown in future Road Casualty Reduction Programme reports.

3.4 The 2001/2 to 2005/6 programme proved to be successful in reducing all casualty rates; at the end of LTP1 the 2005 KSI, CKSI and SLI rates in Halton had fallen to 1.2, 1.9 and 1.1 times the national rates, which had in any case reduced as a result of nationwide efforts to reduce casualty numbers, particularly child casualties..

The CKSI rate in Halton remained relatively high compared to that nationally but subsequent years have seen a continuous downward trend in CKSI numbers locally. Further information on Halton's position on casualty numbers was set out in a report to Safer Halton P.P.B. in September 2008, which showed that the three 2010 national targets for casualty reduction relative to the 1994-1998 average baseline figures have already been exceeded locally.

A summary of Halton's progress on casualty reduction is presented in the following table:

Target	1994-1998 baseline avg.	2010 target number	2007 actual number	2006 actual number	2005 actual number	2004 actual number	2003 actual number
40% KSI reduction	157	94	44	50	77	74	74
50% CKSI reduction	33	16	11	4	13	14	17
10% SLI reduction	627	564	477	493	513	555	538

3.5 During LTP1, the majority of local casualty key hot spot locations were treated with engineering measures such as realignment of roads, improved junction control and specific measures to protect vulnerable road users. In preparation for LTP2, a review of the remaining sites, using accident cluster and route analysis, showed that large Local Safety Schemes had only limited potential to secure further significant casualty reductions. In terms of targeting areas, analysis revealed no strong links between deprivation and most casualty classes though there was a connection between deprivation and CKSI casualties.

3.6 The results of these studies influenced the development of Halton's Road Safety Strategy contained within its second five year Local Transport Plan (LTP2), 2006/7 to 2010/11. It was proposed that engineering measures implemented through Local Safety Schemes should continue to be targeted on areas showing casualty groupings whilst recognising that the resulting schemes would be greater in number but smaller in scope and impact than those delivered under LTP1.

3.7 However, it was apparent that resilient problem areas can benefit more from measures to address driver behaviour and attitude, rather than from investment in further engineering interventions. Therefore the Road Safety Strategy also proposed that overall casualty reduction work would be refocused to give greater emphasis to the role of Road Safety, Education, Training and Publicity (RSET &P). RSET&P seeks to change peoples' behaviour on roads and challenges their inherent acceptance of road casualties, to bring about a general reduction in road casualties.

3.8 As successive engineering schemes are implemented, opportunities for casualty reduction through addressing site-specific problems are reducing and RSET&P work is assuming a higher significance. Halton's approach to RSET&P in the Borough includes making use of every opportunity to integrate road safety considerations into the development of schemes and initiatives not primarily associated with highways issues, for instance the school's National Curriculum.

3.9 Appendix 2 sets out some of the main RSET & P schemes that are current. Unfortunately, although the benefits from engineering work to reduce casualties at specific locations can be easily identified, the direct effects of RSET&P are more difficult to link to specific reductions in casualties, but are considered to be a key measure in bringing about a general improvement in road safety. However, there are early indications that this new approach is paying rich dividends. (See paragraph 3.4 above)

3.10 After an initial investment of LSS funds to acquire an initial installation of 8 safety cameras in 2001/2, Halton joined the Cheshire Safety Camera Partnership with adjoining local authorities. In March 2007, this partnership evolved into the Cheshire Safer Roads Partnership (CRSP) which delivers a wide range of strategic road safety activities, including the use of safety cameras in traffic law enforcement. Members of the partnership include Cheshire Constabulary, Cheshire Fire & Rescue Service, Halton Borough Council, The Highways Agency, Cheshire County Council, Her Majesty's Court Service and Warrington Borough Council. The casualty reduction work of the Partnership augments that of Halton, through funding support, targeted

enforcement and undertaking Cheshire wide strategic road safety education, training and publicity initiatives, which complement and enhance local work undertaken by the Local Authorities. Further information on the Partnership is available in its annual report, which was reported to the Safer Halton P.P.B. in September 2008. The following table sets out the Cheshire-wide position on casualty reduction over recent years (Source: Department for Transport):

Target	1994-1998 baseline avg.	2010 target number	2007 actual number	2006 actual number	2005 actual number	2004 actual number	2003 actual number
40% KSI reduction	1152	691	600	697	786	723	760
50% CKSI reduction	138	69	53	56	79	N/A	N/A
10% SLI reduction	5706	5135	4286	4572	4773	5259	5492

Over the CSRP area as a whole, the three 2010 national targets for casualty reduction relative to the 1994-1998 average baseline figures have already been exceeded.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct funding implications of this report. However, the funding for casualty reduction work is derived from a number of sources. These include:

- **The Local Transport Plan** - Provides capital funding for engineering based casualty reduction schemes (Local Safety Schemes);
- **Halton's Revenue Programme** – Provides funding for local road safety education, training and publicity initiatives and the School Crossing Patrol Service: and
- **The Cheshire Safer Roads Partnership:** The partnership is funded through Halton's, Cheshire's and Warrington's Road Safety Grants, which are used to support pan Cheshire safety camera enforcement and strategic road safety, education, training and publicity initiatives.

5.0 RISK ANALYSIS

5.1 Failure to implement an effective annual programme of road traffic accident prevention measures and initiatives would lead to an escalation of accident and casualty numbers. Any increase in these numbers would jeopardise Halton's ability to meet national casualty reduction targets in 2010 and also local casualty reduction performance indicators.

6. POLICY IMPLICATIONS

The work on casualty reduction is consistent with the policies and approaches incorporated in Halton's second Local Transport Plan

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 A Safer Halton

Road safety casualty reduction work of all types support this priority through the introduction of initiatives and interventions designed to deliver a safer environment.

7.2 Children & Young People in Halton

By helping to create a safer environment, road safety casualty reduction work assists in the safeguarding of children and young people and in the provision of accessible services.

7.3 A Healthy Halton

A reduction in road casualties will have the direct benefit of releasing health resources and thereby enable funding to be focused on other areas of health care.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The engineering schemes associated with the road casualty reduction programme frequently provide features of benefit to disabled persons, such as enhanced crossing facilities, clarification of road user information through clearer signing and lining schemes and lower traffic speeds generally. Road safety advice and information can be made available in a range of languages and formats.

BACKGROUND PAPERS

Information held in the Traffic Section, Environmental Services, Grosvenor House, Halton Lea, Runcorn. Contact S.Johnson, ext. 3010.

LTP 1 LSS BENEFITS

Average value of
prevention per acc..=£89,820

Year 2001/2

Scheme	Cost Desc	Comment	Yearly avg. accs Before (3yr av)	After (1 yr)	Saved
A557 Weston Pt. E'way	£48,000.00 Safety fencing		1	0	1
Expressway Network	£114,000.00 Visibility Imps.		1	0	1
Highway Network	£154,000.00 Speed cameras		21	20	1
Coronation Road	£2,000.00 Signing & lining	No scheme records	0	0	0
A533 Southern E'way	£22,000.00 Murdishaw Rdbt. Lining etc.		5	7	-2
A533 Spur Road Slip	£2,000.00 Signing, lining etc.	No scheme records	0	0	0
Lowerhouse Lane	£56,000.00 Signals (SRB supported)	New signals	2	1	1
LSS Programme Fees	£8,000.00 Framework consultants		0	0	0
	£406,000.00		30	28	2
				Val. Prevention	£179,640.00

Year 2002/3

Scheme	Cost Desc	Comment	Yearly avg. accs Before (3yr av)	After (1 yr)	Saved
SJB scheme	£84,000.00 Signing & lining etc.		22	13	9
Expressway route	£150,000.00 Visibililty Imps. & barriers		2	0	2
Cronton Lane	£19,000.00 Signing & lining etc.)	0	0	0
Hale Road TC	£15,000.00 Chicanes)	6	5	1
Minor Works	£32,000.00 Various preventative works)	0	0	0
Milton Road/LHL	£21,000.00 Signals etc.	Ped. Xing	1	0	1
A533 Central E'way/Spur Road	£27,000.00 Signing, lining, anti-skid		1	1	0
Halton Link Road	£19,000.00 Signing, lining, TM etc		2	1	1
A56/Keckwick Lane	£5,000.00 Signing & lining etc.		1	1	0
LSS Programme Fees	£56,000.00 Framework consultants		0	0	0
	£428,000.00		35	21	14
				Val. Prevention	£1,257,480.00

Year 2003/4

Scheme	Cost Desc	Comment	Yearly avg. accs Before (3yr av)	After (1 yr)	Saved
Ditton R/A	£93,000.00 Signing, kerbing & lining etc	Accidents after 2yr. Ave.	8	4	4
Expressway route	£52,000.00 Visibility Imps. & barriers		2	1	1
SJB scheme Ph.2c	£55,000.00 Signing & lining etc		21	23	-2
Hale Rd/Marshgate R/A	£32,000.00 Mini R/A		1	0	1
Minor Works	£29,000.00 Various minor schemes	Clifton Hill/Halt. Lea Rdbt. etc	6	1	5
	£261,000.00		38	29	9
				Val. Prevention	£808,380.00

Year 2004/5

Scheme	Cost Desc	Comment	Yearly avg. accs Before (3yr av)	After (1 yr)	Saved
Expressway route	£23,000.00 Barriers		0	0	0
Halton Lea	£9,000.00 Markings, signs etc		3	0	3
Murdishaw Ave. traffic calm.	£70,000.00 Traffic calming	Traffic calming	4	1	3

A562 Moor Lane R/A	£12,000.00	Lining	Remarking	2	3	-1
Kingsway/Leigh Ave	£21,000.00	Pedestrian crossings etc	Projected savings	2	1	1
Halton Link Road	£15,000.00	Antiskid, rumbles etc	Unusual road layout	3	2	1
Hale Rd/Dundalk/Crossway	£27,000.00	Existing T.A. jnc. Rework	Diminishing returns	2	2	0
M56 J11 Carriageway	£24,000.00	Exit from fast R/A		3	0	3
	£201,000.00			19	9	10
					Val. Prevention	£898,200.00

Year 2005/6

Scheme	Cost Desc	Comment	Yearly avg. accs Before (3yr av)	After (1 yr)	Saved
Expressway route	£20,000.00	Barriers etc	0	0	0
Expressway route	£20,000.00	Visibility – bushes etc.	1	1	0
Minor Works	£32,000.00	Markings, signs, refuges etc	2	0	2
Clifton Rd south. To M56	£10,000.00	Markings, signs etc	3	1	2
Ditchfield/Lpool Roads	£9,000.00	Lining, island alts	1	0	1
Prescot Rd. S.A.S.	£4,000.00	Speed activated sign	0	0	0
Express slip to Heath Rd.	£10,000.00	Antiskid, rumbles etc	1	1	0
Halton Rd. route	£20,000.00	Refuges, markings etc	2	2	0
Prescot Rd. refuge	£5,200.00	Refuge & markings, signs	2	2	0
Other minor works	£4,800.00	Castlefields Ave etc.	0	0	0
	£135,000.00		12	7	5
				Val. Prevention	£449,100.00

Year 2006/7

Scheme	Cost Desc	Comment	Yearly avg. accs Before (3yr av)	After (1 yr)	Saved
Expressway route	£18,000.00	Barriers etc	0	0	0
Halton Road	£5,415.00	Markings, signs etc.	3	3	0
Halton Brook Ave.	£9,836.00	Markings, signs etc.	0	0	0
Hale Gate Road	£2,230.00	Markings, signs etc.	1	0	1
Aston Lane North	£2,192.00	Mini roundabout etc.	0	0	0
Astmoor Traffic Calming	£9,501.00	Physical traffic calming	1	0	1
Central Expressway Loop	£10,065.00	Revised signing	1	0	1
Other minor works	£32,830.00	Various sites	0	0	0
	£90,069.00		6	3	3
				Val. Prevention	£269,460.00

Year 2007/8

Scheme	Cost Desc	Comment	Yearly avg. accs Before (3yr av)	After (1 yr)	Saved
Hallwood Link/Expressway Slip	£8,845.00	Markings, signs etc.	2	To be assessed	-
Kingsway Narrowing	£5,308.00	Markings, signs etc.	0	To be assessed	-
Halton Village Traffic Calming	£16,385.00	Physical traffic calming	0	To be assessed	-
Ditton Rd/Speke Rd Slip	£12,000.00	Markings, signs etc.	3	To be assessed	-
Wilmere Lane	£15,720.00	Markings, signs etc.	3	To be assessed	-
Other minor works	£6,744.00	Various sites	0	To be assessed	-
	£65,002.00		8		
				Val. Prevention	-

Appendix 2

Road Safety, Education, Training and Publicity (RSET &P)

Halton Council provides a comprehensive programme of education, training and publicity throughout the borough aimed at casualty reduction. The initiatives detailed below represent a snapshot of the interventions that are currently available.

Pre – School

- Anti-natal groups are visited and provided with practical advice on child car seats;
- 'Stop and Hold Hand' talks are provided in pre-school settings and nurseries; and
- School Crossing Patrols visit nursery schools to introduce themselves and give interactive demonstrations to the children prior to them starting school

Primary School.

A comprehensive programme of education and training is undertaken in each year of the primary school. Topics and issues covered include;

Town and Countryside (My Environment).

Comparisons and observations of traffic in their locality, to help children to evaluate safe crossing points and better understand the risks associated with the road network at various locations.

Stepping Out.

Practical pedestrian training skills over a three-week period.

Crucial Crew

With the ever-present danger faced by the children of Halton each day, Crucial Crew is an invaluable event, which is effectively reducing the risk and increasing the social responsibility of the future adult generation.

The scheme operates by setting up a number of rooms within the Stobart Stadium. Each set gives scenarios which pose problems or potential danger for the children to address e.g. how to ring 999 in the case of a fire and what to do if they observe something that could be dangerous. There is a mix of scenarios to provide a range of situations that children may well encounter in everyday life.

Each room is staffed by members of a safety organisation. Last year the following agencies were represented:- Cheshire Fire and Rescue Service, Halton Primary Care Trust, Halton Community Safety Team, Network Rail, Virgin Trains, Arriva, HBC Parks & Countryside, Road Safety, Child Safeguarding Team & Community Health,

The next event will take place at The Stobart Halton Stadium from the 2nd-13th March 2009. Year 5 pupils will be invited from all the Primary schools across Halton.

Junior Road Safety Officers (JRSO)

Schools select a team of pupils to represent their school, which are then visited by the Road Safety Unit at least 6 times during the school year. The children retain an information pack containing a range of road safety advice leaflets and other support material and are encouraged to deliver safety messages to their school colleagues either in assembly or in class.

Worksheets and competitions are provided that the JRSO's can photocopy and use during the year, together with small promotional gifts to reinforce safety messages such as 'Be Safe Be Seen'. The teams are given a Yearbook to complete and retain, as their evidence of competitions and any other work they have done to teach others in their role as a Junior Road Safety Officer. This is then returned to the Road Safety Unit in June to select a winning school for the year. The Junior Road Safety Officer of the Year trophy is then presented to the winning school and individual trophies are presented to the children and a press release is given to the local papers.

Secondary Schools

Megadrive.

The Megadrive initiative is exclusively aimed at pre-driver teenagers to impress and promote responsible driving attitudes and behaviour. It is both ground breaking and innovative in its approach and involves a plethora of safety related agencies in its delivery.

Traditionally a difficult age group to reach, the Megadrive initiative engages pupils from high schools with partner agencies and local businesses. It includes in the region of 500+, Year 10 students who experience an intensive theory and practical pre-driver course. Issues are addressed using a variety of delivery methods to heighten the need for ownership of the issues which provide the youngsters with a variety of coping strategies

The initiative is delivered at The Heath Business and Technical Park which has established extensive educational and business links with the Road Safety Unit. Business personnel representing local Driving Instructors (ADI's), emergency service personnel, government agencies and educationalists offer a wide range of impartial expert information and advice aimed at influencing attitudes and behaviour and each student is provided with a pack of best practice advice and information.

Megadrive has become a high profile initiative undertaken by the Road Safety Unit and feedback from both the students and partner organisations shows this to be one of the most well regarded and well received pre-driver events aimed at teenagers within the borough.

Collision Investigation Pack

This is a Cheshire Safer Roads Partnership (CSRP) funded initiative where students use a variety of maths and physics to discover why crashes happen.

The students study a range of real life crash scenarios (all very different and requiring different analytical skills) to discover what happened before, during and after the crash.

The feedback from students has been exceptional, they have been enthused by the project both for the subject matter and also the maths and science behind it. As the work was student led, the issues that emerged highlighted what these young people rated as important and this allowed the crash investigation pack to evolve and tap into these interests.

Stop the Drop.

Stop the Drop is another CSRFP funded initiative aimed at Key Stage 3 pupils around the Runcorn area. Several sites were identified as being targeted by youths throwing missiles from bridges, resulting in damage and also causing injury. In partnership with Cheshire Constabulary and the local bus operators, the pack is presented in schools across the identified area but it will also be made available to all schools in Halton as part of the PSHE curriculum. This matter is also discussed in more detail elsewhere on the agenda.

Roots

This theatre in education project is also funded by CSRFP and was aimed at pre drivers- in Year 10.

The brief to the students was to produce a resource aimed at young people to tackle the issues of drink and drug driving. The students were given a case study of a collision from which they developed the script for a DVD. The students had control of the story, the characters, the scenes, the outcomes etc. As the young people developed the scope of the story, it facilitated an insight into what issues are rated as important to young drivers and by allowing the students control, we were able to produce a resource that was created for young people by young people. The resulting DVD, 'PASSED!' covers the issues relating to drink and drugs and focuses heavily on peer pressure and risk taking.

Representatives from Cheshire Police, Cheshire Fire and Rescue Service and Halton Magistrates were involved throughout the project to enable the real life accounts of issues to be explored.

The DVD was launched at a premier on the 21st November at the Brindley and it will form part of a resource pack for schools incorporating curriculum links, schemes of work, lesson and activities ideas. The pack will then be distributed to all secondary schools in Halton.

Post 16

Moto-Go (new project)

The Moto-Go project that is also funded by CSRFP tackles anti-social behaviour and safety arising from the misuse of mini-motos and motorcycles across the borough. Individuals are referred to the scheme by a variety of

agencies and each individual receives a theory course covering a wide range of topics.

Successful completion of this element will then allow the individual to receive practical training (CBT or an other appropriate course) free of charge. This initiative is designed to provide the participants with information and advice about the safe and acceptable use of motorcycles. This diversionary intervention aims to positively influence attitudes and future behaviour of vulnerable young people. We are currently working with officers in Kent who offer a similar scheme and is accredited to an NVQ Level 1 equivalent. It is anticipated that the Moto-Go scheme will also receive a similar level of accreditation.

Petrol HedZ

A CSRP funded initiative, Petrol Hedz initially engages with young people in areas where they congregate. In the future, it is hoped to utilize a rally car as an attraction for the young people, helping to overcome the barriers often experienced in engaging with this difficult to reach group. Once engaged, their own personal driving training gaps will be identified. The young people will then be offered free training, as appropriate, but in order to qualify for the intervention, they will have to attend a general road safety presentation covering issues such as drink, drug driving, speed, peer pressure, mobile phones and the use of seatbelts. The Driver Impairment team and a Collision Investigator also provide a presentation which gives an insight into some of the fatal and serious crashes involving young people in the area.

FitKits

A CSRP funded initiative; this drink- drug project is being promoted within Halton to raise awareness of the effects and consequences of impairment. It is proving to be one of the most recognisable projects that the Unit has coordinated. Information and promotional items support the 'Free Bar', which has toured the colleges during Freshers week and is always a major crowd puller. The bar also formed an integral part of the Christmas Drink- Drug Campaign which toured the local colleges and businesses throughout December.

REPORT TO: Safer Halton Policy and Performance Board

DATE: 20th January 2009

REPORTING OFFICER: Strategic Director - Environment

SUBJECT: Petition for the Installation of Alleygates
between Hale Road and Deansway, Widnes

WARDS: Riverside, Ditton, Broadheath

1.0 PURPOSE OF THE REPORT

1.1 To advise members of the receipt of a petition containing 19 signatures, and the proposed course of action

2.0 RECOMMENDATIONS: That

- (1) The residents be encouraged to submit diary sheets so that the nature, details, dates and times of the listed incidents can be recorded in a manner suitable as supporting evidence for the consideration in the possible making of a Gating Order; and
- (2) Once the above is complete, the Operational Director (Highways, Transportation and Logistics) makes a decision whether or not to proceed with the advertising of a Gating Order in line with his delegated powers.

3.0 SUPPORTING INFORMATION

3.1 A petition (attached as Appendix 1) has been forwarded to the Council stating the following:

"We the undersigned are requesting that Halton Borough Council install alleygates between Hale Road and Deansway, Widnes. For many years residents have suffered various kinds of Anti Social Behaviour, causing distress and health problems for those adjacent to the walkway."

3.2 The petition was also presented to the last meeting of the Board on 18 November 2008 by one of the local elected Members with a request for a report to be brought back to the subsequent Board meeting with recommendations on how the matter could be addressed.

3.3 The petition contains 19 signatures, 16 of which are residents of Hale Road or its immediate surroundings. Also attached is a list of occurrences of crime and anti social behaviour around the alleyway between 128 and 130 Hale Road. These are over 100 in number mostly relating to anti-social behaviour by youths.

3.4 The Council has received similar requests in relation to this path in the past. Prior to the current Gating Order legislation being in place, a

resolution by Council Members in January 2004 resulted in an Order being pursued through the Magistrates Court, to fully Stop Up the path, under the Highways Act 1980 Section 116. However, this was unsuccessful as the Magistrate considered that the use of the legislation was not appropriate to tackle crime and anti social behaviour, and that more appropriate legislation such as the Countryside and Rights of Way (CROW) Act, should be used. This was despite a case being made that the route was unnecessary, in that users of the route would not be unduly inconvenienced by using alternative routes.

- 3.5 A 12 hour pedestrian count has recently been carried out at the Hale Road / Deansway passageway, which shows that 304 pedestrians used the route between 7am and 7pm on Thursday 6 November 2008. It is worth noting, however, that the pedestrian flow in the last hour was 78 and was primarily made up of youths repeatedly using the path to collect firewood to build a bonfire. The full survey results are attached as Appendix 2.
- 3.6 The Police crime statistics for the route show 4 separate incident reports between November 2007 and December 2008. However, it is possible that the incidents of anti-social behaviour listed in the petition could also be used as evidence for a Gating Order to be pursued, if properly recorded on diary sheets giving times, dates and nature of incidents. The residents concerned have recently been given these sheets and have been encouraged to complete them. The relevant instances of crime and anti-social behaviour will, once received, then need to be balanced against use of the path and potential inconvenience caused to users of the path by installation of gates. A decision will then be made by the Operational Director, under his delegated powers, whether to advertise a proposed Gating Order, which if uncontested would allow the erection of gates (subject to funding by the Area Forum).
- 3.7 The Gating Order legislation referred to above, would allow for gates to be erected at either end of the path, but would not allow for the Stopping Up and hence full closure (and enclosure by land owners) of the path. Legislation is available to allow this, on the grounds of crime and anti-social behaviour, which was brought in a number of years ago under the CROW Act. However, this is a lengthy process, where an area first must be designated by the Secretary of State, which can take many months, followed by a local Order for the path concerned, and potentially an automatic Public Inquiry, should objections be received. (Members may recall a number of paths at Kendal Road estate being closed using this process). By comparison a Gating Order is advertised and the Executive Board Sub Committee makes the decision whether to confirm the Order or hold a Public Inquiry, should objections be received. Should the need be proven to restrict the use of the route, it is felt that consideration should be given to using a Gating Order, as the problems experienced by residents would potentially be resolved more quickly.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications

5.0 OTHER IMPLICATIONS

5.1 There are no other implications

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

It is alleged that anti-social behaviour by youths is causing a disturbance to neighbours adjacent to the path between Hale Road and Deansway. Should a Gating Order be implemented this would prevent such youths from gaining access to the path.

6.2 Employment, Learning and Skills in Halton

There are no direct implications for Employment, Learning and Skills in Halton.

6.3 A Healthy Halton

There are no direct health implications, however, the recommendation will help build a case for a Gating Order which could help relieve residents' stress caused by anti-social behaviour. Removal of pedestrian routes such as this, may discourage people from walking. However, in this case, for most users, the possible gating of the path would result in only a short additional walk.

6.4 A Safer Halton

Recommendation (1) will help build a case for a Gating Order which if pursued could help reduce crime and antisocial behaviour.

6.5 Halton's Urban Renewal

There are no direct implications for Halton's Urban Renewal.

7.0 RISK ANALYSIS

There are no risks associated with the proposed action.

8.0 EQUALITY AND DIVERSITY ISSUES

In cases such as this there is potential that gating a route may cause particular inconvenience for users of wheelchairs or mobility scooters. However, in this case the path has barriers which already prevent access to mobility scooters and larger wheelchairs.

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

Document	Place of Inspection	Contact Officer
Gating Orders Report 21 June 2007	Municipal Buildings, Widnes	Gill Ferguson
Police Crime Statistics	Rutland House, Runcorn	Jonathan Farmer

Continuous damage to side fence, so much so we had to replace front half with a metal fence, but unable to renew back half due to cost. Gangs of youths gather in the entry and they used to sit on the corner of our wall, so when we had new metal fence made we asked them to include an extra piece to stop this problem.

Metal scroll on front fence snapped off.

Continuous eggs, stones and other objects thrown at side door and windows, air pellets shot through large porch window.

Various damage to vehicles:

- Car windscreen smashed
- Electric mirrors broken, twice on new vehicle
- Vehicles scratched
- Vehicles written on with felt tip pen
- Windscreen wipers snapped off, including arm
- Locks on vehicles broken

Condoms filled with urine put through letterbox, and on two separate occasions a condom was put on a garden gnomes hat.

Upstairs bathroom window broken.

Mud thrown through open upstairs windows.

Small trees and plants up rooted and left damaged.

Various items stolen:

- Large hanging basket
- Plants discarded in alleyway
- Gnomes stolen or left damaged, because the garden ornaments were bolted down, so if they can't steal them, they kick and smash them.
- Large beware of the dog notice stolen off back gate
- Fountain pump stolen out of the pond

Bus shelter vandalised numerous times:

- Glass smashed, Adshel now replaced glass with boards which have also been smashed
- Offensive graffiti written in large letters on the bus shelter panels, so we are unable to avoid looking at it, and are offended by the remarks written
- Rubbish bin beside bus shelter set on fire.

Youths aged around 13 having sex in alleyway.

Neighbour puts a lock and chain on his front gate because he is worried about his property.

Walls being kicked over and the bricks being used as weapons.

Youths standing on garage roof, throwing stones at neighbouring windows.

Whilst one of my parents was stood at the front door waiting for me to return from work as he often does, a group of youths started shouting obscenities at him. When I drove into our drive the youths came over to me, and confronted me.

Two males aged about 13 stated that they had lose their ball in our pond, when we couldn't find it after trying for some time, the lads put two fingers up to us and walked away, again through the alleyway where they live.

Youths screaming and shouting as they walk through the alleyway, at all hours of the night.

Plant and pot taken out of our back garden and left in the alleyway, one resident found it and asked whether it belonged to us.

Young male came out of the alleyway to fast on his bike that he was unable to steer it and hit our vehicle parked outside.

Holes punched in neighbours car shelter.

Youths standing on the top of the bus shelter and playing golf off the top of it, this allowing them to hit the balls farther and with more force.

Cars being parked outside our property and the occupants walking through the alleyway, as they say they are unable to park in Deansway.

One neighbour has been considering moving into a residential home, because she has become concerned about the increase of trouble in the area, and is now frightened to answer her own door if someone knocks at night. She is not the only resident to voice their concerns.

Used syringes found in neighbours front garden.

Free magazines taken from Booths garage and thrown into residents gardens, when garage owner told about problem, he stated that he would keep the magazines in the shop to try and deter these youths from taking them.

Stones being thrown at people including my parents as they stand outside.

Street lamp in the alleyway, ~~repaired~~ numerous times, the live wires left exposed and in a dangerous condition. The problem has been reported on each occasion, but each time lamp repaired it is damaged again. Now left unlit, leaving the alleyway dark at night, and people and property left vulnerable.

New fence damaged the same night it was put up, and has been continually damaged since.

Youths using verbal and threatening abuse on countless occasions, so much so that it is becoming quite frightening to local residents to move around their own property and get on with their daily routines.

Residents having to put up with golf balls hitting their property, and vehicles.

Police being asked to remove youths that are now gathering in large groups and causing distress and damage.

Broken bottles and other sharp objects being left under vehicle wheels.

People being dropped off by taxi at all hours of the night and then walking through the alleyway home. The noise of the drunken people and the engines running is disturbing, and residents are unable to sleep.

Males urinating in the alleyway.

Youths standing and sitting on wall/fence at the side of the house, when they are gathered together.

Alcohol being consumed in alleyway and the beer cans being thrown either in alleyway or nearby gardens.

Hanging baskets being stolen and left damaged in other residents gardens. This has happened on a couple of occasions.

Grass verge being destroyed but youths playing golf off it, and large lumps of turf being dug out by their clubs. This is becoming a dangerous practise as they are now hitting their balls across a main road, where they are unable to see whether there are any vehicles approaching, and someone is going to get hurt by these balls.

Residents window smashed by a brick which could only be from one of the walls that has been kicked down.

The alleyway is not being maintained any longer by local residents and therefore has grass, weeds and other rubbish obscuring the footpath.

People fighting in Deansway, when the police called and approach scene they run though alleyway, to escape.

Residents having to put up security cameras to try and deter vandalism to their

Two teenage males knocked on t saying they had lost their ball, wh 138 and did the same thing.

ating to be let into back garden, allow them, they went to number

Approx. 3 teenage males knocked and stated a car radio had been thrown into the pond and asked if they could get it out, again we refused (we did find the radio in pond weeks later).

Two young males trying to scoop the fish out of the pond with tubs.

Approx. 12 full house bricks thrown into fish pond killing fish.

Gang of youths jumped over fence into our back garden, braking small wooden fence in garden and dropping beer cans, when shouted through window at them, they jumped over fence into the alleyway and ran off.

Lady robbed of her handbag in alleyway (then council put the street light up to try and stop any future problems).

Metal bench seat stolen out of back garden, they must have taken it over the alleyway wall.

Allotment / Alleyway fence set on fire – three times, twice the fire brigade was called out, the other time local residents put it out.

Groups of youths gathering, one particular time three males flicking a lit cigarettes at a single female stood at the bus stop.

Fireworks put in the panels of the bus shelter to make them explode and blow out.

Graffiti and smashed glass bottles left for people to walk over, all the way down the alleyway.

Bowl on ornamental fountain broken by bricks. The fountain statue broken twice, second time beyond repair.

Three neighbouring front fences smashed beyond repair, residents elderly and can not repair their own property.

Deansway resident had the bushes in his back garden set on fire.

Youths jumping into peoples garden hedges to flatten them.

Motor bikes ridden through alleyway, no helmets are being worn by these youths, and they drive through at an alarming rate of speed.

Mound of soil had to be removed from across the road, due to youths causing trouble on their bikes.

Resident had youths banging on her front window, and spitting on her windows.

Residents frightened to go out in fireworks and other objects.

ens, because of the youths throwing

Youths driving at excessive speed coming from Coronation Drive to its junction with Hale Road where numerous accidents have occurred, vehicles hitting the pavement at the bus shelter causing damage to both their vehicles and local property i.e. lamp post. On a few occasions people have been stood waiting for the bus when speeding vehicle has narrowly missed hitting them.

Residents complaining that whilst trying to cross the busy main road to the bus shelter, the cars are coming that fast around a sharp bend that it is a miracle that someone has not been hit, although there have been a couple of near misses.

Countless eggs thrown at residents houses causing distress as it is near impossible to remove the eggs when they have dried and gone hard.

Residents being intimidated by large groups of youths shouting abuse and swearing at them.

Youths sat on grass verge near the entrance to the alleyway, waiting for even more youths to turn up. Sometimes sat along residents walls.

More car windows smashed not to steal anything that may be left inside, but just to cause distress and inconvenience.

Body work of cars dented and kicked, full panels damaged.

Male youth assaulted by large gang, kicked / punched about the head and torso. Ambulance and police called after youth had seizure / concussion – taken to Whiston Hospital.

Taxi dropped male off – who then ran through alleyway without paying.

Allotment fence set on fire - police called but did not turn up until a week later.

Flammable fuel used to try and set light to tarmac and grass in alleyway – youths then started kicking lit grass at each other and into local property.

Stones thrown at passing cars, if driver stops to confront youths, they thrown more stones so driver has to drive off or risk more damage to their vehicle.

Large ornamental lamp pushed over and broken.

Bottles smashed outside residents driveways – one resident saw this confronted the youths who only verbally abused resident – when police was rung, they failed to turn up, not explanation given.

Condoms found in alleyway and local gardens.

Spit and mucus found down side of vehicles.

Distress being caused by up to 40 Page 34 around the alleyway, screaming and shouting, causing damage and rty.

Two women attacked and robbed on separate occasions, which has had a traumatic affect on all the elderly women in the area. To the extent that they will not go out after dark, or answer the door if they live alone.

Young male urinating in broad day light in the entrance of the alleyway, in full view of residents, youth did not even have the decency to turn and face the other way but was in full view.

Youths jumping and stamping on the top of parked vehicles, causing damage to paint work, evidence by leaving their muddy foot prints of over the body work.

Front windscreen wiper and vehicle aerials broken on a lot of the vehicles parked in the vicinity of the alleyway.

Wheel hubs on numerous vehicles stolen and used by youths as frisbees, these hubs where being thrown across a main road and at property with no regard for the safety of others.

Beer bottles smashed and beer cans thrown into residents gardens.

Various residents noticing groups of under age youths going into the local pub after hours sometimes in the early hours of the morning.

More walls being kicked down and the bricks being utilised and used to damage local property.

Residents having had half a house brick thrown through their window on more than one occasion.

Residents fence damaged and set on fire again.

Whilst one resident who has a heart condition was sat at the table eating his dinner an egg was thrown directly at him hitting the window with force, causing him to jump and experience chest pain after, this has been stated on more than one occasion that someone is going to die because of these mindless yobs.

Female screaming "leave me alone, don't touch me" continually until she ran out of the alleyway obviously in distress, followed closely by a group of youths.

Used condoms left discarded in the alleyway.

Female items of clothing left in alleyway.

Residents kept awake continually by youths screaming and shouting.

Grass and nettles overgrown in the alleyway.

Horse fouling in alleyway.

More fence and walls broken.

Resident had window in front door smashed.

Youths climbing on unstable garage roof.

Bricks thrown at glass conservatory roof with 'no' regard whether anyone was sat underneath.

Numerous indentations on vehicle caused by golf balls hitting them.

Verbal and threatening behaviour towards residents.

Fish in pond killed.

Rubbish and items of clothing left in alleyway.

Groups of youths, numerous times knocking on elderly peoples doors late at night, which is frightening, asking for balls, clothing, money etc.

Allotment portacabin broken into money and valuables stolen.

Allotment property or produce damaged.

No maintenance done by council unless complaint is sent in.

Large gang of youths fighting – police called, fight had broken up by the time police arrived which was quite some time after call.

Motor bikes being ridden with no crash helmets worn at high speed through alleyway onto field or down to local garage for fuel.

Faeces smeared over residents front door.

Both male and females continuously urinating in the alleyway.

Unnerving screams from females who are allowing males to do unthinkable things to them, then laughing and tormenting the males who then use offensive language.

Young children aged about 6 or 7 left to roam around after dark through alleyway with no regard who could be lurking down the dark unlit passage.

Youths climbing onto fences, into allotments and gardens causing damage or writing graffiti over walls and fences.

Endless noise from youths, mostly late at night.

PEDESTRIANCENSUS SUMMARY

LOCATION: Deansway to Hale Road, Ditton

DAY AND DATE : Thursday 06/11/08

TIME	CHILDREN					TOTAL	ADULTS 17 - 60	ADULTS Over 60	TOTAL	TOTAL PEDS.	CYCLES (inc in ToT)	Pushchair etc. (inc in ToT)
	Under 5 Accomp.	Under 5 Unaccomp.	5 - 11 Accomp.	5 - 11 Unaccomp.	12 - 16							
07.00	0	0	1	0	2	3	2	2	4	7	0	0
08.00	0	0	9	0	15	24	16	4	20	44	1	0
09.00	3	0	0	0	1	4	13	6	19	23	1	1
10.00	1	0	0	0	1	2	9	2	11	13	0	0
11.00	0	0	0	0	0	0	19	2	21	21	6	2
12.00	1	0	0	0	1	2	11	1	12	14	1	2
13.00	0	0	0	0	0	0	17	1	18	18	0	4
14.00	0	0	0	1	1	2	14	1	15	17	2	0
15.00	1	0	8	2	15	26	17	5	22	48	4	1
16.00	0	0	2	0	11	13	0	10	10	23	1	0
17.00	0	0	2	0	23	25	9	0	9	34	1	0
18.00	0	0	1	0	35	36	6	0	6	42	0	0
TOTALS	6	0	23	3	105	137	133	34	167	304	17	10

NOTE:- Hour 18.00 Youths running to & fro to rekindle bonfires on green

Cyfrifau Cymru

REPORT TO: Safer Halton Policy & Performance Board

DATE: 20 January 2009

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Safer Halton Partnership Drug Treatment Plan 2009/10

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To advise the Safer Halton PPB of the findings of the needs analysis that supports the drug treatment plan for 2009/10
- 1.2 To advise the Safer Halton PPB of the strategic priorities for the 2009/10 treatment plan.

2.0 RECOMMENDATION:

- i) That the Board notes and comments on the report.**

3.0 SUPPORTING INFORMATION

- 3.1 As part of the cycle of needs assessment, drug strategic partnerships must complete a summary of the needs assessment work that has been undertaken² and set key priorities for the coming financial year. Each partnership is required to submit to the National Treatment Agency, by the 16th January 2009, a strategic overview (in the region of 4-6 pages of A4) as part of the adult drug treatment plan submission. Plans are reviewed by a multi-agency panel and feedback provided to partnerships in February. Final plans are to be submitted to the National Treatment Agency for approval and sign off by the end of March 2009.
- 3.2 The treatment plan should cover the following elements:
- a) The overall direction and purpose of the partnership strategy for drug treatment;
 - b) The key priorities for developing a drug treatment system to meet local needs during the following financial year;
 - c) The key findings of the current needs assessment, including a brief summary of prevalence and penetration levels, treatment system mapping, the characteristics of met and unmet need, attrition rates, and treatment outcomes (see appendix 1)

3.3 Overall Strategic Direction.

Halton Drug & Alcohol Action Team are developing and implementing the drug treatment system within the context of Halton's Local Area Agreement. National Indicator 40, 'drug users in effective treatment', is currently included in Halton's Local Area Agreement. Drug treatment services will provide added value to the LAA by enabling mainstream services to more easily engage with and promote their services to the partners, children and carers of those in the drug treatment system, who are often themselves socially excluded and/or hard to reach. In addition to the crime reduction priorities identified by the Safer Halton Partnership, the treatment plan for 09/10 onwards will also clearly link to 3 other priorities identified by the Local Strategic Partnership; Children & Young People, Healthy Halton and Employment, Learning & Skills.

3.4 Strategic Priorities

- To improve the integration of service users, their children & carers into the community.
- To reduce the crime committed by problematic drug users.
- To develop a workforce with the appropriate skills, knowledge & expertise to improve the outcomes of drug treatment.
- To reduce the physical, dental, sexual and mental health risks associated with problematic drug use.
- To work with the Children Trust and the Halton Safeguarding Children Board to improve the outcomes for the children of drug using parents.
- To continue to improve the involvement of service users and carers in the development of the drug treatment system.
- To undertake an audit of clinical governance.

3.5 Key Findings of the Needs Assessment

See Appendix 1

4.0 **POLICY IMPLICATIONS**

4.1 Over the coming year the DAT will be working with neighbouring Local Authorities and PCTs to tender and commission a substance misuse service across a 'mid-Cheshire' footprint. Based on a social inclusion model, the service will support the delivery of key LAA outcomes around physical and mental well being, worklessness, reducing criminality and safeguarding vulnerable adults and children. Such an approach it is anticipated will ensure improved value for money as well as enabling the Boroughs that come together to more effectively position themselves in the market place.

5.0 **OTHER IMPLICATIONS**

5.1 The funding allocated to Partnerships to commission drug treatment is partially based on the achievement of the NI 40, 'number of problematic drug users in effective treatment'. There is currently a gradual downward trend in this area. Together with the needs assessment showing the lowest prevalence of problematic drug users in the North West, this may mean there is a reduced level of funding being allocated by the NTA to the partnership over the coming year/s.

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

6.1 **Children & Young People in Halton**

Improved outcomes around children in need and safeguarding children.

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

Improved outcomes around reducing worklessness

6.3 **A Healthy Halton**

Improved outcomes around physical and mental well being, especially in relation to blood borne viruses.

6.4 **A Safer Halton**

Reductions in drug related criminality.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The proposed model of service is based on one of promoting recovery and social inclusion. These are aspects of national policy that have only recently come to the fore. As such there may only be a limited number of providers in the market that can deliver this type of service. Alternatively, providers may now need to formally come together in partnerships to deliver this kind of contract, which again is a new development for this area of service delivery. Halton DAT propose to manage this risk through; working in collaboration with the NTA to ensure providers are aware of the service local partners are seeking to commission; ensuring the specification and performance management framework accurately reflects the service that is required; holding an event with providers in order to outline in detail the vision for substance misuse services in across the

Boroughs; and in partnership with the new provider and staff group, re-model the workforce to ensure that it can meet the outcomes required.

7.2 It is anticipated that with additional alcohol money being made available to PCTs, and with other DATs also tendering and commissioning for new services, that there may not be capacity in the provider market to respond to competing for this contract. Halton DAT propose to manage this risk by ensuring that the contract value is potentially large enough to interest bidders; that through the NTA potential providers are kept up to date with the timetable for the commissioning process; that the partners can go to the market and start their commissioning process before other areas.

7.3 A qualified workforce with a commitment to delivering a personalised service that motivates its customers to make changes in their lives will be a vital component of this new service. Halton DAT continues to work with current providers to ensure that NTA workforce targets are met and that vacancies are reviewed with the commissioner prior to recruitment. This should help to ensure that over time, the skills and expertise of the workforce change sufficiently to support the delivery of the required outcomes.

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.



Safer Halton **PARTNERSHIP**

a member of the Halton Strategic Partnership

Halton Drug Action Team Executive Summary for Drug Treatment Plan 2009/10

1. **NEEDS ANALYSIS**

1.1 **Prevalence**

- In terms of performance, the overall 'numbers in treatment' achieved for 07/08 was broadly similar to 06/07. 'Retention in treatment' however, fell significantly to 80% by the end of the year, 6% below the NTA target and 8% below the LPSA 2 target.
- The estimates of the prevalence of opiate use and/or crack cocaine use (2006/07) North West Region shows that for Halton the estimated number of problematic drug users (PDUs) aged between 15 – 64 for 2006/07 was 722. This is a reduction of 30 from the previous years prevalence estimate. It is the lowest prevalence estimate in the North West with Trafford being the next highest at 825.
- The prevalence rate of PDUs per thousand aged between 15 – 64 for Halton is 8.98. This is the 13th highest of the 22 North West DATs. The North West rate is 12.28.
- Of the estimated 722 PDUs resident in Halton, 15.2% (n=102) had not been in treatment during 06/07 or 07/08.
- The penetration rate for PDUs in 07/08 was 70.61, the highest in the North West. On 31/03/08, 99% of PDUs in contact with treatment were 'in effective treatment'.
- The DAT level 'treatment naïve' cohort has also reduced considerably from 324 individuals identified in last years needs assessment to 110 individuals in this years assessment. Within the overall cohort there were reductions in the numbers of 'treatment naïve' in 15 – 24 year olds and women.
- The estimated number of drug injectors aged 15-64 for 06/07 was 281, 12 less than 05/06. This is the lowest prevalence figure in the North West.

1.2 **Drug Use**

- Heroin continues to be reported as the primary drug of use of those in contact with treatment services. In 07/08 47% (398) of individuals reported heroin as their primary drug, as compared

to a regional figure of 63%. The second highest reported was cannabis, 18% (157), and cocaine, 14% (121) the third.

- In terms of secondary presenting substance misuse, crack cocaine was the second most prevalent at 24% (191) and alcohol third at 11% (88).
- Of the individuals presenting to the Agency Syringe Exchange, the largest cohort were steroid users, by 2:1. Heroin was the second most injected drug.

1.3 The Treatment System

- In terms of the overall treatment system, sources of referrals, planned and unplanned exits have remained broadly similar from 06/07 to 07/08.
- Of the 256 exits from the treatment system in 07/08, 41% (107) were planned, 48% (123) were unplanned and 1% (26) were referred on.
- As with 06/07, in 07/08 there were no transfers from the Outreach service into other services within the treatment system.

1.4 Equality & Diversity

- Of those in contact with Halton treatment services in 07/08, 73.6% were male, 99% were white and 19% were under the age of 25. This is slightly higher than the regional total for males and under 25s
- The mean age of individuals in contact with treatment services in Halton was 33.16.
- The total in treatment for females increased from 348 in 06/07 to 439 in 07/08.

1.5 Harm Reduction

- Halton would appear to have relatively low numbers of individuals injecting heroin and crack cocaine. Nearly three quarters of those individuals entering treatment have never injected.
- The most prevalent age bands for injecting heroin were from 25 upwards. 73% of heroin injectors were aged 30 and above.
- Around a third of those in treatment or those new to treatment who were current or previous injectors had been screened or tested for Hepatitis C. Just under a quarter of those new to treatment received a Hepatitis B intervention.

1.6 Hospital Episode Statistics (HES)

- In 06/07, 742 individuals had a drug related hospital episode. This equates to around 2 episodes per day. Of those episodes,

37% were with individuals over the age of 41.

- In terms of presentations, after Halton General, Royal Liverpool was the most frequently attended, followed by Royal Liverpool Children's Hospital, Warrington, University Hospital Aintree and then the Countess of Chester.

1.7 Work Force

- In 07/08 the DAT undertook a second workforce skills audit.
- 55% of the workforce was not professionally qualified. Those who were professionally qualified were either Registered Mental Health Nurses (7) or Registered general Nurses (1).
- Of the managers, 4 had attended an accredited management training programme. 3 had not.
- Of the non-professionally qualified staff, 3 had achieved NVQ level 3. 2 were undertaking this training, but 6 had not.
- The audit found a slight improvement on the previous audit carried out in October 2007. However there was still a failure to reach the NTA managers and non-professionally qualified targets.

1.8 Community Safety

- The number of individuals in contact with DIP but not treatment has fallen from 16 in 06/07 to 1 in 07/08.
- Whilst there has been a slight improvement in DIP activity and performance, with 2 of the 3 national KPIs being met, the overall low activity means that Halton has the highest cost per head service in the North West.
- In 07/08 Halton achieved its DRR commencements and completions targets.
- The service users that took part in the 12 week into treatment survey in the main report reductions or stopping of criminal activity.

1.9 Service Users & Carers

- For service users, the majority report that they are satisfied with both the service overall and their relationships with staff. However the issues of treatment choices and knowing the range and availability of wraparound services remains a challenge.
- The short waiting times, and receiving a prescription were highlighted as positives, with self reported reductions in crime and chaotic behaviour.
- Just under 90% of service users were aware of how to make a complaint and were comfortable to do so if necessary.
- Just over half of respondents to the satisfaction survey, 54%, did not know if their care plan showed the timescales around when they might be ready to be discharged.

1.10 Hidden Harm

- With regards to those individuals commencing a new treatment episode in 07/08, 45% (140) had children. 21% (66) lived with the client, 15% (47) lived with a partner, and 6% (18) with another family member.
- Halton had the highest mean age in the North West, 28.13, of those who stated a parental status.
- On average regionally, individuals who stated they had children living with them had 1.98 children living with them at least part of the time. Halton had the highest regional mean number of children living with individuals at least part of the time – 2.32
- The regional average when looking at just opiate and crack users in 1.92. Again Halton is significantly higher in comparison to this regional average with 2.47 children.
- In 07/08 76 children were the subject of child protection plans. 10 (13%) were as a result of parental drug use, 17 (22%) parental alcohol use and 7 (9%) parental substance misuse. Overall 45% of child protection plans were where parental factors of substance misuse were involved.

REPORT TO: Safer Halton Policy and Performance Board

DATE: 20 January 2009

REPORTING OFFICER: Strategic Director - Environment

SUBJECT: Incidents of objects being thrown from footbridges in the Borough

WARDS: Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To enable members to consider the issues associated with incidents in the Borough involving objects being thrown from footbridges onto the live highway.

2.0 RECOMMENDATION: That

The Board supports the investigation of potential funding sources that would enable a proposed programme of works to enclose defined footbridges to be based on an agreed set of priorities endorsed by the Board.

3.0 SUPPORTING INFORMATION

- 3.1 There are 49 footbridges within Halton's boundary which HBC are responsible for either as Highway Authority or structure owner. Of these, 29 span the public highway or busway network. The remainder span watercourses, railway or unadopted tracks.
- 3.2 Only 2 of these 29 bridges have anti-vandal enclosures fitted to minimise the possibility of vandals throwing objects on to the highway. These are Bongs North and Bongs South footbridges over A557 Watkinson Way in Appleton/Halton View Wards in Widnes.
- 3.3 These particular enclosures formed part of the Highways Agency's original bridge construction in 1993. It is assumed that this was related to the primary function of these bridges being to allow access for schoolchildren to and from Fairfield High School.
- 3.4 HBC have only retro-fitted an anti-vandal enclosure to one footbridge which spans the railway in Hough Green, Widnes. This was completed in 2005 as a result of Network Rail's serious concerns for train safety arising from frequent reports of missiles being thrown at moving trains and debris being dropped onto the tracks.
- 3.5 The issue of objects being maliciously dropped from footbridges received significant local publicity after incidents in the spring of 2007. As a result HBC's Road Safety team started putting together a package of measures

to be delivered through the "Stop the Drop" campaign, which was initiated in September 2007 and was funded through the Cheshire Safer Roads Partnership. It was evident from Police reports that the majority of the problems were centred on the Halton Brook/Halton Lodge/Asda area.

- 3.6 The campaign was delivered by Halton Council staff, the Police Schools Liaison Officer, the Fire Service and representatives of Arriva and Halton transport to year 5,6, 7 and 8 children throughout the Borough though with special focus on the high schools near the sites with the most frequent incidents. Posters were also placed on buses and the campaign pack made available to all schools in Halton for use as part of the PSHE curriculum. The issue is always included in any work done with high school students.
- 3.7 A specific example is that of the Antisocial Behaviour PSHE Day at the Heath school on 21st October 2007, when year 9 students took part in a whole day event at the Heath Business Park which focussed on the devastating consequences of attacking vehicles, including emergency vehicles and public transport.
- 3.8 Table 1 in Appendix A indicates the total number of incidents of objects being thrown or left on the highway reported to the police in Halton since April 2006. This includes 36 reported incidents of objects being thrown from bridges. The majority appear to be from pedestrian footbridges.
- 3.9 Resource restrictions have meant that Cheshire Police have been unable to mount regular, increased patrols in the area affected, though the CSOs have been used to show an increased Police presence.
- 3.10 Chart 1 in Appendix A indicates the frequency of reported incidents since April 2006. This would appear to indicate that with the exception of months Nov 07 and Oct 08, since introduction of the Stop the Drop initiative there has been a significant decrease in reported incidents.
- 3.11 Following the latest incident on the Spur Road, letters are being sent to all high schools in the area (Heath/St.Chads/Grange) to request an assembly for each year group to be delivered by a representative of the Stop the Drop team and all partners will be reminded to include the problem on any relevant future presentations. Posters are also to be reissued and placed in relevant locations such as schools, youth clubs, community centres and so forth.
- 3.12 Any incident of this kind has the potential to see an innocent motorist killed, but so far in Halton we have been extremely lucky in that no vehicle occupants have been physically injured. The Stop the Drop initiative has been successful, but each year brings a fresh crop of children through the education system requiring continuing efforts to address this issue.

- 3.13 If we were to consider enclosing footbridges, then due to the different geometry of each structure, each enclosure would have to be a bespoke design.
- 3.14 It is estimated that the cost of designing, fabricating and erecting a galvanised steel enclosure of a similar nature to that indicated in Appendix A photos 1 & 2 (Hough Green Railway Footbridge) would typically be in the order of £40k/footbridge.
- 3.15 The reported incident information highlights the Central Expressway and Runcorn Spur Road corridors as being the highest risk areas for such an incident in the Borough. There are 4 footbridges spanning the Central Expressway and 2 spanning the Spur Road so enclosing all could cost in the order of £240k although it would undoubtedly be less if this were addressed in packages comprising multiple sites.
- 3.16 The nature of these works is outside the scope of structural bridge maintenance so could not be funded from the LTP derived Highway Maintenance Block allocation. The total 2008/09 revenue budget for reactive and non-structural bridge maintenance is £116k and this is insufficient to address the issue without significant detriment to structural bridge maintenance liabilities.
- 3.17 The effectiveness of enclosing individual footbridges has been questioned in the past as the activity could easily be transferred to nearby unprotected footbridges or road bridges which are impossible to enclose.
- 3.18 It is also worthy of note that, as is evident from the attached photos 1 & 2, these type of enclosures are unattractive and austere in appearance. This could be the source of significant objection as they could detract from other neighbourhood or community initiatives to improve the image of the areas in question. The intimidating nature of their appearance could also deter some members of the public from using the footbridges. Consultation before committing to provision would be advisable.
- 3.19 There is the potential for architecturally driven alternatives, which could be more aesthetically pleasing, but the costs of installing and maintaining these would be significantly greater.
- 3.20 For the Expressway and Spur Road footbridges, the option of removing the footbridge and replacing with a surface level pedestrian crossing is not feasible on the grounds of road safety.
- 3.21 Consultations have been made to other NW area local authorities to ascertain whether they have experienced similar incidents and how these had been addressed. From the responses received it would appear to be a common problem although only HBC have statistical data regarding number and frequency of incidents.

3.22 The Merseyside Bridge Engineers Group examined this a couple of years ago as a result of several incidents in Wirral which culminated in a motorist being killed when a youth dropped a car battery off a bridge over the Rock ferry bypass. The Group decided in the end to recommend that enclosures or other measures should not be installed as it was felt that if individuals were determined, it would only push the problem to another bridge which hadn't been protected. Furthermore it wouldn't be logical to just consider footbridges, as road over road bridges would have to be considered too.

3.23 Also, if the enclosures were to employ solid infill panels on the vertical parapets the additional wind loading on the structure could become an issue as regards the stability of the footbridge.

3.24 Individual authorities have also reported problems with existing footbridge enclosures. These have also been experienced by HBC at the Bongs footbridges. The presence of the enclosures becomes a challenge to certain individuals to climb onto the top of them, causing persistent vandalism as a result. The resulting damage can then lead to claims for personal injury, damaged clothing etc against the Authority.

4.0 POLICY IMPLICATIONS

4.1 None.

5.0 OTHER IMPLICATIONS

5.1 Resource Implications

If it were decided to fund retro-fitting of one or more enclosures, further investigation into the potential sources of funding would have to be undertaken.

5.2 Crime and Disorder Issues

The ASB and criminality aspects of this issue have been focussed upon in the education and publicity initiatives undertaken by the Council.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Police records and anecdotal reports tend to show that the perpetrators of such incidents are overwhelmingly children or young persons.

Therefore any preventative measures in terms of education and publicity should continue to be targeted accordingly.

6.2 Employment & Learning Skills in Halton

None.

6.3 A Healthy Halton

None.

6.4 A Safer Halton

Consideration of the issues outlined in this report is important in the interests of maintaining and potentially improving public safety.

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 None under the meaning of the Act.

APPENDIX 1

Table1 Incident Summary

Chart 1 Incident Frequency

**Photos 1 & 2 Enclosure Installed at Hough Green Railway
Footbridge**

DAY	DATE	TIME	NUMBER YOUTHS	LOCATION	OBJECT	RESULT
Thur	06/04/2006	21:22	2 Males	Central Expressway	Stones	No Damage
Wed	12/04/2006	03:58	2 Males	Boston Avenue	Brick	Damage to Vehicle
Fri	14/04/2006	11:26	2 Males	Central Expressway	Golf Balls	No Damage
Thur	18/04/2006	15:58	Unidentified Youths	Central Expressway	Golf Balls	No Damage
Thur	18/04/2006	20:30	3 Males	Central Expressway	Unidentified Objects	Damage to Vehicle
Tue	09/05/2006	20:16	2 Unidentified Youths	Unidentified location	Unidentified Objects	No Damage
Sat	20/05/2006	01:16	3 Unidentified Youths	Wtn Point Expressway	Unidentified Objects	No Damage
Sat	27/05/2006	20:53	Unidentified Youths	Wtn Point Expressway	Unidentified Objects	No Damage
Thur	01/06/2006	15:05	Unidentified Youths	Central Expressway	Unidentified Objects	No Damage
Wed	07/06/2006	04:09	Unidentified Youths	Unidentified location	Trees	No Damage
Thur	20/07/2006	20:10	2 Unidentified Youths	Central Expressway	Unidentified Objects	No Damage
Tue	05/08/2006	15:53	Unidentified Youths	Central Expressway	Debris	No Damage
Wed	13/09/2006	18:00	Unidentified Youths	Southern Expressway	Water Bombs	No Damage
Tue	10/10/2006	13:13	Unidentified Youths	Central Expressway	Stones	Damage-Windscreen Smashed
Fri	13/10/2006	19:34	Unidentified Youths	Bridge- Unidentified	Stones	No Damage
Fri	13/10/2006	23:26	Unidentified Youths	Central Expressway	Shopping Trolley	No Damage-missed
Sun	12/11/2006	12:44	Unidentified Youths	Central Expressway	Stones	No Damage
Fri	22/11/2006	19:13	Unidentified Youths	Central Expressway	Unidentified Objects	No Damage
Wed	06/12/2006	16:38	2 Unidentified Youths	Unidentified location	Glass	No Damage
Fri	08/12/2006	19:35	6 Unidentified Youths	Central Expressway	Unidentified Objects	HGV Windscreen smashed
Mon	11/12/2006	19:35	Unidentified Youths	Unidentified location	Unidentified Objects	Damage- Windscreen Damaged
Fri	29/12/2006	21:06	Unidentified Youths	Central Expressway	Stones	No Damage
Fri	19/01/2007	15:08	Group of School children	Central Expressway	Stones	Hit Car- No Damage
Fri	27/02/2007	17:17	1 Female	Central Expressway	Concrete	No Damage
Tue	27/03/2007	21:53	Unidentified Youths	Central Expressway	Flares	No Damage
Sun	29/04/2007	17:18	Unidentified Youths	Central Expressway	Stones	Damage-Windscreen Damaged
Sat	12/05/2007	15:34	Unidentified Youths	Central Expressway	Unidentified Objects	No Damage- Driver lost control
Sat	29/09/2007	15:24	4 males (8-9years old)	Central Expressway	Drinks Cans	No Damage- No Patrols Available
Mon	12/11/2007	14:41	4 lads	Daresbury Expressway	Bricks	Hit Car- No Damage
Fri	16/11/2007	21:59	Unidentified Youths	Central Expressway	Stones	No Damage
Mon	19/11/2007	17:03	2 children	Daresbury Expressway	Unidentified Objects	No Damage
Mon	19/11/2007	17:09	3 8year olds	Daresbury Expressway	Stones	No Damage
Wed	05/03/2008	19:37	Unidentified Youths	East Lane	Bricks	No Damage
Sun	28/09/2008	21:28	Unidentified Youths	Spur Road	Unidentified Objects	No Damage
Mon	20/10/2008	21:35	2 males	Spurr Road	Paving Slab	DAMAGED Windscreen
Wed	22/10/2008	09:25	Youths 8-10yrs - bottle green uniform	Spur Road	Stones	No Damage
Wed	29/10/2008	09:19	2 young lads throwing stones at vehcile	Spur Road	Stones	No Damage
Wed	29/10/2008	15:02	2 Youths	Spur Road	Unidentified Objects	No Damage
Wed	29/10/2008	15:12	2 Youths	Spur Road	Stones	No Damage

Table 1: Incident Summary

Month	No. Incidents
06-Apr	5
06-May	3
06-Jun	2
06-Jul	1
06-Aug	1
06-Sep	1
06-Oct	3
06-Nov	2
06-Dec	4
07-Jan	1
07-Feb	1
07-Mar	1
07-Apr	1
07-May	1
07-Jun	0
07-Jul	0
07-Aug	0
07-Sep	1
07-Oct	0
07-Nov	4
07-Dec	0
08-Jan	0
08-Feb	0
08-Mar	1
08-Apr	0
08-May	0
08-Jun	0
08-Jul	0
08-Aug	0
08-Sep	1
08-Oct	5

39

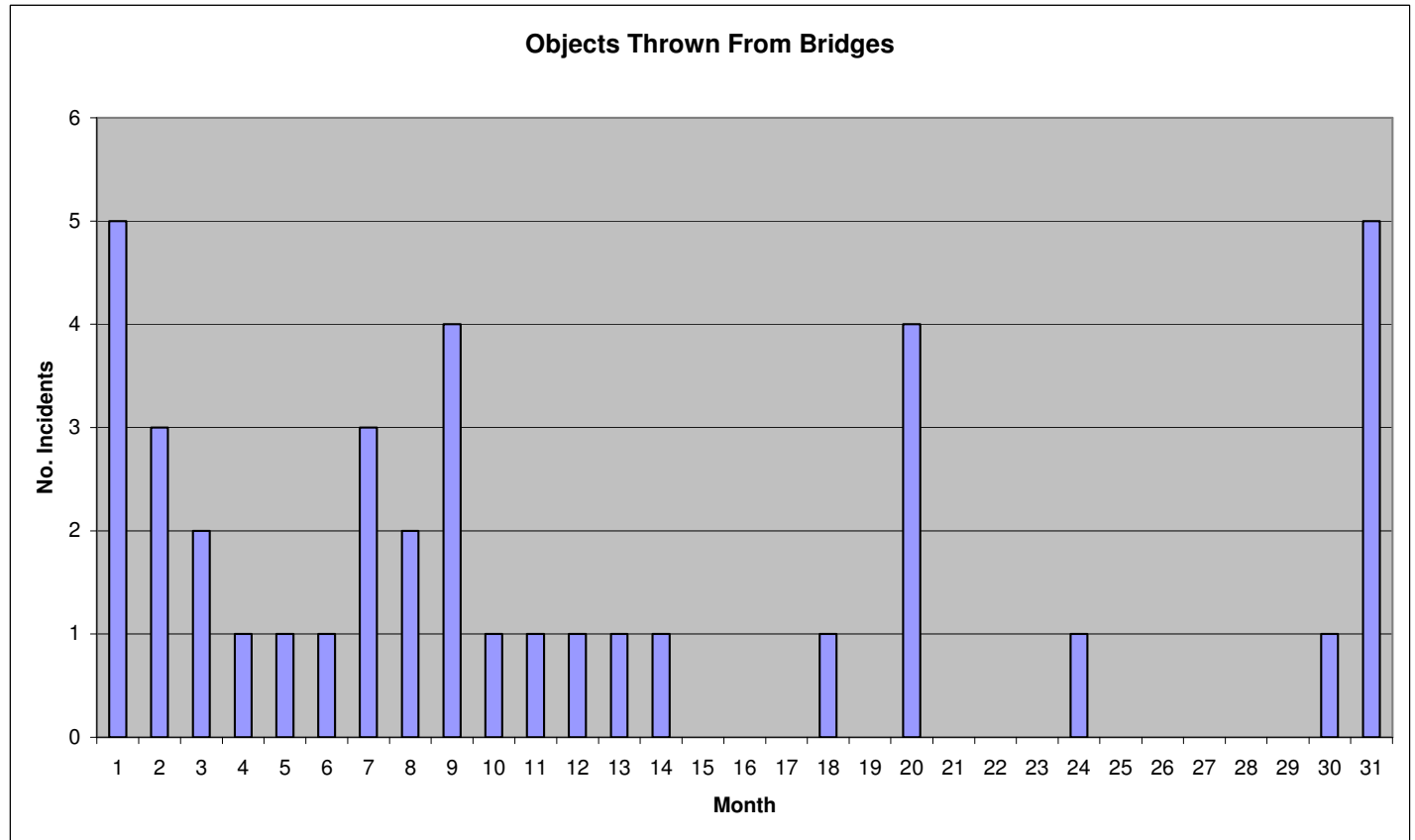


Chart 1: Incident Frequency



Photos 1 & 2: Enclosure Installed at Hough Green Railway Footbridge

REPORT TO: Safer Halton Policy and Performance Board

DATE: 20th January 2009

REPORTING OFFICER: Strategic Director Corporate and Policy

SUBJECT: Local Area Agreement Performance Report

WARDS: Borough-wide

1. PURPOSE OF REPORT

To report on progress towards meeting Local Area Agreement targets at the end of the first six months of the Agreement.

2. RECOMMENDATION THAT:

- i. The report is noted.
- ii. The Board considers whether it requires any further information on the actions being taken to deliver the LAA targets.

3. SUPPORTING INFORMATION

The revised Local Area Agreement (LAA) was signed off by the Secretary of State in June 2008. The purpose of the LAA is to agree a set of targets for Halton with government and local partners. Named partners have a duty to co-operate in striving to achieve these targets. There are 34 indicators in the LAA, plus a further 16 statutory education and early years targets. The agreement covers the period April 2008 to March 2011.

A report on progress over the first 6 months of the Agreement is attached at Appendix 1, covering those indicators which fall within the responsibilities of this particular Policy and Performance Board.

Given that the Agreement was only signed in June, this first progress report reflects a very early stage in the Agreement's life. In reading the report members should bear in mind that:

1. As all the national indicators are built into service plan monitoring, the information in the appendix has already been before the Board. The intention of this report is pick out the LAA indicators from the different service plans so that it is possible to see a clearer picture of progress overall.

2. It was not possible to set targets for all of the chosen indicators in June for lack of baseline information. For example, the first Places Survey is only just taking place so there was no background against which to set targets for indicators that are reliant on that survey.
3. Some indicators are only reported annually, so in those cases no progress report is yet available.

4. LAA REVIEW AND REFRESH

A process has just begun to “Review and refresh” the LAA with government office. The main purpose is:

1. To fill in the gaps – by February 2009 information should be available to fill in the missing baselines and targets.
2. To update baselines and targets for a small number of indicators following changes to definitions.
3. To consider if there are significant changes in context which make it necessary to amend targets even at this early stage (for example, the impact of the recession).

5. CONCLUSION

This is an early stage in the progress of the Local Area Agreement, but it is an opportunity to take stock of current progress and to check that appropriate delivery plans are in place.

6. POLICY IMPLICATIONS

The Local Area Agreement acts as a delivery plan for the sustainable community strategy and as such is central to our policy framework.

7. OTHER IMPLICATIONS

Achievement of our Local Area Agreement targets has direct implications for our comprehensive area assessment. Further consideration of any areas of under-performance may give rise to other implications for the Council and its partners.

8. IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

This report deals directly with progress and delivering one of our five priorities.

9. RISK ANALYSIS

The key risk is failure to improve the quality of life for residents of Halton in accordance with the objectives of our community strategy. This risk can be mitigated by regular reporting of performance, and reviewing the action being

taken where under-performance occurs.

10. EQUALITY AND DIVERSITY ISSUES


One of the guiding principles of the LAA is to reduce inequalities in Halton.

11. LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document:

Local Area Agreement 2008. Place of inspection 2nd floor Municipal Building.
Contact officer – Rob McKenzie (0151 471 7416)

LAA PERFORMANCE REPORT SAFER HALTON PPB (APRIL 08 - SEPTEMBER 2008)

Target Ref	Indicator Description	Baseline (2007/08 unless specified otherwise)	Current performance (30.09.08)	Target 2008/09	Traffic Light	Commentary
NI 7	Environment for a thriving third sector C4	A measurable improvement to take place between the National Survey of the Third Sector Organisations conducted in 2008 and the National Survey of Third Sector Organisations conducted in 2010, calculated in accordance with the OTS briefing note.				Third Sector Research Team Survey indicator – data not yet available.
NI 8	Adult participation in sport	20.2% (2006)	-	22.02%	-	Data for this indicator is derived from the Sport England Active People Survey. This data will not be available until early 2009.
NI 16	Serious acquisitive crime rate	16.47 (per 1000 population) 1968	9.9	16.06 (per 1000 population) 1918		<p>During the period July to September 2008 Halton Area recorded 623 Serious Acquisitive Crimes equating to 5.21 per 1000 population. (119,500 population)</p> <p>Halton area has recorded an exceptional increase in volumes during July to September 2008 when compared to the same period during 2007 equating to a 20.7% increase (516 to 623). Peak volumes were recorded during August, however prolific offenders have been identified and arrests made. We would expect to measure reductions during the following months.</p> <p>Comparing Halton's performance against MSCDRP up to August 2008, Halton area is 9th out of 15 and +0.46 per 1000 population above MSCDRP average however, equal to 9th position during previous financial quarter and therefore, following a stable trend.</p> <p>Based on projections of current performance to date, Halton area is likely to complete year end above target of 16.06 per 1000 population at 2368 crimes or 19.8 per 1000 population.</p>

APPENDIX

Target Ref	Indicator Description	Baseline (2007/08 unless specified otherwise)	Current performance (30.09.08)	Target 2008/09	Traffic Light	Commentary
NI 17	Perceptions of anti-social behaviour review @refresh C3	Baseline 35% Target 27%	-	32%	-	Place Survey Indicator – data not yet available.
		Local data has been used to set baseline and proxy targets for 08-09. To be refreshed at review March 2009.				
NI 20	Assault with Injury crime rate	10.62 (per 1000 population) 1269	5.51	10.35 (per 1000 population) 1237		<p>Halton recorded an increase in volume during July to September 2008 when compared to the same period during 2007 equating to a +8.3% increase (314 to 340). Peak volumes were recorded during August 2008, in line with seasonal historic trends including Summer/Bank Holidays and the 'Creamfields' Music Event we would expect to measure reductions during the following months.</p> <p>Based on current performance to date, projected year end performance is 11.03, therefore Halton is likely to marginally miss the target of 10.35.</p>
NI 30	Re-offending rate of prolific and priority offenders.	16%	See commentary	19%		<p>This indicator measures the effectiveness of PPO reduction schemes across a twelve month period, taking a cohort of offenders and monitoring re-offending activity for a year. Data will be available after Q4 of 2008/09 when a full year has elapsed and can be analysed.</p> <p>Indicative data for 2008/09 shows that in the current cohort, between April and mid-November there have been 32 proven incidents of re-offending. 15 offences are still pending judicial action.</p> <p>The number of proven re-offences in 2007/08 was 82. The target for 2008/09 is to reduce by 19% to 66.</p>

APPENDIX

Target Ref	Indicator Description	Baseline (2007/08 unless specified otherwise)	Current performance (30.09.08)	Target 2008/09	Traffic Light	Commentary
NI 32	Repeat incidents of domestic violence	Established local target 127 (07/08 actual)	81	121		At the half year stage, the number of repeat domestic violence incidents is higher than anticipated. To remediate this, an action plan is to be agreed between key agencies that will seek to identify key actions that can be undertaken to further reduce repeat victimisation.
		Local Indicator. Local data has been used to set baseline and proxy targets for 08-09. To be refreshed at review in March 2009.				
NI 33	Arson incidents	1277	525	1024 -20%		At the half year stage the target is 512 compared to an actual attendance of 525 with the school holidays and bonfire period behind us the Service is travelling in the right direction.
NI 40	Drug users in effective treatment	527	502	532		Data is available up to August 08, so the figures do not cover the full half year period. Performance remains on track.
NI 192	Household waste recycled and composted	25.4% (2007/08)	28.05%	28%		Whilst current performance is in line with the end of year target, levels of waste production and recycling are subject to seasonal variation and performance could decrease by the year end. A delay in the extension of the Council's green waste collection service, and a delay in the implementation of a planned communications campaign to increase participation in Council services, are two key factors that will impact upon overall recycling performance levels in 2008/09.

REPORT TO: Safer Halton Policy and Performance Board

DATE: 20 January 2009

REPORTING OFFICER: Strategic Director – Health & Community

SUBJECT: Joint Strategic Needs Assessment (JSNA) - Health

1.0 PURPOSE OF THE REPORT

- 1.1 To present Safer Halton Policy and Performance Board with the summary of the findings of the first JSNA Health (Attached at Appendix 1).

2.0 RECOMMENDATION:

- (i) That Safer Halton Policy and Performance Board endorse the report and make further recommendations where relevant.

3.0 SUPPORTING INFORMATION

- 3.1 The Directors of Adult Social Services, Public Health and Children and Young People's (CYP) Services in every Local Authority and Primary Care Trust (PCT) had a statutory duty from April 2008 to work together to develop a JSNA for their area.
- 3.2 For the production of the first JSNA we have focused on refining, improving and bringing together the information we have already available that highlights overall population needs. This information is from national and local sources and includes a wealth of information we have collected directly from services across Halton. This information has been used to take a longer-term view of population trends and the likely impact on demand over the next years and decades.
- 3.3 In order to deliver this first stage of our JSNA, a number of different information sources have been used. The quality of sources varies and some population, condition and trends information are more robust and well researched than others. Needs assessment and in particular trend forecasting is not an exact science – predications tend to be more accurate at a general, larger population level and because of this the aim has been to keep messages very strategic at this stage.
- 3.4 The JSNA is intended to identify 'the big picture' in terms of the health and wellbeing needs and inequalities within the local population. **It is not intended to describe how we will address the needs, demonstrate outcomes or showcase our services.** The aim is that the information contained in the JSNA will encourage partner agencies to use the findings to inform a number of local authority and PCT strategies, Client Group Commissioning Plans, Local Area Agreements etc. It has already been used within Halton, to feed into Ambition for Health and the Joint Commissioning Plan
- 3.5 The development of the JSNA is not a single, one off exercise but is an ongoing piece of work, which will add to our commissioning 'intelligence'. As we continue to develop our JSNA we will: -

- Build upon service user and care views

- Include information about service usage
- Ensure we have information at a locality level as well as overall trends.

Approval process within the PCT

- 3.6 The approval process for the JSNA within the PCT is currently being reviewed. It is anticipated that it will go to the PCTs Management Team and then the Trust Board, once the St Helens JSNA is ready. NB. The St Helens summary of findings document is finished, however the full data documents is still to be completed. St Helens Council are not intending to submit the needs assessment to their Board.

Consultation Process

- 3.7 A key element of the consultation process is the production of an accessible public document on the local priorities detailing how the JSNA will feed into commissioning plans for the future and the evidence based investment decisions taken. This has been achieved through the development of the summary of findings document (Appendix 1)

It is proposed that the consultation process be in 4 stages, as follows:

- 1) Professionals
- 2) Members via **all** Policy & Performance Boards (January 2009)
- 3) Key stakeholders
- 4) General public

At each stage, the document will be revised and updated accordingly.

4.0 POLICY IMPLICATIONS

- 4.1 The JSNA pulls together information about the current and future health and well being needs of the local population. It provides an opportunity to look into the future so that we can plan now for likely changes in needs, so it is therefore one of the major influences in directing commissioning priorities and planning service development.

- 4.2 One of the key functions of the JSNA is to inform future “commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities.” As such it will therefore inform the future development of the Community Strategy and hence the Local Area Agreement. The above reference to inequalities highlights the relationship between the content of the JSNA and resultant neighbourhood management activities. Finally, given the holistic approach adopted, the findings will benefit the implementation of the Equality and Diversity Plan.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

- 5.1 The production of the draft JSNA has been borne within existing resources, however there will be some financial costs to cover public consultation and these are currently being determined.

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

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

6.1.1 The JSNA will inform all future commissioning decisions targeted at improving the health and well-being of Children and Young People and in particular the interventions commissioned for children with the poorest health outcomes.

6.2 Employment, Learning and Skills in Halton

6.2.1 Improving the education, skills and employment prospects of Halton's residents and workforce is a key driver for reducing health inequalities and hence the relevant data comprises a significant part of the JSNA.

6.3 A Healthy Halton

6.3.1 The JSNA will inform all future commissioning decisions targeted at improving health and well-being across Halton and in particular the interventions commissioned for areas with the poorest health outcomes.

6.4 A Safer Halton

6.4.1 There is evidence to support the relationship between people's perceptions of their local area and how safe they feel with their health and well-being. As a result improvements to health and well-being are dependent on the successful implementation of this corporate priority.

6.5 Halton's Urban Renewal

6.5.1 Regeneration initiatives have a significant beneficial impact on health inequalities. As a consequence, a key aspect of the ongoing development of the JSNA will be to ensure the process informs and is informed by interventions to reverse physical, economic and social decline in a given locality/neighbourhood.

7.0 RISK ANALYSIS

7.1 The duty placed on LA's, in conjunction with partners in Health, is ongoing. There is an expectation that the summary of findings document will be refreshed on an annual basis and that the full document will be reviewed in line with the 3yr LAA cycle. At this stage no additional resources have been identified to carry out this work and agreement needs to be reached between the Council and Health regarding respective responsibilities to resource work on the JSNA.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equalities Impact assessment will be carried out on the JSNA.

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

Document	Place of Inspection	Contact Officer
Draft JSNA (Full document)	Runcorn Town Hall	Angela McNamara

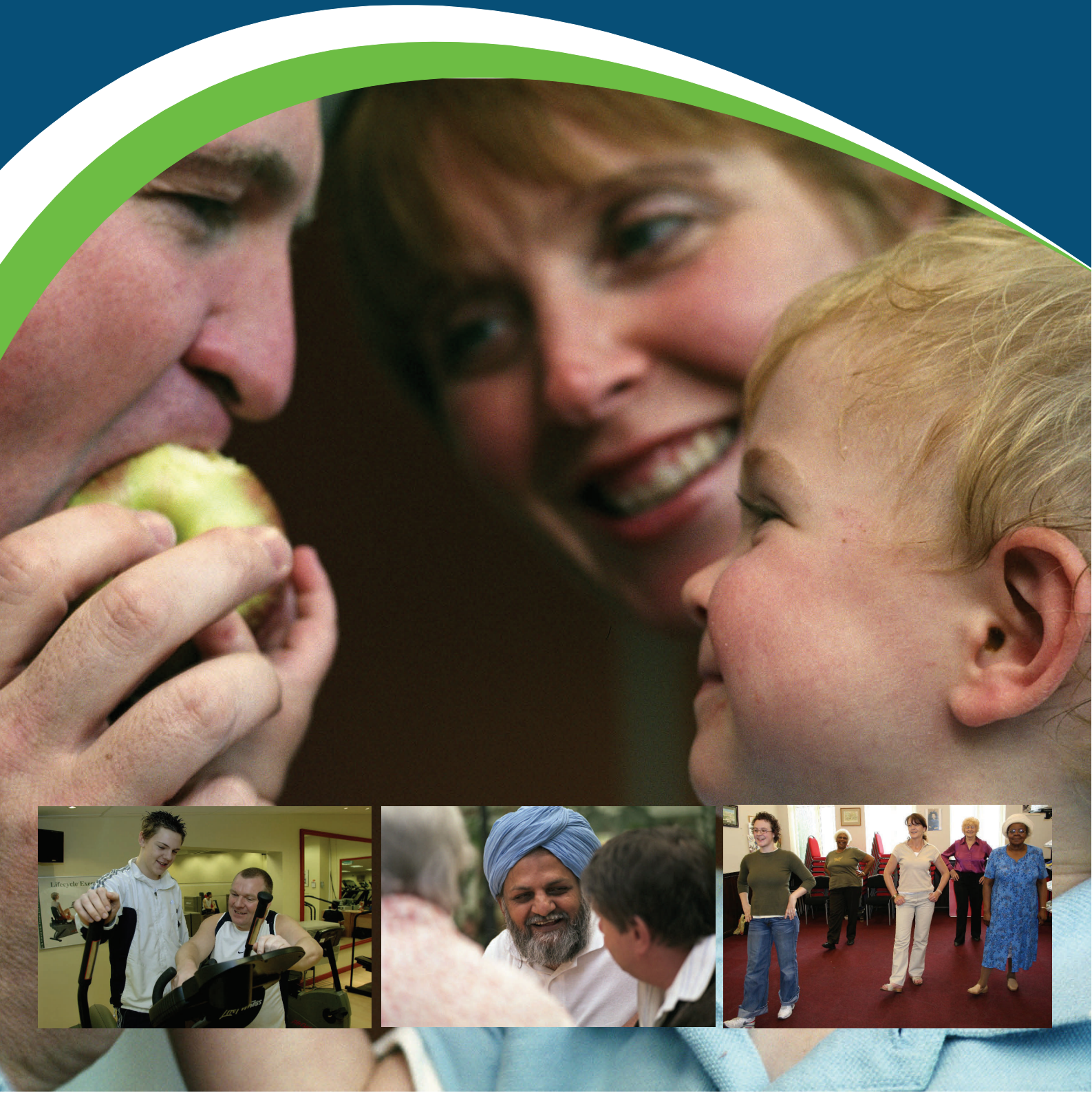


Health and Wellbeing in Halton 2008

Halton's Joint Strategic Needs Assessment (JSNA)



Summary of Findings



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Introduction and Background: Why and how we undertook the JSNA

Summary of Findings

This document summarises the outcomes from the first phase of our JSNA work here in Halton and highlights the key messages and some of the implications for future commissioning and planning.



Why we undertook a JSNA

The Directors of Adult Social Services, Public Health and Children and Young People's Services in every local authority and Primary Care Trust (PCT) have a statutory duty from April 2008 to work together to develop a Joint Strategic Needs Assessment (JSNA) for their district.

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

How we undertook a JSNA

For this first stage of the JSNA we have focused on refining, improving and bringing together the information we have available that highlights overall population needs. This information is from national and local sources and includes a wealth of information we have collected directly from services across Halton. We have used this initial work to take a longer term view of population trends and the likely impact on demand for support over the next years and decades.

In order to deliver this first stage of our JSNA we have used a number of different information sources. The quality of sources varies and some population, condition and trends information are more robust and well researched than others. Needs assessment, and in particular trend forecasting, is not an exact science - predictions tend to be more accurate at a general, larger population level and because of this we have aimed to keep key messages very strategic

at this stage.

This is a summary of the full report – see back page for details of how to obtain copies of the full report.

Personalisation, including a shift towards early intervention and prevention, will become the cornerstone of public services, including the commissioning and development of services within health and social care. This means that every person who receives support, whether provided by statutory or funded by themselves, will have choice and control over the shape of that support in all care settings.

Copies of the Commissioning Strategies/Intentions in place to address the identified needs within this document can be found on Halton Borough Council's website www.halton.gov.uk and the P C T 's website www.haltonandsthelenspct.nh.s.uk

Overall messages about the needs of our changing populations

Halton's resident population is 119,500 (ONS mid year estimate 2006) Overall, the population has decreased by 2% since 1996, but has been rising since 2001.



At present, Halton has a younger population than the national and regional averages. However, Halton mirrors the national picture of an ageing population, with projections indicating that the population of the borough will age at a faster rate than the national average. In 1996 12.9% of the total population were aged 65 and over, by 2006 this had increased to nearly 14% and by 2015 this is projected to have increased to 17%, which could have a significant impact on the need for health and social care.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

In recent years Halton has

seen increases in life expectancy for both men and women and declining all cause mortality, predominantly due to drops in deaths from coronary heart disease and cancer. Whilst this is good news, the England figures have decreased at a greater rate so the gap between Halton and England has widened for all cause mortality and for both genders. Halton now has the 3rd worst life expectancy in England for women and the 6th worst life expectancy for men. Within Halton there are also geographical variations in life expectancy. Men in the most deprived areas of Halton live 7.7 years less than men in the least deprived areas. For women in Halton the average life expectancy at birth is 5.8 years less in the most deprived areas than in the least deprived areas.

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services. Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007, ranks Halton as the 30th most deprived authority in England (compared to 21st in 2004). The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people



(48% of the population) in Halton living in 'Super Output Areas' (SOA's) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's that fall within the top 20% most health deprived nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived areas in England. At ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in an SOA within Castlefields, ranked 32nd most deprived nationally.

Key Issues and Findings

Specific Populations

Older people

Projections indicate a significant and substantial increase in the numbers of older people between 2006 and 2015, at a rate that is higher than the national and regional trends. Currently 14% of the population is

over 65. This is set to rise to 17% by 2015. One of the largest growths (up by 19%) will be seen in



potentially the most frail and dependent group of over-85s, bringing key implications for planning future service provision for this group. In 2000/01 the NHS spent 41% of its budget (£12.4 billion) on people over 65. On average older people are more likely than younger people to report lifestyle-limiting illness, to live alone, live in poverty and to rely on public services and informal cares. Advancing age also carries some increased risk of dementia and depressive illness and in Halton levels of people with dementia are rising.

Just under half of Halton's 65+ population live with limiting long-term illness and the rate of fractured neck of femur (hip fracture) is the 5th worst in the country. In 2006/07 there were 123 hip fractures in the over 65s in Halton.

The wards with the highest proportions of the population that are older people are seen

in Castlefields, Halton and Ditton.

People with disabilities or a limiting long term illness (LLTI)

Nationally, 18% of people (over 16 years) have at least one dimension of a limiting long-term illness i.e. about 20,300 people in Halton. In Halton the number of adults living with a long term limiting illness is higher than the national average at 22% (2001 census).

Whilst there is no evidence to suggest dramatic increases in the number of adults aged 16-64 with physical/sensory impairments, as the proportion of the population over 45 increases, later onset conditions such as Parkinson's Disease, sensory impairment, arthritis, etc, will rise. In addition, significant increases in the levels of obesity in Halton are predicted to lead to an increase in the prevalence of diabetes and incidence of heart disease.

People with learning disabilities

It is predicted that the population of people with learning disabilities will grow by 6% by 2011. Of further significance is that people with learning disabilities are living longer. Adults with learning disabilities have poorer general health than the wider population and can struggle to access mainstream health services.

The wards showing the highest prevalence of learning difficulty

are Castlefields, Hough Green, Grange and Halton Lea respectively. The overall pattern shows a strong relationship between levels of learning difficulty with areas of deprivation, in that these 4 wards also have a high percentage of the population living in the top 10% most deprived areas nationally.

Numbers of people (known to social services) in Halton with a learning disability have remained fairly constant in recent years (between 430-450). However, since 2002 there has been a significant shift in the way in which services are delivered to people with a learning disability. Halton now performs well in respect to helping people with learning disabilities to live in the community with approximately 82% of people now receiving services in their own home. However, access to general needs social housing remains limited and levels of owner occupation remain extremely low.

Few adults with learning disabilities in Halton are in paid employment (less than 1% compared to 10% nationally), even though employment is key to sustaining well-being and enabling people to maximize independence.



Key Issues and Findings

Specific Populations continued

Children



Population estimates indicate that Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.

Windmill Hill is ranked the most deprived ward in the borough across all domains and is ranked the most deprived ward in terms of health.

Over 50% of Halton's children live in the 20% most deprived areas nationally and a further 15.5% live in the 40% most deprived areas nationally, with only 8% of children living in the 20% least deprived areas nationally.

A number of major health issues relevant to children and young people in Halton have been identified through the JSNA and the Children and Young Peoples Plan. Key issues include, higher rates of infant mortality and low birth weight, high rates of teenage pregnancy, high rates of obesity for both reception and year 6 children. In Halton, 24%

of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. All of these levels are above the England average.



Pregnant Women & Newborns

The health of the child starts with the health of their mothers before and during pregnancy. Locally, 1 in 4 were still smoking at the birth of their child, and just 4 in 10 are breastfeeding on delivery (half the national average and 4th worst in the country). Therefore programmes around stopping smoking (particularly before and during pregnancy), increasing levels of physical activity, developing healthier eating habits and dramatically increasing the number of women who breastfeed are a priority.

Incidence of teenage pregnancy remains an issue in Halton, despite falling for several years; rates are now above the 1998 baseline level. There is also a correlation between deprivation and incidence of teenage pregnancy with the most deprived areas in Halton experiencing the highest levels of teenage conception rates.

Carers

Carers provide a significant proportion of community care as services target provision on those with highest need. There are as many as 13,531 carers in Halton and 3,696 provide over 50 hours unpaid care a week. Research by the equal opportunities Commission suggests that caring can have a detrimental impact on health and employment. Approximately 14% of carers in Halton state that they are in poor health. As the ageing population in Halton increases there is also predicted to be a steady increase in the number of carers, including those carers aged over 85 and an increase in older carers with poor health. All factors indicate an increased demand for services to support carers in Halton.



Conditions

Mental health and emotional well-being



About 1 in 6 adults in Halton suffer from depression (or chronic anxiety, which effects 1 in 3 families). This rises to 1 in 4 older people having symptoms of depression that are severe enough to warrant intervention. Of other mental health problems, anxiety and phobias are the most common.

People with mental health problems are less likely to be in paid employment and carers are twice as likely to have mental health problems. 40% of people on incapacity benefit are claiming for mental health problems (nationally more than the total number of people claiming benefits for unemployment). In Halton's Housing Needs Survey 2005, 96% of people with a mental health problem (who reported their household income) had an income below the national average and 65% of people with a mental health problem indicated that the problem was serious enough for them to need care and support. In addition, the range and number of supported housing available for people with mental health problems in Halton remains low compared to national and regional averages.

Emotional well-being is a concern for all members of the community and we should be

focusing on preserving it. Improving people's relationships, self-image, self-esteem and levels of worry, which all impact on emotional well-being will give people the ability to cope with life. Supporting adults to remain in or return to employment will pay dividends in terms of mental health and we need to improve our performance in this area.

We also need to support people with mental health problems to improve their well-being by increasing access to services such as housing support, creative arts and leisure, physical activities and talking therapies.

It is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach. The establishment of a continuum of emotional health and mental well being services that can intervene early where appropriate, is critical to meeting the needs of these vulnerable children, who will soon face the challenge of adulthood. The transition to adult services is a critical point for this group of young people. Promoting the emotional well being and mental health of children and young people is everyone's business in Halton and will have a major impact on a number of other health and socio-economic factors.

Dementia

Dementia is most common in older people, with prevalence rising sharply amongst people over 65 years. It is also one of the main causes of disability in later life. Locally 5% of the population has dementia. This translates to 1,061 people over 65 with dementia living in the community with dementia and is predicted to rise to an estimated 1,613 by 2025.

Early diagnosis of, and intervention for, dementia are the keys to delaying admission to long-term care and to help people remain independent for longer. Promoting healthy ageing, for example by keeping people active and tackling social isolation, is important in delaying the onset of dementia. Accommodation choices including extra care housing, residential and nursing care for older people with dementia must also be balanced to meet future aspirations in respect to choice of service and be sufficient in numbers to meet future needs.



Conditions Continued

Obesity in Adults

Obesity is one of the most



significant threats to the long-term health of our population as it leads to an increased risk of a wide range of health problems including type 2 diabetes, heart disease and some cancers. Nationally the levels of overweight and obesity are increasing and this pattern is reflected in Halton. Between 20% to 25% of adults in Halton are obese and these figures have increased in recent years. Considered alongside the increased levels of obesity in children this is a key priority, which can only be addressed by a wide range of strategies to be delivered through partnership working across all sectors.

Cancer

Cancer is the second biggest cause of premature death in Halton but its rate makes Halton the worst area in the country for cancer deaths. Incidence (the number of new cancers per year) of 'all cancers' in men has decreased over the past decade but remains above the national rate. The incidence rate for women has risen over the same period both nationally and locally although in Halton the rates are now falling. Levels of mortality vary across Halton, with the highest rates being in

Norton South, for both all ages and under 75s. Other areas with high rates are Farnworth, Castlefields and Grange.

There has been a steady increase in the number of women developing breast cancer in Halton and death rates for the disease have increased recently. Nationally the rate has improved but this remains the second largest cause of cancer death in Halton.

The Incidence of colorectal (bowel) cancer in Halton has slowed since 2002-2004. However, the rate remains significantly above the North West and the national average. Mortality rates, which had been falling since their peak in 1998-2000, have begun to rise in 2004-06, widening the gap between Halton and England.

A fall in the Incidence of lung cancer in Halton was mirroring the falling rates nationally. However, from 2000-02 the rate began rising. Similarly, the rate of mortality from lung cancer has improved both nationally and locally, but an increase between 2001 and 2003 in Halton, even though it has fallen since, widened the gap between the Halton and England rates. Lung cancer remains the leading cause of cancer death in Halton for both men and women.

Prostate cancer has the highest observed incidence rates of any cancer for men in Halton and is in the top 3 causes of cancer mortality.

An increase in preventative services which support lifestyle change will reduce incidence

levels whilst increased emphasis on early detection and treatment will improve health outcomes and mortality rates.

Heart disease and stroke

Heart disease is the single biggest cause of premature death in Halton. Locally more people have heart disease than nationally and, for those under 75, men are more likely to have it than women. However, there has been a reduction in the number of deaths from heart disease over recent years.



Stroke is a significant cause of UK morbidity and mortality, the most important cause of adult disability, and the third leading cause of death. Halton has lower rates of death from stroke than the North West but slightly higher rates than England as a whole. When looking at admissions to hospital for stroke Kingsway and Halton View have significantly higher rates compared to Halton as a whole.

It is estimated that just under 1 in 4 (23.9%) people locally have high blood pressure (hypertension) which can lead to stroke and heart disease and numbers are set to increase. However, the number of patients identified as having hypertension at GP practices is much lower than the estimated levels, suggesting many people are going unidentified and therefore untreated.

Conditions Continued

Promoting and enabling people to adopt healthy personal behaviors, such as not smoking, being physically active and eating healthily can help to reduce high blood pressure, reduce the risk of stroke and prevent the development or worsening of heart disease.

Diabetes

Diabetes is a very disabling and potentially fatal condition if not well managed.



Diabetes increases the risk of other conditions such as heart disease and stroke, and magnifies the ill effects of other risk factors such as smoking, high cholesterol levels and obesity. The severity of impact of the disease is linked to how soon it is identified and how well managed it is. Type 2 Diabetes is the most common form, with obesity the primary modifiable risk factor for it. The risk of developing Type 2 Diabetes increases with age.

As the older population in Halton is increasing, as are levels of obesity, more and more people in Halton will be affected by diabetes. If the current rates of obesity continue, by 2010 4.4% of the adult population will have type 2 diabetes which will rise to an estimated 6.16%, or 6,700, GP registered patients by 2020.

Chronic Obstructive Pulmonary Disease (COPD)

This is an umbrella term for chronic bronchitis, emphysema or both. The PCT has the 10th highest level in England, whilst levels in Halton are lower than experienced in St Helens, the rate remains higher than the North West and the national rate.

As the main risk factor for these diseases is smoking, promoting healthy personal lifestyle choices will be key to reducing incidence levels.

Personal behaviours

Substance Misuse

Illegal drugs cause damage and ruin to individuals, families and communities. And the most vulnerable and deprived among us are often the hardest hit. For individuals, drug misuse means wasted potential, broken relationships and, for some, a life of crime to feed their drug habit. For the wider community, our efforts to lift children out of poverty, promote equality of opportunity and reduce crime are held back when families and communities are in the grip of drug use.

Over the past few years, increasing numbers of adults have entered and successfully left drug treatment. Waiting times have consistently been within national targets and service users have expressed high satisfaction with the treatment they have received. However, attracting those in their 20s into drug treatment, and improving the uptake of services around blood borne viruses continues to present a

challenge. These issues, together with seeking to support service users into employment, addressing the causes of some individuals offending, and improving the help available to those families affected by drug misuse, will continue to be the focus of future work.

Alcohol

Drinking alcohol to excess is a major cause of disease and injury, increasing the risks of heart disease, liver disease and cancer. Heavy drinking has a severe risk of cardiovascular disease as well as addiction. Binge drinking is linked to significantly increased blood pressure. Consuming alcohol in pregnancy increases the risk of foetal abnormality.

People have low levels of awareness of the amount of alcohol they drink and the harmful effects it can have. Halton has the 8th highest



hospital admissions for alcohol-related conditions in England for 2006/07, showing that alcohol consumption is an issue of major concern locally. Alcohol admissions appear linked to deprivation, gender and age, with men in their 40s, and those from deprived wards, more likely to be admitted. Furthermore, estimates suggest that approximately 24% of adult residents binge drink.

Personal behaviours continued

Whilst twice as many men than women drink above safe limits the number of women doing so has increased significantly from 6.9% in 2001 to 12.4% in 2006. The rate has decreased slightly for men during the same period (24.8% in 2001 to 22.5% in 2006).

Smoking



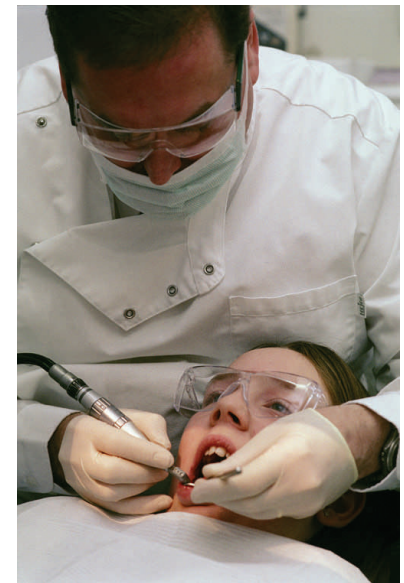
Smoking causes more avoidable and early deaths than any other personal lifestyle factor, killing more than 106,000 people in the UK annually; 17% of all deaths. Most die from lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. It is a cause of a wide range of diseases, not just those resulting in death. Second-hand smoke is a major risk to the health of non-smokers.

Locally smoking rates remain

high with over 1 in 4 adults still smoking. Overall, prevalence is highest in males aged 40-64 but in the younger age groups, a higher percentage of women smoke than men. The results of a Halton survey of 15-16 year olds highlighted that the smoking rates of 15-16 year olds match that of adults, although there is a significant difference in smoking take up rates -18% male and 29% female.

Food and nutrition

Nutrition with physical activity is second only to smoking tobacco in its influence on a wide range of health issues, not just obesity. Locally we estimate that only 20% of adults eat 5 portions of fruit and vegetables a day although this has improved since the 2001 lifestyle survey when only 12% did so. Males in the 18-34 age group have the poorest diet, with lower intake of fruit and vegetables, and more poor diet habits. Decaying teeth is another sign of poor nutrition and the rate in Halton for 5-year-olds is higher than the



national average.

Within Halton the areas with the highest prevalence of decayed teeth are Kingsway, Riverside and Halton Lea.

Sexually Transmitted Infections

Over the period 1996-2006, there has been a general rise in the numbers of Sexually Transmitted Infections (STIs) recorded in Halton, rising from 150 in 1996 to 518 in 2006. Whilst some increase may be due to greater awareness and willingness to seek treatment this alone cannot account for this level of rise.

Chlamydia Screening in Halton identified that 10.6% of cases were positive, which is higher than the national rate.

In addition, the number of young people diagnosed with sexually transmitted infections is increasing.

Wider Factors

Employment

Worklessness remains a key challenge in Halton, particularly in certain deprived areas and in respect to residents with physical and learning disabilities and mental health problems.



Work provides status, purpose, social support, structure to life and income, so it is important not just for the working person but also their family. Being out of work has a huge negative impact on the health and well-being of the person and their family and is often a consequence of ill-health or disability. 25 of Halton's super output areas have over a third of their working age population (approximately 7,000 people) claiming out-of-work benefits. Nearly 68% of Halton's residents are in employment that makes it the 9th worst in the North West and 34th worst nationally.

Levels of unemployment impacts on the levels of household income and in Halton average household incomes vary from a high of £54,060 in Birchfield (the least deprived ward in respect of health) to a low of £23,260 in Windmill Hill (the most deprived ward in respect to health).

Halton's latest 'State of the Borough' report was produced at the beginning of 2008. In

terms of employment, it found the low skills base to be a causal effect of unemployment that needs to be addressed in order to reduce levels of unemployment in Halton.

Housing condition and options

Decent housing is a pre-requisite for health and has a significant influence on people with many health conditions such as asthma and depression. Birchfield, where 99% of households are owner-occupiers and 0% of properties are socially rented scores well in terms of health deprivation, whilst in Windmill Hill where owner occupation is 22% and 62% of properties are socially rented has the highest level of health deprivation, at ward level, in the borough.

When housing tenure is compared to health deprivation, it becomes clear that there is a strong correlation. The eight most deprived wards in terms of health have the lowest proportion of owner occupation in Halton, whereas the eight wards with the lowest health deprivation have the highest levels of owner occupancy.

Educational attainment

Educational attainment is an important indicator of the future life chances for children and



young people. There is also a direct correlation between

levels of educational attainment and deprivation and health inequalities. Halton has made significant progress in improving GCSE results of young people in the borough, and for the last two years the percentage of young people achieving 5 A*-C has increased from 52.6% to 71.3%, taking us well above the national average. Over the same period the percentage of young people achieving 5 A*-C including English & Maths, a key indicator of future employability, has risen by 15.9% to 49.2%.

The main priority for Children's Services now is to focus on



narrowing the gap and reducing educational inequalities for vulnerable groups based on locality and other factors. Over half of Halton's children live in the 20% most deprived areas nationally and this has an effect on their attainment. Performance at ward level ranges from 93.3% in Beechwood to 40% in Windmill Hill and this impacts on levels of NEET (not in Employment, Education or Training) and future worklessness. Young women with poor educational attainment are more likely to be teenage parents. Therefore narrowing the gap in education attainment will be a major factor in improving the health and well-being of our communities.

Wider Factors continued

Isolation and social networks

Isolation has a significant effect on general well-being and increases the risk of a range of health issues such as depression. Strong social networks are particularly important for vulnerable people. In Halton, almost 6,000 adults over 65 live alone. As

the older population grows, the numbers living alone will increase and by 2025 it is projected that over 8,500 pensioners will be living alone. Social isolation needs to be tackled by all partners to ensure that there are adequate activities and support networks available within local communities. The voluntary and community sector can play an increasing role in developing

community-based services that alleviate the effects of social isolation.



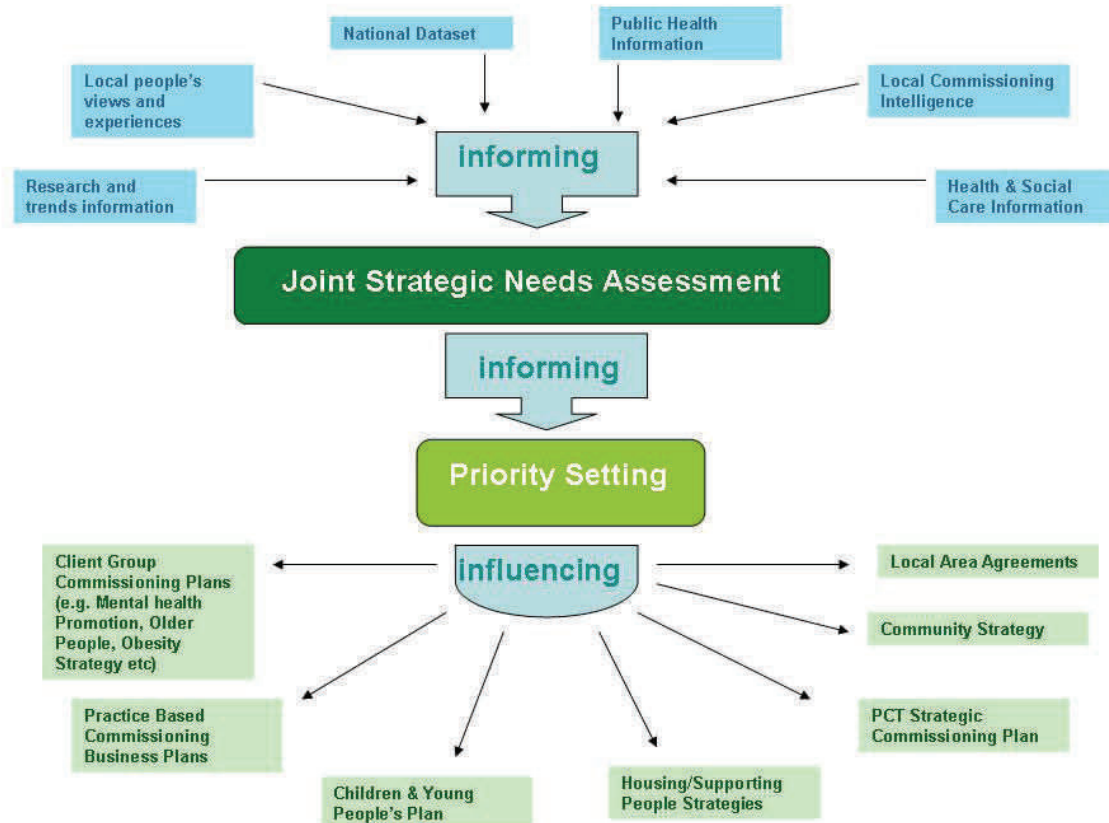
Using the Joint Strategic Needs Assessment

As we have illustrated below the Joint Strategic Needs Assessment is a major influence in establishing local commissioning priorities. We have already used this JSNA to direct our commissioning.

Information has already been fed into the Health Partnership. This process will continue. It is important that it informs the next round of the Local Area Agreement (LAA) and is used to inform service planning.

For example, the PCT strategic commissioning priorities outlined in its *Ambition for Health* have been underpinned by the needs identified in the JSNA.

The following diagram summarises the inputs and potential outputs from the JSNA work.



Inequalities

This first JSNA has been about describing the health and well-being needs of Halton. However, in collating and analysing the data which underpins this assessment, it is clear that for some issues certain groups or specific neighbourhoods are more likely to be affected. Some of these differences have been highlighted in this summary and described more fully in the main data document. This is available on the PCT and borough council websites.

It is crucial that planning based on this JSNA ensures the most important issues for specific populations are tackled and those most in need are targeted by any interventions.

The next steps in developing the Joint Strategic Needs Assessment

The JSNA is not a single, one-off exercise, but is an ongoing piece of work which will add to our commissioning “intelligence”.

As we develop our JSNA, we will:

- build upon service user and carer views
- include service usage information
- ensure we have information at a locality level as well as overall trends

We will continue to:

- further develop coherent, consistent and appropriate data sets
- develop the capacity across all partners to

generate, analyse and present this information

- ensure that relevant planning systems make use of the information that the JSNA is producing
- further develop the capacity and ability to evaluate initiatives so they can demonstrate their effectiveness

This information will be fed into subsequent JSNAs.



For Further Information or to obtain copies of the full document

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REPORT: Safer Halton Policy & Performance Board

DATE: 20 January 2009

REPORTING OFFICER: Strategic Director , Health & Community

SUBJECT: Safer Halton Policy and Performance Board Work Programme 2009/10

WARDS: Boroughwide

1.0 PURPOSE AND CONTENT OF REPORT

1.1 This report is the first step in developing a work programme of Topics for the Board to examine in 2009/10. While the Board ultimately determines its own Topics, suggestions for Topics to be considered may also come from a variety of other sources in addition to Members of the Board themselves, including members of the Council's Executive, other non-Executive Members, officers, the public, partner and other organisations, performance data and inspections.

1.2 The key tasks for Board Members are:

- to suggest and gather Topic ideas on issues relevant to the Board's remit:
- to develop and prioritise a shortlist of possible Topics for examination in 2009/10, bearing in mind the Council's agreed selection criteria (Annex 1):
- to decide on a work programme of 2 or 3 Topics to be undertaken in the next municipal year.

2.0 RECOMMENDED: that the Policy and Performance Board

(1) Put forward and debate its initial suggestions for Topics to be included in the Board's 2009/10 work programme

(2) Develop and informally consult on a shortlist of its own and others' 2009/10 Topic suggestions ahead of the Board's meeting on 20 January, 2009, bearing in mind the Council's Topic selection criteria

(3) Decide a work programme of 2 or 3 Topics to be examined in 2009/10 at the meeting on 17 March 2009.

3.0 SUPPORTING INFORMATION

Annex 1 – Topic selection checklist

Annex 1**OVERVIEW AND SCRUTINY WORK PROGRAMME****Topic Selection Checklist**

This checklist leads the user through a reasoning process to identify a) why a topic should be explored and b) whether it makes sense to examine it through the overview and scrutiny process. More “yeses” indicate a stronger case for selecting the Topic.

#	CRITERION	Yes/No
<i>Why? Evidence for why a topic should be explored and included in the work programme</i>		
1	Is the Topic directly aligned with and have significant implications for at least 1 of Halton's 5 strategic priorities & related objectives/PIs, and/or a key central government priority?	
2	Does the Topic address an identified need or issue?	
3	Is there a high level of public interest or concern about the Topic e.g. apparent from consultation, complaints or the local press	
4	Has the Topic been identified through performance monitoring e.g. PIs indicating an area of poor performance with scope for improvement?	
5	Has the Topic been raised as an issue requiring further examination through a review, inspection or assessment, or by the auditor?	
6	Is the Topic area likely to have a major impact on resources or be significantly affected by financial or other resource problems e.g. a pattern of major overspending or persisting staffing difficulties that could undermine performance?	
7	Has some recent development or change created a need to look at the Topic e.g. new government guidance/legislation, or new research findings?	
8	Would there be significant risks to the organisation and the community as a result of <u>not</u> examining this topic?	
<i>Whether? Reasons affecting whether it makes sense to examine an identified topic</i>		
9	Scope for impact - Is the Topic something the Council can actually influence, directly or via its partners? Can we make a difference?	
10	Outcomes – Are there clear improvement outcomes (not specific answers) in mind from examining the Topic and are they likely to be achievable?	
11	Cost: benefit - are the benefits of working on the Topic likely to outweigh the costs, making investment of time & effort worthwhile?	
12	Are PPBs the best way to add value in this Topic area? Can they make a distinctive contribution?	

13	Does the organisation have the capacity to progress this Topic? (e.g. is it related to other review or work peaks that would place an unacceptable load on a particular officer or team?)	
14	Can PPBs contribute meaningfully given the time available?	

Annex 2

Initial List of Topic ideas to be identified for discussion.