Public Document Pack

Executive Board

**Thursday, 7 February 2008 2.00 p.m.
Marketing Suite, Municipal Building**

David W R

Chief Executive

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

PART 1

*Please contact Lynn Cairns on 0151 471 7529 or e-mail
lynn.cairns@halton.gov.uk for further information.
The next meeting of the Committee is on Thursday, 21 February 2008*

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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:	Executive Board
DATE:	4th February 2008
REPORTING OFFICER:	Strategic Director Corporate and Policy
SUBJECT:	Halton 2000 Survey on the Council's Budget
WARDS:	Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is to draw the Board's attention to the results of a recent Halton 2000 Survey. In November 2007, the 2367 members of Halton's citizens' panel were sent a questionnaire on their opinion about a range of Council services. 992 people responded – a response rate of 42%. The full results are attached to this summary page.

2.0 RECOMMENDED that:

   (1)   the Board notes the results of the survey;

   (2)   draws it to the attention of the Policy and Performance Boards; and

   (3)   takes the results into account when considering the 2008/09 budget proposals.

3.0 SUPPORTING INFORMATION

3.1 Attached to the report is a full copy of the survey results. Outlined below is a summary of the findings.

3.2 Question 1

   Asked respondents to select **THREE** areas of priority spending (from a list of eleven). The top three areas of priority spending were selected by over 30% of respondents:

   • Community safety and crime prevention 55.3%
   • Development of activities for teenagers 32.4%
   • Provide more opportunities to recycle and manage waste in a sustainable way 32.1%.

3.3 Priority spending areas that were ranked Fourth - Seventh showed minimal differences and all fell between 29.4% and 26.7% these are listed below:

- Making our streets cleaner and disposing of waste and litter 29.4%
- Creating employment opportunities through investment in regeneration/economic development 28.8%
- Improve education standards by investing in our schools 27.6%
- Develop more services for elderly people 26.7%

3.4   Question 2

Asked respondents about levels of Council Tax and ways of increasing or introducing charges for services. Answers were evenly split and no firm conclusions can be made in relation to these areas. However the more detailed results from Question 3, which asks about individual services, show that for some services an increase in spending is the preferred option.

3.5   Question 3

Asked respondents about levels of spending for 34 individual services that the Council provides.

Of these 34 services respondents stated that:

- 30 services should have the **same amount** of money spent
- 3 services should have **more money** spent
  - Crime Prevention (70.3%)
  - Community Safety (56.9%)
  - Services for Older People (49.9%)
- 1 service should have **less money** spent
  - Tourism Promotion (48.5%)

3.6   Question 4

Asked respondents if they have previously seen information regarding how the Council spends its money, 70% of respondents stated that they had seen information in 'Inside Halton'. However, when asked in Question 5 if respondents had seen the summary of how the Council spends its money, (which is available on the Council website, in Libraries and Direct Link), 80.2% of respondents stated that they had not seen this publication.

3.7   Following on from this over 70% of respondents stated that they would like to see a brief summary of Council accounts (Question 6) and 66.7% of respondents stated that this should be available in 'Inside Halton', 64.7% of respondents stated this should be made available with the Council Tax Leaflet and 44.6% of respondents stated it should be available via 'Local Press' (Question 7).

4.0 POLICY IMPLICATIONS

4.1 There are many factors the Council needs to consider when setting its budget. The views of the public are a key issue in those deliberations. The survey provides a helpful picture of public opinion.

5.0 OTHER IMPLICATIONS

5.1 How the Council uses its resources is key to delivering the priorities contained in the Corporate Plan.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

Considering the views of the public is an important factor in delivering the improved outcomes described in the Council's Corporate Plan.

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

Considering the views of the public is an important factor in delivering the improved outcomes described in the Council's Corporate Plan.

6.3 **A Healthy Halton**

Considering the views of the public is an important factor in delivering the improved outcomes described in the Council's Corporate Plan.

6.4 **A Safer Halton**

Considering the views of the public is an important factor in delivering the improved outcomes described in the Council's Corporate Plan.

6.5 **Halton's Urban Renewal**

Considering the views of the public is an important factor in delivering the improved outcomes described in the Council's Corporate Plan.

7.0 RISK ANALYSIS

7.1 There are no direct risks associated with this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Halton 2000 provides the views of a wide cross section of the Halton community.

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

Document	Place of Inspection	Contact Officer
Survey results	Municipal Building	R. Stevens

Research and Intelligence

**Halton 2000 Citizens Panel
Council Budget Survey**

November 2007

HALTON
BOROUGH COUNCIL

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Chapter One

Methodology

Members of the Halton 2000 Citizens Panel were sent copies of the Council Budget self-completion questionnaire (Appendix A), during November 2007 and asked to return them within a two-week period. The questionnaire designed by the Research and Intelligence Department (questions were devised from other Local Authority budget survey's), was aimed at gauging public opinion on Council spending on services.

The first set of questions were to designed to set the scene by asking about the following topics; priority spend areas, maintaining or reducing services in relation to the amount of Council Tax paid and levels of funding for individual services. The second set of questions was to determine the following; knowledge of budget information that is publicly available, the format of information available and preferred method of receiving information.

Response Rates

992 completed questionnaires were returned from 2367 respondents, giving a response rate of 42%. This achieves the required number of responses to achieve a 95% confidence level (with a margin of error of +/-5%).

Key Results

Results of q1, which asked respondents to select *THREE* areas of priority spending (from a list of eleven), reflect findings from previous surveys e.g., BVPI and Quality of Life. The top three areas of priority spending were selected by over 30% of respondents:
> ➢ Community safety and crime prevention 55.3%
> ➢ Development of activities for teenagers 32.4%
> ➢ Provide more opportunities to recycle and manage waste in a sustainable way 32.1%.

Priority spending areas that were ranked Fourth – Seventh showed minimal differences and all fell between 29.4% and 26.7% these are illustrated below.
> ➢ Making our streets cleaner and disposing of waste and litter 29.4%
> ➢ Creating employment opportunities through investment in regeneration/economic development 28.8%
> ➢ Improve education standards by investing in our schools 27.6%
> ➢ Develop more services for elderly people 26.7%

(Please see page 5 for the full table of results).

Results for q2, which asked respondents about levels of Council Tax and ways of increasing or introducing charges for services, were evenly split and no firm conclusions can be made in relation to these areas. However the more detailed results from q3, which asks about individual services, show that for some services an increase in spending is the preferred option.

Q3 asked respondents about levels of spending for 34 individual services that the Council provides.

Of these 34 services respondents stated that:

> 30 services should have the **same amount** of money spent
> 3 services should have **more money** spent
>   • Crime Prevention (70.3%)
>   • Community Safety (56.9%)
>   • Services for Older People (49.9%)
> 1 service should have **less money** spent
>   • Tourism Promotion (48.5%)

Q4 asked respondents if they have previously seen information regarding how the Council spends its money, 70% of respondents stated that they had seen information in 'Inside Halton'. However, when asked in q5 if respondents have seen the summary of how the Council spends its money, (which is available on the Council website, in Libraries and Direct Link), 80.2% of respondents stated that they had not seen this publication.

Following on from this over 70% of respondents stated that they would like to see a brief summary of Council accounts (q6) and 66.7% of respondents stated that this should be available in 'Inside Halton', 64.7% of respondents stated this should be made available with the Council Tax Leaflet and 44.6% of respondents stated it should be available via 'Local Press' (q7).

Chapter 2

Q1.   To help us decide how to spend our funds effectively, please select three areas, which you think the Council should prioritise.

When asked to choose three areas that the Council should prioritise, over half of the respondents (55.3%) stated 'invest more in community safety and crime prevention'. Nearly a third of respondents (32.4%) stated 'develop more activities for teenagers' and nearly a third of respondents (32.1%) also stated 'providing more opportunities to recycle and manage waste in a sustainable way'.

Table 2.1 q1. Please 'X' three areas you think the Council should prioritise?

Valid respondents: 992

Areas of priority	Frequency	% of Respondents
Invest more in community safety and crime prevention	549	55.3
Develop more activities for teenagers	321	32.4
Providing more opportunities to recycle and manage waste in a sustainable way	318	32.1
Making our streets cleaner and disposing of waste and litter	292	29.4
Creating employment opportunities through investment in regeneration/economic development	286	28.8
Improve education standards by investing in our schools	274	27.6
Develop more services for elderly people	265	26.7
Investing in better health outcomes	207	20.9
Creating new opportunities for working and learning in our poorer communities	167	16.8
Development and upkeep of our parks and open spaces	123	12.4
Provide more social workers to support vulnerable people	120	12.1

Q2.   When making decisions about spending plans for the next year the Council should…?

When asked about spending plans respondent views are split.   One quarter of respondents (24.8%) stated that current levels of service should be maintained even if this means an increase in Council Tax and nearly a quarter of respondents (23.3) stated 'Reduce the levels of some services to keep any Council Tax increase to a minimum'.

Table 2.2 q2. When making spending plans for the next year the Council should…?

Valid Respondents: 953

Areas of priority	Frequency	% of Respondents
Maintain the current levels of service even if this means an increase in Council Tax	246	24.8
Reduce the levels of some services to keep any Council Tax increase to a minimum	222	23.3
Raise more money by introducing charges for services that users currently receive free e.g., car parking	186	19.5
Raise more money by increasing the prices of Council services that users have to pay for e.g., pest control treatment	168	17.6
Improve current levels of service even if this means a greater increase in Council Tax	131	13.7

Q3.   From your point of view, would you like to see more money, less money or the same amount of money spent on each of the following services in the future?

When asked about the levels of money that should be spent on individual services the highest category for the majority of these services was 'Same amount of money'. However for some services respondents showed mixed views, these services are highlighted below.

CCTV Figure 2.5
For this service just over two fifths of respondents (42.5%) stated 'same amount of money' however two fifths of respondents (40.3%) also stated that 'more money' should be spent on this service.

Children's Social Services Figure 2.6
For this service over 50% of respondents (56.3%) stated 'same amount of money', and 30% of respondents stated 'more money' should be spent on this service.

Community Safety Figure 2.8
Over 50% of respondents (56.9%) stated that more money should be spent on community safety. Just under two fifths of respondents (38.7%) stated that the same amount of money should be spent on community safety.

Crime Prevention Figure 2.9
70% of respondents stated that 'more money' should be spent on crime prevention.

Development Control and Planning Policy Figure 2.10
Over one fourth of respondents (28.1%) stated that 'less money' should be should be spent on this service. 55.4% of respondents stated that the 'same amount' of money should be provided for this service.

Education Welfare (e.g., to improve school attendance)
Nearly 30% of respondents (27.8%) stated that more money should be spent on this service. Over half of respondents (56.3%) however stated 'same amount money'.

Home Help and Home Care Figure 2.14
Two fifths of respondents (41.9%) stated that 'more money' should be spent on this service, 52.1% of respondents stated that the 'same amount of money' should be spent on this service.

Maintenance of Roads and Footpaths Figure 2.16
Nearly 40% of respondents (38.3%) stated that 'more money' should be spent on the maintenance of roads and footpaths. Nearly 60% of respondents (57.8%) stated the 'same amount of money' should be spent.

Preventing Drug and Alcohol Abuse Figure 2.19
Respondent opinion on this service is equally split; 40.8% of respondents stated that 'more money' should be spent on this service while 40.9% of respondents stated that the 'same amount' of money should be spent on this service.

Recycling Facilities Figure 2.2

Over two fifths of respondents (42.1%) stated that 'more money' should be spent on this service, 50% of respondents stated that the 'same amount' of money should be spent.

Services for Older People Figure 2.28

Nearly 50% of respondents (49.9%) stated that more money should be spent on this service, just over two fifths of respondents (44.9%) stated that the 'same amount of money' should be spent on this service.

Street Cleaning Figure 2.29

65.7% of respondents stated that the 'same amount' of money should be spent on street cleaning, however just over 30% of respondents (31.7%) stated that 'more money' should be spent on this service.

Tourism Promotion Figure 2.31

Nearly 50% of respondents (48.5%) stated that 'less money' should be spent on this service, 40% of respondents stated that the 'same amount' of money should be spent.

Youth Services Figure 2.34

Nearly 50% of respondents (48.7%) stated that the 'same amount' of money should be spent on youth standards. However 33.6% of respondents stated that 'more money' should be spent on this service.

Figure 2.1: Adult Education and Evening Classes

Valid Respondents: 935
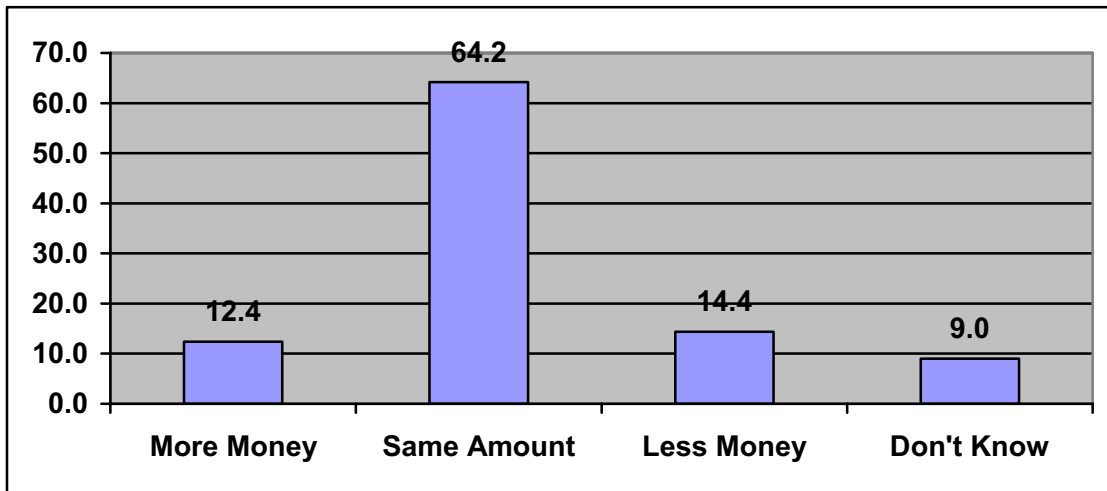
Figure 2.2 Arts and Cultural Activities

Valid Respondents: 930
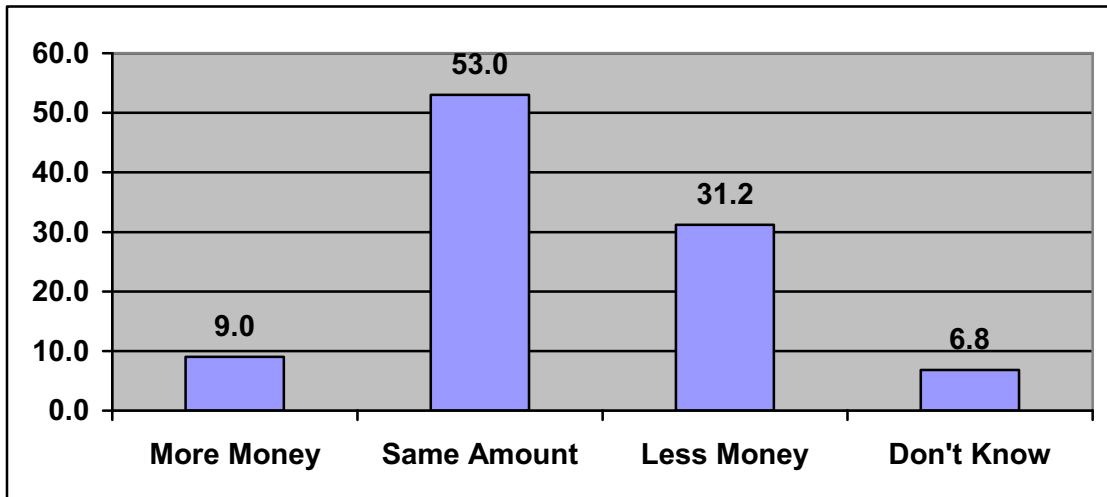
Figure 2.3 Bus Service Subsidies

Valid Respondents: 944
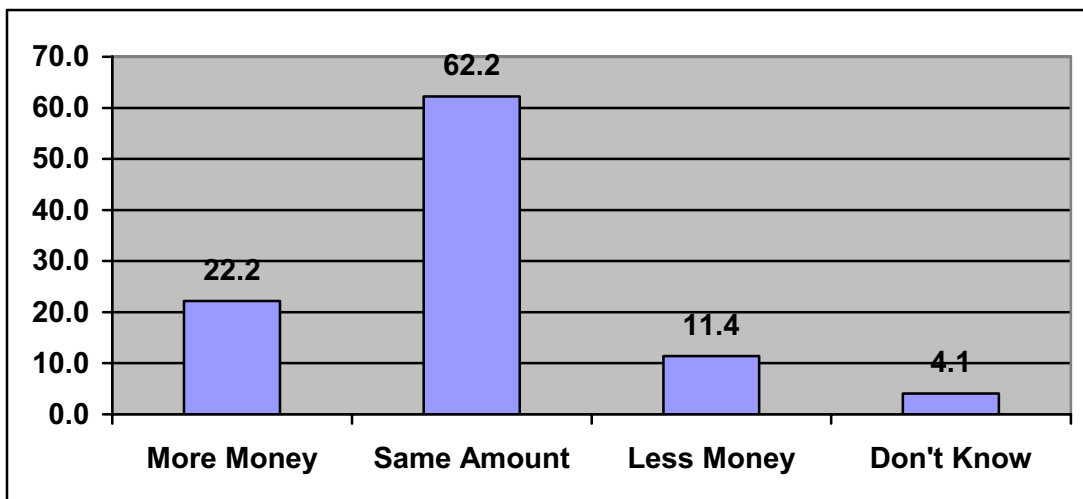
Figure 2.4 Car Parking facilities

Valid Respondents: 937
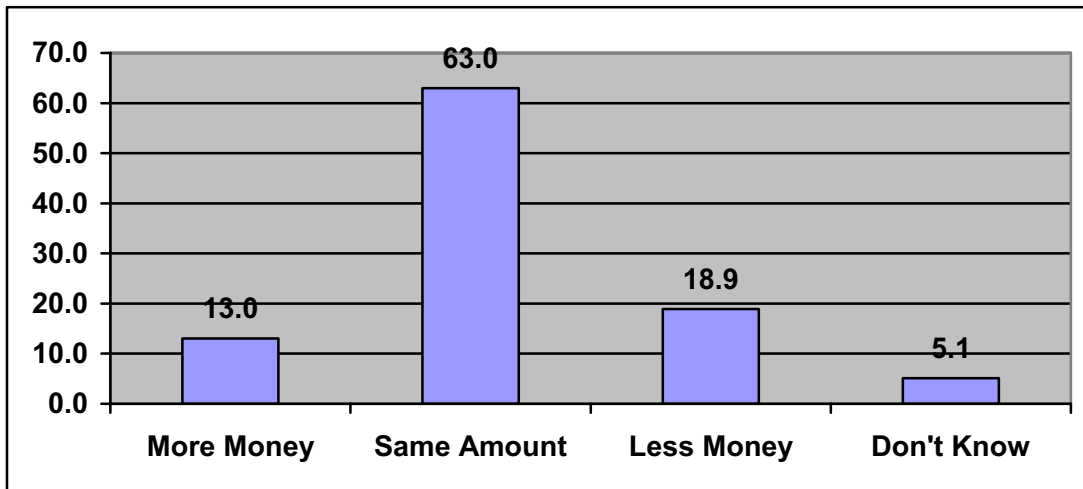
Figure 2.5 CCTV

Valid Respondents: 942
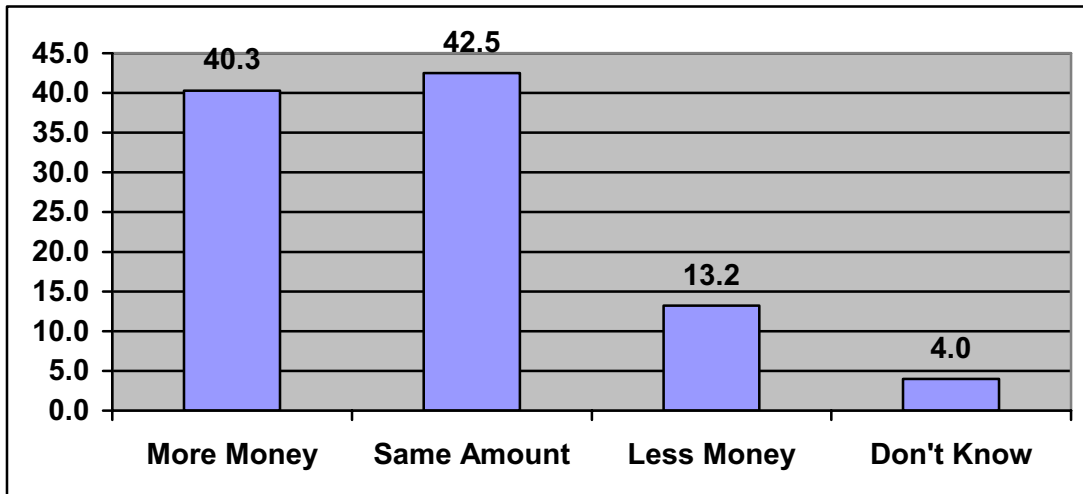
Figure 2.6 Children's Social Services

Valid Respondents: 932
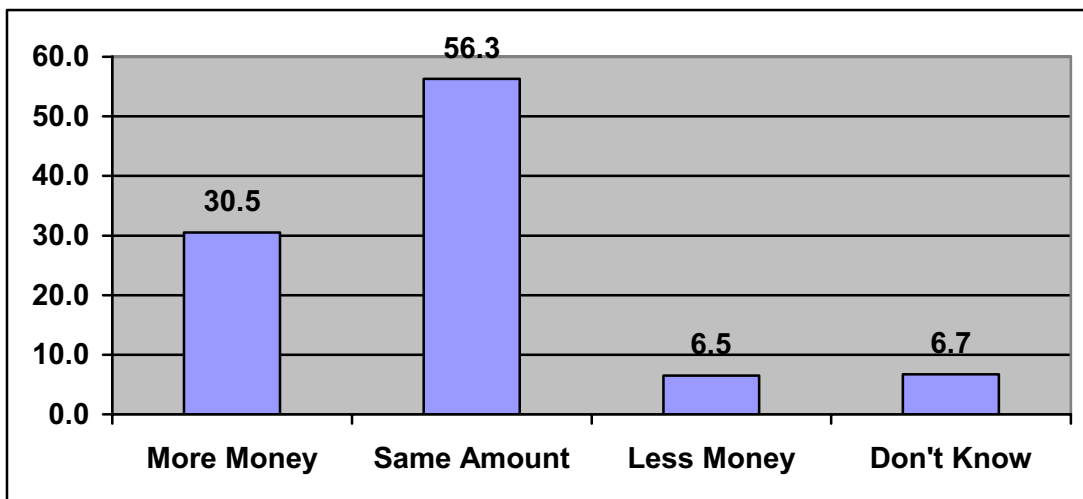
Figure 2.7 Community Recreation Centres

Valid Respondents: 930
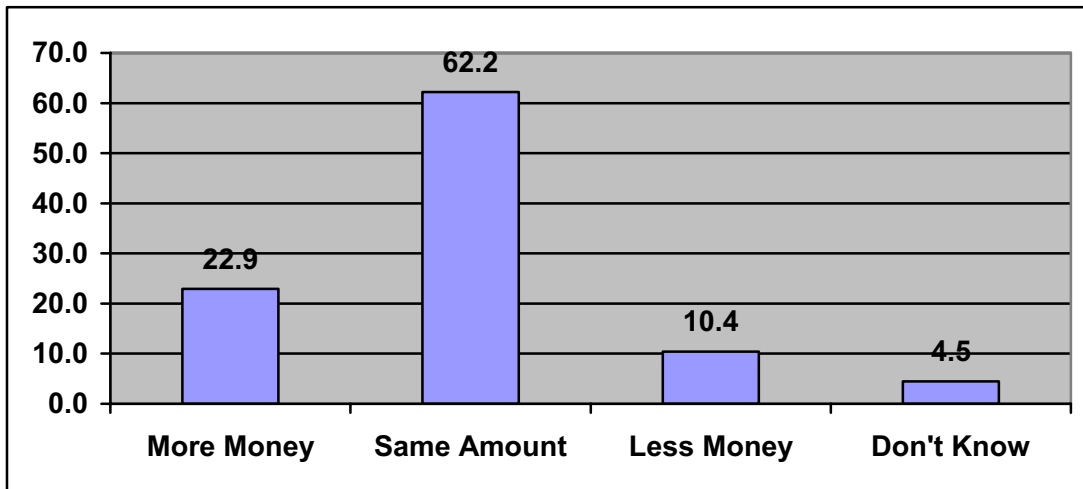
Figure 2.8 Community Safety

Valid Respondents: 942
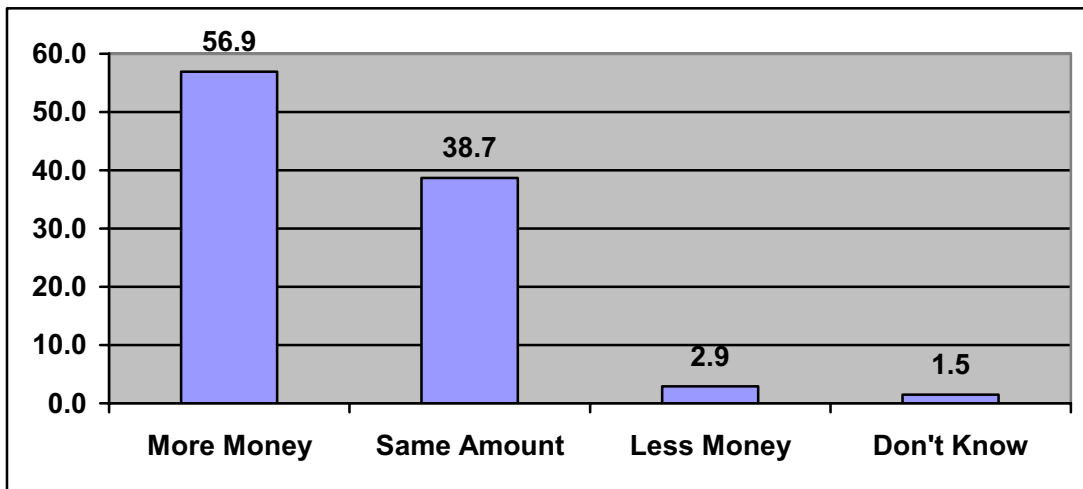
Figure 2.9 Crime Prevention

Valid Respondents: 950
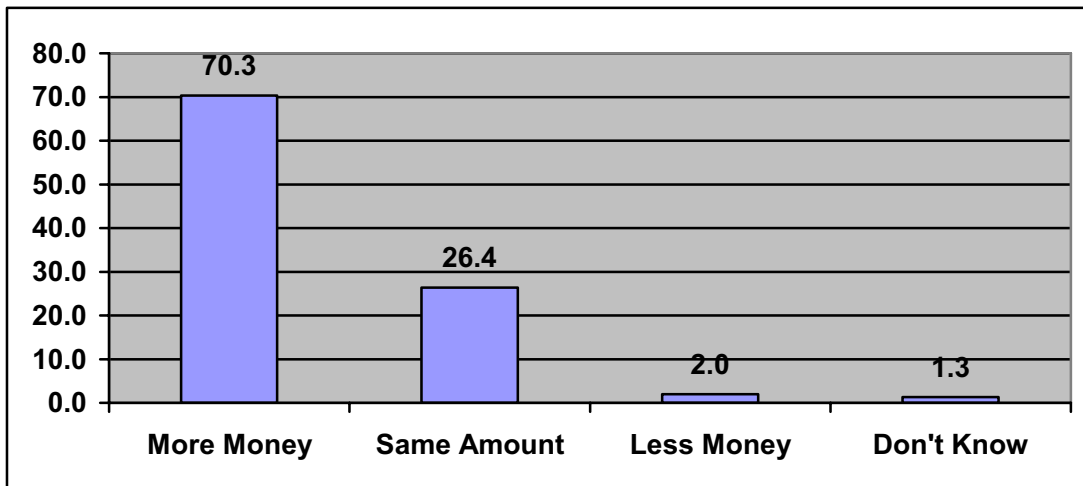
Figure 2.10 Development Control and Planning Policy

Valid Respondents: 924
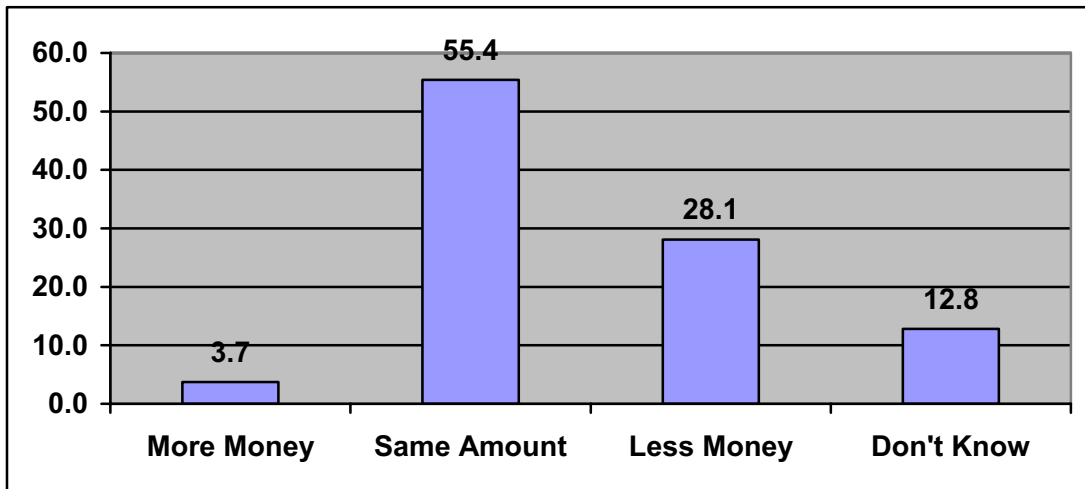
Figure 2.11 Education Welfare (e.g., to improve school attendance)

Valid Respondents: 933
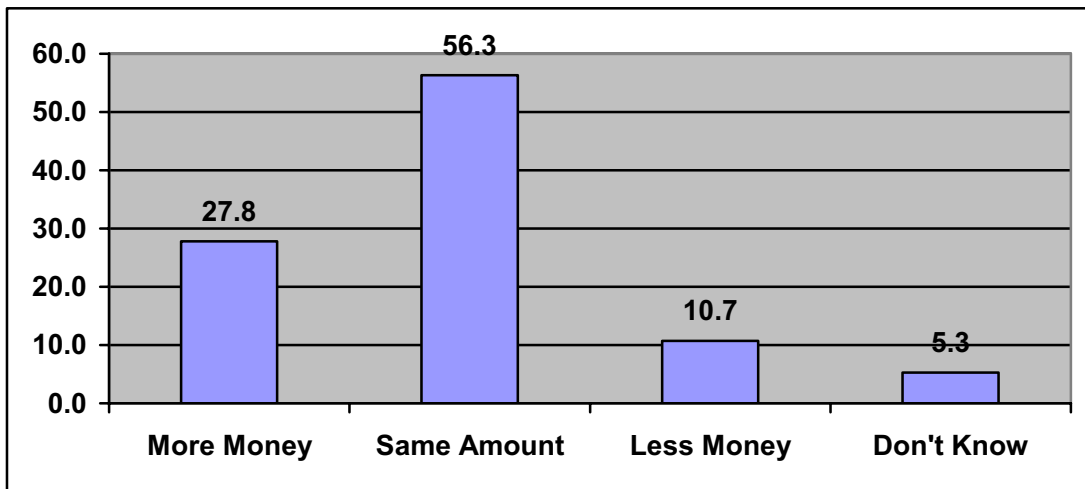
Figure 2.12 Environmental Health Inspections

Valid Respondents: 930
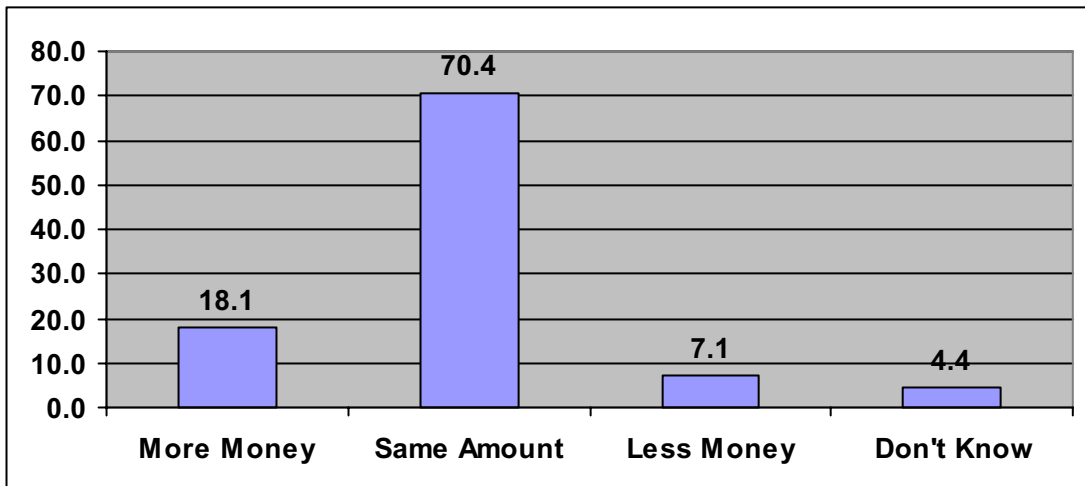
Figure 2.13 Grants to Voluntary Organisations

Valid Respondents: 937
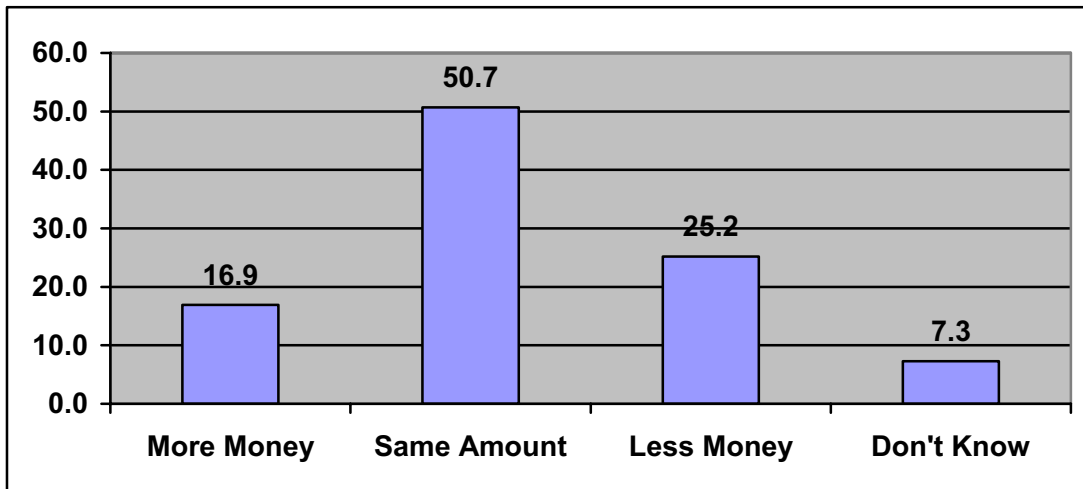
Figure 2.14 Home Help and Home Care

Valid Respondents: 955
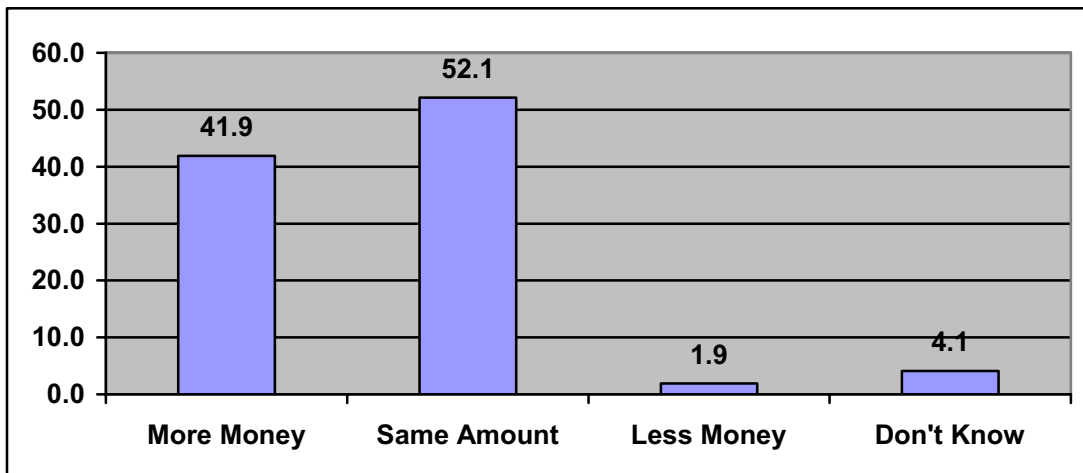
Figure 2.15 Libraries

Valid Respondents: 932
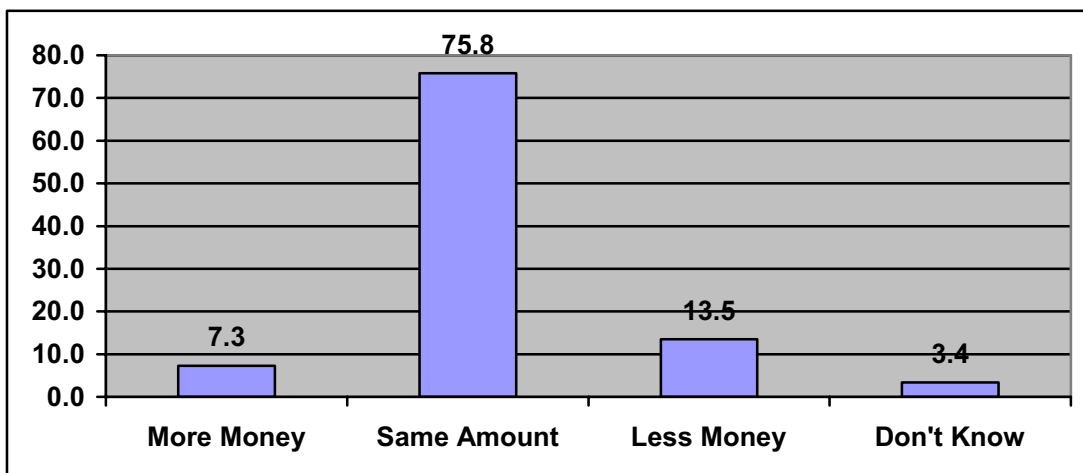
Figure 2.16 Maintenance of Roads and Footpaths

Valid Respondents: 945

	More Money	Same Amount	Less Money	Don't Know
	38.3	57.8	2.8	1.2
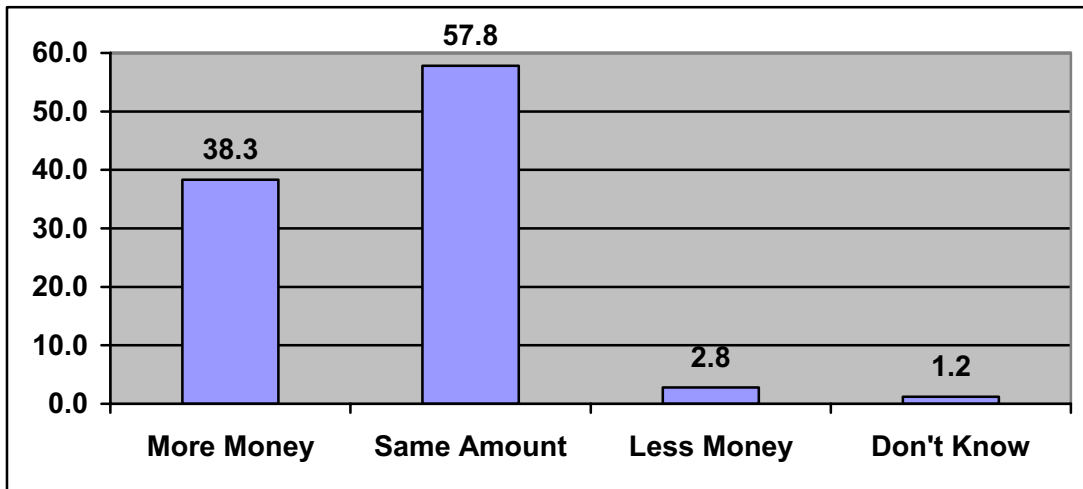
Figure 2.17 Parks and Open Spaces

Valid Respondents: 936

	More Money	Same Amount	Less Money	Don't Know
	17.6	71.3	9.3	1.8
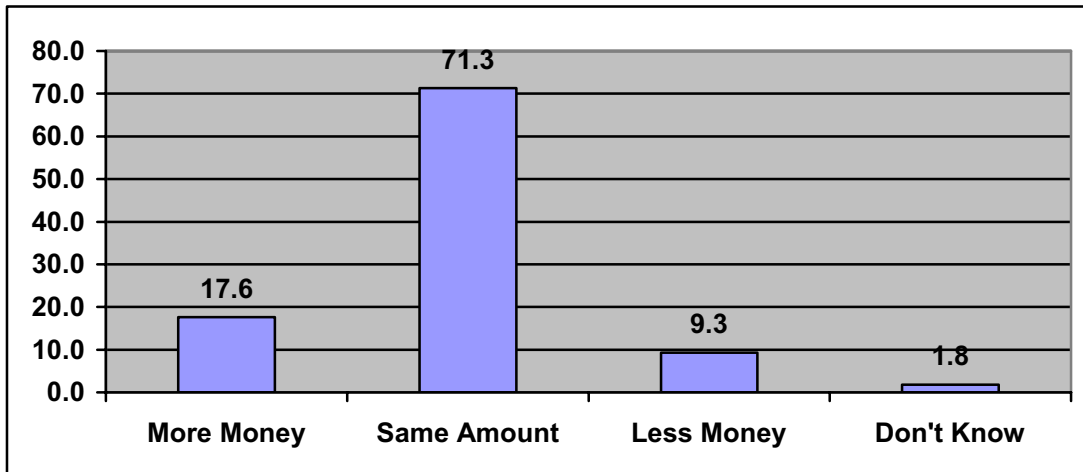
Figure 2.18 Play Services (including adventure playgrounds, holiday schemes, toddlers clubs

Valid Respondents: 938

	More Money	Same Amount	Less Money	Don't Know
	12.4	64.2	14.4	9.0
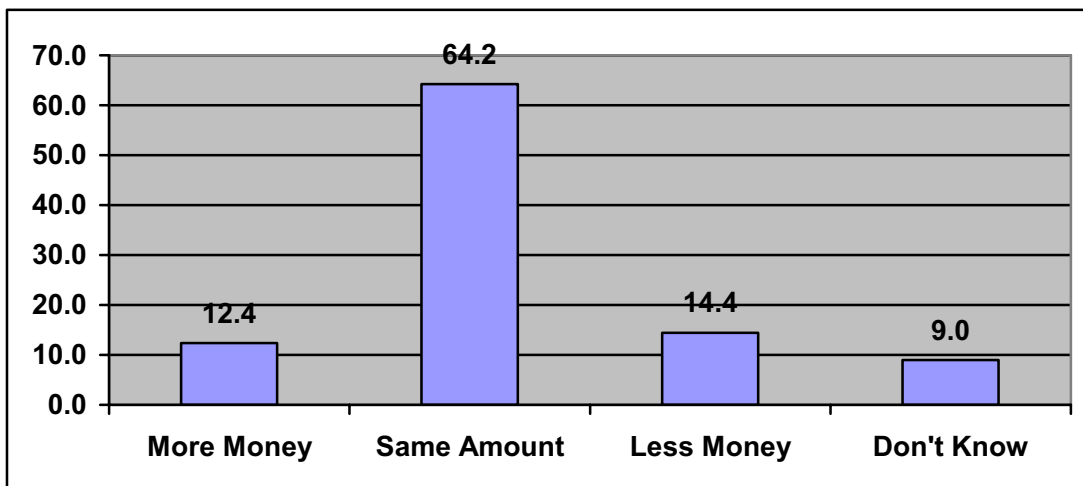
Figure 2.19 Preventing Drug and Alcohol Abuse

Valid Respondents: 950

More Money	Same Amount	Less Money	Don't Know
40.8	40.9	14.2	4.0
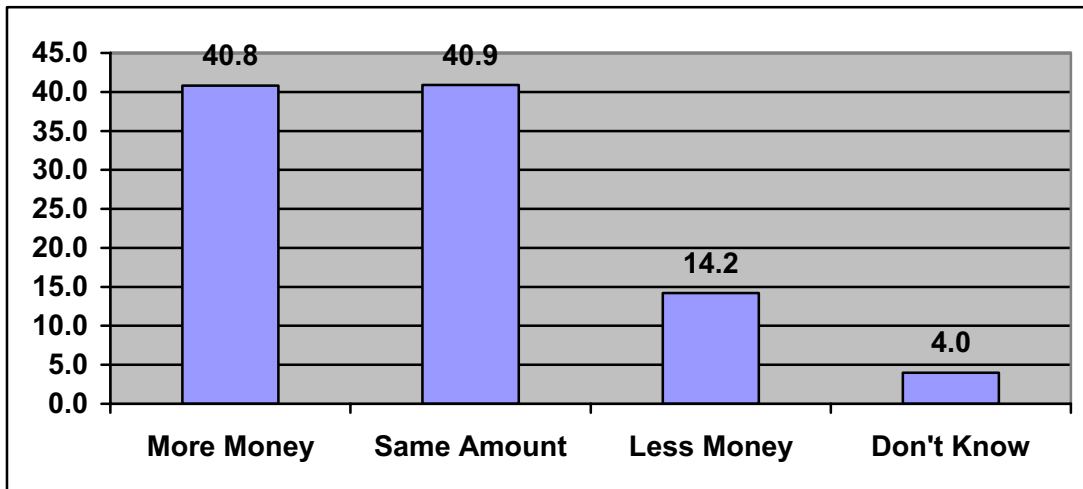
Figure 2.20 Public Toilets

Valid Respondents: 943

More Money	Same Amount	Less Money	Don't Know
23.3	64.3	8.6	3.8
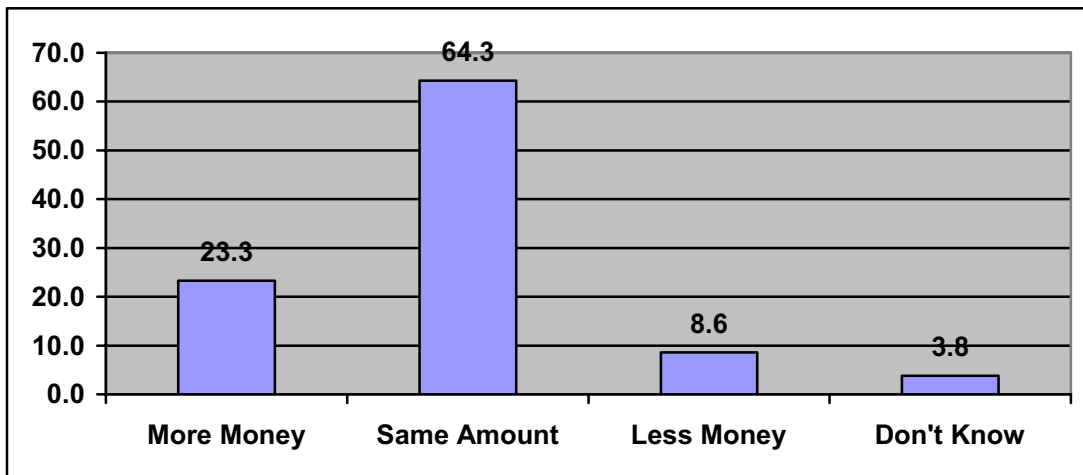
Figure 2.21 Recycling Facilities

Valid Respondents: 946

More Money	Same Amount	Less Money	Don't Know
42.1	50.8	5.2	1.9
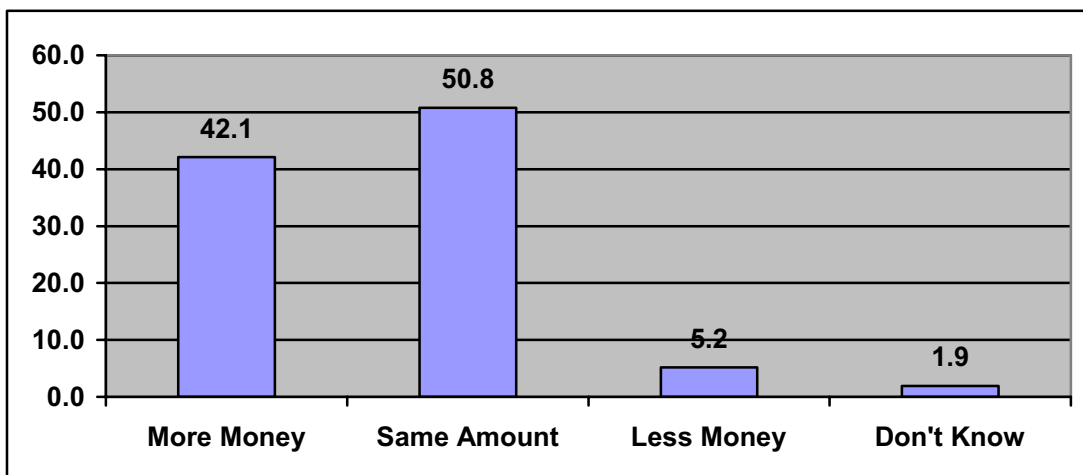
Figure 2.22 Refuse Collection

Valid Respondents: 944
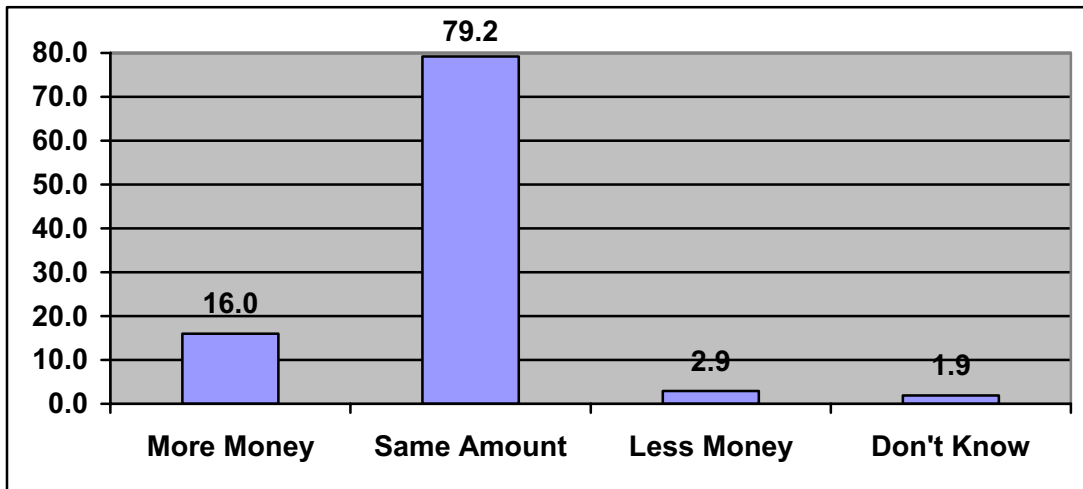
Figure 2.23 Regeneration and Economic Development

Valid Respondents: 927
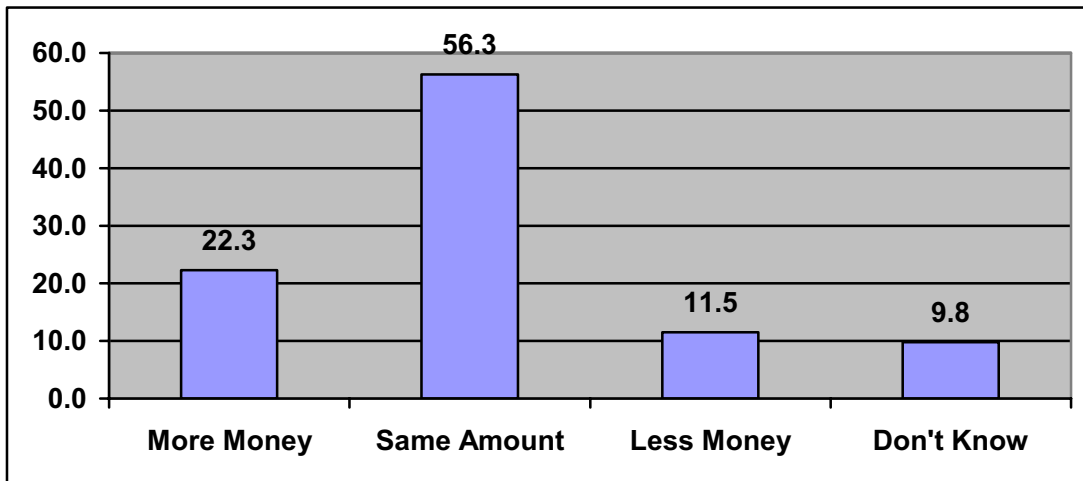
Figure 2.24 Removing Abandoned Vehicles

Valid Respondents: 943
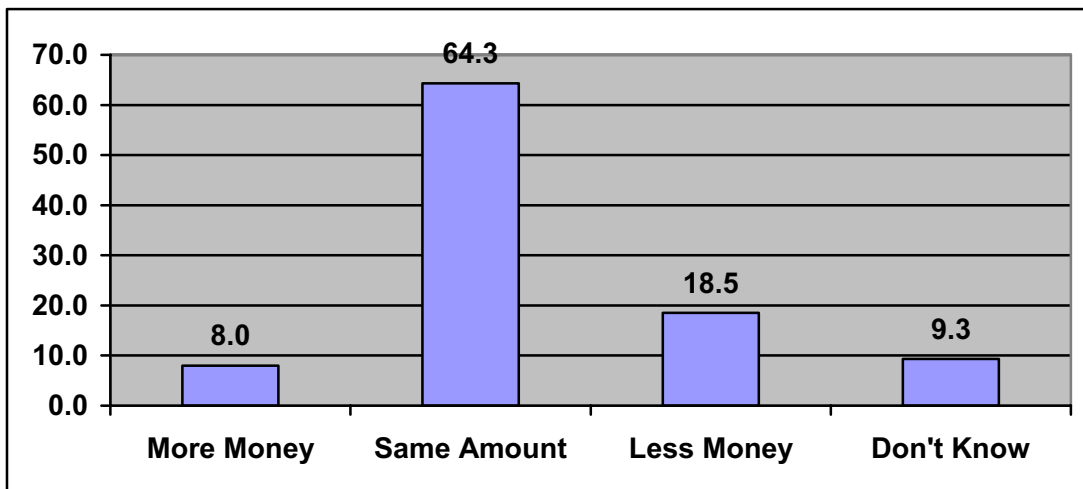
Figure 2.25 Road Safety and School Crossing Patrols

Valid respondents: 951
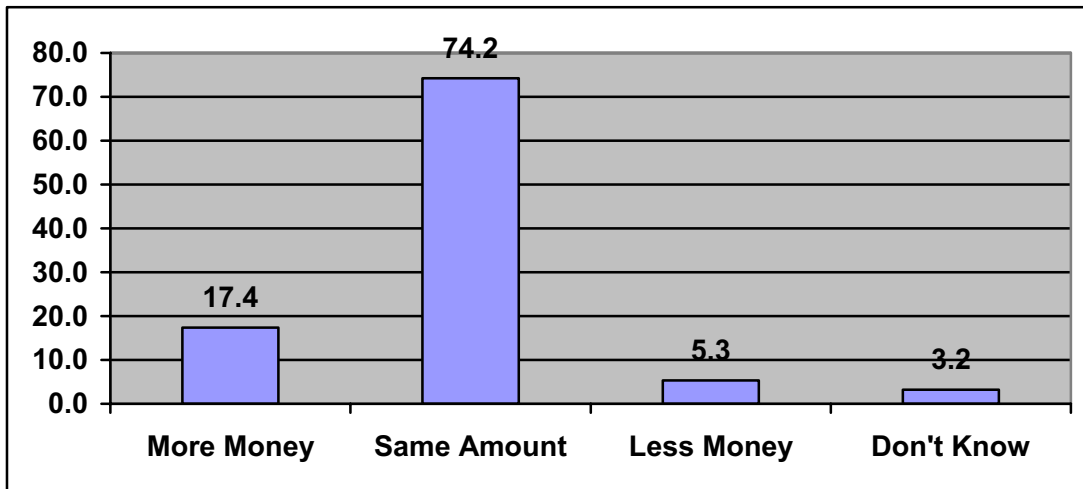
Figure 2.26 School Modernisation Programme

Valid Respondents: 934
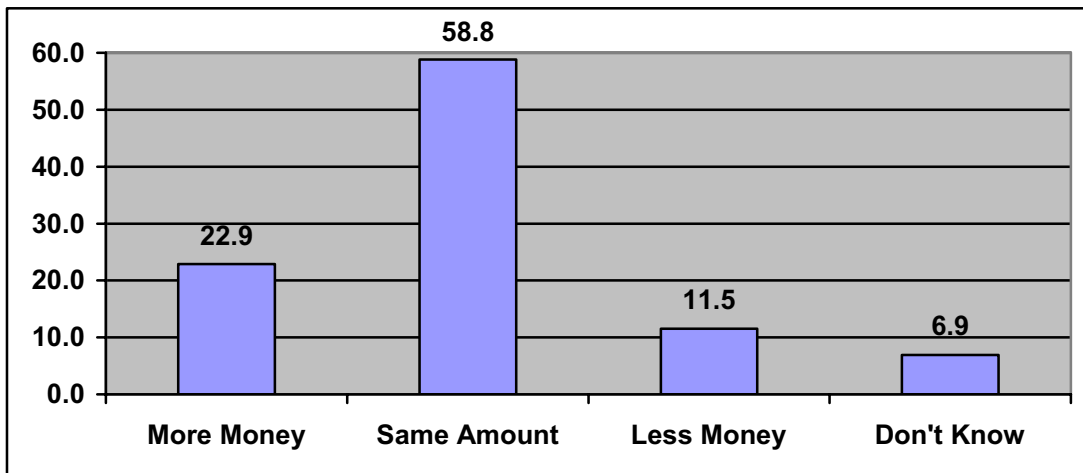
Figure 2.27 Services for Older People

Valid Respondents: 971
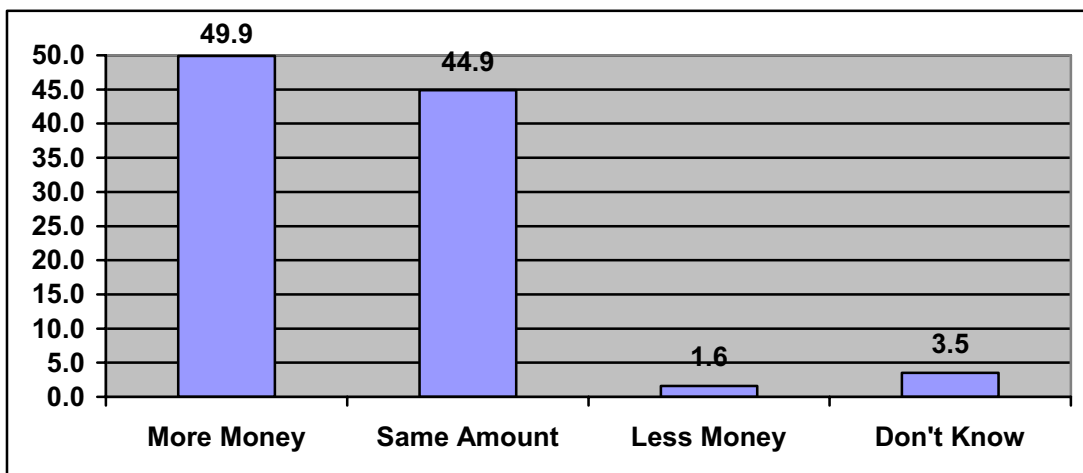
Figure 2.28 Sports and Leisure Centres

Valid Respondents: 953

	More Money	Same Amount	Less Money	Don't Know
%	17.1	62.1	17.3	3.5
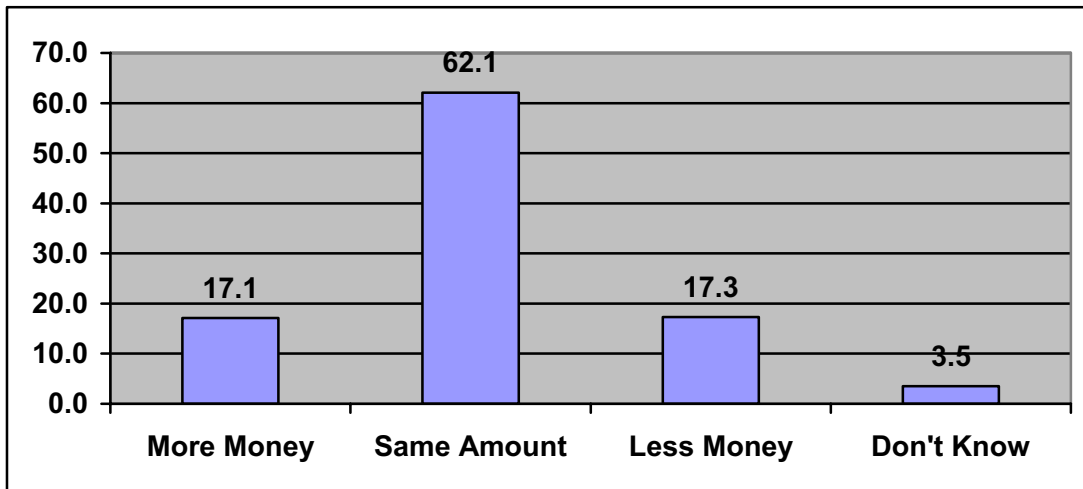
Figure 2.29 Street Cleaning

Valid Respondents: 969

	More Money	Same Amount	Less Money	Don't Know
%	31.7	65.7	1.9	0.7
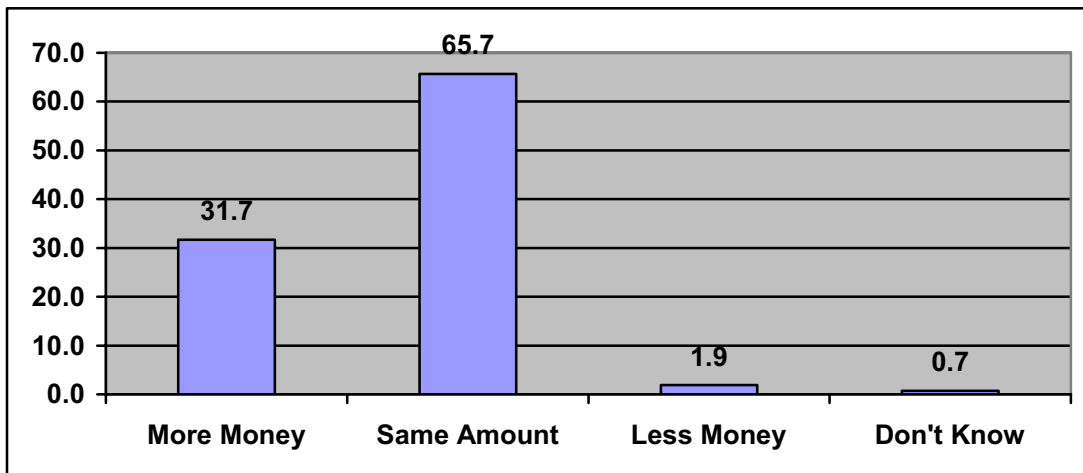
Figure 2.30 Street Lighting

Valid Respondents: 957

	More Money	Same Amount	Less Money	Don't Know
%	25.9	68.7	4.7	0.7
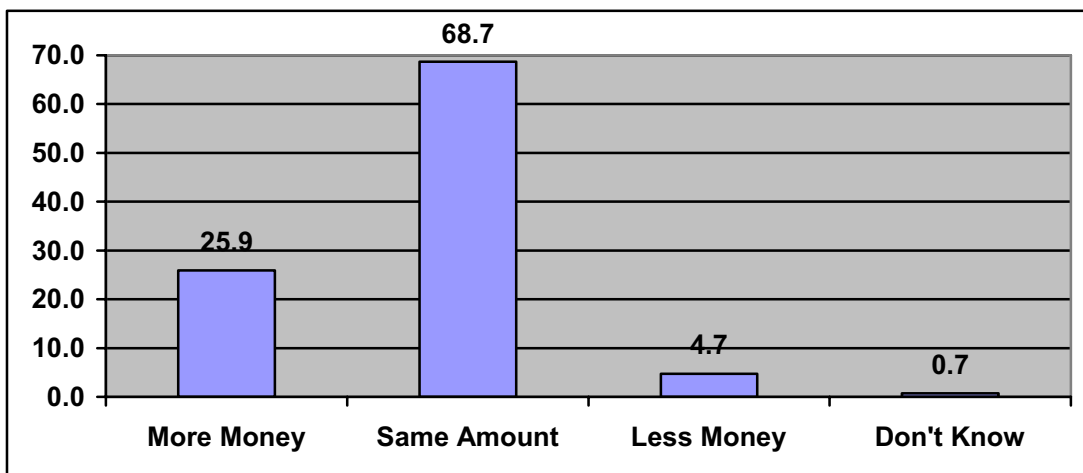
Figure 2.31 Tourism Promotion

Valid Respondents: 945
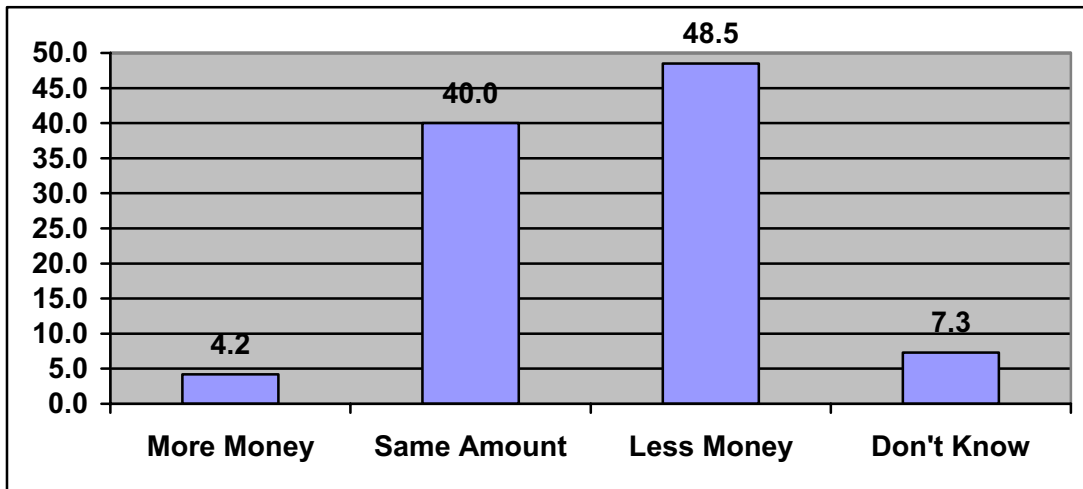
Figure 2.32 Town Centre Management

Valid Respondents: 953
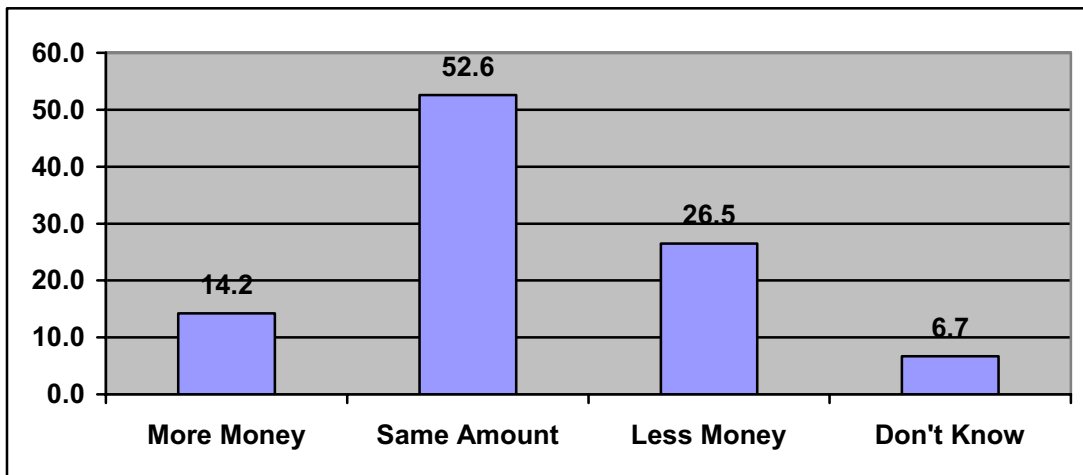
Figure 2.33 Trading Standards

Valid Respondents: 951
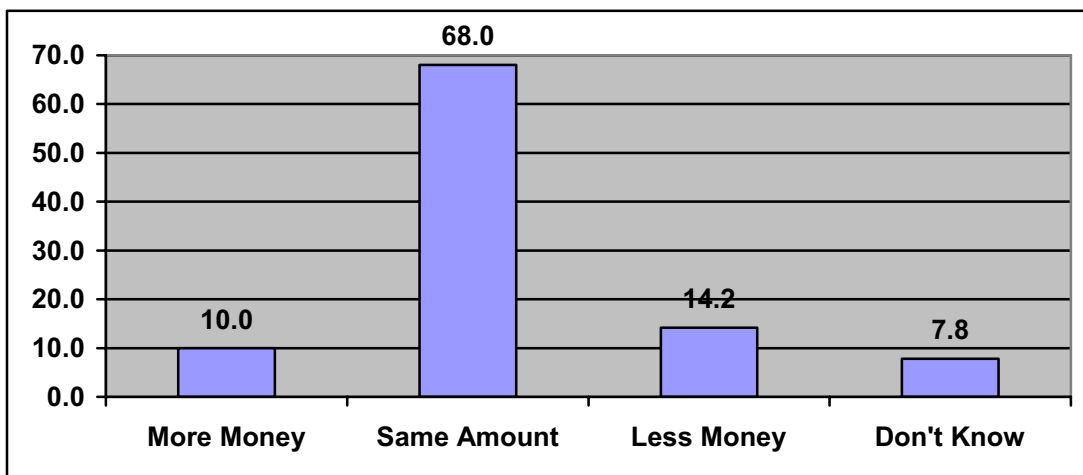
Figure 2.34 Youth Standards

Valid Respondents: 958
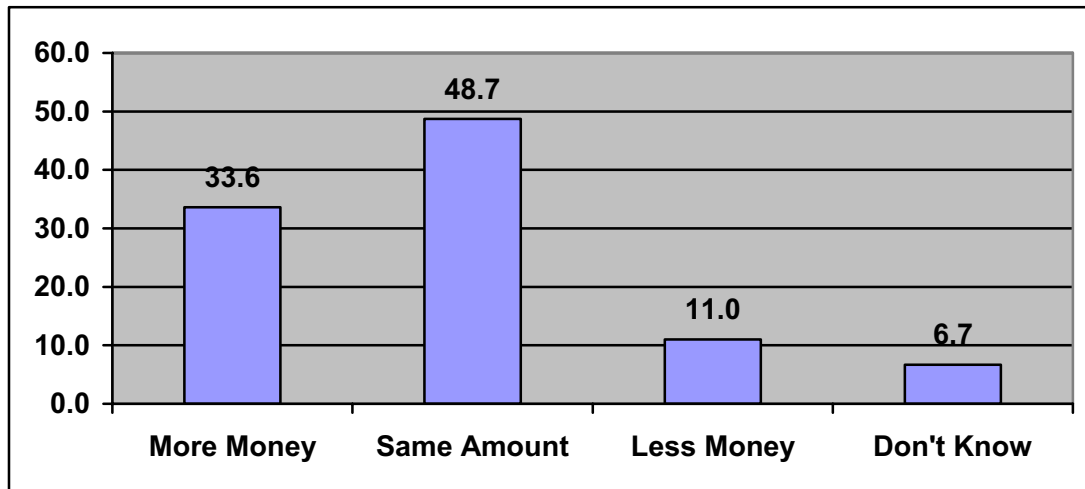
Q4. Where have you previously seen information regarding how the Council spends its money?

The majority of respondents have seen information on Council spending in 'Inside Halton' the 'Council Tax Leaflet' and in the 'Local Press' 69.4%, 61.5% and 43.6% respectively. Just 15.5% of respondents have stated that they have seen information on the website and 13.3% of respondents stated that they 'haven't seen any information'.

Table 2.3 q4. Where have you previously seen information regarding how the Council spends its money?

Valid Respondents: 977

Information	% of Respondents
Inside Halton	69.4
Council Tax Leaflet	61.5
Local Press	43.6
Council Website	15.5
Library/ Halton Direct Link	14.2
I haven't seen any information	13.3

Respondents also had the opportunity to state other sources of information. The results are illustrated in table 2.4 below.

Table 2.4 q4. Where have you previously seen information regarding how the Council spends its money - other?

Comment	Frequency
Liverpool Echo	2
I would like to see Cllr expenses lowered and list of expenses published in 'Inside Halton'	1
It's a closed book	1
Local forums	1
Council traffic warden – fines go to Council e.g., cars and other vehicles blocking roads and parking across paths cant get wheelchair or prams past	1
Only on this questionnaire	1
In Touch magazine	1
I work for HBC	1

Q5. Have you seen the four page summary of how the Council spends its money which is available on the Council website and in libraries and Halton Direct Link?

Four fifths of respondents (80.2%) have never seen the four-page summary on Council spending. Just one fifth of respondents (19.8%) have seen the summary.

Figure 2.35 q5. Have you seen the four page summary of how the Council spends its money which is available on the Council website and in libraries and Halton Direct Link?

Valid Respondents: 972
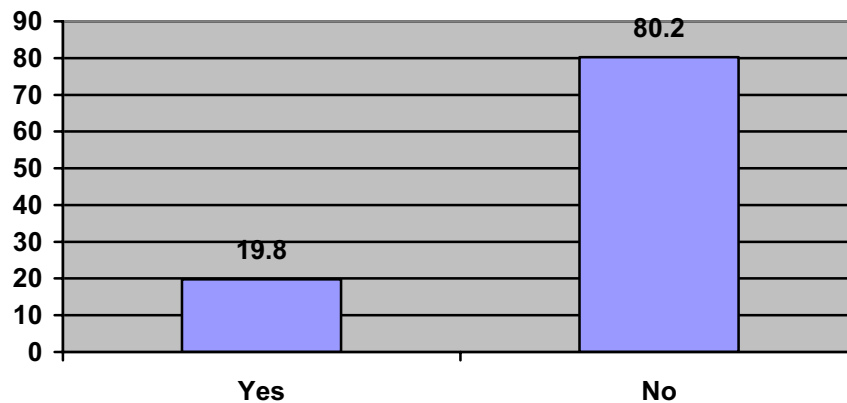
Respondents who have seen the summary were given the opportunity to make suggestions on how this summary could be improved. The results are illustrated in table 2.5 below.

Table 2.5 q5. Have you seen the four page summary of how the Council spends its money which is available on the Council website and in libraries and Halton Direct Link?

Comment	Frequency
Its good as it is	4
Give greater prominence in Inside Halton and not everyone has access to the website	2
Local newspaper highlighting Council affairs/detailed accounts	2
Consult major national industrial company on presentation	1
Key question is not how much money is spent but how high the need is and how well resources are used to meet this end	1
Simple plain English leaflet one page	1
Wider availability	1
Place a direct link on the homepage entitled 'how we spend your money' as presently it is difficult to find	1
Booklets through doors	1
Distributing flyers every three months	1
Put in free newspaper that is distributed to all	1
Prominent stand in library	1
Letter to houses	1
At Cllr surgery provide info for people to read	1
To few people have access to internet improve distribution	1
Act on it	1
How much is made and spent on recycling	1
Tell us what we want to hear spend money wisely	1
Simple, frank and open info into homes	1

Q6.   Do you think a brief summary of how the Council spends its money is helpful or would prefer to access the Council's full statement of accounts?

Over 70% of respondents would prefer to see a brief summary of Council accounts. However nearly 30% of respondents would like to have access to a full statement of accounts.

Figure 2.36 q6. Do you think a brief summary of how the Council spends its money is helpful or would prefer to access the Council's full statement of accounts?

Valid Respondents: 959
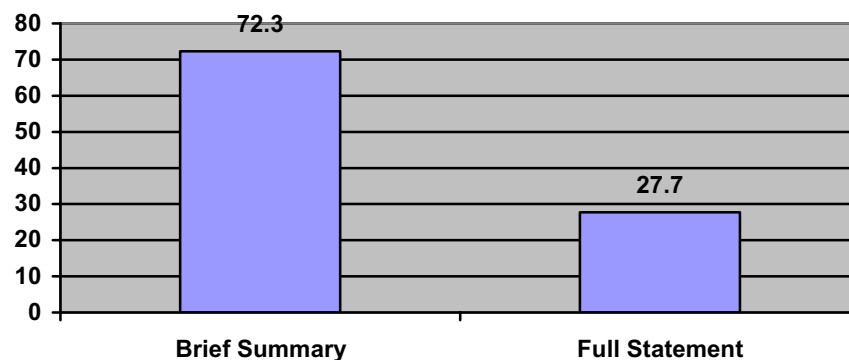
Q7.   How do you prefer to receive information on how the Council spends its money?

When respondents were asked how they would prefer to receive information on how the Council spends its money the preferred methods were; 'Inside Halton', Council Tax Leaflet and Local Press with 66.7%, 64.7% and 44.6% respectively.

Table 2.6 q7. How do you prefer to receive information on how the Council spends its money?

Valid Respondents: 969

Information Via	% of Respondents
Inside Halton	66.7
Council Tax Leaflet	64.7
Local Press	44.6
Council Website	23.8
Libraries/ Halton Direct Link	15.3

Appendix A – Questionnaire

Halton 2000 Citizens' Panel
November 2007

Council Budget Consultation

Everyone uses Council services and the Council receives a substantial part of its income through Council Tax which helps pay for these services.

Each year the Council has to consider its spending plans for the following year to ensure they are in line with its priorities and those of the community. If money is spent in one area it can mean there is less to spend elsewhere, so it is essential to decide on priorities.

As part of this process we would like to know your views about where you feel the Council should be spending more or less money.

Please help us make the right choices by answering the following questions.

q1. Halton Council believes that the items listed below are all important. To ensure we incorporate the views of residents to help us decide how to spend our funds effectively, please 'X' THREE areas you think the Council should prioritise (Please place an 'X' in up to 3 boxes only)

- [ ] Creating new opportunities for working and learning in our poorer communities
- [ ] Making our streets cleaner and disposing of waste and litter
- [ ] Providing more opportunities to recycle and manage waste in a sustainable way
- [ ] Improve education standards by investing in our schools
- [ ] Provide more social workers to support vulnerable people
- [ ] Develop more services for elderly people
- [ ] Develop more activities for teenagers
- [ ] Creating employment opportunities through investment in regeneration/economic development
- [ ] Development and upkeep of our parks and open spaces
- [ ] Invest more in community safety and crime prevention
- [ ] Investing in better health outcomes

q2. Which of the following statements do you *most* agree with? 'When making decisions about spending plans for next year the Council should...?' (Please place an 'X' in *one* box only)

- [ ] Maintain the current levels of service even if this means an increase in council tax
- [ ] Improve current levels of service, even if this means a greater increase in council tax
- [ ] Reduce the levels of some services to keep any council tax increase to a minimum
- [ ] Raise more money by increasing the prices of Council services that users have to pay for e.g. pest control treatment
- [ ] Raise more money by introducing charges for services that users currently receive free e.g. car parking

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q3. From your point of view, would you like to see more money, less money or the same amount of money spent on each of the following services in the future? (Please place an 'X' in one box for each service only)

	More money	Same amount of money	Less money	Don't know
a. Adult education and evening classes	☐	☐	☐	☐
b. Arts and cultural activities (e.g. theatre)	☐	☐	☐	☐
c. Bus service subsidies	☐	☐	☐	☐
d. Car parking facilities	☐	☐	☐	☐
e. CCTV	☐	☐	☐	☐
f. Children's social services	☐	☐	☐	☐
g. Community/ recreation centres	☐	☐	☐	☐
h. Community safety	☐	☐	☐	☐
i. Crime prevention	☐	☐	☐	☐
j. Development control and planning policy	☐	☐	☐	☐
k. Education welfare (e.g. to improve school attendance)	☐	☐	☐	☐
l. Environmental health inspections	☐	☐	☐	☐
m. Grants to voluntary organisations	☐	☐	☐	☐
n. Home help and home care	☐	☐	☐	☐
o. Libraries	☐	☐	☐	☐
p. Maintenance of roads and footpaths	☐	☐	☐	☐
q. Park and open spaces	☐	☐	☐	☐
r. Play services (including adventure playgrounds, holiday schemes, toddlers clubs)	☐	☐	☐	☐
s. Preventing drug and alcohol abuse	☐	☐	☐	☐
t. Maintenance of roads and footpaths	☐	☐	☐	☐
u. Public toilets	☐	☐	☐	☐
v. Recycling facilities	☐	☐	☐	☐
w. Refuse collection	☐	☐	☐	☐
x. Regeneration and economic development	☐	☐	☐	☐
y. Removing abandoned vehicles	☐	☐	☐	☐
z. Road safety and school crossing patrols	☐	☐	☐	☐
aa. School modernisation programme	☐	☐	☐	☐
bb. Services for older people	☐	☐	☐	☐

q3 continued...
From your point of view, would you like to see more money, less money or the same amount of money spent on each of the following services in the future? (Please place an 'X' in one box for each service only)

	More money	Same amount of money	Less money	Don't know
cc. Sports and leisure centres	☐	☐	☐	☐
dd. Street cleaning	☐	☐	☐	☐
ee. Street lighting	☐	☐	☐	☐
ff. Tourism promotion	☐	☐	☐	☐
gg. Town centre management	☐	☐	☐	☐
hh. Trading standards	☐	☐	☐	☐
ii. Youth services	☐	☐	☐	☐

q4. Where have you previously seen information regarding how the Council spends its money? (Please place an 'X' in all boxes that apply)

☐ I havent seen any information   ☐ Inside Halton (the Council magazine for the public)

☐ Council website   ☐ Council Tax leaflet that comes to every home

☐ Library/Halton Direct Link   ☐ Local press

☐ Other (please specify below)

For office use only

☐☐☐

q5a. Have you seen the four page summary of how the Council spends its money which is available on the Council website and in libraries and Halton Direct Link? (Please place an 'X' in one box only)

☐ Yes (please go to q5b)   ☐ No (please go to q6)

q5b. Have you got any suggestions on how we could improve the information it provides? (Please write one main suggestion only)

For office use only

☐☐☐

q6. Do you think a brief summary of how the Council spends its money is helpful or would you prefer to access the Council's full statement of accounts? (Please place an 'X' in one box only)

☐ Brief summary   ☐ Full statement of accounts

q7. How do you prefer to recieve information on how the Council spends its money? (Please place an 'X' in all that apply)

☐ Via the Council website   ☐ Via Inside Halton (the Council magazine for the public)

☐ Via libaries/ Halton direct link   ☐ Via Council Tax leaflet (that comes to every home)

☐ Via Local press

Thank you for completing the questionnaire.
Please now place in the pre-paid envelope and return before 30th November 2007

Appendix B – Frequency Tables

Creating new opps for working and learning in poorer communities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	825	83.2	83.2	83.2
	Yes	167	16.8	16.8	100.0
	Total	992	100.0	100.0	

Making our streets cleaner and disposing of waste and litter

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	700	70.6	70.6	70.6
	Yes	292	29.4	29.4	100.0
	Total	992	100.0	100.0	

Providing more opps to recycle and manage waste in a sustainable way

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	674	67.9	67.9	67.9
	Yes	318	32.1	32.1	100.0
	Total	992	100.0	100.0	

Improve education standards by investing in our schools

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	718	72.4	72.4	72.4
	Yes	274	27.6	27.6	100.0
	Total	992	100.0	100.0	

Provide more social workers to support vulnerable people

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	872	87.9	87.9	87.9
	Yes	120	12.1	12.1	100.0
	Total	992	100.0	100.0	

Develop more services for elderly people

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	727	73.3	73.3	73.3
	Yes	265	26.7	26.7	100.0
	Total	992	100.0	100.0	

Develop more acitivites for teenagers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	671	67.6	67.6	67.6
	Yes	321	32.4	32.4	100.0
	Total	992	100.0	100.0	

Creating employment opps through investment in regeneration/economic development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	706	71.2	71.2	71.2
	Yes	286	28.8	28.8	100.0
	Total	992	100.0	100.0	

Development and upkeep of our parks and open spaces

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	869	87.6	87.6	87.6
	Yes	123	12.4	12.4	100.0
	Total	992	100.0	100.0	

Invest more in community safety and crime prevention

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	443	44.7	44.7	44.7
	Yes	549	55.3	55.3	100.0
	Total	992	100.0	100.0	

Investing in better health outcomes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	785	79.1	79.1	79.1
	Yes	207	20.9	20.9	100.0
	Total	992	100.0	100.0	

q2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Maintain the current levels of service even if this means an	246	24.8	25.8	25.8
	Improve current levels of service, even if this means a grea	131	13.2	13.7	39.6
	Reduce the levels of some services to keep any council tax i	222	22.4	23.3	62.9
	Raise more money by increasing the prices of Council service	168	16.9	17.6	80.5
	Raise more money by introducing charges for services that us	186	18.8	19.5	100.0
	Total	953	96.1	100.0	
Missing	Missing	39	3.9		
Total		992	100.0		

Q3

Adult education and evening classes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	116	11.7	12.4	12.4
	Same amount of money	600	60.5	64.2	76.6
	Less money	135	13.6	14.4	91.0
	Don't know	84	8.5	9.0	100.0
	Total	935	94.3	100.0	
Missing	Missing	57	5.7		
Total		992	100.0		

Arts and cultural activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	84	8.5	9.0	9.0
	Same amount of money	493	49.7	53.0	62.0
	Less money	290	29.2	31.2	93.2
	Don't know	63	6.4	6.8	100.0
	Total	930	93.8	100.0	
Missing	Missing	62	6.3		
Total		992	100.0		

Bus service subsidies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	210	21.2	22.2	22.2
	Same amount of money	587	59.2	62.2	84.4
	Less money	108	10.9	11.4	95.9
	Don't know	39	3.9	4.1	100.0
	Total	944	95.2	100.0	
Missing	Missing	48	4.8		
Total		992	100.0		

Car parking facilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	122	12.3	13.0	13.0
	Same amount of money	590	59.5	63.0	76.0
	Less money	177	17.8	18.9	94.9
	Don't know	48	4.8	5.1	100.0
	Total	937	94.5	100.0	
Missing	Missing	55	5.5		
Total		992	100.0		

CCTV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	380	38.3	40.3	40.3
	Same amount of money	400	40.3	42.5	82.8
	Less money	124	12.5	13.2	96.0
	Don't know	38	3.8	4.0	100.0
	Total	942	95.0	100.0	
Missing	Missing	50	5.0		
Total		992	100.0		

Childrens social sevices

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	284	28.6	30.5	30.5
	Same amount of money	525	52.9	56.3	86.8
	Less money	61	6.1	6.5	93.3
	Don't know	62	6.3	6.7	100.0
	Total	932	94.0	100.0	
Missing	Missing	60	6.0		
Total		992	100.0		

Community/recreation centres

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	213	21.5	22.9	22.9
	Same amount of money	578	58.3	62.2	85.1
	Less money	97	9.8	10.4	95.5
	Don't know	42	4.2	4.5	100.0
	Total	930	93.8	100.0	
Missing	Missing	62	6.3		
Total		992	100.0		

Community safety

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	536	54.0	56.9	56.9
	Same amount of money	365	36.8	38.7	95.6
	Less money	27	2.7	2.9	98.5
	Don't know	14	1.4	1.5	100.0
	Total	942	95.0	100.0	
Missing	Missing	50	5.0		
Total		992	100.0		

Crime prevention

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	668	67.3	70.3	70.3
	Same amount of money	251	25.3	26.4	96.7
	Less money	19	1.9	2.0	98.7
	Don't know	12	1.2	1.3	100.0
	Total	950	95.8	100.0	
Missing	Missing	42	4.2		
Total		992	100.0		

Development control and planning policy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	34	3.4	3.7	3.7
	Same amount of money	512	51.6	55.4	59.1
	Less money	260	26.2	28.1	87.2
	Don't know	118	11.9	12.8	100.0
	Total	924	93.1	100.0	
Missing	Missing	68	6.9		
Total		992	100.0		

Education welfare (e.g., to improve school attendance)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	259	26.1	27.8	27.8
	Same amount of money	525	52.9	56.3	84.0
	Less money	100	10.1	10.7	94.7
	Don't know	49	4.9	5.3	100.0
	Total	933	94.1	100.0	
Missing	Missing	59	5.9		
Total		992	100.0		

Environmental health inspections

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	168	16.9	18.1	18.1
	Same amount of money	655	66.0	70.4	88.5
	Less money	66	6.7	7.1	95.6
	Don't know	41	4.1	4.4	100.0
	Total	930	93.8	100.0	
Missing	Missing	62	6.3		
Total		992	100.0		

Grants to voluntary organisations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	158	15.9	16.9	16.9
	Same amount of money	475	47.9	50.7	67.6
	Less money	236	23.8	25.2	92.7
	Don't know	68	6.9	7.3	100.0
	Total	937	94.5	100.0	
Missing	Missing	55	5.5		
Total		992	100.0		

Home help and home care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	400	40.3	41.9	41.9
	Same amount of money	498	50.2	52.1	94.0
	Less money	18	1.8	1.9	95.9
	Don't know	39	3.9	4.1	100.0
	Total	955	96.3	100.0	
Missing	Missing	37	3.7		
Total		992	100.0		

Libraries

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	68	6.9	7.3	7.3
	Same amount of money	706	71.2	75.8	83.0
	Less money	126	12.7	13.5	96.6
	Don't know	32	3.2	3.4	100.0
	Total	932	94.0	100.0	
Missing	Missing	60	6.0		
Total		992	100.0		

Maintenance of roads and footpaths

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	362	36.5	38.3	38.3
	Same amount of money	546	55.0	57.8	96.1
	Less money	26	2.6	2.8	98.8
	Don't know	11	1.1	1.2	100.0
	Total	945	95.3	100.0	
Missing	Missing	47	4.7		
Total		992	100.0		

Parks and open spaces

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	165	16.6	17.6	17.6
	Same amount of money	667	67.2	71.3	88.9
	Less money	87	8.8	9.3	98.2
	Don't know	17	1.7	1.8	100.0
	Total	936	94.4	100.0	
Missing	Missing	56	5.6		
Total		992	100.0		

Play services (including adventure playgrounds, holiday schemes, toddlers clubs)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	167	16.8	17.8	17.8
	Same amount of money	555	55.9	59.2	77.0
	Less money	174	17.5	18.6	95.5
	Don't know	42	4.2	4.5	100.0
	Total	938	94.6	100.0	
Missing	Missing	54	5.4		
Total		992	100.0		

Preventing drug and alcohol abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	388	39.1	40.8	40.8
	Same amount of money	389	39.2	40.9	81.8
	Less money	135	13.6	14.2	96.0
	Don't know	38	3.8	4.0	100.0
	Total	950	95.8	100.0	
Missing	Missing	42	4.2		
Total		992	100.0		

Public toilets

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	220	22.2	23.3	23.3
	Same amount of money	606	61.1	64.3	87.6
	Less money	81	8.2	8.6	96.2
	Don't know	36	3.6	3.8	100.0
	Total	943	95.1	100.0	
Missing	Missing	49	4.9		
Total		992	100.0		

Recycling facilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	398	40.1	42.1	42.1
	Same amount of money	481	48.5	50.8	92.9
	Less money	49	4.9	5.2	98.1
	Don't know	18	1.8	1.9	100.0
	Total	946	95.4	100.0	
Missing	Missing	46	4.6		
Total		992	100.0		

Rufuse collection

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	151	15.2	16.0	16.0
	Same amount of money	748	75.4	79.2	95.2
	Less money	27	2.7	2.9	98.1
	Don't know	18	1.8	1.9	100.0
	Total	944	95.2	100.0	
Missing	Missing	48	4.8		
Total		992	100.0		

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Regneration and economic development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	207	20.9	22.3	22.3
	Same amount of money	522	52.6	56.3	78.6
	Less money	107	10.8	11.5	90.2
	Don't know	91	9.2	9.8	100.0
	Total	927	93.4	100.0	
Missing	Missing	65	6.6		
Total		992	100.0		

Removing abandoned vehicles

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	75	7.6	8.0	8.0
	Same amount of money	606	61.1	64.3	72.2
	Less money	174	17.5	18.5	90.7
	Don't know	88	8.9	9.3	100.0
	Total	943	95.1	100.0	
Missing	Missing	49	4.9		
Total		992	100.0		

Road safety and school crossing patrols

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	165	16.6	17.4	17.4
	Same amount of money	706	71.2	74.2	91.6
	Less money	50	5.0	5.3	96.8
	Don't know	30	3.0	3.2	100.0
	Total	951	95.9	100.0	
Missing	Missing	41	4.1		
Total		992	100.0		

School modernisation programme

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	214	21.6	22.9	22.9
	Same amount of money	549	55.3	58.8	81.7
	Less money	107	10.8	11.5	93.1
	Don't know	64	6.5	6.9	100.0
	Total	934	94.2	100.0	
Missing	Missing	58	5.8		
Total		992	100.0		

Services for older people

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	485	48.9	49.9	49.9
	Same amount of money	436	44.0	44.9	94.9
	Less money	16	1.6	1.6	96.5
	Don't know	34	3.4	3.5	100.0
	Total	971	97.9	100.0	
Missing	Missing	21	2.1		
Total		992	100.0		

Sports and leisure centres

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	163	16.4	17.1	17.1
	Same amount of money	592	59.7	62.1	79.2
	Less money	165	16.6	17.3	96.5
	Don't know	33	3.3	3.5	100.0
	Total	953	96.1	100.0	
Missing	Missing	39	3.9		
Total		992	100.0		

Street cleaning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	307	30.9	31.7	31.7
	Same amount of money	637	64.2	65.7	97.4
	Less money	18	1.8	1.9	99.3
	Don't know	7	.7	.7	100.0
	Total	969	97.7	100.0	
Missing	Missing	23	2.3		
Total		992	100.0		

Street lighting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	248	25.0	25.9	25.9
	Same amount of money	657	66.2	68.7	94.6
	Less money	45	4.5	4.7	99.3
	Don't know	7	.7	.7	100.0
	Total	957	96.5	100.0	
Missing	Missing	35	3.5		
Total		992	100.0		

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Tourism promotion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	40	4.0	4.2	4.2
	Same amount of money	378	38.1	40.0	44.2
	Less money	458	46.2	48.5	92.7
	Don't know	69	7.0	7.3	100.0
	Total	945	95.3	100.0	
Missing	Missing	47	4.7		
Total		992	100.0		

Town centre management

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	135	13.6	14.2	14.2
	Same amount of money	501	50.5	52.6	66.7
	Less money	253	25.5	26.5	93.3
	Don't know	64	6.5	6.7	100.0
	Total	953	96.1	100.0	
Missing	Missing	39	3.9		
Total		992	100.0		

Trading standards

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	95	9.6	10.0	10.0
	Same amount of money	647	65.2	68.0	78.0
	Less money	135	13.6	14.2	92.2
	Don't know	74	7.5	7.8	100.0
	Total	951	95.9	100.0	
Missing	Missing	41	4.1		
Total		992	100.0		

Youth services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More money	322	32.5	33.6	33.6
	Same amount of money	467	47.1	48.7	82.4
	Less money	105	10.6	11.0	93.3
	Don't know	64	6.5	6.7	100.0
	Total	958	96.6	100.0	
Missing	Missing	34	3.4		
Total		992	100.0		

Q4

I havent seen any information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	860	86.7	86.7	86.7
	Yes	132	13.3	13.3	100.0
	Total	992	100.0	100.0	

Council website

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	838	84.5	84.5	84.5
	Yes	154	15.5	15.5	100.0
	Total	992	100.0	100.0	

Library/Halton direct link

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	851	85.8	85.8	85.8
	Yes	141	14.2	14.2	100.0
	Total	992	100.0	100.0	

Local press

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	559	56.4	56.4	56.4
	Yes	433	43.6	43.6	100.0
	Total	992	100.0	100.0	

Inside Halton (the council magazine for the public)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	304	30.6	30.6	30.6
	Yes	688	69.4	69.4	100.0
	Total	992	100.0	100.0	

Council tax leaflet that comes to every home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	382	38.5	38.5	38.5
	Yes	610	61.5	61.5	100.0
	Total	992	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	976	98.4	98.4	98.4
	Yes	16	1.6	1.6	100.0
	Total	992	100.0	100.0	

q5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes (please go to q5b)	192	19.4	19.8	19.8
	No (please go to q6)	780	78.6	80.2	100.0
	Total	972	98.0	100.0	
Missing	Missing	20	2.0		
Total		992	100.0		

q6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Brief summary	693	69.9	72.3	72.3
	Full statement of accounts	266	26.8	27.7	100.0
	Total	959	96.7	100.0	
Missing	System	33	3.3		
Total		992	100.0		

Q7

Via Council website

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	756	76.2	76.2	76.2
	Yes	236	23.8	23.8	100.0
	Total	992	100.0	100.0	

Via libraries/Halton direct link

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	840	84.7	84.7	84.7
	Yes	152	15.3	15.3	100.0
	Total	992	100.0	100.0	

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Via local press

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	550	55.4	55.4	55.4
	Yes	442	44.6	44.6	100.0
	Total	992	100.0	100.0	

Via inside Halton (the council magazine for the public)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	330	33.3	33.3	33.3
	Yes	662	66.7	66.7	100.0
	Total	992	100.0	100.0	

Via council tax leaflet (that comes to every home)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	350	35.3	35.3	35.3
	Yes	642	64.7	64.7	100.0
	Total	992	100.0	100.0	

REPORT TO: Executive Board

DATE: 7 February 2008

REPORTING OFFICER: Strategic Director – Corporate and Policy

SUBJECT: Calendar of Meetings 2008-2009

WARDS: All

1.0   PURPOSE OF THE REPORT

To approve the Calendar of Meetings for the 2008-2009 Municipal Year attached at Appendix 1 (NB light hatched areas indicate weekends and Bank Holidays, dark hatched areas indicate school holidays).

2.0   RECOMMENDATION:

That Council be recommended to approve the Calendar of Meetings for the 2008-2009 Municipal Year, attached at Appendix 1.

3.0   SUPPORTING INFORMATION

None.

4.0   POLICY IMPLICATIONS

None.

5.0   OTHER IMPLICATIONS

None.

6.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1   **Children and Young People in Halton**
None.

6.2   **Employment, Learning and Skills in Halton**
None.

6.3   **A Healthy Halton**
None.

6.4 **A Safer Halton**
None.

6.5 **Halton's Urban Renewal**
None.

7.0 RISK ANALYSIS

Should a Calendar of Meetings not be approved, there will be a delay in publishing meeting dates. This would result in practical difficulties in respect of the necessary arrangements to be made and the planning process regarding agenda/report timetables.

8.0 EQUALITY AND DIVERSITY ISSUES

Once a Calendar of Meetings has been approved the dates will be published, hence assisting public involvement in the democratic process.

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

None under the meaning of the Act.

DRAFT 2008/2009 Year Planner

HALTON BOROUGH COUNCIL

2008/2009

Day	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APR
M					1			1				
T			1 AF – C, WH, NN & NS		2			2				
W			2 AF – HL & B		3	1 AF – B, F & HV		3				1 SEMINAR
T	1		3		4	2		4 Executive Sub Executive Board	1			2 Executive Sub Executive Board 3MG Sub-Board
F	2		4	1	5	3		5	2			3
S	3		5	2	6	4	1	6	3			4
S	4	1	6	3	7	5	2	7	4	1	1	5
M	5	2 Children & Yng Pple PPB	7 Dev Control Cttee	4	8 Children & Yng Pple PPB	6 AF – M, H, G & HB	3 Children & Young People PPB	8 Dev Control Cttee	5 Children & Yng Pple PPB	2 AF – M, H G & HB	2	6
T	6	3 Corporate Services PPB	8	5	9 Corporate Services PPB	7 AF – C, WH, NN & NS	4 Corporate Services PPB	9 SEMINAR	6 Corporate Services PPB	3 AF – C, WH, NN & NS	3	7
W	7	4 Standards Committee Business Efficiency Brd	9	6	10 Standards Committee Business Efficiency Brd	8 AF – HL & B	5	10	7 Standards Committee Business Efficiency Brd	4 SPECIAL COUNCIL	4 AF – HL & B	8
T	8	5 Executive Sub Executive Board	10 SEMINAR	7	11 Executive Sub Executive Board	9	6 Executive Sub Executive Board	11	8 SEMINAR	5	5 Executive Sub Executive Board	9
F	9	6	11	8	12	10	7	12	9	6	6	10
S	10	7	12	9	13	11	8	13	10	7	7	11
S	11	8	13	10	14	12	9	14	11	8	8	12
M	12	9 Dev Control Cttee	14 AF – Daresbury	11 Development Control Committee	15 Dev Control Cttee	13 Dev Control Cttee	10 Dev Control Cttee	15	12 Dev Control Cttee	9 AF – Daresbury SEMINAR	9 Employment, Learning & Skills PPB	13
T	13	10 SEMINAR Healthy Halton PPB	15	12 SEMINAR	16 Healthy Halton PPB	14	11 Healthy Halton PPB	16	13 Healthy Halton PPB	10	10 Healthy Halton PPB	14
W	14 Executive Board (Selection)	11 Employment, Learning & Skills PPB	16 COUNCIL	13	17 Urban Renewal PPB	15 SEMINAR	12 Standards Committee Business Efficiency Board	17 COUNCIL	14 Employment, Learning & Skills PPB	11 COUNCIL	11 SEMINAR	15 Dev Control Cttee
T	15	12	17 Executive Sub Executive Board	14	18 SEMINAR	16 Executive Sub Executive Board 3MG Sub-Board	13 SEMINAR	18 Executive Sub Executive Board	15 Executive Sub Executive Board 3MG Sub-Board	12 Executive Sub Executive Board	12	16
F	16 ANNUAL COUNCIL	13	18	15	19	17	14	19	16	13	13	17
S	17	14	19	16	20	18	15	20	17	14	14	18
S	18	15	20	17	21	19	16	21	18	15	15	19
M	19 Dev Control Cttee	16 MGEB Regulatory Committee	21	18	22 Employment, Learning & Skills PPB	20 AF – Daresbury	17 Employment, Learning & Skills PPB	22	19 Regulatory Committee	16 Dev Control Cttee	16 Dev Control Cttee	20
T	20 SEMINAR	17 Safer Halton PPB	22	19	23 Safer Halton PPB	21	18 Safer Halton PPB	23	20 Safer Halton PPB	17	17 Safer Halton PPB	21
W	21	18 Urban Renewal PPB	23	20	24 Regulatory Committee	22 COUNCIL	19 Urban Renewal PPB	24	21 Urban Renewal PPB	18	18 Urban Renewal PPB	22 COUNCIL
T	22	19 Executive Sub Executive Board	24	21	25 MGEB Executive Sub Executive Board	23	20 MGEB Executive Sub Executive Board	25	22	19	19 MGEB Executive Sub Executive Board	23
F	23	20	25	22	26	24	21	26	23	20	20	24
S	24	21	26	23	27	25	22	27	24	21	21	25
S	25	22	27	24	28	26	23	28	25	22	22	26
M	26	23 AF – B, D, H & HG	28	25	29 AF – B, D & HG	27	24 Regulatory Committee	29	26 AF – B, D, H & HG	23 Children & Yng Pple PPB	23 Regulatory Committee	27
T	27	24 AF – R, A & K	29	26	30 AF – R, A & K	28	25	30	27 AF – R, A & K	24 Corporate Services PPB	24	28
W	28	25 AF – B, F & HV	30	27		29	26	31	28 AF – B, F & HV	25 Standards Committee Business Efficiency Brd	25	29
T	29	26 3MG Sub-Board Business Effic'y Brd (Closure of Accounts)	31	28		30	27		29 MGEB Executive Sub Executive Board	26	26	30
F	30	27		29		31	28		30	27	27	
S	31	28		30			29		31	28	28	
S		29		31			30				29	
M		30 AF – M, H, G & HB									30	
T											31	

REPORT TO:	Executive Board
DATE:	7 February 2008
REPORTING OFFICER:	Chief Executive
SUBJECT:	Polling Districts/Polling Stations Review
WARDS:	All Wards

1.0 PURPOSE OF THE REPORT

1.1 To inform Members of the results of the formal Polling District, Places and Stations Review, highlight recommended changes to the polling scheme and put forward a revised polling scheme for approval.

2.0 RECOMMENDATION:

That Council be recommended to adopt the amendments to the scheme detailed in the appendix to the report for the period 2008-2011.

3.0 SUPPORTING INFORMATION

The Electoral Administration Act 2006 requires the Council to carry out a review of all its polling stations every four years after that. The main purpose of the review is to ensure that all residents have reasonable facilities for voting.

As part of the review process we have to consult electors, councillors and other interested parties. Details of all polling districts and polling stations were on the Council's website and notices were placed in the Direct Link offices. Comments were required by 12 November and those received have been taken into account.

The responses to the consultation were considered by the Polling Station Review Working Party on 18 December 2007 and 17 January 2008. The recommendations of the Working Party are detailed in the Appendix.

4.0 POLICY IMPLICATIONS

There are no specific policy implications although it is important to ensure that all electors have equal access to polling stations and places in line with the Council's priority on accessibility of services.

5.0 FINANCIAL IMPLICATIONS

There will be an additional cost, for this year only, of £1300 for the hire of an additional mobile polling station.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton –** If polling stations are situated in the right places it could encourage voter turnout for electors in this age group.

6.2 **Employment, Learning and Skills in Halton –** There are no implications arising from this report.

6.3 **A Healthy Halton** – The provision of polling stations in suitable locations could encourage engagement with the democratic process and in turn promote a healthy living environment.

6.4 **A Safer Halton** – The location of polling stations in a safe environment for all electors could encourage voter turnout.

6.5 **Halton's Urban Renewal** - There are no implications arising from this report.

7.0 RISK ANALYSIS

There are no risk assessment implications.

8.0 EQUALITY AND DIVERSITY ISSUES

It is important to ensure that all electors have equal access to polling stations and places in line with the Council's priority on accessibility of services.

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

None

Appendix

POLLING PLACES AND ELECTORATE

APPLETON WARD

Polling District	Polling Place	Electorate	Suggested Change
BA	Fairfield High School (Lower Wing), Peelhouse Lane, Widnes	1345	None
BB	St Bedes Catholic Junior School, Leigh Avenue, Widnes	1119	None
BC	Fairfield Infants School, Peelhouse Lane, Widnes	1697	None
BD	Mobile Polling Station, Frederick Street/Dickson Street, Widnes	249	None
BE	St Gerard's Catholic Primary & Nursery School, Lugsdale Road, Widnes	397	None

BEECHWOOD WARD

Polling District	Polling Place	Electorate	Suggested Change
PA	Beechwood Primary School, Grasmere Drive, Runcorn	1458	None
PB	Hillview Primary School, Beechwood Avenue, Runcorn	1738	None

BIRCHFIELD WARD

Polling District	Polling Place	Electorate	Suggested Change
XA	Mobile Polling Station, Upton Tavern Car Park, Upton Lane, Widnes	3391	None
XB	Mobile Polling Station, Queensbury Way, Widnes	1406	None

BROADHEATH WARD

Polling District	Polling Place	Electorate	Suggested Change
FA	Our Lady's Church Hall, Mayfield Avenue, Widnes	640	None
FB	Mobile Polling Station, Delamere Avenue (rear of Quarry Court), Widnes	846	None
FC	Mobile Polling Station, The Bankfield School, Liverpool Road, Widnes	919	None
FD	Mobile Polling Station, Blundell Road/Hanley Road , Widnes	1218	None
FE	Widnes Rugby Union Football Club, Heath Road, Widnes	1273	None

CASTLEFIELDS WARD

Polling District	Polling Place	Electorate	Suggested Change
OA	St Augustine's Catholic Primary School, Nigel Walk, Runcorn	1322	None
OB	Castlefields Community Centre, Chester Close, Runcorn	834	None
OC	St Mary's Halton CE Aided Primary School, Castlefields Avenue South, Runcorn	1020	None
OD	The Brow Community Primary School, The Clough, Runcorn	1502	None

DARESBURY WARD

Polling District	Polling Place	Electorate	Suggested Change
TK	Milner Institute, Runcorn Road, Moore, Runcorn	684	None
TL	Daresbury Primary School, Chester Road, Daresbury, Warrington	210	None
TM	Village Hall, Preston Brook, Runcorn	614	None
TT	Sandymoor Community Centre, Otterburn Street, Off Pitts Heath Lane, Sandymoor, Runcorn	1713	None

DITTON WARD

Polling District	Polling Place	Electorate	Suggested Change
GA	Nursery Unit, Oakfield Infants School, Edinburgh Road, Widnes	841	None
GB	Our Lady of Perpetual Succour Catholic Primary School, Clincton View, Widnes	1088	None
GC	Halebank Youth Club, Baguley Avenue, Widnes	1181	None
GD	Mobile Polling Station, Ditchfield Road, Widnes	1080	None
GE	Our Lady's Church Hall, Mayfield Avenue, Widnes	691	None
GF	Scout Hut, Hall Avenue, Widnes	560	None

FARNWORTH WARD

Polling District	Polling Place	Electorate	Suggested Change
AA	Lunts Heath Primary School, Wedgewood Drive, Widnes	2529	None
AB	Farnworth CE Controlled Primary School, Pit Lane, Widnes	1534	None
AC	Previously Crow Wood Youth Centre (shared with Halton View Ward)	768	Moorfield Primary School, School Way, Widnes
AD	Farnworth Methodist Church Hall, Derby Road, Widnes	518	None

GRANGE WARD

Polling District	Polling Place	Electorate	Suggested Change
NA	Bertha's Room, St Edwards Parish Centre, Ivy Street, Runcorn	1425	None
NB	Grangeway Community Centre, Grangeway, Runcorn	1597	None
NC	Halton Lodge Primary School, Grangeway, Runcorn	2136	None

HALE WARD

Polling District	Polling Place	Electorate	Suggested Change
JA	Hale Village Hall, High Street, Hale	1589	None

HALTON BROOK WARD

Polling District	Polling Place	Electorate	Suggested Change
MA	The Grange Junior School, Latham Avenue, Runcorn	2005	None – but Officers endeavour to ensure that the access to the polling station is DDA compliant.
MB	Brook Chapel, Boston Avenue, Runcorn	1422	None
MC	Castle View Primary School, Meadway, Runcorn	1430	None

HALTON LEA WARD

Polling District	Polling Place	Electorate	Suggested Change
QA	Palacefields Community Centre, The Uplands, Runcorn – **having structural alterations in 2008**	2000	Mobile on car park of Community Centre for 2008 elections only.
QB	The Lapwing Centre, Lapwing Grove, Runcorn	1258	None
QC	Hallwood Park Primary School, Hallwood Park Avenue, Runcorn	908	None
QD	Halton Lodge Community Centre, Whitchurch Way, Runcorn	601	None

HALTON VIEW WARD

Polling District	Polling Place	Electorate	Suggested Change
CA	Mobile Polling Station, Weates Close, Widnes	1616	None
CB	Mobile Polling Station, Bancroft Road, Widnes	1840	None
CC	St Ambrose Church Hall, Warrington Road, Widnes	1326	None
CD	Previously Crow Wood Youth Centre (shared with Farnworth Ward)	567	Moorfield Primary School, School Way, Widnes

HEATH WARD

Polling District	Polling Place	Electorate	Suggested Change
LA	Christ Church Hall, Sandy Lane, Runcorn	770	None
LB	St Clements Catholic Primary School, Oxford Road, Runcorn	1378	None
LC	St John's CE Church Hall, Weston Village, Runcorn	885	None
LD	The Heath School, Clifton Road, Runcorn	1690	None

HOUGH GREEN WARD

Polling District	Polling Place	Electorate	Suggested Change
HA	All Saints CE Primary School, Hough Green Road, Widnes	2227	None
HB	Upton Community Centre, Hough Green Road, Widnes	932	None
HC	Mobile Polling Station, Arley Drive, Widnes	1209	None
HD	St Basil's Catholic Primary School, Hough Green Road, Widnes	1045	None

KINGSWAY WARD

Polling District	Polling Place	Electorate	Suggested Change
DA	6th Form Building, St Peter & Paul Catholic High School, Highfield Road, Widnes	1056	None
DB	Ditton Primary School, Liverpool Road, Widnes	521	None
DC	Creche - Fitness Suite – Halton Stadium, Lowerhouse Lane, Widnes	2275	None
DD	Simms Cross Primary School, Kingsway, Widnes	663	None
DE	Conference Room 3, Ground Floor – Municipal Building, Kingsway, Widnes	385	None

MERSEY WARD

Polling District	Polling Place	Electorate	Suggested Change
KA	All Saints CE Primary School, Church Street, Runcorn	1249	Spiritualist Church, Ashridge Street, Runcorn
KB	The Partnership Centre, Old Police Station, Bridge Street, Runcorn	797	None
KC	Victoria Road Primary School, Victoria Road, Runcorn	761	None
KD	West Runcorn Youth Club, Russell Road, Runcorn	968	None
KE	Westfield Primary School, Clayton Crescent, Runcorn	1174	None

NORTON NORTH WARD

Polling District	Polling Place	Electorate	Suggested Change
RA	St Bertelines CE Primary School, Norton Lane, Runcorn	2599	None
RB	Gorsewood Primary School, Gorsewood Road, Runcorn	2365	None

NORTON SOUTH WARD

Polling District	Polling Place	Electorate	Suggested Change
ZX	Brookvale Community Centre (Higher House), Old Northwich Road, Runcorn	1077	None
ZY	Murdishaw West Community Primary School, Barnfield Avenne, Runcorn	1579	None
ZZ	Brookvale Community Centre (Higher House), Old Northwich Road, Runcorn	2210	None

RIVERSIDE WARD

Polling District	Polling Place	Electorate	Suggested Change
EA	St Gerard's Catholic Primary & Nursery School, Lugsdale Road, Widnes	473	None
EB	West Bank Primary School, Cholmondeley Street, Widnes	995	None
EC	Ditton Community Centre, Dundalk Road, Widnes	837	None
ED	St Michael's Parish Centre, St Michaels Road, Widnes	1306	None

WINDMILL HILL WARD

Polling District	Polling Place	Electorate	Suggested Change
SA	Priory View Community House, 231-233 Lockgate West, Runcorn	834	None
SB	Windmill Hill Primary School, Windmill Hill, Runcorn	898	None

Agenda Item 4a

REPORT TO:	Executive Board
DATE:	7 February 2008
REPORTING OFFICER:	Strategic Director – Health & Community, and the Director of Public Health
SUBJECT:	Promoting Mental Health Strategy
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present the 'Promoting Mental Health' strategy, developed by the Primary Care Trust, which covers Halton and St Helens Local Authorities.

2.0 RECOMMENDATION:

i) That the Executive Board endorse the Strategy.

3.0 SUPPORTING INFORMATION

3.1 The development of a 'Promoting Mental Health' strategy is one of the requirements within the performance framework for mental health services and is monitored annually, via a National self-assessment process, and reported to the Strategic Health Authority. The need for such a strategy is identified in Standard One of the National Service Framework for Mental Health Services, which recognises that the promotion of good mental health can help to prevent mental illness. There is a high prevalence of mental illness in Halton and the strategy is a key component of the prevention agenda.

3.2 The PCT is required to produce this strategy in partnership with key stakeholders and has undertaken a series of consultation events in addition to using Public Health intelligence.

3.3 The 'Promoting Mental Health' strategy responds to a number of key health policies including 'Choosing Health', 'Our Health, Our Care, Our Say' and 'Making It Possible: Improving Mental Health and Wellbeing in England'.

3.4 The strategy attached in Appendix 1 provides a framework for action to:

- Co-ordinate mental health promotion and social inclusion activities across the Boroughs of Halton and St. Helens

- Raise public awareness of how to look after our own and other people's mental health.
- Involve communities and organisations, across all sectors, in taking positive steps to promote and protect mental wellbeing.

3.5 The strategy focuses on five key settings plus combating the stigma that is attached to suffering mental ill-health. The settings are:

- Health and Social Care
- Education
- Workplaces
- Neighbourhoods and Communities
- Prison and Probation

3.6 Champions are identified for each setting and the action plan within the strategy will be implemented over a four-year period. Progress will be monitored on a quarterly progress and report to the Strategic Health Authority via the annual self-assessment process.

3.7 The Health PPB recently received the strategy and supported the content. Reports will be presented to the PPB to chart progress.

4.0 POLICY IMPLICATIONS

4.1 These are contained within the Strategy.

5.0 FINANCIAL IMPLICATIONS

5.1 None, the strategy seeks to ensure the promotion of mental health within existing and future services.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

To support the implementation of a local strategy and action plan to improve Child and Adolescent Mental Health Services.

6.2 Employment, Learning & Skills in Halton

To promote mental health and wellbeing of all staff in the workplace and for all working with individuals and communities.

6.3 A Healthy Halton

To support the implementation of a local strategy and action plan and strengthen links between primary and secondary care mental health provisions on promotion activities.

6.4 **A Safer Halton**

There are no implications.

6.5 **Halton's Urban Renewal**

The Mental Health Strategy will support Neighbourhood Renewal Projects to develop and improve mental health, combat stigma and increase social inclusion within neighbourhoods.

7.0 **RISK ANALYSIS**

7.1 These are contained within the Strategy.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The Strategy will ensure that the full range of equality and diversity issues are addressed and this will be scrutinised as part of the process.

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

Document	Place of Inspection	Contact Officer
Our Health, Our Care, Our Say: A New Direction in Community Services – Executive Board 16/03/06	Municipal Building Widnes	Dwayne Johnson Strategic Director Health & Community

St.Helens Council

HALTON BOROUGH COUNCIL

Halton and St Helens NHS
Primary Care Trust

Mental Health Promotion Strategy & Framework for Action 2007

Created by Mark Swift, Jen Brown, Cath Ashton & Alison Jones
Halton & St Helens Primary Care NHS Trust

Foreword

Halton & St Helens Mental Health Promotion Strategy & Framework for Action 2007

> "There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment"
>
> (WHO European Declaration on Mental Health, 2005)

Introduction

This strategy is a framework around which future mental health promotion activities will be carried out in the boroughs of Halton and St Helens over the next 4 years.

This document supercedes previous Mental Health Promotion Strategies for both boroughs, and incorporates recommendations put forward in 'Good Practice Standards for benchmarking Standard One', and Making It Possible: Improving Mental Health and Wellbeing in England (NIMHE, 2005).

There is renewed focus on the delivery of Standard One of the National Service Framework, and a general consensus that effective mental health promotion underpins the successful delivery of the whole of the NSF.

In the report 'The National Service Framework for Mental Health: five years on' (DofH, 2004a), it was recognised that a greater focus should be placed on the mental health needs of the community as a whole through the promotion of mental health and wellbeing for all.

This strategy incorporates the latest policy recommendations, and if implemented fully it is hoped will leave a lasting legacy in terms of improved mental health and wellbeing of our community.

> "The skills and attributes associated with positive mental health lead to improved physical health, better quality of life, reduced crime, higher educational attainment, economic wellbeing and personal dignity"
>
> (Making It Possible, NIMHE 2005)

The guiding principles of this strategy: a policy context.

Below are some of the key policy perspectives that have informed the guiding principles of this strategy:

Everybody's Business, 2005	Integrated mental health services for older adults: a service development guide.	- Improving people's quality of life - Meeting complex needs in a co-ordinated way - Providing a person-centred approach - Promoting age-equality
Every Child Matters: Change for Children, 2004	A new approach to the well-being of children and young people from birth to age 19.	The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to: - Be healthy - Stay safe - Enjoy and achieve - Make a positive contribution - Achieve economic well-being
National Service Framework for Older People (NSF), 2001	Sets out national standards and service models of care across health and social services for all older people, whether they live at home, in residential care or are being looked after in hospital.	Sets out eight nationwide standards to aim for. Standard seven relates to the promotion of good mental health in older people and to treat and support those older people with dementia and depression.

The National Service Framework for Mental Health (NSF), 1999	"to promote mental health for all working with individuals, organisations and communities". "Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion".	Sets out seven standards to protect and promote the population's mental health. Standard One relates directly to mental health promotion.
The National Suicide Prevention Strategy for England, 2002	"to promote mental wellbeing in the wider population".	Aims to support the Saving Lives: Our Healthier Nation target of reducing the death rate from suicide by at least 20% by 2010. Goal 2 looks to promote mental wellbeing in the wider population.
Choosing Health: Making healthy choices easier, 2005	"Transforming the NHS from a sickness service to a health service is not just a matter of promoting physical health. Understanding how everyone in the NHS can promote mental wellbeing is equally important".	White Paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health.
Social Exclusion Unit Report: Mental Health & Social Exclusion, 2005	"a future where people with mental health problems have the same opportunities to work and participate in the community as any other citizen".	Sets out a 27-point action plan to focus efforts to challenge attitudes, enable people to fulfill their aspirations, and significantly improve opportunities and outcomes.

| Making It Possible: Improving Mental Health and Wellbeing in England, 2005 | "raise public awareness of how to look after our own mental health and other people's" | Supports the requirement to implement Standard One of the NSF. |
| Our Health, Our Care, Our Say: A New Direction for Community Services, 2006 | "better support for mental health and emotional wellbeing". | White Paper sets out a vision to provide people with good quality social care and NHS services in the communities where they live. |

What is health promotion?

'Health promotion is the process of enabling people to increase control over, and to improve their health'.

<div align="right">Ottowa Charter (WHO, 1986)</div>

This is achieved by the implementation of effective policies, programs and services and consists of the following core elements:

- Health Education – informing, influencing and empowering individuals and groups, communities and policy makers about the determinants of health and ways in which health may be preserved and improved.

- Prevention – programmes and activities aimed at preventing ill health, disease, and accidents.

- Health Protection – encompassing a range of environmental, legal, fiscal, political, economic and social measures which promote health.

<div align="right">(McCulloch & Boxer, 1997)</div>

> There is renewed interest in the promotion of positive mental health and wellbeing for all.
>
> Making it Possible, NIMHE 2005

What is the function of a mental health promotion strategy?

This strategy provides a framework for action to:

- Coordinate mental health promotion and social inclusion activities across the boroughs of Halton & St Helens.

- Raise public awareness of how to look after our own mental health and other people's.

- Involve all communities and organisations across all sectors, in taking positive steps to promote and protect mental wellbeing.

This strategy is a plan of action to preserve, protect and promote the mental health and wellbeing of everyone living and working in Halton & St Helens.

Standard one of the national service framework for adult mental health, 1999.

The National Service Framework (NSF) for Mental Health sets out seven standards to protect and promote the population's mental health.

Standard One states that health and social services should:

- Promote mental health for all, working with individuals and communities.

- Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.

Why promote mental health?

> Businesses, families, health services, local governments and schools are now starting to acknowledge their collective responsibility to promote wellbeing. Everyone is a stakeholder in the future health and happiness of the communities to which we are a part.

There is sufficient good quality research to demonstrate both the benefits and effectiveness of promoting mental health.

The rationale for action to improve public mental health includes a combination of:

- Evidence for the influence and impact of mental health.

- Existence of effective interventions.

- The social and economic cost of mental illness.

(DofH 2001; NIMHE, 2005)

The benefits of promoting mental health and social inclusion will include;

- Creating eager and enthusiastic pupils – willing and able to learn.

- A motivated and satisfied workforce – with profitable outcomes.

- Closer knitted families and communities – better mental health.

Mental health promotion: the research

It is recognised that mental health has an impact on physical health.
Mental *is* Physical.

Mental health underpins the wellbeing and functioning of all individuals, families and organisations.

Mental health promotion is beneficial in reducing mental health problems and other physical health problems.

Risk pathways

mental health

genetic inheritance
childhood adversity
poverty
social exclusion
inequality

behavior
achievement
employment
health
crime

from: *Westminster Mental Health Promotion Strategy and Action Plan 2005*

Mental health promotion plays an important part in enabling people to undertake meaningful and effective roles in society and create a positive self image which enhances lifestyle choices.

(Macdonald & O'Hara, 1998)

Promoting mental health and wellbeing is a key focus of the 'National Suicide Prevention Strategy for England', which aims to cut deaths from suicide by at least 20% by 2010.

(DofH, 2002)

Wellbeing: a new focus for health promotion.

> There are important links between health and wellbeing. The scale of the effect of psychological wellbeing on health is of the same order as traditionally identified risks such as body mass, lack of exercise, and smoking.
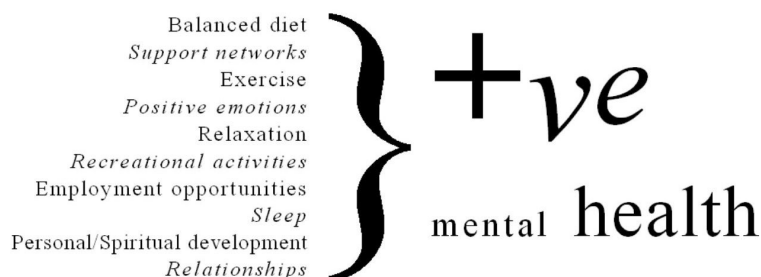>
> (A Wellbeing Manifesto for a Flourishing Community, **nef** 2004).

Wellbeing is an important end in itself. It also has many benefits and contributes to other important ends. Evidence shows that happy people are more:

- Sociable
- Generous
- Creative
- Active
- Tolerant
- Healthy
- Altruistic
- Economically productive
- Long living

Therefore, promoting individual wellbeing is not just an important end in itself; it also has useful consequences for a flourishing society in all sorts of other ways, including the enhancement of people's social wellbeing.

(nef, 2004).

Balanced diet
Support networks
Exercise
Positive emotions
Relaxation
Recreational activities
Employment opportunities
Sleep
Personal/Spiritual development
Relationships

} +*ve*
mental health

Wellbeing is about having meaning in life, about fulfilling our potential and feeling that our lives are worthwhile.

'A lifestyle review can be a good way to introduce a holistic treatment approach'

(Swift & Parmentier, 2007)

Building social capital in Halton & St Helens.

Building social capital is one way of enhancing the mental health and wellbeing of our communities, and promoting social inclusion.

Social capital is concerned with cultivation of good will, fellowship, sympathy and social intercourse among those that 'make up a social unit', and relates to the advantage that an individual or community gains by being part of a social network.

(Hanifan, 1916)

Positive relationships and connections are crucial to individual wellbeing, and for communities to flourish and thrive.

Consequences of declining social capital:

- Increased crime
- Poor living environments
- Lack of trust individuals/employers/ service providers
- Isolation
- Social Exclusion
- Segregation
- Prejudice
- Discrimination
- Poverty
- Poor health

'Social capital consists of the stock of active connections among people: the trust, mutual understanding, and shared values and behaviours that bind the members of human networks and communities and make cooperative action possible'.
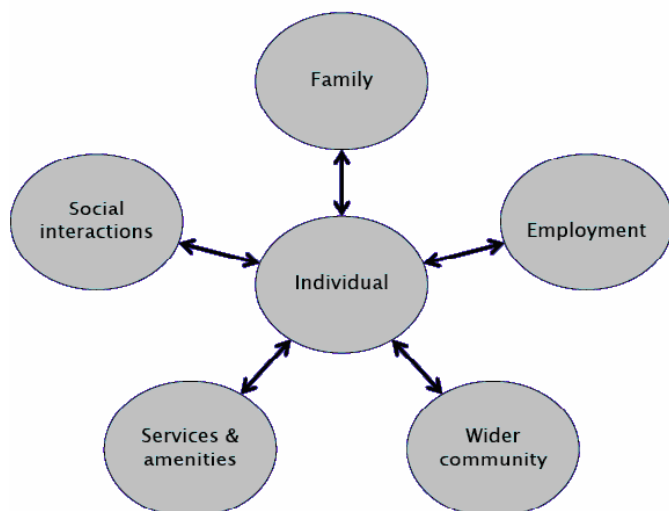
(Cohen & Prusak, 2001)

Investing in social capital: the outcomes:

- Feeling valued by others
- Engaging and interacting
- Listening to others & being listened to
- Respect

Investing in social capital: the vehicles:

- Families
- Friends
- Service Providers
- Local Authorities
- Employers
- Education Settings
- Health & Social Care Settings

Strategy 'vision' statement:

'Adopt a stakeholder approach to tackle mental health distress and its underlying causes and actively promote mental wellbeing, ensuring that every stakeholder acknowledges the part they play'.

Total health: a vision for Halton & St Helens.

Improving the mental health and wellbeing of our community will require a concerted effort, by all members of the community, to ensure a lasting difference to the health and happiness of people.

This strategy advocates a stakeholder approach to promote mental health and wellbeing, and calls on all sectors to work together, in the true spirit of partnership working, to tackle mental health distress, and promote mental wellbeing for all.

Through the implementation of this strategy it is hoped that we will achieve the following:

- Establish effective partnership working between all sectors to promote mental health and wellbeing.

- Ensure that mental health and wellbeing issues underpin key strategy documents that tackle health and social care issues.

- Raise awareness of mental health issues in all key settings: neighbourhoods and communities; education; workplaces; prisons and probation; and health & social care settings.

- Make a measurable improvement in the mental health and wellbeing of all people living and working in Halton & St Helens.

'It's about enabling people to make healthier choices'.

(DofH, 2004b)

Who are the stakeholders?

▪ Workplaces
▪ Schools and other Education Settings
▪ Health and Social Care Settings
▪ Neighbourhood and community Sectors
▪ Prisons and Probation Services

The key focus of this strategy document is broken down into six sections: five key settings and combating stigma, in accordance with guidance set out in Good Practice Standards for Benchmarking Standard One, NIMHE 2005.

Mental health: the national picture.

Adults with mental health problems are one of the most disadvantaged groups in society. Although many want to work, fewer than a quarter actually do, the lowest employment rate for any of the main groups of disabled people. Too often they do not have other activities to fill their days and spend their time alone.

Social isolation is an important risk factor for deteriorating mental health and suicide. Two-thirds of men under the age of 35 who die by suicide are unemployed.

Severe mental health problems, such as schizophrenia, are relatively rare affecting around one in 200 adults each year.

Depression, anxiety and phobias can affect up to one in six of the population at any one time. GPs spend a third of their time on mental health issues. Prescription costs for anti-depressant drugs have risen significantly in recent years, and there are significant variations in access to talking therapies.

More than 900,000 adults in England claim sickness and disability benefits for mental health conditions, with particularly high claimant rates in the North. This group is now larger than the total number of unemployed people claiming Jobseeker's Allowance in England.

Mental health problems can have a particularly strong impact on families, both financially and emotionally. Carers themselves are twice as likely to have mental health problems if they provide substantial care.

<div align="right">(Adapted from SEU, 2005)</div>

More Worrying Statistics:

- **1 in 5** of the workforce claim that they are stressed to the point that it is making them physically ill (HSE, 2005).

- National statistics and the current research show us that **one in ten** children in Great Britain aged 5-16 had a clinically recognisable mental disorder in 2004. This was the same as the proportion recorded in the 1999 survey (National Statistics Online, 2004).

- UNICEF report on child wellbeing ranks UK **21st out of 21** developed countries in terms of quality of living for children (UNICEF, 2007).

- **2,100** British soldiers returned from Iraq suffering mental health problems.

- **7m** adults in the UK are suffering from depression or mental illness.

- Estimated weekly cost for a place in a psychiatric ward **£1,000**.

- **30**% of employees will have a mental health problem in any one year.

- The average mental health in-patient stay is **58 days** – nearly 12 times longer than for patients with physical problems.

The impact of poor mental health:

Stigma & discrimination
- People with mental health problems are more likely to be victims than perpetrators of violence.
- Discrimination can affect people long after the symptoms of mental health distress have been resolved.

Prevalence
- Severe mental health problems such as schizophrenia are relatively rare, affecting 1 in 200 adults each year.
- Depression and anxiety can affect up to 1 in 6 of the population at any one time, with the highest rates in the most deprived neighbourhoods.

Employment
- Only 24% of adults with mental health problems are in work – the lowest employment rate for any of the main groups of disabled people.
- Fewer than 4 in 10 employers say they would recruit someone with a mental health problem.

Families & community
- People with severe mental health problems are three times more likely to be divorced than those without.
- People with mental health problems are three times as likely to be in debt as those without.
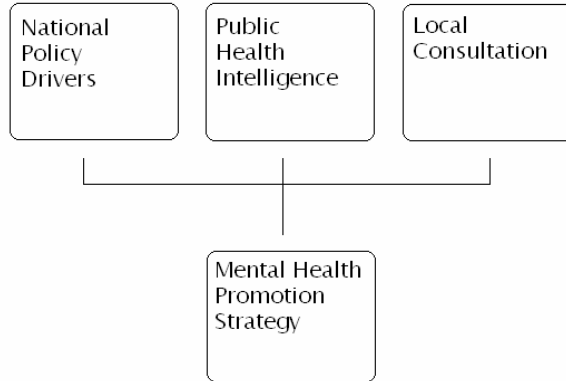
Cost
- Mental health problems are estimated to cost the country £10 billion a year through the costs of care, economic losses and premature death.
- £338m was spent on anti-depressants in 2005.

How was this strategy compiled?

This strategy document has been informed by three key elements.

- National Policy Drivers: Government recommendations (see key policy documents).

- Public Health Intelligence: Data collated locally, mapping key public health indices.

- Local Consultations: 'Have Your Say!' – public consultations in Halton and St Helens to ensure that this strategy reflects the views of the local community; and is driven by the needs of the public as *they* perceive them.

This approach ensures that the strategy's focus is based on:

- Sound evidence based practice

- Benchmarking standards

- Public health data for the local population

- The needs of the community

Importantly, the flow of information is not restricted to one direction. It is envisaged that the 'framework for action' underpinning this strategy will provide information that will help to enhance local public health intelligence.
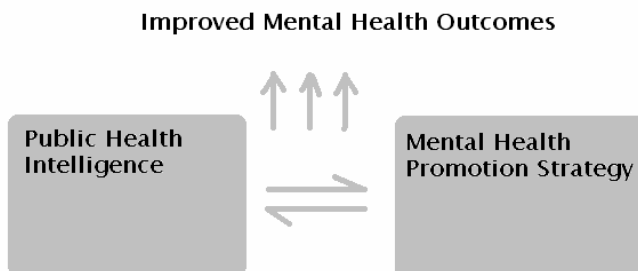
Public health intelligence:

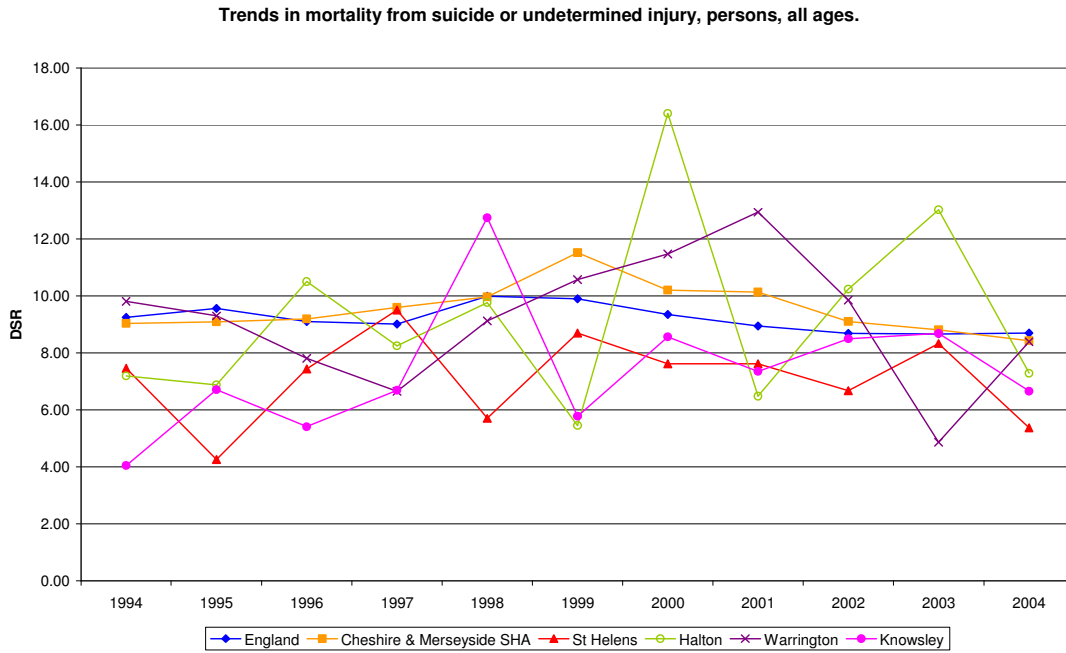**Figure 1**: Mortality from suicide or undetermined injury, rate per 100,000, 2002–2004 pooled data.
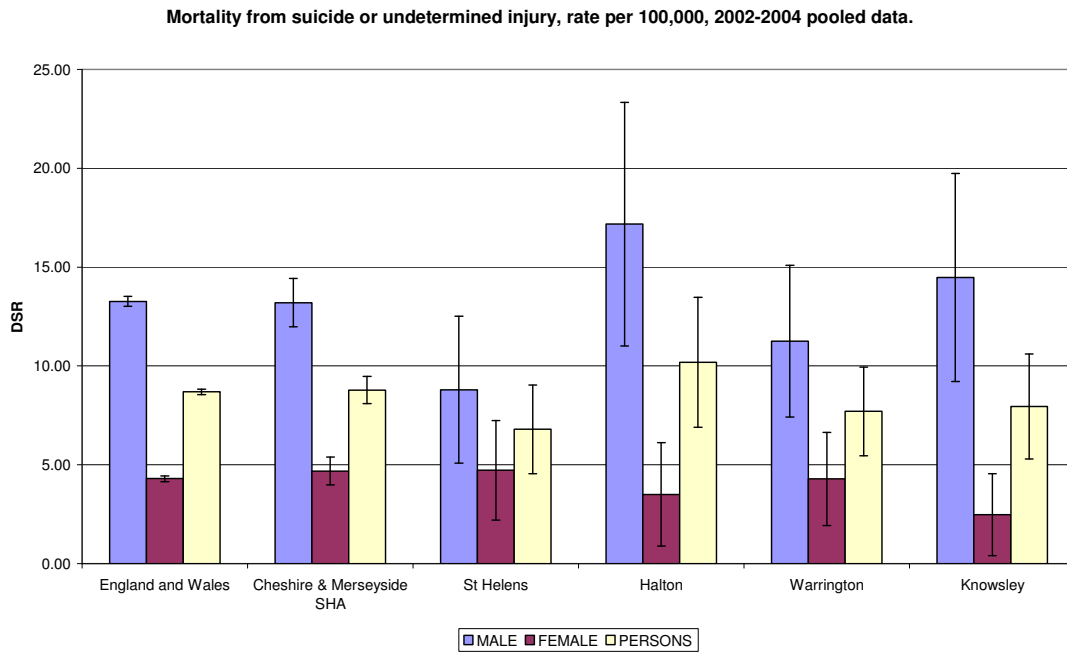
Source: National Statistics Online, Compendium of clinical health indicators, 2005.

The figures for the Cheshire and Merseyside region and for individual boroughs do not differ significantly from mortality figures for England and Wales.

In terms of gender difference, the mortality figures from suicide or undetermined injury for males and females does not differ significantly to the national figure for England and Wales, with the exception of males in St Helens where the figure is significantly lower.

Figure 2: Trends in mortality from suicide or undetermined injury.

Trends in mortality from suicide or undetermined injury, persons, all ages.

Source: National Statistics Online, Compendium of clinical health indicators, 2005.

Figure 2 shows an erratic trend in mortality figures from suicide or undetermined injury for Halton and St Helens.

In St Helens the mortality figure for all persons shows a general downward trend.

The mortality figure for Halton is generally higher than that seen in St Helens.

Gender specific trends in mortality from suicide or undetermined injury.

Figure 2.1: Trends in mortality from suicide or undetermined injury, males, all ages.

Trends in mortality from suicide or undetermined injury, males, all ages.

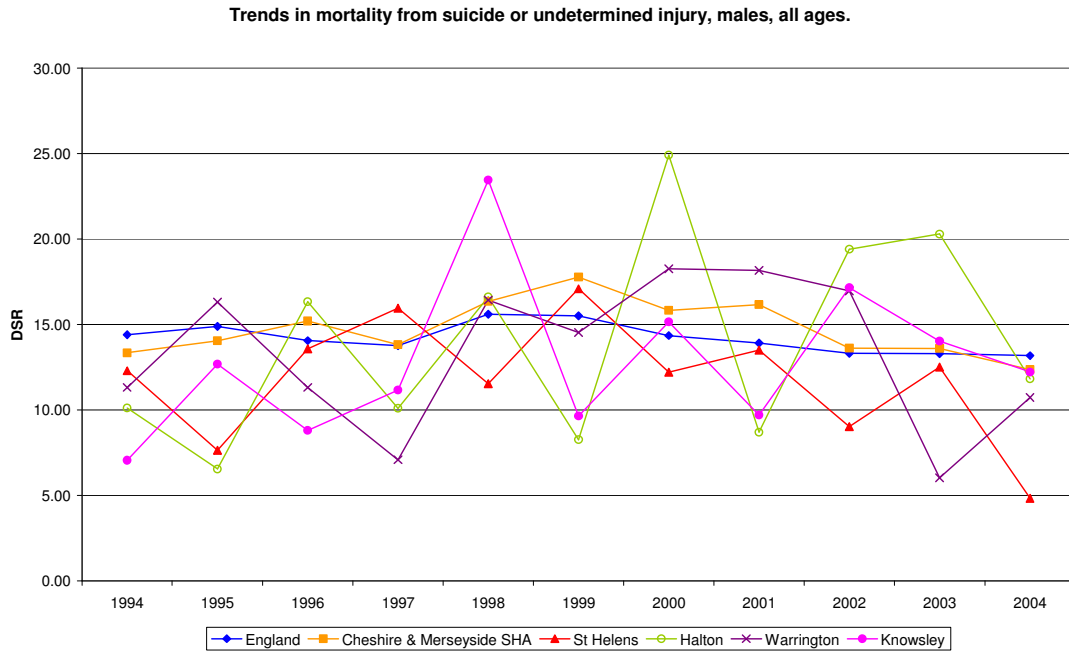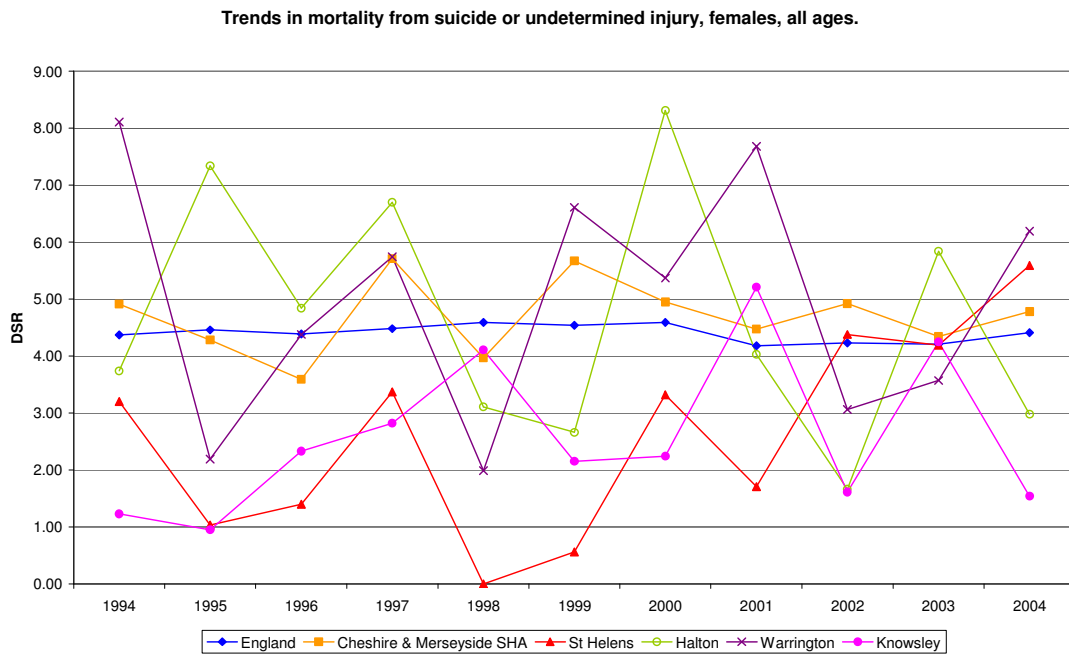**Figure 2.2**: Trends in mortality from suicide or undetermined injury, females, all ages.

Trends in mortality from suicide or undetermined injury, females, all ages.

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In St Helens the male mortality figure from suicide or undetermined injury has decreased over the ten year period.

The St Helens male mortality figure for 2004 is lower than that for England and Wales, Merseyside and Cheshire, and neighbouring boroughs.

In St Helens the female mortality figure from suicide or undetermined injury has increased over the ten year period.

The St Helens female mortality figure for 2004 is higher than that for England and Wales, Merseyside and Cheshire, and all neighbouring boroughs, with the exception of Warrington.

NB: It is important to avoid making broad assumptions based solely this data due to the very small numbers of cases.

Figure 3: Total hospital admissions for self harm, all persons registered with a St Helens GP, 2002–2006.

Total hospital admissions for self harm, all persons registered with St Helens GP, 2002-2006
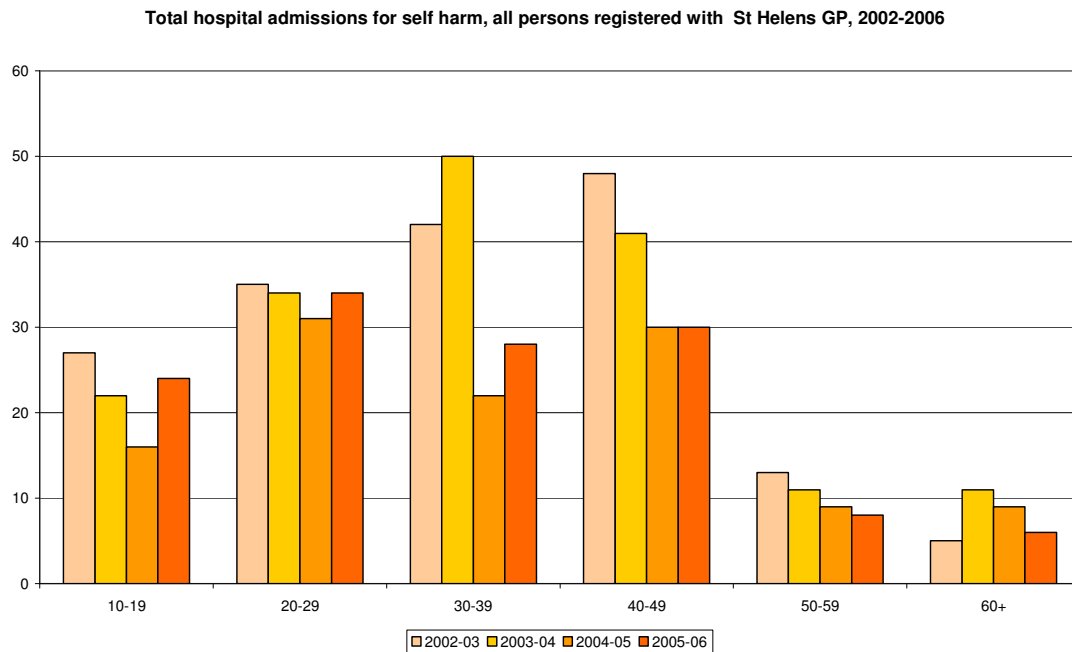
Source: Whiston Hospital Episode Statistics (HES), May 2006.

Figure 3 shows a general decrease in hospital admissions for self harm for all persons between 2002 and 2006.

However, in 2005–06 there were higher numbers of hospital admissions for self harm than the previous year in the 10–19 and 20–29 and 30–39 year old age groups.

Gender specific trends in hospital admissions for self harm, for patients registered with a GP in St Helens.

Figure 3.1: Total hospital admissions for self harm, males registered with a GP in St Helens, by age band.

Total hospital admissions for self harm, males registerd with a GP in St Helens, by age band

Figure 3.2: Total hospital admissions for self harm, females registered with a GP in St Helens, by age band.

Total hospital admissions for self harm, females registered with a St Helens GP, by age band

25
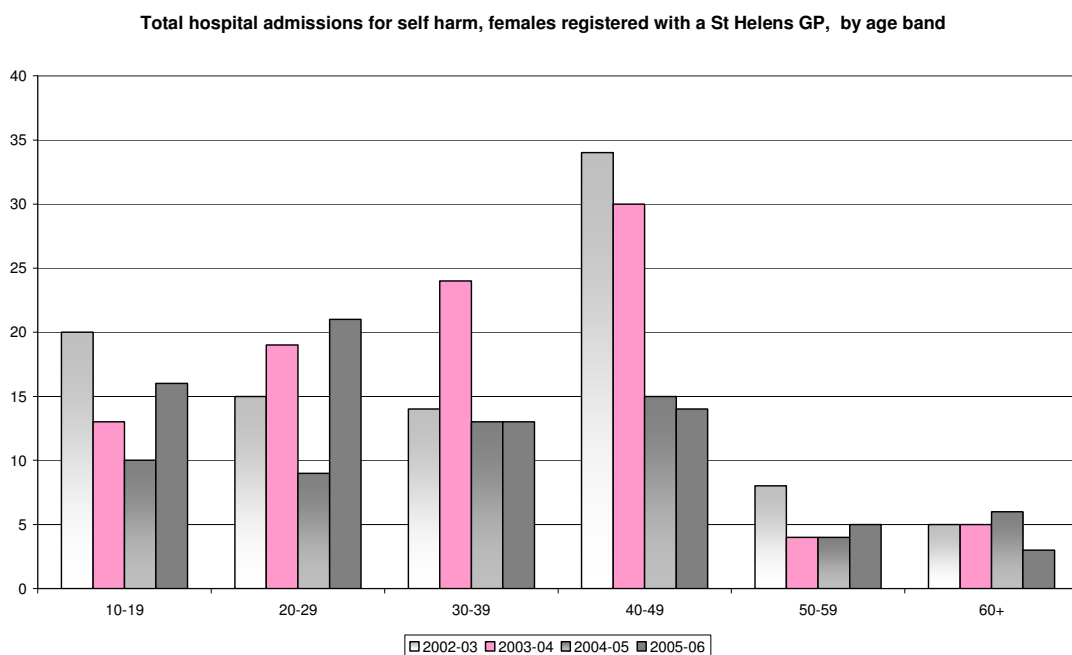
Figure 3.1 indicates that there was a general decrease in the number of males admitted into hospital for self harm between 2002 and 2006.

There was a slight increase, however, in the number of male hospital admissions in the 10–19, 30–39 and 40–49 year old age groups in 2005–2006.

Figure 3.2 shows that for most age groups there is a reduction in female hospital admissions for self harm between 2002 and 2006.

However, there was an increase in female hospital admissions in the 10–19 and in the 20–29 year old age group for 2005–2006.

Hospitalised prevalence of mental illness.

Figure 4: Hospitalised Prevalence of mental illness.

Local Area	Hospitalised Prevalence of mental illness
St Helens	104.96
Halton	143.63
Warrington	117.89
Knowsley	106.14

Source: North West Public Health Observatory (NWPHO) ICD 10 Diagnosis codes F20 to F48, 5 year (1998 to 2003).

The data in Figure 4 is a ratio against a North West Regional Average of 100. All areas listed have a higher prevalence of hospitalised mental illness than the average for the North West.

Of all the North West areas named above, St Helens has the lowest prevalence of hospitalised mental illness and Halton has the highest prevalence.

Figure 5: Correlation between prevalence of hospitalised mental illness and IMD scores of each MSOA in St Helens, 1998–2003 pooled data.

Correlation between prevalence of hospitalised mental illness and IMD scores of each MSOA in St Helens, 1998-2003 pooled data
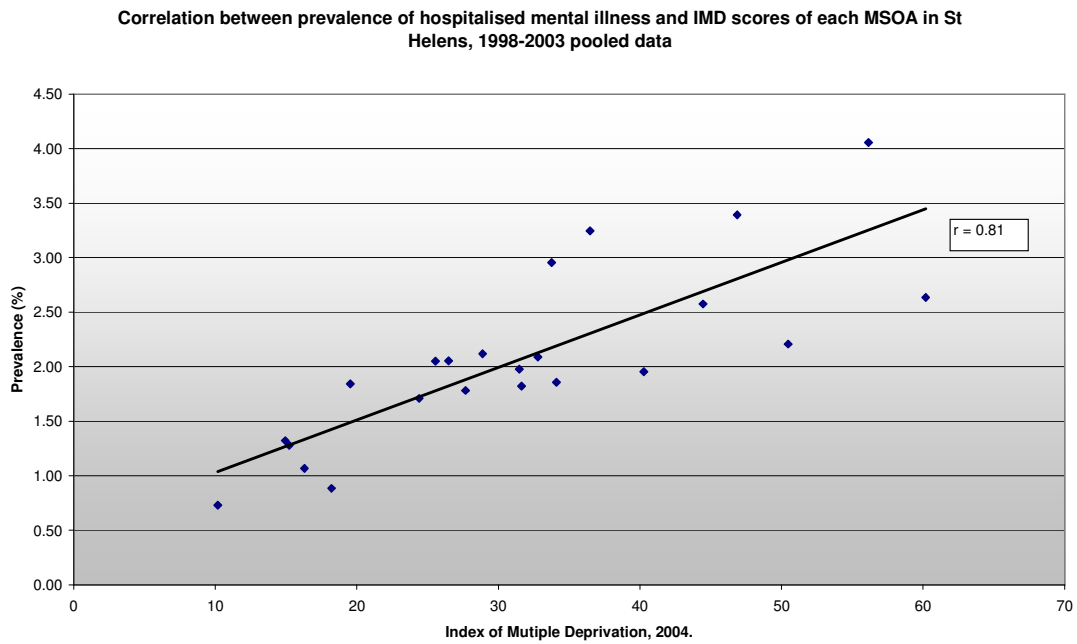
Source: North West Public Health Observatory, 2006 and Index of Multiple Deprivation, 2004.

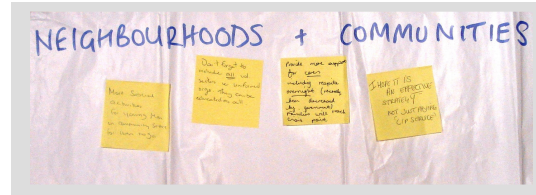There is a strong correlation between hospitalised mental illness and deprivation (r=0.81), with the prevalence of hospitalised mental illness increasing in areas of high deprivation.

Public consultation.

The **'Have Your Say!'** consultation events in Halton & St Helens have informed this Mental Health Promotion Strategy & Framework for Action.

In 2007, over 100 people attended public consultations held in Halton and St Helens. The events provided a platform for lots of lively debate and discussion.

The aim of this public consultation was to canvass the local population, and find out exactly what they felt were the priorities in terms of mental health, and what they'd like to see happen that would focus on improving the mental health and wellbeing of people here in Halton and St Helens.

Focus of debate for each discussion group
(for the 4 settings & combating stigma)
▪ How can we promote mental health and wellbeing in this setting?
▪ How can we combat stigma and discrimination in this setting?
▪ How can we promote social inclusion in this setting?
▪ How will we know we are making a difference?
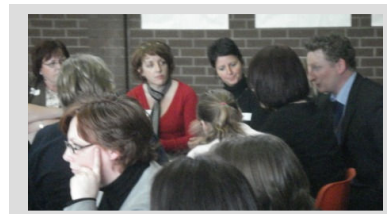
(For consultation findings see appendix).

A structured approach.

This strategy is about adopting a stakeholder approach to mental health promotion.

To do this effectively, this strategy & framework for action will focus on:

- Building capacity to deliver effective mental health promotion activities across the boroughs of Halton & St Helens.

- Involving all stakeholders, across all key settings.

- Having a shared vision and plan of action.

- Having a clear timeframe for implementing key mental health promotion activities.

- Having robust protocols for monitoring and evaluating the impact of mental health promotion activities.

- Strengthening existing partnerships between agencies across all sectors, and encourage and facilitate the development of new partnership working.

Building capacity.

This strategy identifies 'Champions' for each of the key settings. The role of Champion is to support the implementation of key strategy actions in each of the key settings.

Champions have extensive knowledge relating to their key setting, and have established networks and links to ensure that the strategy actions can be fully implemented.

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                         ┌─────────────────────┐
                         │     Standard 1      │
                         │  Leads for Halton   │
                         │     & St Helens     │
                         └──────────┬──────────┘
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┌───────┐ ┌────────┐ ┌─────────┐ ┌──────────┐ ┌─────────┐ ┌─────────────┐
│Workplace│ │Education│ │Health &│ │Neighbourhood│ │Prisons &│ │Combating Stigma│
│Champions│ │Champions│ │Social  │ │& Communities│ │Probation│ │& Discrimination│
│         │ │         │ │Care    │ │Champions    │ │Services │ │Champions       │
│         │ │         │ │Champions│ │            │ │Champions│ │                │
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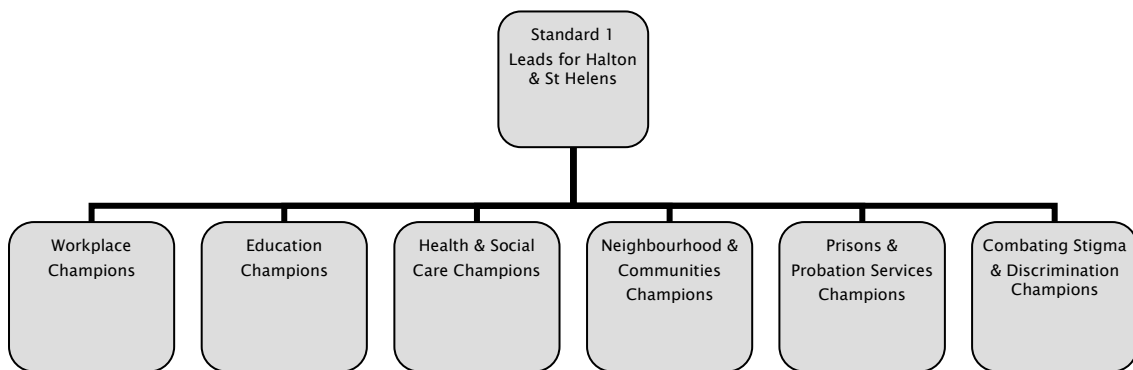
How will the strategy be delivered?

This strategy will be rolled out through existing community networks – most notably the Social Inclusion Groups in both Halton & St Helens who will take a proactive approach in delivering the key actions as identified in the Framework for Action. The roll out of the strategy will be the overall responsibility of the Standard One Leads.

The groups activities will be coordinated by the Standard One Leads in Halton & St Helens, and progress will be monitored via a 6 monthly stock taking process which will be reported to the Mental Health Partnership Board.

St Helens Champions.

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Setting	Champion Organisation
Workplace	St Helens Chamber of Commerce St Helens Chamber of Commerce Health Improvement Team
Education	CAMHS Commissioning Healthy Schools Lead
Health & Social Care	Health Partnership Manager Public Health Programme Manager GP wsi Mental Health
Neighbourhoods & Communities	Helena Housing Helena Housing Re:new Parr Merseyside Police, Community Liaison
Prisons & Probation Services	HMP Liverpool HMP Liverpool Probation Services
Combating Stigma & Discrimination	Shift Stigma Volunteer CALM

Halton Champions.

Setting	Champion Organisation
Workplace	Health Promotion Team, PCT Health Promotion Team, PCT
Education	Healthy Schools Lead CAMHS Practitioners CAMHS Practitioners
Health & Social Care	Deputy Director of Public Health, PCT
Neighbourhoods & Communities	Head of Housing, Halton Housing Trust Mental Health/POPO Officer, Cheshire Police Constabulary
Prisons & Probation Services	Health Promotion HMP Risley Psychiatric Nurse HPM Risley
Combating Stigma & Discrimination	Health Promotion Team, PCT Health Promotion Team, PCT

How will this strategy work?

The purpose of the 'Framework for Action' is to focus attention on the key 'health promoting' priorities in each key setting.

The function of the Champion role is to build capacity and encourage joint ownership of these health promoting priorities in each key setting, in accordance with the Halton & St Helens vision for a 'Stakeholder Approach' to mental health promotion.

This strategy will be implemented over a 4 year period.

In Year 1

The strategy priorities are:

- To build strong partnership working between all stakeholders.

- To promote a joint sense of ownership of the key 'health promoting' priorities for each setting, as listed in the 'Framework for Action'.

- For Champions to forge links with agencies working across relevant key setting, and to evaluate 'collective progress' in delivering health promoting activities independently of one another, in accordance with the goals laid out in the 'Framework for Action', using a stocktaking process.

- For Standard One Leads to facilitate spring and autumn stock takes with stakeholders, and to demonstrate continued progress in attaining goals as laid out in the 'Framework for Action'.

In Year 2; 3 & 4

The strategy priorities are:

- For stakeholder organisations to devise a year on year action plan to focus efforts to attain goals laid out in the 'Framework for Action'.

- For stakeholder organisations to pick up action(s) as agreed in the year on year action plan, and to evidence satisfactory progress towards attaining the action(s) at year end.

- For stakeholder organisations to agree allocation of joint funding for promotion activities, and for this funding allocation to increase each year until year 4.

At the end of year 2 – the Standard One Leads will review the strategy, to determine how effective the strategy is proving to be in terms of attaining goals laid out in the 'Framework for Action'.

Mental health promotion in Halton & St Helens: where we are at & where we want to be:

Key setting	Promotion activities carried out/ongoing:	Where this strategy will take us:
Workplace:	- Links with HSE Group, Chamber of Commerce. - Passport to Health – Stress Management Training. - Supported Employment Schemes – Pathways to Work/Shaw Trust. - Chamber 'Inspire' Business Start Up.	- Develop & roll out a workplace holistic training programme to small & large businesses (working with Health Improvement Team / Health Promotion Team). - Support the development of supported employment provision. - Evidence of stronger links with business forums – joint funded health promotion activities.
Education:	- Healthy Schools Programmes. - Links with Cluster Group Meetings – provide training to teachers/ education support staff - College Learning Mentors.	- Supporting development of Comprehensive CAMHS - Working towards attainment of Newcastle Declaration. - Mad, Bad & Misunderstood training rolled out to schools. - Effective anti-bullying strategies implemented in schools. - Parenting skills classes incorporate a mental health strand.
Health & Social Care:	- Examples of social prescribing interventions – Books on Prescription / Lifestyles Advisors. - Social Inclusion Network Group – bringing voluntary, statutory and community groups together. - Expansion of Public Health Programmes. - Psychological interventions – 'Ohwhatarelief', Beating the blues, Kooth.com.	- Clear referral pathways for clients in primary & secondary services to public health programmes (including older people with mental health problems). - Support the implementation of the planned framework for delivery of primary care mental health service. - Raise GP/Primary Care worker awareness of self help provision and community referral schemes for mild to moderate mental health distress. - Roll out the delivery of accredited Asist Suicide Prevention training.

Neighbourhoods & Communities:	- Housing programmes to improve local environment. - Regeneration projects - Self help provision mapped. - Mental Health Forums / Wellbeing Groups. - Links with environmental groups. - LIFT projects – hospital rebuilds.	- Enhance self help provision locally. - Promote community referral options within the Practice Based Commissioning agenda. - Bring mental health agenda to town planning and regeneration. - Invest in social capital schemes. - Enhance support for BME groups and LGB community.
Prisons & Probation Services	Links with Probation services	- Estabilish formal links with HMP Liverpool; Youth Offending Teams, Probation Services and forensic mental health provision. - Examples of Partnership working and joint funded activities.
Combating Stigma & Discrimination	- Funding of CALM zones. - Involvement in SHIFT Stigma Campaign - Local media campaigns. - Events to mark WMH Day, Carers Week and Men's Health wk.	- High profile 'wellbeing' campaigns. - Develop partnership workings with local newspapers. - Develop new online and hard copy of Mental Health & Wellbeing Directory of local services.

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Halton and St Helens **NHS**
Primary Care Trust

A Framework for Action

Mental Health Promotion Strategy 2007

Workplace Setting							
	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
Workplace		1	2	3	4		
Promote mental health and wellbeing of all staff in the workplace	Standard One Leads represented on Workplace Steering Group Meetings. Links with local health at work programmes/ HSE meetings. Partnerships and activities developed to promote and support compliance amongst local businesses with DDA, HSE Health & Safety at Work Act and Regulations and the Human Rights Act.						

Support for staff experiencing or returning to work after mental health problems.	A review of local employment services has taken place. Deliver MHP literature and identify training needs.						
Encourage a positive approach to employing staff with experience of mental health distress.	Support the implementation of DH guidelines on employment of people with mental health problems within the NHS, as model of good practice.						
Employment							
Support to address emotional and psychological impact of unemployment.	Forging partnerships with agencies tackling unemployment and worklessness agenda.						

Ensure that people with mental health problems are able to gain paid employment.	Agencies providing supported employment opportunities sit on Social Inclusion Network Group. Demonstrate joint working.						
Support for people immediately following absence from work due to mental health problems.	Self help support networks mapped locally. Agencies supporting clients can access training and information relating to mental health, the workplace and employee rights.						
Action to combat stigma and discrimination within the workplace.	Information circulated and publicity campaigns carried out locally and in partnership with key stakeholders.						

Training to employers on HSE Stress Management Toolkit.	Evidence of delivery of training to local employer forums.							
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.							
Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.							

Education Setting								
	Intermediate Step	Current Progress				Evidence of Progress		Planned future Activity
Parents and Early Years		1	2	3	4			
Support the implementation of local strategy and action plan to improve Child and Adolescent Mental Health Services.	Evidence of partnership working in implementation of strategy action plan and joint working on promotion activities.							
Enhance the skills and knowledge of parents.	Establish links with agencies working with parents (e.g. Surestart). Evidence of training programmes/ education materials provided.							
Enhance parenting skills of prisoners and parents on probation.	Liaison with Youth Offending Teams, Probation Services and Prison settings.							

Work with preschool, child care and nurseries.	Standard 1 represented on 0–19 Young Peoples Operational Group.						
Work with vulnerable children/ families.	Evidence of working with agencies supporting vulnerable children/ abused children/ looked after children. MHP integrated into Early Years initiatives.						
Work with CAMHS.	Links with CAMHS task group to support delivery of comprehensive CAMHS services.						

Schools & Colleges							
Emotional health and wellbeing standard of National Healthy Schools is being implemented.	Links with Healthy Schools Programme. Evidence of standard being implemented. Std 1 Leads offering support/ training/ advice on implementing this standard. (DfES, 2004)						
Emotional literacy projects in Primary Schools settings.	Std 1 Leads to act in advisory capacity to support delivery of this work. (DfES, 2004)						

School based interventions focus on building emotional resilience, self esteem and life skills.	School interventions delivered that focus on at least one component (building emotional resilience, self esteem and life skills such as problem solving, communication and self management).						
Support for anti-bullying strategies.	Std 1 links with Cluster Group Network to deliver information relating to anti-bullying strategies.						
School based interventions with parents, carers, pupils and staff have been implemented on coping with school transitions.	Evidence of work with primary or secondary schools. 'Mad, Bad or Misunderstood' training for secondary schools.						

Continuing adult education and training is accessible to, and reaches out to people with mental health problems and support is available when needed in mainstream provision.	Links forged with adult education providers. Evidence of partnership working with education providers to deliver accessible education to people with mental health problems, based on need.						
Support the Youth Service in providing informal programmes to promote mental health and wellbeing.	There is liaison between Std 1 Leads and the Youth Service. Youth Service links with Social Inclusion Network Group.						

Joint action is being delivered to implement the Declaration of Early Intervention in Psychosis between EIP services, Healthy Schools, Connexions, Youth Services and Youth Parliaments.	MHP activities included in the Early Intervention in Psychosis Service.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Health & Social Care Setting						Evidence of Progress	Planned future Activity
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
		1	2	3	4		
Support the implementation of local strategy and action plan to improve Primary Care Mental Health Services.	Evidence of partnership working in implementation of strategy action plan and joint working on promotion activities.						
Strengthen links between primary and secondary care mental health provisions and public health programmes to improve general health and fitness.	Evidence of formal liaison and increase in referrals to Lifestyle Programmes from primary and secondary care services. (DofH, 2006a)						

Support clinical staff to implement holistic 'lifestyle reviews' in enhanced CPA system including plans for employment, occupation, housing and welfare benefits and consideration given to direct payments.	Working towards a lifestyle review in care pathway approach. (DofH 2005; Swift & Parmentier, 2007) Links between DP Leads, primary and secondary care and MHP.						
Increase General Practitioner awareness of local community referrals.	Evidence of training programmes to GP's on psycho-social interventions, e.g. social prescribing. Explore feasibility of commissioning 'social inventions' through Practice Based Commissioning).						

Secondary care teams have identified a lead contact on vocational and social issues.	Half of secondary care teams have identified a lead contact on vocational and social issues. Lead contacts sit on Social Inclusion Network Group.						
There is coordinated action to meet the physical health needs of people with mental health problems, within secondary and primary care.	Materials on physical health needs of people with mental health problems disseminated to primary/secondary care and to clients. Links to Acute Care Forum, Lifestyle Referral Scheme and Health Trainers. (DofH, 2006a)						

Information campaigns / literature developed that raises awareness of Personality Disorders.	Evidence of promoting an awareness of Personality Disorders within the community.						
MHP is incorporated into graduate worker roles; increasing social networks, promotion of self help support, referral to voluntary and community sectors, partnership working.	Graduate workers have received local training/ induction into MHP and there is evidence of increased uptake of community referral (social prescribing) options. (Pogue, 2006)						
There are strategic and operational links between Std 1 Leads and the CAMHS Strategy Group and Commissioning Leads.	There is liaison between the two groups to identify joint priorities or initiatives.						

The Std 1 strategy supports the CAMHS target to provide a comprehensive CAMHS including MHP.	The Std 1 Leads sit on the CAMHS Strategy Steering Group.						
People who use mental health services are supported to have their views heard and to input into PCT and Trust PPI strategies.	People using mental health services sit on PPI forums, Mental Health Forum, Youth Parliaments, Mental Health Partnership Board and Social Inclusion Network Group.						
There is consistent practice across the locality on paying people with experience of mental health problems for advising on service redesign.	Policies on paying people with experience of mental health problems for advising on service redesign exist.						

Social prescribing schemes have been developed including learning, arts, exercise, books on prescription with clear pathways and protocols for primary care workers.	Examples of social prescribing schemes operating locally. (Brown *et al*, 2005)						
Mental health is a clear component of exercise on prescription/ Lifestyle Referral schemes, a). Mental health is measured for all referrals, b). People with mental health problems have access to the scheme, c). Staff receive training.	At least one of a), b) or c) is being incorporated into exercise on prescription/Lifestyle Referral schemes.						

Day services are transformed into community resources that promote social inclusion through improved access to mainstream opportunities.	There is a plan in progress to transform day services. Evidence that plan is being implemented. (DofH, 2006b)						
MHP activities to increase the uptake of direct payments and a comprehensive plan exists to improve awareness of DP amongst staff and clients.	There is a local plan to increase uptake of direct payments. (SCMH, 2006)						
Work with clients with dual difficulties.	Evidence of training delivered to staff and clients about mental health problems and underlying or overlying drug &/or alcohol misuse.						

Support for victims of domestic violence.	Link with agencies that support victims of domestic violence, and MHP training/literature delivered to staff and volunteers.							
Reduce alcohol-related violence.	Jointing working with Health Promotion to promote sensible drinking. Link with Alcohol Support Practitioners.							
Efforts to reduce acceptability of violence.	MHP involved in national and local campaigns to raise awareness.							

Deliver suicide prevention training to stakeholder agencies.	Std 1 Leads to undergo Assist training programme and accreditation. (DofH, 2002) Plans for rolling out of ASIST accredited training programme. Evidence of specific health promoting activities / suicide prevention work focused at women.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Neighbourhoods & Communities Setting							
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
		1	2	3	4		
Support for initiatives that improve local environment.	Std 1 represented on steering groups for LIFT projects, regeneration programmes – Regeneration, Housing, and environmental groups.						
Identify communities that are vulnerable to experiencing mental health problems and deliver appropriate interventions with partners.	Working with agencies that engage with vulnerable groups, Housing, Regeneration, LGB Groups – Armistead and BME communities.						

Action to improve community mental health and wellbeing – investing in Social Capital.	Standard One Leads delivering training to Community Development Workers. (Morgan & Swann, 2004)						
Neighbourhood Renewal Projects developed to improve mental health, combat stigma and increase social inclusion within neighbourhoods.	MHP represented on neighbourhood renewal task groups. Standard One Leads and Named Champions sit on Social Inclusion Network Group.						
Advocacy for social networks. Opportunities to participate and influence decision making and service design.	Liaise closely with dedicated Self Help Support worker. MHP represented at Social Inclusion Network Meeting, PALS, PPI Forums and Mental Health Forums.						

Support for community participation in the creative arts	Links with creative arts groups, Arts Centres, Colleges and self help support networks.							
Improve housing and the built environment.	Partnership working with Housing.							
Increase access to green open spaces	Work to promote green spaces and raise awareness of health benefits. Partnership working with environmental groups.							
Work to reduce alcohol related harm	MHP training for Alcohol Support Practitioners, Lifestyles Advisors and Health Trainers.							

| Promote physical activity | Training for Lifestyles Advisors, Health Trainers, Healthy Living Programme and volunteers undertaking Passport to Health course.

Forging close links between Healthy Living Programme and primary and secondary mental health. | | | | | | |
|---|---|---|---|---|---|---|---|
| Enhance self help support locally. | Undertake mapping of self help provision.

Deliver training programmes and educational resources to groups.

Recognise and celebrate self help provision available locally. | | | | | | |

Std 1 priorities have been incorporated into the local homelessness and housing strategies.	Demonstrate efforts to meet the needs of homeless people. Support to people with mental health problems to access appropriate housing.						
Meeting the needs of people with mental health problems is reflected in the Local Transport Plan.	Links made with transport services.						

Build capacity in voluntary and community agencies to promote mental health, combat discrimination and increase social inclusion.	Voluntary and Community agencies are represented on the Social Inclusion Network Group, and are involved in developing and delivering some mental health promotion activities. Evidence of joint funding for health promotion activities.						

Later Life								
Support the implementation of local strategy and action plan to improve mental health of older people.	Standard One Leads represented on steering group implementing strategy – 'Securing Better Mental Health for Older Adults', (2006) Evidence of working to attain key actions as laid out in action plan for 'Securing Better Mental Health for Older Adults'.							
Befriending schemes available	Evidence of a range of support to combat social isolation in later life. Age Concern – befriending scheme, PAMS volunteers scheme.							

Intergenerational projects.	Forging close links with PAMs scheme and Passport to Health for older people experiencing mental health problems. Estabilish links with MHP and Active Age Practitioners.						
Promote uptake of education, sports and leisure by older people.	Increase uptake of public health programmes for older people experiencing mental health distress.						
Targeted outreach to isolated and vulnerable people.	Links with Active Age Practitioners, Crisis Resolution and Assertive Outreach Teams.						

Community day care services for older people.	Day service redesign to improve access by older people. Evidence of distribution of training / educational materials for staff and clients.						
Supported accommodation.	MHP literature provided to staff and clients.						
Other measures to tackle social isolation	Supporting the delivery of local media campaigns and events that bring people together.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Prisons & Probation Setting							
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
		1	2	3	4		
Estabilish partnership working with local feeder prison.	Evidence of prison based MHP activities, and training offered to staff based in local feeder prison. Evidence of partnership working between prison/probation services and MHP.						
MHP interventions feature as part of an overall Health Improvement Strategy within local prison/ probation settings.	Evidence of MHP in Health Improvement Strategy in local feeder prison / probation services.						

MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors for mental health for prisoners and staff.	MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors.						
Training for YOT staff and Probation services.	MHP interventions follow a model which focuses on reducing risk factors and promoting resilience factors.						
Work with Prison and Probation staff.	Evidence of training delivered to staff on needs of clients with mental health problems and underlying or overlying drug &/or alcohol misuse.						

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Promote 'holistic' health approaches in prisons and probation services as part of a lifestyle review approach.	Action to promote mental health includes looking at: physical environment; physical activity; work, skills and training; education; leisure and recreation time; relationships and family; bullying; self harm and suicide; release and rehabilitation. (Swift & Parmentier, 2007)						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Combating Stigma & Discrimination Setting							
Action	Intermediate Step	Current Progress				Evidence of Progress	Planned future Activity
Combating Stigma		1	2	3	4		
Work on media coverage of MH issues and Personality Disorders.	People who use services and carers are involved throughout the design, monitoring and evaluation of anti-discrimination programmes. (NIMHE, 2004)						
Anti-stigma work with young people.	Liaison with youth parliaments, CAMHS, young carers, Starting Point, Connexions, schools and colleges.						
Programmes address changes in behaviour, not just awareness raising.	Programmes address changes in behaviour with evidence of effectiveness.						

Clear and consistent messages are delivered in targeted ways to specific audiences, as part of a coordinated approach and long term plan.	Clear and consistent messages are delivered in targeted ways to specific audiences as part of a coordinated approach. Working with national SHIFT stigma campaign.						
Anti-stigma work with private organisations, including employers.	Linking with Chamber of Commerce, Business Link, Starting Point. Programmes are appropriately monitored and evaluated. Evidence of joint funding on local anti stigma campaigns.						

There is coordinated anti-stigma training, delivered to a range of agencies, including the media, and involving people who use services, and carers in delivery.	Priorities for delivering anti-stigma training have been agreed.						
Engaging with journalists, people using services, and communication officers in proactive media coverage.	There is engagement with journalists and communication officers in providing positive media reporting. Working in partnership with local newspapers.						

Marketing Mental Health & Wellbeing.								
Media campaigns implemented.	Links with SHIFT stigma campaign. Estabilish media task group.							
Events to mark World Mental Health Day.	Steering group established with Reps from stakeholder agencies to plan events. Evidence of joint funded projects to mark WMH Day.							
Production of local Mental Health Literature.	Linking with Primary Care Information Specialists.							
Updated Mental Health Directory.	Phase 1 – updating and developing new online Mental Health Directory. Phase 2– rolling out hard copy directory.							

Build capacity for psychological support.	Evidence of promoting 'Ohwhatarelief' series, Beating the blues, Kooth.com and Books on prescription.						
Develop social enterprise model.	Evidence of supporting work of social enterprise groups operating locally.						
Work with disadvantaged groups to promote their wellbeing in this setting, to ensure equal access to mental health promoting activities.	Evidence of work targeted at BME, LGBT groups, people with physical disabilities, carers, young carers, single parents, people with learning disabilities and others.						

Encourage innovative practice to promote mental health and wellbeing in this setting.	Examples of innovation.						

Monitoring & evaluating the implementation of this strategy.

The implementation of this strategy needs to be closely monitored and evaluated to ensure that:

- Satisfactory progress is made in the attainment of key targets set out in the framework for action.

- All stakeholders are clear about the aims and objectives in each key setting, and are able to identify key priorities.

- The strategy is proving effective in delivering mental health promotion activities across Halton & St Helens.

- Any difficulties implementing strategy actions are flagged up so that appropriate resources can be allocated to overcome any barriers.

Monitoring progress.

The Standard One Leads for Halton & St Helens have overall responsibility for ensuring that Standard One of the National Service Framework for Adult Mental Health is implemented fully.

Standard One Leads for St Helens – **Mark Swift, Jen Brown**

Standard One Lead for Halton – **Cath Ashton, Alison Jones**

Social INclusion Group (SING).

Named champions for each key setting support the delivery of the strategy actions. The Champions report progress to the Social INclusion Group (SING).

The group meets monthly, and is made up of representatives from a broad array of agencies from the voluntary, statutory and community sectors. The role of the group is to support the implementation of mental health promotion activities across each of the boroughs.

The mental health partnership board.

It is the responsibility of the Standard One Leads to liaise with all Champions to ensure that progress is being made to implement this strategy.

The Standard One Leads will present a 'stock take' of mental health promotion activities to the Mental Health Partnership Board. This will take place twice in year 1 and then once a year at the end of years 2, 3 & 4. This stock take will also be forwarded to the Public Health Directorate.

The stock taking process will also be an opportunity to showcase examples of positive practice to the partnership board, ensuring that their profile is raised locally.

Spring stock take   Autumn stock take
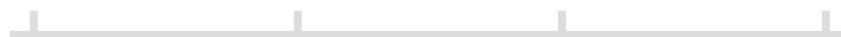
Timeline showing planned 'stock taking' review of mental health promotion and social inclusion activities. Audit presented to the Mental Health Partnership Board and the Public Health Directorate.

Building public mental health intelligence.

This strategy supports the collection of detailed public mental health intelligence.

Adopting a standardised approach to data collection will inform the development of effective mental health promotion activities.

Rolling out a standardised public mental health intelligence audit across all agencies working in mental health is a key priority of this strategy.

Standardised public mental health intelligence audit form.

Name of service:		Address:	
Service speciality:		Contact tel:	

Date DD/MM/YY	Client age YY/MM	Employment status	Gender M/F	Postcode –––/–––	Units alcohol consumed per wk ––

Key

Employment status

(U) unemployed (PT) part time (FT) full time
(S) student (IC) incapacity benefit (OB) other benefit

Units alcohol consumed per wk

- One small (125 ml) glass of wine at 9% is one unit.
- Half a pint of 3.5% beer/lager/cider is one unit
- A 25ml pub measure of spirit at 40% is one unit

Key contacts: St Helens Champions

Setting	Named Champions	Champion Organisation Address	Email	Telephone	Fax
Workplace	Ann Holcroft	St Helens Chamber of Commerce Technology Campus, St Helens WA9 1UE	ann.holcroft@sthelenschamber.com	01744742000	01744742001
	Neal McNulty		Neal.mcnulty@sthelenschamber.com		
	Diane Coysh	Health Improvement Team Bold Miners Neighbourhood Centre, Fleet Lane, Parr, St Helens WA9 2NH	Diane.Coysh@hsthpct.nhs.uk		
Education	Eric Albrecht	Healthy Schools Programme, Rivington Centre, Rivington Road, St Helens WA10 4ND	ericalbrecht@sthelens.gov.uk	01744455364	01744455461
	Dave Sweeney	CAMHS Commissioning 50 Cowley Hill Lane St Helens Merseyside WA10 2AW	Dave.Sweeney@hsthpct.nhs,uk	0174428098	
Health & Social Care	Debbie Bishop	Bold Miners Neighbourhood Centre Fleet Lane, Parr, St Helens WA9 2NH	debbiebishop@sthelens.gov.uk	01744 697433	01744 697434
	Helen Jarram		helenjarram@sthelens.gov.uk		
	Dr Laura Pogue	GP wsi Mental Health Halton & St Helens PCT, Victoria House, Holloway, Runcorn WA7 4TH	Laura.Pogue@hsthpct.nhs.uk	01928 593600	

Neighbourhoods & Communities	Mark Jory	Helena Housing HQ, 3rd Floor, Court Building, Alexandra Park, Prescot Road, St Helens WA10 3TT	Mark.Jory@helenahousing.co.uk	01744 675555	
	Tom Bate		Tom.Bate@helenahousing.co.uk		
	Karen Machin	St Helens Mental Health Forum, United Reform Church, King Street, St Helens	k.machin@dsl.pipex.com	07979252526	
Prisons & Probation Services	Steve Truoga	HMP Liverpool, 68 Hornby Road, Liverpool, L9 3DF		0151 5304030	
	John Kelly				
	Bev Lennon	Probation Service	bev.lennon@merseyside.probation.gsx.gov.uk		
Combating Stigma & Discrimination	Brian Roscoe	Volunteer Media Champion	brian@broscoe.wanadoo.co.uk		
	Simon Howes	CALM on Merseyside, Liverpool Health Promotion Service, 10 Maryland Street, Liverpool L1 9DE	simon.howes@centralliverpoolpct.nhs.uk	0151 7071555	0151 7072552

Key contacts: Halton Champions

Setting	Named Champions	Champion Organisation Address	Email	Telephone	Fax
Neighbourhoods & Communities	Teresa Teirney	Halton Housing Trust	teresa.tierney@haltonhousing.org	01515105050	01515105100
	Pete Shaw	Mental Health and Prolific Offender Officer (POPO)	Pete.shaw@cheshire.pnn.police.uk	01514221447	01928581395
Prisons & Probation Services	Katie Roberts	Risley Prison Health Promotion	Katie.roberts.01@hmps.gsi.gov.uk	01925733265	
	Brian Dearden	HMP Risley Psychiatric Nurse	Brian.james.dearden@hmps.gsi.gov.uk	01925733000	
Stigma & Discrimination	Cath Ashton	As above	As Above	As above	
	Alison Jones	As above	As Above	As above	

Workplace	Cath Ashton M Health Lead	HStH PCT Lister Rd, Runcorn WA7 1TW	Cath.ashton@hsthpct.nhs.uk	01928593016	01928569532
	Alison Jones Mental Health Improvement	HStH PCT Suite 1E Midwood House Midwood St, Widnes WA8 6BH	Alison.jones@hsthpct.nhs.uk	01514955450	0151 4206788
Education	Pam Worrall Healthy Schools	HStH PCT Lister Rd Runcorn WA7 1TW	Pam.worrall@hsthpct.nhs.uk	01928593003	01928569532
	Alison Farquhar	HstH PCT Child and Adolescent Primary Health Workers. Lister Rd Runcorn WA7 1TW	Alison.farquar@hsthpct.nhs.uk	01514955095	01928569532
	Melanie Fitzsimons		Melanie.fitzsimons@hsthpct.nhs.uk	01514955096	01928569532
Health & Social Care	Eileen O'Meara	Deputy Director Public Health Victoria House Holloway Runcorn WA7 4TH	eileenomeara@hsthpct.nhs.uk	01928593711	01928590594

Strategy Endorsement:

This Strategy has been endorsed by the following organisations:

Acknowledgements

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Appendix

Summary of findings from public consultation

Theme: Workplace	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- More training - Example of a commitment to this issue from management. A top down approach - Better working environments - Flexible working - Improved work / life balance - Improved support and supervision - Access to counselling in the workplace - Outside person not a manager = buddy - Incentives for employers to take on people who have had experience of mental health distress - Flexible working = shorter hours - Support for parents with young families - Good policies in place - Honesty and respect - More training - More flexibility - Reduce work pressure - Nicer working environments - Social activities - Chocolate fountains - Better communication throughout - Tai Chi at Lunchtimes
2. How can we combat stigma and discrimination in this theme?	- More training and education for employees and managers - A more open and tolerant working environment, where you can feel ok to say that you aren't feeling too good - Changing hearts and minds - Understanding that work pressures can lead to excessive drinking, depression - Educate employers - Diversity of workforce independently audited - Training = awareness - Good public relations - Return to work training - Positive discrimination to help people back to work - More open - Open dialogue - No longer difficult to say you are feeling stressed

	- Raise awareness about different conditions - More information about mental health (more posters) - Designated staff to raise mental health and wellbeing issues in the workplace
3. How can we promote social inclusion in this theme?	- Make it easier for people who have experienced mental health distress to return to work - Make the workplace a more friendly environment to be in - More 'A List' coming out and supporting mental health and wellbeing issues - More information in the media - More education for colleagues - Everyone recognises their responsibilities and the role each of us has to play in promoting mental health and wellbeing - Positive mental health awards for organisations demonstrating positive practice – Kite Mark Quality - Staggered return to work available - Open to suggestions from the individual looking to come back - Better understanding from the employer - Incentives for employers
4. How will we know we are making a difference?	- Invite external auditors to monitor if attitudes/ new policies are working - Happier staff - Feedback from staff is positive - Reduction in the sickness / absence rates - People will feel able to be more open and honest about this issue, and not feel embarrassed - When people can openly say they are 'stressed – depressed…. etc
5. Comments from notice board	- Most employers don't want to know when employees with a disability wish to seek employment. Action – employers should be assisted in taking on employees (event if it's on a part time basis) who have had mental health problems - Challenge stigma in the workplace - St Helens Supported Employment Service. Offers 1 to 1 support back into employment. Contact

	Margaret on 01744 456391 ▪ Promote wellbeing, combat stigma and promote social inclusion

Theme: Education	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- Compulsory training for pupils/ staff – the whole school - Compulsory study within PHSE framework - CAMHS services promoted to both staff and pupils (not just learning mentors) - Awareness raiding of the signs and symptoms of mental health distress - Would be good to have some training from lay people about mental health distress - Focus not just on academic achievement e.g., also on wellbeing - Give more time and focus to talking, sharing, time for lunches, school dinners settings - Proper diet / obesity - Anti-bullying initiatives - Ofsted to enforce mandatory focus on mental health and wellbeing - Bring back fun and enjoyment to the classroom - CAMHS to have a more visible presence / role to play in schools and education settings - An emotional health and wellbeing day in St Helens - Pupils to develop plays / dramas / focus weeks - Promote work experience (Trident) - More preventative work, rather than treating the symptoms - More focus on mental health and wellbeing in colleges - Promote good policies / procedures in relation to mental health and wellbeing i educations settings - More partnership working between parents and education - Focus more on hope and aspirations in the classroom
2. How can we combat stigma and discrimination in this theme?	- Users / experienced staff sharing their own personal experiences - More younger people in education settings who can relate directly with young people - Discussing stereotypes and how they influence the way we think, and how stereotypes affect mental health – e.g. using puppets with younger children - Educate about morals / ground rules enforced.

	Need this work to start in the home ▪ Promote and encourage diversity of expression ▪ More learning mentors in education settings ▪ Using celebrity / people in public eye to back the cause ▪ Mad / Bad misunderstood training ▪ Use (Social & Emotional Aspects of Learning) SEAL resource in schools ▪ Good key speakers locally to back the cause ▪ A Happy Passport – personalised education plans
3. How can we promote social inclusion in this theme?	▪ Head teacher have greater powers to exclude ▪ Head teachers to have greater powers to select pupils ▪ Work with all other agencies ▪ Changes to the curriculum set up ▪ More community work by schools ▪ Extra curricular activities, for free, and involving and engaging parents ▪ Target hard to reach families ▪ Head teacher motivation ▪ Improve teaching and learning styles ▪ Shape the culture / environment of schools ▪ More family support
4. How will we know we are making a difference?	▪ Fall in truancy rates of schools / improvements in attendance ▪ Less bullying reported ▪ Feedback from parents / pupils – maybe an annual happiness / wellbeing survey in schools ▪ Online independent questionnaires for schools ▪ Continuous evaluation
5. Comments from notice board	▪ Free access to after school clubs for all children. Fun and informative activities to promote positive mental health ▪ I attended as a carer but feel that there are opportunities here for development. I teach parenting skills for adult and community learning from birth to teenagers. Our courses are free and could benefit some of your families. Margery Bond Parents Information Centre 01744 677888 ▪ Too many large classes of children. 30 in a class is too many

| | Educate more in schools on mental health and wellbeing Less unrelenting testing for children in schools, especially secondary school age. Change the curriculum! Educate pregnant ladies on post natal depression Improve working lives of professionals – balance between work / home life Mental and emotional health from an early age – maybe in PSHE in schools. Start simple and expand Early interventions – raising awareness of mental ill health Promote mental health and emotional wellbeing in schools Awareness days with schools and parent involvement Motivated Head Master who believes in his school → positive education and pupil wellbeing. Also – motivates teachers → children → parents Need more after school activities for all ages. Free of charge? Poor education system Parents input in after school activities / more parents evenings. More support for poor income families |

Theme: Health & Social Care	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- Better communication channels and engagement with GPs as the gatekeepers - Give people the opportunities to do something meaningful e.g. a waged job - Promote holistic health - Health MOTs incorporating mental wellbeing also - Awareness training and workshops - Encourage and nurture friendships - Let children by children – allow play / free time - Broaden people's horizon's - All sectors working to promote health and social care to have a shared vision - Sharing and celebrating best practice - Linking initiatives in physical health to mental health, and to be taken seriously as part of holistic care package for clients experiencing mental health distress - Mental Health MOTs - Developing and enhancing existing support networks in the community - More preventative work, rather than treating the symptoms - Holistic services - Better communication with GPs and primary care - Provide opportunities for individuals experiencing mental health distress to contribute and make a difference - Free travel passes for people with severe and enduring mental health problems - Greater health focus in schools and sixth form colleges - Training workshops
2. How can we combat stigma and discrimination in this theme?	- Actively recruit people who have experienced mental health distress to work in health and social care - Celebrate successes / examples of positive practice - Form meaningful partnerships with the private sectors - Mental health put onto all government policy drivers - A top down approach and acknowledgement

	that mental health is a priority ▪ Distinction between mental health distress and learning disabilities ▪ Acknowledge that stigma still exists and is out there ▪ Don't just prescribe medications as if that is the only option, and without considering all the other resources available at practitioner disposal ▪ Actively recruit people who have experienced mental health distress ▪ Better engagement with the media, and help them to acknowledge the enormous role they play in shaping people's understanding of mental health distress
3. How can we promote social inclusion in this theme?	▪ Actively recruit people who have experienced mental health distress to work in health and social care ▪ Staff in health and social care to adopt a positive / upbeat ethos in their working roles, focused on recovery, reintegration and moving forward ▪ Provide choices and alternative pathways for people ▪ Integration between existing service provisions ▪ Looking beyond the mental health label ▪ Employment ▪ Education ▪ Separate focus to drive forward inclusion for children with mental health distress
4. How will we know we are making a difference?	▪ More counsellors working in health and social care settings and private sectors ▪ More people with personal experience of mental health distress working in health and social care settings ▪ Measure a decline in the numbers of people reporting poor mental health ▪ Mental health will be normalised... mental health / distress viewed as a continuum ▪ Examples of real partnership workings between organisations across different sectors ▪ Greater access to holistic health, and that mental health is acknowledged as being a part of 'total health' and that without it you simply

	cannot have health
	▪ Better engagement with general practitioners, and that they acknowledge mental health distress as a priority health issue
	▪ Examples of more resource allocation to the provision of upstream interventions that prevent problems from arising in the first place, and that promote positive mental health and physical mental health
	▪ Instil hope in everyone living and working in St Helens
	▪ Case studies of good practice
	▪ People reporting positive practice
	▪ Educating the trainers
	▪ Overcome the fear of mental health distress in schools
5. Comments from notice board	▪ Take off the label
	▪ To be clear that children and young people with disabilities do have mental health issues and that these do not get treated
	▪ Take services to clients rather than trying to engage 'hard to reach' and provide universal / mainstream services
	▪ All health and social care strategies should all be targeting people with mental health problems
	▪ Health and social care to stop using terminology that separates mental and physical health

Theme: Neighbourhoods & Communities	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- Designing public spaces - Combat crime - Neighbourhood watch schemes - Awareness of lifestyle - More floating support - Open evenings run by landlords / tenant groups - Church influence on society had reduced, nothing has replaced this - Supporting people who have had people's and enabling them to move on - Environmental impact – people feel good where trees are planted. Improves image of community and helps people to feel good - Improved environments - Better housing - Improved design of housing (Bigger / more space) - Improved transport in and out of estates - Improved facilities for people with disabilities – e.g. ramps, wheelchair access - Support for people to stay in their local communities
2. How can we combat stigma and discrimination in this theme?	- Role of agencies - Staff training - Don't jump to negative actions 'Labelling' estates / areas - Educating communities, and making them more aware - People talking more openly about mental health - Educating and giving understanding to young people - Raising expectations locally - Educating people - Disability awareness week / campaigns - Promote local Champions - Encourage greater understanding of social problems and their potential solutions at an earlier age
3. How can we promote social inclusion in this theme?	- Community staff e.g. park keepers - Community centres should remain open - Involve youth groups and encourage more - Educating the wider public to promote and

	encourage expectations and achievements ▪ Replace youth clubs ▪ Develop facilities for 11 years ▪ Consult children and incentives young people. e.g. Ipods to attend and participate ▪ Large groups of youths aren't necessarily bad – encourage mates ▪ Promote libraries and make more use of schools as a community resource ▪ Better transport that's more affordable ▪ More opportunities for people to come together. Welcoming new members to the community. ▪ People are a part of the community and not just own / rent a property in an area ▪ There's no sense of community. People should be encouraged and enabled to talk to each other
4. How will we know we are making a difference?	▪ Increased tolerance. People feel comfortable when self reporting ▪ Recognition for individual efforts and progress ▪ Reduction in percentage reporting mental health distress ▪ Longer stay in own homes / tenancies ▪ Community develops and organises events. Interactions between people locally start to happen without the interventions of housing agencies and third parties ▪ Self sufficient neighbourhoods that can call on support from people locally ▪ Less vandalism and local crime ▪ Increased demand for shared communities ▪ People report that they feel safe ▪ Surveys that canvass communities and their experiences living in key areas. ▪ Community surveys ▪ Success in attracting investment
5. Comments from notice board	▪ More social activities for young men in community setting. Somewhere for them to go ▪ Don't forget to include all voluntary sectors i.e. uniformed organisations. They can be educated as well. ▪ Provide more support for carers, including respite overnight (recently been decreased by

| | government). Families will reach crisis point otherwise |
| | ▪ I hope this is an effective strategy – not just paying 'lip service' |

Theme: Prisons & Probation Services	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- More education and awareness raising - Networking with other service providers - Media promote a positive image - Factual information available - Passport to health training in the prison setting / probation service - Food cooperatives. Links to existing community project's up and running
2. How can we combat stigma and discrimination in this theme?	- Education - Educate employers
3. How can we promote social inclusion in this theme?	- Better advertising of community forums and networks available for prisons and probation workers to link in to. - Supported employment opportunities 1 to 1 peer support for ex offenders - Citizenship education - Better referral systems - Better partnership workings
4. How will we know we are making a difference?	More ex offenders are able to gain and retain employment after leaving prison / probation services
5. Comments from notice board	- Should people with a mental health diagnosis be institutionalised? - Greater focus on rehabilitation and prevention! - Health needs must take leading role before sending someone to prison. Prison has to be a last resort. - Proper treatment for mental health problems could and would reduce the prison population - Employ more occupational therapists in prisons

Theme: Combating Stigma	Consultation Feedback
1. How can we promote mental health and wellbeing in this theme?	- Zero tolerance in the workplace - Early interventions in school settings - Educating parents - Confronting head on the stigma visible in the press - Raising general awareness about the effects of stigma - Educating people - Stop making a distinction between physical health and mental health - More quality interactions with the press by primary care workers - Educate people when they are in their younger years while at school - Normalise the issue - Combating influences from homes and communities (outside the school) - Increase understanding throughout staff, including managers - Increase support and awareness - Training - Reducing avoidance of discussing these issues - Normalisation - Talk about it! - Start early - Educate the Educators, and anyone working with young people - Combat bullying - Increasing understanding - Greater sense of urgency to address this issue - Increase equality of opinion - Using role models, i.e. famous people - Educate the media and the community
4. How will we know we are making a difference?	- When crimes reported in the media place less emphasis on the offender having had mental health distress (if was the case) - Carry out large scales surveys of the population to determine if attitudes are changing - Market Research: What do people really think? Monitor the Changes - More robust schemes within the workplace like budding schemes/mentoring - Employers being more open to disabled

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	employees
	▪ When people can openly seek help, and they receive it earlier, i.e. are more willing/able to access mental health services
	▪ Increased understanding
	▪ Better integration → social inclusion → acceptance
	▪ Including issue within policy movements
	▪ Mandatory training in place
	▪ Mental health education in the curriculum
5. Comments from notice board	▪ 'What makes me happy'. Plans for every child that starts school
	▪ Role Models, e.g. Youth Workers in schools
	▪ Raise profile of mental health strategy using a 'top down' approach. Driving force needs to come from a strategic level.
	▪ Provision of mental health / emotional as universal within curriculum
	▪ Educate to implement total awareness of the problem
	▪ Educate. Remove the fear!
	▪ 'Happy hour' in schools and colleges every day
	▪ Travel passes
	▪ Need specific plan to target mental health with all professionals and schools and target positive press coverage, re: ADHD as well as mental health
	▪ When you are going through hell keep going! I emailed this to a friend who had a breakdown and his wife left him. He stuck it on his fridge and reminded him to 'keep going'. He has now come through a stronger person.
	▪ To reduce apathy within young people and give them some improved structure
	▪ Better education at school level
	▪ Use commercial techniques to gauge level of stigma and discrimination and then tackle them
	▪ Buddy Schemes
	▪ Confidential telephone support
	▪ Some issues not addressed by the PCT i.e. support for gay communities experiencing mental health problems
	▪ Educate the young in looking after their own and others mental health
	▪ Don't let it be a self-fulfilling prophecy
	▪ Need for early intervention

Evaluation Feedback from Consultation Event for Mental Health Promotion Strategy 24/07/07, Old Police Station, Runcorn

What did you find useful?

- **Meeting people whose names I have known, swapping ideas, finding that we had similar ideas and concerns**

- **Sharing information, experiences crucial to everyone's role collated information will be very valuable**

- **Local events, updates,   meeting others**

- **Listening to the views of other people /discussing thoroughly**

- **Networking to get more co-ordinated approach**

- **Hearing about what is going on within other areas/services, Lots of good practice**
- Concern that things are being done in isolation hence duplication or not involving the most appropriate person

- **Networking, listening,   finishing early**

<u>What would you change?</u>

🗨 **More people to share more knowledge**

🗨 **Perhaps all day event**
(or a little longer that ½ day) to network + share experiences

🗨 **Summary of the strategy so far**

🗨 **Only what I guess will follow in next session if specific actions developed**

🗨 **Lots of information/ideas/practice to be shared**
-Need to foster on environment where we all support each other to deliver

🗨 **I would suggest a massive spider diagram showing how all feedback links/ like the dinner plate piece of art whereby we visually see how people or strategies or themes link up for people in real terms.**
We might use it for cross referrals
(See diagram,input from Lorraine Harnett)

What did you find useful?

- **Exchanging views with others**

- **I found some very useful information and contacts that I can use to benefit service users at Ashley House**

- **Interesting to meet other services within Halton area**

- **? of services out there**

What would you change?

- **Tables furthers apart for discussion (distracting)**

- **Nothing, I found the informal discussions very useful and didn't feel under pressure to speak (input from Leeanne Graham,Addaction)**

- **Nothing, it was really productive and interesting session. (input from Mary McNally, HBC)**

- **Awareness – co-ordinated PR campaign 'Positive Mental Health' to counter negative publicity**

Collated material from Consultation Event (24/07/07)

1. SERVICES IN PLACE FOR HALTON'S MENTAL HEALTH PROMOTION STRATEGY

Theme:	WORKPLACE	EDUCATION	HEALTH & SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
	– MIND came into workplace - Halton people into jobs. ' Buddy system' for day services in place - Pathways projects, bringing money in, <mark>var</mark> Jobcentre + delivers work support Halton/St.Helen's, Sefton Knowsley → Southport MMc – ILM (Intermediate Labour market) 3rd sector (voluntary sector) create jobs. - Halton ILM 13 to 26 weeks employment, pay basic wage, job search 'in house' - ILM, SRB 5 years 375 people, 75% to sustainable employment - ILM - Mental health ringfenced £20K - Sandymoor / Ashley house - Targets Adult Learning Disability, vocational profile? 15-page / tests, reforms Arch, Mental health, social care, family	- Mentoring/ Buddying (Children & adults) - Work with school health, school meals, CAMS - Provision of info on trusted sites : possible duplication? - HHSS criteria - Peer mentoring training across all schools - Peer mentors working on placements - Working with teaching staff tailor-making sessions	- Addressing social isolation - Health trainers / C-Bridge builders - HLP intervention/ diet & exercise: self esteem - Internal PCT training – number of areas!	- Community strategy - Mental Health Agenda - There exist comparable methods for assessing quality e.g MWIA - Activities accessed that are not notably about mental health, but promote positive mental health - Social support networks - Joining clubs, groups and courses, events for socialising & learning - Assertive outreach team: VSCP + MIND	- Progress to work. Partner agencies, pathways projects - Recruitment from prisons; canal rangers / environmental re-cycling/ construction operatives – ex-offenders/ ex-substance users. Outcome – very good. - 'James….???' House, Warrington - Shelter - Halton gives???	- Nation-wide media champions/camp aigns e.g Stephen Fry for MIND 'D.I.P' (Drugs intervention team) prison referral (Ashley house) working with substance users – DIP team & 'carat' team

2. GAPS OBSERVED

Theme:	WORKPLACE	EDUCATION	HEALTH & SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
	- Education for professionals (training workforce clinical/<mark>housing</mark> /employers - Training for frontline staff - Services for females around support for dual diagnosis? Alison Hughes? Emotional support.	- Stigma – family break-up	- Stigma – family break-up	- Lots of services, but; a) How does individual link in? b) Who assesses service quality? c) Assessing by comparable methods for comparable data. MWIA. d) Individual circumstances taken into account e.g access/ accessibility e) To promote personal recognition ('of what makes you feel good?') e.g training/personal supporters/education	- Housing / release/ debt / difficulty rehousing - ghetto culture - Little provision for homelessness - Females on release. Do they have any support on release? Not accessing the service (Females accessing ILM < 50%) JCT ?????? whereas 23 out of 36 mental health issues are in females	- Still backward culture / attitude that exists in the workplace, community/schools surrounding mental health .

3. PROPOSALS FOR DELIVERY PLAN FOR THE MENTAL HEALTH PROMOTION STRATEGY

Theme:	WORKPLACE	EDUCATION	HEALTH & SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
	- SPA for professional/ employers - Identify and improve links - Promotion for individuals - Promoting wellbeing in work (through stress management, developing self-help support, provisions within the workplace) - A clearer framework for employers to direct their employees - More open policies & education regarding mental health - Better links between drugs service and mental health services - Information leaflets, and teaching stress management to employees.	- Dedicated PCT resource to work with younger people – HHSS – across the board? St. Helen's ??? - Promotion meeting local needs: lay terms meet local need? - Publicise training available to ALL - Centralised property funded approaches, no ' funny money' - Teaching impact of life events on mental health e.g bullying…etc - Promoting friendships, hobbies, learning resiliency etc. - Mental health nurses in schools - Much higher level of	- Promotion meeting local needs: lay terms meet local need? - Tailor-made services using demographics to inform e.g meeting different needs like gender/age split - Work more with local media to increase awareness, not sensationalising local issues - Key to avoid duplication - Remove 'medical' approach - Publicise training available to ALL - Don't mention mental health but embed this as part of the course	[HOW ABOUT A MENTAL HEALTH IMPACT ASSESSMENT + AUDIT?] - Build communities capacity – looking out for each other - Raise the quality by focussing on the mental health agenda – link and advise - Appropriate referrals (like Alternative pathways) - More community workers to offer support when navigating services - Ensure someone has a strategic overview - Utilise media - Integrated services - Needs team work - ? Social prescribing	-Promoting resilience - Coping strategies - Buddy schemes/ role models - Greater promotion of the risks of ill mental health in prison – this maybe the first time such problems are noticed, thus assessment and liaison with	[IT'S ABOUT THE MESSAGE - champions, - STARS – BB –Staff] - Engage communication with people in the media - Utilise the arts - Put money into activities proven to reduce stigma & offer tailor-made solutions - Children & young people: education, education, education; practical tips for assertiveness & self-esteem - LOOK AT THE EVIDENCE OF WHAT WORKS IN TERMS OF CHANGING THE ''CULTURE'' OF A WORKPLACE - Positive messages &

	mental Health education in schools – risk factors + preventative measures - Better training in schools for teachers - Education system forging better relationship with carers	- Promotion of awareness as a key role (Do we know what will meet local need? One size doesn't fit all) - Centralised property funded approaches, no ' funny money' - Stop moving services <u>Partnerships</u> - Open out agreement SLA - Usually based on goodwill/ personalities - Politics dynamics - Remove capacity issues + find common ground - How can we improve our understanding? - No-one is a specialist, we need to know where to go quickly - Promoting a psycho-social	? lead person to link? - Interactive workshops for local people topic based, for emotional intelligence - Clarify to teachers/tutors/ facilitators what positive mental health is & signs & symptoms - Cleaner, greener neighbourhoods, access to green space - Neighbourlyness - Self-help support - Working with social services, police, community worker, regeneration schemes - More community mental health services – drop-in facilities and day services - Encourage & promote the importance of volunteers in the mental health services - Newspaper	outside agencies is vital to smooth pathways of care.	survivors - Look at other training that works in other fields e.g age discrimination training with peers - Just visit loads of people + highlight to them how their work does impact on mental health in a negative/positive way - Keep it simple - Look at other stigma throughout 20th century (the zeitgeist) and learn from them e.g divorce, age, sexuality, race compare it with stigma around today surrounding mental illness, sexual abuse, heroin addiction - Focusing on positive mental health promoting this as everyone's business - Embracing well being/ social capital, physical/mental health system, promo

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		understanding of mental distress - Dropping the 'medical' model - Mental health training for all social care workers -Halton Borough Council should provide mental health safeguarding children training	campigns/ articles, on mental health issues could be useful - A stakeholder approach to mental health & wellbeing across Halton & St. Helen's, and engaging all key stakeholders with everyone acknowledging the part they play.		campigns, social marketing - Education regarding the notion of mental health is largely insufficient, particularly, among young people + the elderly. Stigma will not be combated for as long as services & resources are only directed at severe and enduring ,mental health – this is a contradiction in terms when trying to reduce the stereotype that only severe illnesses fall under the bracket of mental health - Articles on mental health in local papers. Also information leaflets in GP surgeries, health clubs, cinema …etc.

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4. EXPECTED OUTCOMES

Theme:	WORKPLACE	EDUCATION	HEALTH AND SOCIAL CARE	NEIGHBOURHOOD AND COMMUNITY	PRISONS	COMBATING STIGMA
			- group concerned that outcomes take a while to see + this is okay! - Case studies are useful - Under funded programmes don't always show quick outcomes - Knowing a contribution has been made but not able to quantify exactly Evidence-base pro's & cons (might not be client's choice of service but not as well evidence-based)			

Agenda Item 5a

REPORT TO: Executive Board

DATE: 7th February 2008

REPORTING OFFICER: Strategic Director Corporate and Policy

SUBJECT: Application for Twinning Grant

WARDS: Boroughwide

1.0   PURPOSE OF THE REPORT

1.1   The purpose of this report is to give details of Warrington Road Nursery School application being made to the Twinning Grant Fund.

2.0   RECOMMENDED: That the following grant be awarded

(1)   £3000 to Warrington Road Nursery School

3.0   SUPPORTING INFORMATION

3.1   In April 1996, Halton Borough Council set up a Grant Fund to assist in enabling all members of the community to access and gain benefit from the Council's International Links.

3.2   Since 1996, a number of groups have accessed the fund to undertake exchange visits to Marzahn-Hellersdorf in Germany; Leiria in Portugal; Usti-nad-Labem in the Czech Republic; and Tongling City in China, including the Halton Youth Service; St. Chad's School, Halton Junior Football Team and Fairfield High School who have hosted teachers and pupils from Tongling previously. These links have resulted in a number of reciprocal visits from each town.

3.3   Participants in previous exchanges have found that the benefits of learning about another culture and language are immense. A wide range of activity in the Borough has been facilitated by the provision of grant aid and has given an opportunity to those who would not otherwise be able to participate.

3.4   The application received from Warrington Road Nursery School requests support for 7 members of staff to visit Tongling between the 20th – 30th March 2008.   There will be 1 Halton Headteacher, (Warrington Road Nursery School) 1 Governor (Warrington Road Children's centre), 2 teachers (St Mary's Primary School) with 1 educational psychologist and 2 members of the Learning Support Services team travelling to Tongling.

3.5   The visit will further develop a friendship with St Mary's Primary School (Castlefields) and their newly twinned primary in Tongling (Shiyan Primary School) and to assist in developing an English language

programme for these schools. It will also explore aspects of hearing loss in primary aged children and explore aspects of child psychology including developmental delay and support offered in the twin schools.

3.6 By 2010, all Primary schools will need to be twinned with an international school and Halton schools without an established twin are keen to look at our 4 twinned towns to develop a partnership. After this trip to Tongling, there will be information cascade and dissemination sharing good practice amongst schools that are in the process of developing such links.

4.0 POLICY IMPLICATIONS

4.1 The application is in line with the borough's European Strategy, in particular, the promotion of international links, which seeks to offer the opportunity to participate to the whole population of Halton.

4.2 The application will also make a major contribution to the Children and Young People's Local Strategic Partnership key priority.

5.0 OTHER IMPLICATIONS

5.1 The total cost of the exchange will be £10,360 and given pressures on the town-twinning budget it is proposed that the grant awarded is in line with previous requests. If this request for £3000 were to be approved, £2890 would remain in the budget. This award would represent a grant of £428 per participant.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Support of this application will make an important contribution to the Children and Young People's Local Strategic Partnership key priority, in that it will expand Key Outcome 4 of the Children Act by enabling young people to develop a greater understanding of other cultures and society.

6.2 Employment, Learning and Skills in Halton

None.

6.3 A Healthy Halton

None.

6.4 A Safer Halton

None.

6.5   Halton's Urban Renewal

None.

7.0   RISK ANALYSIS

7.1   Measures are in place to minimise risks to the delivery of the project. For example, the as part of the terms and conditions of grant applicants are required to complete a risk assessment proforma.

8.0   EQUALITY AND DIVERSITY ISSUES

8.2   The project focuses on promoting transnational relations with one of Halton's Twin Towns.

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

Document	Place of Inspection	Contact Officer
Application	Municipal Building	Eleanor Carter

REPORT TO: Executive Board

DATE: 7 February 2008

REPORTING OFFICER: Strategic Director, Environment

SUBJECT: Transport Implementation Programme 2008/09

WARDS: All

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is: a) to advise members of the announcement of the three year Local Transport Settlement (2008/09 – 2010/11) that was made on 27 November 2007; and b) to seek approval to the Transport Implementation Programme for 2008/09 being included in the Council's 2008/09 Capital Programme

2.0 RECOMMENDATION: That the
a) **2008/09 – 2010/11 Local Transport Settlement be noted; and**
b) **the Transport Implementation Programme for 2008/09 in the sum of £8,237,000 (shown in Appendix A) be recommended to Council for inclusion in the Council's 2008/09 Capital programme.**

3.0 SUPPORTING INFORMATION

3.1 Members will recall that in previous years Local Transport Plan (LTP) funding has been dependent, in part, on annual assessments on the progress transport authorities had made on the delivery of their LTPs. However, the situation has changed significantly following the commencement of the second round of LTPs. New guidance issued recently by the DfT has confirmed a much less rigorous reporting requirement, based on a more collaborative approach between the DfT and local authorities to enable weaknesses in progress to be jointly addressed and strengths to be built upon. In addition, the guidance makes it clear that the levels of funding allocated throughout the remainder of LTP2 are not dependent on progress made.

3.2 The DfT has also indicated that it is vital that local authorities, along with Government Offices and local partners, incorporate local transport issues adequately and sufficiently in Local Area Agreements.

3.3 The December 2006 Local Transport Capital Expenditure Settlement Letter provided indicative allocations for the Integrated Transport Block for the period 2008/09 – 2010/11, which were enhanced by reward funding of

25%, due to the quality of Halton's delivery report for the first LTP and it's second LTP; both achieving 'Excellent' status. However, the Highways Capital Maintenance allocations were not provided for this period, as they were to be subject to the 2007 Comprehensive Spending Review and a reassessment of the formula on which allocations were made.

3.4 The November 2007 Settlement letter confirmed the LTP Integrated Transport Capital Block allocations for the period 2008/09 – 2010/11 as being unchanged from that previously indicated in the December 2006 letter. These allocations are as follows:

LTP Integrated Transport Capital Block 2008/09 – 2010/11

2008/09 £000s	2009/10 £000s	2010/11 £000s	Total £000s
1,885	1,831	1,767	5.483

3.5 As indicated above, the allocation of the Highways Capital Maintenance block is based on a new formula. This has resulted in a reduction of £959,000 to Halton, over three years, to that previously indicated as the Provisional Planning Guideline to be used in the preparation of LTP2. The comparative allocations for each year are given below:

Highways Maintenance Capital Block 2008/09 – 2010/11

	2008/09 £000s	2009/10 £000s	2010/11 £000s
LTP2 Provisional Planning Guideline	2,237	2,349	2,467
Nov 2007 Settlement Letter	1,881	2,023	2,190
Reduction (%)	356 (16%)	326 (14%)	277 (11%)

3.6 Importantly, Halton has also been allocated substantial additional funding from the Primary Route Network (PRN) Bridge Strengthening and Maintenance allocation. The total awarded over the three years is £14.288m, which is over 12% of the total available. This funding was top sliced from the national pot available for Highways Capital Maintenance and it should offset the reduction identified in 3.4 above. The funding will enable much needed maintenance and inspection work on the Silver Jubilee Bridge (SJB) complex to commence in 2008/09 and will replace some of the funding required from the Regional Funding Allocation (RFA) for the SJB major maintenance scheme. This major scheme bid was submitted to the DfT in March 2006; however, a decision is still awaited on its entry into the DfT's programme of works. The specific details of the PRN maintenance funding allocated, which is to be provided as a direct capital grant, is as follows:

PRN Bridge Strengthening and Maintenance Capital Allocation 2008/09 – 2010/11

2008/09 £000s	2009/10 £000s	2010/11 £000s	Total £000s
4,402	4,906	4,980	14.288

3.7 It should be noted that both the Integrated Transport and Highway Maintenance Capital Blocks are part of the single capital pot and are not ring-fenced. However, the DfT has advised that it will review how much authorities have spent on transport at the end of the LTP2 period and where spending on integrated transport does not match the capital allocations, it would consider the level of future funding allocations.

3.8 The settlement for the Integrated Transport and Highway Maintenance Capital Blocks is in response to the Council's LTP2 submission and therefore the schemes to be implemented over the coming years are to be drawn from the programmes included in LTP2. The 2008/09 programme is shown in Appendix A.

3.9 It was agreed at the Executive Board meeting of 2 March 2006 that authority to agree each year's detailed implementation programme of the LTP 2006/7-2010/11 be delegated to the Strategic Director, Environment, in consultation with the Executive Board Member for Planning Transportation and Development (Minute EXB181).

3.10 The final LTP programme will be in line with the capital budget to be agreed by the Council. This programme will be included in the Highways, Transportation and Logistics Department Service Plan.

3.11 Halton's Road Safety Grant, which is the funding used to help support the Cheshire Safer Roads Partnership was also confirmed unchanged from that indicated in the 2006 decision letter. The revenue element of this grant will be included in the area-based grant, whilst the capital element will be paid as a direct capital grant. The Road Safety Grant allocated is detailed below:

Road Safety Grant 2008/09 – 2010/11

Funding	2008/09 £000	2009/10 £000	2010/11 £000	Total £000s
Specific Road Safety Grant (Capital)	69.424	72.167	75.114	216.705
Specific Road Safety Grant (Revenue)	312.024	324.350	337.597	973.971
Total £000s	381.448	396.517	412.711	1,190,676

3.12 Halton has also continued to be allocated an element of Detrunked Roads Maintenance grant. This grant is used to maintain the Widnes

Eastern Relief Route and will also be included in the area-based grant. The funding is as follows:

Detrunked Roads Maintenance Grant 2008/09 – 2010/11

Funding	2008/09	2009/10	2010/11
Detrunked Roads Maintenance (Revenue)	208,614	213,830	219,175

3.13   The DfT also advised in it's letter that a decision has yet to be made on the grants for buses and concessionary fares.

3.14   The Urban Renewal Policy Performance Board of 23 January 2008 considered a similar report entitled 'Local Transport Capital Settlement 2007/08'. The views of the PPB will be reported to the meeting.

4.0   POLICY IMPLICATIONS

4.1   The settlement is to deliver the strategies contained within the Council's second Local Transport Plan, which was approved by the Executive Board on 22 June 2006.

5.0   OTHER IMPLICATIONS

5.1 The report details approved levels of funding to be allocated during the life of LTP2, which will be used to deliver the interventions, described within the approved LTP2 capital programme.

5.2 The LTP is targeted at improving transport opportunities for those without access to private cars and has therefore positive impacts on social inclusion and sustainability issues.

6.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1   **Children and Young People in Halton**

The 2008/09 Implementation Programme will assist children and young people in accessing services in the Borough and improve road safety.

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

Measures contained within the 2008/09 Implementation Programme are expected to improve access to employment, training and learning facilities within the Borough.

6.3   **A Healthy Halton**

The 2008/09 Implementation Programme will help to encourage local communities to adopt more healthy lifestyles through the introduction of measures to increase the use of cycling and walking for local journeys.

6.4 **A Safer Halton**

The 2008/09 Implementation Programme incorporates measures to reduce road casualties in the Borough and to improve road safety.

6.5 **Halton's Urban Renewal**

The 2008/09 Implementation Programme will continue to support the ongoing regeneration of Halton.

7.0 RISK ANALYSIS

6.1 The report details the funding allocations for the period 2008/09 – 2010/11 and therefore the Implementation Programme can now be planned with certainty to ensure effective delivery of schemes and initiatives.

6.2 A risk associated with the report is the failure to deliver against the Implementation Programme. This risk will be managed through regular progress meetings with senior managers to enable early action to be taken, should the need arise.

6.3 In addition, there is a risk that the transport related funding that has been pooled into the area based pot will not be fully allocated for transport measures. If this is the case, then it will not be possible to undertake all of the works proposed.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Accessibility and connectivity are essential issues for equality and diversity and every effort is made to facilitate barrier free movement around the Borough. Particular emphasis is given to improving access to education and training, employment, health, shopping and leisure facilities, which are key services impacting on quality of life.

9.0 REASON FOR DECISION

9.1 The decision is required to enable capital works involving improvements and maintenance to Halton's transport system to be undertaken.

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

10.1 None

11.0 IMPLEMENTATION DATE

11.1 The works will be implemented during the 2008/09 financial year.

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

Document	Place of Inspection	Contact Officer
Letter from DfT 27 November 2007	Highways, Transportation & Logistics Department Rutland House, Runcorn	Phil Cornthwaite

Appendix A

TRANSPORT IMPLEMENTATION PROGRAMME 2008/09 (£000's)

Local Transport Plan Element	£000
Bridge and Highway Maintenance	
Bridge Assessment, Strengthening & Maintenance	
Bridge Assessment	**20**
Bridge Strengthening	**75**
Bridge Maintenance (on SJB Complex and Associated Structures)	**2,969**
Minor Bridge Works (SJB Complex)	**350**
Other Bridges	**1,438**
Subtotal	**4,852**
Road Maintenance	
Structural Maintenance of Carriageways	**773.5**
Independent Footpath Network	**140**
Footway Reconstruction	**305**
Lighting	**160**
Cycleways	**52.5**
Subtotal	**1,431**
Total for Bridge & Highway Maintenance	**6,283**
LTP Integrated Transport Allocation	
Local Safety Schemes	**200**
Quality Corridors:	
Walking	194
Cycling	196
Bus Route Improvements	170
Subtotal	**560**
Interventions Outside Quality Corridors	
Cycling	90
Walking	90
Integrated Transport	251
Traffic Signal	37
Accessible Buses	122
Subtotal	**590**

Other Improvements	
Variable Message Signing	55
A56 Eastern Expressway Improvements	440
Direct Contribution to Regeneration	40
Subtotal	**535**
Integrated Transport Total	**1,885**
Road Safety Grant (Capital only)	**69**
Total Capital Programme 2008/09	**8,237**