

SAFER HALTON PARTNERSHIP

At a meeting of the Safer Halton Partnership Thursday, 12 March 2009 in the Marketing Suite, Municipal Building

Present	M. Andrews	Community Safety Manager, HBC
	S. Blackwell	Cheshire Police
	Cllr D. Cargill	Police Authority
	C. Edwards	Cheshire Probation
	G. Finchett	Cheshire Police
	S. Henshaw	Cheshire Fire & Rescue Service
	D. Houghton	HBC Policy and Partnerships
	A. Jones	Halton Borough Council
	N. Mannion	Neighbourhood Management
	S. Milner	Halton & St Helens PCT
	Cllr S. Osborne	Ditton Ward
	D. Parr	Chief Executive, HBC

Action

SHP40 WELCOME AND INTRODUCTIONS

Chief Inspector Gary Finchett welcomed everybody to the meeting and the introductions were made. He thanked all for their attendance and confirmed that this special meeting was being held to discuss specific details relating to the Neighbourhood Management 'befriending Project' and the Anti Social Behaviour work overview of year two.

SHP41 APOLOGIES

Apologies were received from Garath Jones, Clare Myring, Steve Eastwood, Dwayne Johnson - Halton Borough Council, Councillor Wright, Hitash Patel - Citizen's Advice Bureau, Anna Collins – Cheshire Police, Noel Sharpe - Halton Housing Trust and Christine Frazer – Riverside Housing.

SHP42 COMMUNITY ALCOHOL SERVICE - TO BE PILOTED IN THE NEIGHBOURHOOD MANAGEMENT AREAS

The Partnership received a report on the project specification and rationale behind this. The report also included information on the Alcohol Profile for Halton.

It was reported that Halton has more alcohol related harm than in most other Local Authorities in the North West and the North West has more alcohol related harm than any other region in the UK. There are alcohol related problems in all wards in Halton and the LSP would be spending more

money, within the borough as a whole, to tackle this alcohol related harm.

Although misuse of alcohol was a problem right across all socio-economic groups, these groups who were already multiply disadvantaged, usually because of their poor socio-economic circumstances, were more adversely affected by their misuse of alcohol than groups that had more personal and economic resources at their disposal. Because of this, alcohol misuse contributes to maintaining health inequalities within the borough. The three Neighbourhood Management Areas have the highest level of deprivation in our borough. There were also more people drinking at the most harmful levels in our most deprived wards, Windmill Hill was used as an example. These people are also least likely to respond to traditional health education messages or make use of mainstream public services that could help them. It was commented that if we are to help these residents and contribute to closing the health inequality gap, there was a need to target additional resources at these communities and to work in partnership with them in innovative ways that are best suited to local circumstances to 'divert' people away from drinking at harmful levels.

It was recommended that a 'bottom-up' approach was needed which ensured that the community was at the centre of activity by:

- engaging with local networks, neighbourhood management partnerships, local community forums and community groups;
- working with local residents and agencies to increase capacity;
- understanding and working with communities;
- involving the community in the delivery of services at a local level; responding to and supporting local initiatives; and
- removing barriers and improving access to mainstream services – both physical and personal.

It was commented that many of the services that were provided were under utilised and/or misused, because the people for whom they were designed were not involved in their development.

Furthermore, there was a wealth of evidence that engaging with local communities offered the best means by which health professionals/community organisations can begin to tackle the social determinants of health. Whilst

community development was a key element of this process, it was only part of the process.

The project would build on existing community assets and draw on local people/local intelligence to identify community needs using a variety of methods, which would ensure that their concerns and aspirations were heard. The project would then form a much wider programme to tackle alcohol misuse across the borough, but it would be specifically tailored to meet the needs of these communities. If the methods piloted in the NMAs prove successful, they would be rolled out to other areas of deprivation within a greater number of wards as was already done the Men's Health Service.

In summary the aim of the project was to reduce alcohol related harm in the NMAs using a holistic approach underpinned by community engagement principles. The objectives are to proactively engage with the community and to identify people within the target groups: young people, single parent households, homeless people, socially isolated and/or living alone, the elderly, those in debt/living in insecure housing circumstances and those recently made redundant/long term unemployed.

It was noted that the cost for the project would amount to £100,000 per year for two years. An existing data base would be utilised and further developed in order to evidence interventions, activities, training data together with evidence detailing how the views of the community had shaped responses. From this data, quarterly returns would be submitted for review.

Following the presentation one Member raised concerns over the cost of employing three staff over the two years, which would consume most of the £200,000 budget, and that this money could be spent elsewhere or invested into existing successful community projects.

In response it was noted that this project was needed in order to bring existing services that were offered to the attention of people who fall in the hazardous drinking zone. This would need to be done through home visits by qualified Health Trainers, in order to make contact with these people who were unaware that they were in need of help and therefore did not use the community services available to them. The Health Trainers would in effect compliment the social care team by providing a link between them and the alcohol victim thus enhancing the service provided by offering support, guidance and assistance.

The group was asked to bear in mind that considering that the alcohol figures would be worse now than in 2004, that this project would be a worthwhile investment for the reasons already stated and would eventually help reduce alcohol related hospital admissions in the borough, which were the highest in the whole of the UK amongst the male population.

Having expressed their views and following clarifications and explanations on the budget, it was agreed by all that the Partnership supports the project as mentioned in the report.

RESOLVED: That the Partnership supports the proposals for the Community Alcohol Service to be piloted in the Neighbourhood Management Areas.

SHP43 ANTI SOCIAL BEHAVIOUR COMMISSIONING MONEY

The Partnership received a report on the WNF Perceptions of Community Safety and Anti Social Behaviour Programme 2008/2011, overview of year two.

The paper advised that the Halton Community Safety Team had been allocated £1 million pounds over 3 years to tackle ASB, Community Safety and Local Area Agreement (LAA) priorities within Halton. The overall responsibility for the commissioning and performance monitoring lies within that team and the Community Safety Manager would ensure that the different elements of the programme are effectively commissioned and performance managed by key stakeholders and thematic groups.

The report advised of the 2008/09 allocation already approved (95k) based on the initial SLA and listed the distribution of the monies. The proposed allocation for 2009/10 (£350k) was also listed showing the allocation of the monies.

The proposed projects included the following:

- 1) Witness Support Service and Future Development - (continued outreach and publicity, increasing operational capacity, more specialist support, working with young victims and witnesses and other developments);
- 2) Task Groups, Alcohol Misuse;
- 3) Anti Social Behaviour Strategy;
- 4) Kooldown Programme;
- 5) Neighbourhood Management Boards; and
- 6) Community Reassurance Campaign.

It was noted that the projects summarised all met the criteria of LAA and ASB strategies and gave Halton a balanced, intelligent led process that would build on the previous good work. The programme of projects also complemented what the internal and external partners were implementing and allowed a stable platform to deliver on its obligations under the Crime and Justice Pioneer area status.

The overriding theme of the schemes outlined is that they were not seen as short term solutions but as a principle of embedding working practices that could be sustained if funding streams change.

The funding of the projects for the years 2010/11 would be reviewed as part of ongoing strategic needs assessment to ensure that the commissioning money was used effectively. The needs assessment would be renewed at least every 6 months to ensure that it was current and relevant; this would then inform the spending for the final year of the monies.

As the places survey would only be carried out every 2 years, there would also be a need to carry out an assessment of the places survey data after the first 12 months to allow for the assessing of direction of travel for the future.

An enquiry was received with regards to the opening date of the Community Safety Team's new premises. In response it was confirmed that the new office on the Widnes Waterfront would be operational from the summer. Also, it was confirmed that the advert for the Alcohol Enforcement Officer would go out soon, and it was hoped that they would be in the post by 1st May 2009.

Chris Edwards of Cheshire Probation Service advised that his service is looking at how to deliver some services in a more localised way to get closer to their clients. Therefore, he would be speaking with partners to explore how to progress this over the coming months.

Further comments were invited, all agreed that the report was informative and offered their support for the projects.

RESOLVED: That the Partnership offered their support for the allocation of the 2009/10 ASB monies and projects involved.

Meeting ended at 11.47 a.m.