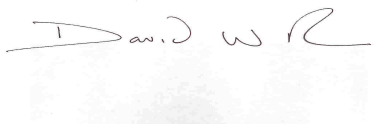
Public Document Pack

Safer Policy and Performance Board

Tuesday, 20 January 2015 at 6.30 p.m.
Council Chamber, Runcorn Town Hall



Chief Executive

BOARD MEMBERSHIP

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

Please contact Lynn Derbyshire on 0151 511 7975 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 17 March 2015

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

Part I

(D) **CHESHIRE CONSTABULARY PCSO BLUE LAMP REPORT** | **119 - 120**

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

Agenda Item 4

REPORT TO: Safer Policy & Performance Board

DATE: 20 January 2015

REPORTING OFFICER: Strategic Director, Corporate and Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

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

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

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

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

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

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

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

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

Y REPORT TO: Safer Policy and Performance Board

DATE: 20 January 2015

REPORTING OFFICER: Chief Executive

SUBJECT: Specialist Strategic Partnership minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATION: That the minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None.

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

None.

5.3 **A Healthy Halton**

None.

5.4 **A Safer Halton**

None.

5.5 **Halton's Urban Renewal**

None.

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

Agenda Item 2

Safer Halton Partnership

At a meeting of the Safer Halton Partnership Monday, 15th September 2014 in the Boardroom, Municipal Building, Widnes

Present:

E. Anwar	Public Health
S. Ashcroft	Community Safety
S. Boycott	Cheshire Police
D. Cargill	Community Safety Portfolio Holder
J. Duff	Faith Representative
D. Gordon	Community Safety – Cheshire Police
N. Hallmark	Policy & Performance – Communities
S. Henshaw	Cheshire Fire & Rescue
A. Jones	Democratic Services
G. Jones	Youth Offending Team
C. Patino	Community & Environment
E. Sutton-Thompson	Policy & Performance – Communities
T. Tierney – Standing in for N. Sharpe	Halton Housing Trust
D. Thompson	Police Crime Panel
J. Williams	Commissioning – Communities
D. Yates	Cheshire & Greater Manchester CRC

Apologies:

M. Andrews	Community Safety

WELCOME AND INTRODUCTIONS David Parr welcomed all to the meeting and introductions were made. Cllr Thompson was welcomed to the Partnership as the new representative for the Police Crime Panel (PCP).	
MINUTES OF LAST MEETING AND MATTERS ARISING Minutes of last meeting agreed of true record.	
LOCAL AREA ALCOHOL ACTION (LAAA) UPDATE Report submitted on the work of the Local Alcohol Action Area (LAAA) status - Halton one of a few areas across country given support to take action on alcohol issues. LAAA tasked with learning from and sharing good practice. Key areas of work: • Community Conversation around alcohol to be instigated. This will create community advocates • Alcohol and pregnancy – some local insight work conducted and a	

campaign being developed • School-based 'social norms' campaign – to challenge the beliefs of young people and alcohol • Alcohol harm reduction work, including self-assessment tool • Ties to ArcAngel programme Future work: • Looking to review pathways into services • Links to domestic violence to be explored • Benchmarking exercise against purple flag standards • Looking at practices in other areas Question asked what support is received. Confirmation given that quarterly meetings were held with the Home Office and Public Health and that support was more 'in-kind' than financial. Confirmation given that engagement would be through the Community Conversation. The night-time economy of Victoria Square night-time was raised as a concern, following opening of The Hive. It was stressed that The Hive has been developed to provide alternative, and more family-led, leisure opportunities for the area and while there has been an economic downward in respect of Victoria Square the purple flag status is aimed at driving up business; ensuring people know it is a safe environment. Investigation work to be done on the cumulative health impact of drinking and how licencing hours affect this. Results to form a seminar event. Issues raised around 'pre-loading' on shop-bought drinks and while Council have imposed a minimum unit price at venues they are unable to do so with shops. Halton Lea area raised as an issue as little leisure/night time facilities are leading to street drinking and greater purchasing of drinks to consume at home. Confirmation given that Halton applied for LAAAs status and were not approached as a target area. The group were encouraged by work towards Purple Flag status and the opportunity this gives to develop the local economy in a safe way. It was pointed out that a Local Authority in the North East has been clear in their licencing policy as to the strategies they wish to see implemented. Consideration of this to be made in the development of new licencing policies.	EA

TASK GROUP UPDATES The Partnership received the following Task Group Updates: a.) ALCOHOL HARM REDUCTION GROUP – Group informed that this week is Alcohol Action Week. This involves spot checks for compliance and a number of initiatives in the area. Report summarised: ○ A number of Section 27s enforced, where people have been asked to leave the area. No escalation following these ○ Only one of the monitored premises came under review in the reporting period and no closures ○ Some action plans issued as an interim prior to review ○ Incidents fed back – no major ones during reporting period ○ Use of passive drugs dogs has been a success and arrests have been made. Cheshire Police now to have four of their own passive drugs dogs ○ ArcAngel – 15 premises signed up across borough ○ Pubwatch Runcorn – two meetings have now been held ○ World Cup – no significant incidents over period It was confirmed that the catering establishment mentioned in the report have been contacted by Environmental Health and that they are progressing their own enforcement actions. Raj Tandoori - remains on the radar and follow-up visits are being made. b.) QUARTERLY ALCOHOL UPDATE – strategies being developed tie in with the LAAAs activities. Attention was drawn to areas of the report: ○ Reduction in under 18s alcohol admissions ○ Adult admissions are in-line with national trends ○ Alcohol-related mortality – increase for women ○ Reduction in alcohol-related crime The strategy actions are aimed at tackling and supporting the issues raised by the data. Group agreed that interventions targeted through solid data allow informed decisions to be made. Query raised in relation to classifications of sex crime in relation to alcohol. Details requested regarding budget spend and measures to ensure well spent e.g. Wellbeing magazine. Confirmation given that evaluation specifications are in place.	SA and EA to discuss further, outside of group.

Attention was drawn to male/female mortality divides by Ward. Community Enquiry partially aimed at investigating this further.

Suggestion made that overlaying licencing patterns with mortality rates could provide some interesting insight.

c.) ANTI SOCIAL BEHAVIOUR

Trends showed a downward turn in ASB. This was cited, in part, as a result of interventions such as partnership and multi-agency work, as well as peer engagement. 51 information sharing interventions were made in the period, leading to multi-agency link ups.

From reporting period:

- D1 Group being targeted for intervention
- Festival Way, Runcorn – particular problem area to be tackled
- Pecks Hill – work done with Youth Provision

The subject of information sharing timescales were explored and verification given that a 14-day turnaround period is required.

It was stressed that the number of ABSO/CRASBOs were low because of the early intervention being made.

Discussion was held around specific areas coming up time after time, and concerns for little change. The group talked about wider agency work having a positive impact, in particular the Inspiring Families work. All agreed prevention and community engagement are key to success.

A 16% reduction in ASB within the current quarter was highlighted and commended.

d.) DOMESTIC ABUSE - Attention was drawn to CPS figures and the work done regarding cases being taken on.

Key achievements for the Council and its partners:

- Domestic Abuse Community Services – means a more integrated approach
- Young People's Voluntary Perpetrator Programme – going ahead
- Halton Domestic Abuse Forum – robust training agreed
- Operation Encompass – schools are being notified of incident so that practical support can be put in place
- World Cup – no increase in incidents

e.) SUBSTANCE MISUSE - Positive movement was reported in benchmarking against figures for the NW, particularly in terms of engagement. Treatment service is out to tender in the next 12 months. Awareness was raised around a drop in performance following the last tender, and pre-emptive work is being done around this. Preventative work on Hepatitis B vaccinations is saving money. Project is also monitoring refusal rates. Success rate, in terms of exits and returns, was discussed. Confirmation given that interventions are deemed a success if there is no return within six months. Figures are based on the National treatment Agencies data capture, which enables local and national bench marking. Attention was drawn to the second half of the report which captures the work achieved. Multi-agency training has been successful and helped build networks. Work is ongoing with service users to engage them into the activities. Budget information – drug and alcohol services – approx. spend £1.6m (PA) Ashley House – two reports to be submitted to SMT outlining proposals – lease up to renewal next year (March 2015). The emergence of issues relating to legal highs was discussed. It was pointed out that lots of these are low level but can be taken in conjunction with other drugs. It was noted that the issue is coming more to the fore and is being looked at on a national level and monitored closely across the borough. It was highlighted that the categories that legal highs fall into are massive and agreed that it is a very unregulated area nationally. Confirmation was given that, at present, the service would route people down similar intervention routes to current issues. Verification was given that the police are monitoring issues related to legal highs in relation to other crimes. Practical steps were considered, including non-admittance to the stadium. Suggestion was made around links to licencing, regarding checks across premises. All agreed there is an issue with calling them 'legal' highs. Further suggestions were made around educative work be to undertaken with users and sellers. f.) PARTNERSHIP TASKING & CO-ORDINATION – Crime figures	JW to feedback options to the partnership. JW to capture picture of the issue, including details of what substances are included and what can be done, and report at the next meeting.

over the quarter reported as comparatively down on last year. Discussion held around mini motos and motorcycles. Some environmental changes were reported as having a positive impact on certain areas. The Preston on the Hill project was raised and it was agreed that an update was needed. King George's Field was cited as a trouble spot and environmental changes were recommended. Respect Week – multi-agency activities have taken place over peak times, including school holidays. Figures to be sought for Q2 will show impact of the initiative over the summer period. Link to the community and voluntary sector were queries and confirmation was made that all partners were encourages to put forward ideas. Suggestion was made for dialogues to be opened with voluntary and community sector organisations. Jane Tetlow – has been recruited as new schools liaison officer. g.) HATE CRIME & COMMUNITY TENSIONS – It was reported that there is no specific intelligence, at this time, suggesting any significant activity. Gypsy/ Traveller groups –The recent activity at the traveller/transit site and the impact of this on activity was noted. Halton's approach to hate crime was commended, and in particular steps taken to monitor activity and take action.	MA requested to follow up from his side and report back. CP to look at costs for King George's Field with Paul Wright.
POLICE & CRIME PANEL Cllrs Thompson and Lea had recently been appointed to the PCP to represent Halton. It was reported that the panel membership has changed and that the panel meet four times a year with 'informal' meetings in-between. Submission made that sickness absence within Cheshire Police is currently an issue and that work is being done to tackle this. A Crime Data Integrity Study was discussed, and concerns were raised over the sample of cases used to collate this and their reflection on the service.	
ANY OTHER BUSINESS Attention was drawn to the two Blue Lamp reports and the	

presence of PCSOs having a positive impact. Confirmation was given that these reports go out as part of the Members' Bulletin. It was established that the Youth Justice Strategy having been agreed. The site of Widnes police station was examined. It was reported that a decision to situate within John Briggs House has been made. Consultation for this closes at the end of September. Assurances were given that, following the publicity around the child sexual exploitation situation in Rotherham, a review of current and historical practice within Halton is to be undertaken. The group were confident that appropriate approaches are well embedded within the Authority.	GJ to provide copy, to go on next agenda for information. All – view to be fed back to PCC.
ITEMS FOR INFORMATION The following documents were noted for information: 1.) Widnes Blue Lamp Report 2.) Runcorn Blue Lamp Report	

Meeting ended 12.05pm

REPORT TO: Safer Policy and Performance Board

DATE: 20th January 2015

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Community Safety

SUBJECT: Cheshire Fire and Rescue Service Safety Education Centre

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Safer Halton Policy and performance Board on the development of a new Safety Education Centre

2.0 RECOMMENDATION: That the presentation be received and noted.

3.0 SUPPORTING INFORMATION

3.1 Cheshire Fire and Rescue Service were successful in securing a grant from the Department for Communities and Local Government. The grant will contribute to the establishment of a Safety Education Centre.

3.2 The Centre will have a purpose-built facility dedicated to public safety. Visitors will learn how to stay safe, well and independent by experiencing a range of hazards in four realistic learning zones that simulate the environments in which injury and harm are most likely to occur.

4.0 POLICY IMPLICATIONS

4.1 None

5.0 RISK ANALYSIS

5.1 None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

The Fire and Rescue Service as a universal service impacts on the health, safety and well-being of young people.

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

None identified.

6.3 **A Healthy Halton**

The Fire and Rescue Service as a universal service impacts on the health, safety and well-being of young people.

6.4 **A Safer Halton**

The work of the Fire and rescue service will have positive benefits for the communities of Halton.

6.5 **Environment and Regeneration**

None identified.

7.0 EQUALITY AND DIVERSITY ISSUES

None identified.

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

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

Update for
Safer Halton Scrutiny Board

Building for a SAFER FUTURE
Cheshire's new Safety Centre

CHESHIRE FIRE & RESCUE SERVICE

Mark Shone, Safety Centre Manager

Tuesday January 20th 2015

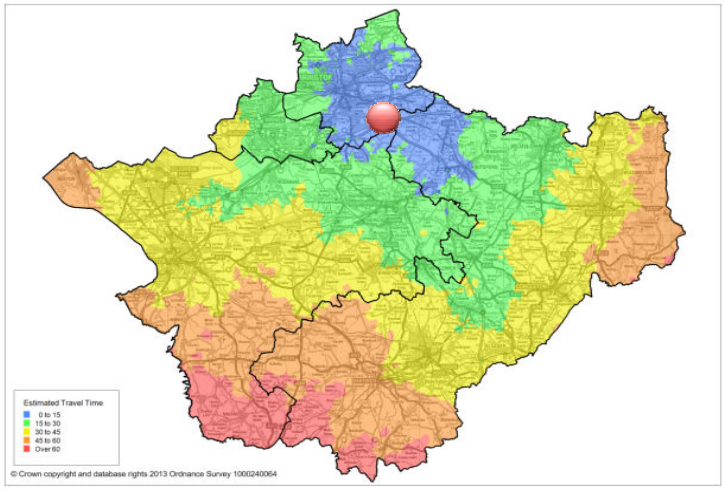
The next 10 minutes

- The Safety Centre movement
- Project progress in Cheshire
- The rationale
- Programme design
- Centre design
- A focus for collaboration

The Safety Centre movement

- Practical, interactive, experiential safety education for children and other ‘at risk’ groups
- Realistic scenarios that simulate common hazards not just FIRE
- “…better decisions and more knowledgeable following a visit” (*Oxford Brookes 2003)*
- ‘LASER’ a RoSPA priority
- 13 centres run by emergency services, charities or partnerships with 120,000 visitors

Project progress to date in Cheshire

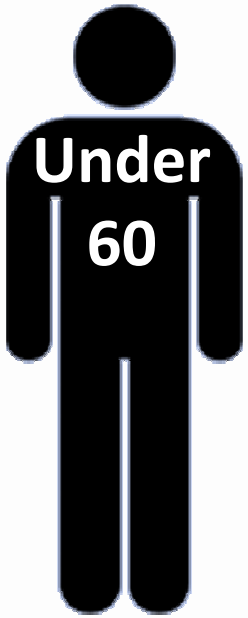


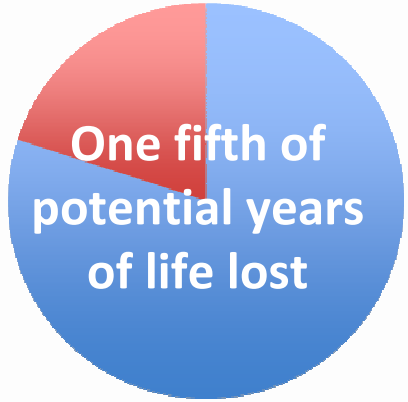
- First mooted in 2003
- Emergency Response Review
- Business case development 2013
- Cheshire Fire Authority approve £3.8m budget in February 2014
- Centre manager appointed
- Detailed design work
- Planning permission August 2014
- £1.95m DCLG transformation grant
- Scoping the Centre's legal entity
- Contract to be awarded next month

The rationale

2.8m household accidents

Road 145,571 accidents





£95 billion

Public Health Outcomes Framework 2.7: reduce hospital admissions caused by unintentional and deliberate injuries in under 18s

Public Health Outcomes Framework 2.24: reduce falls and injuries in the home for over 65s / hip fractures

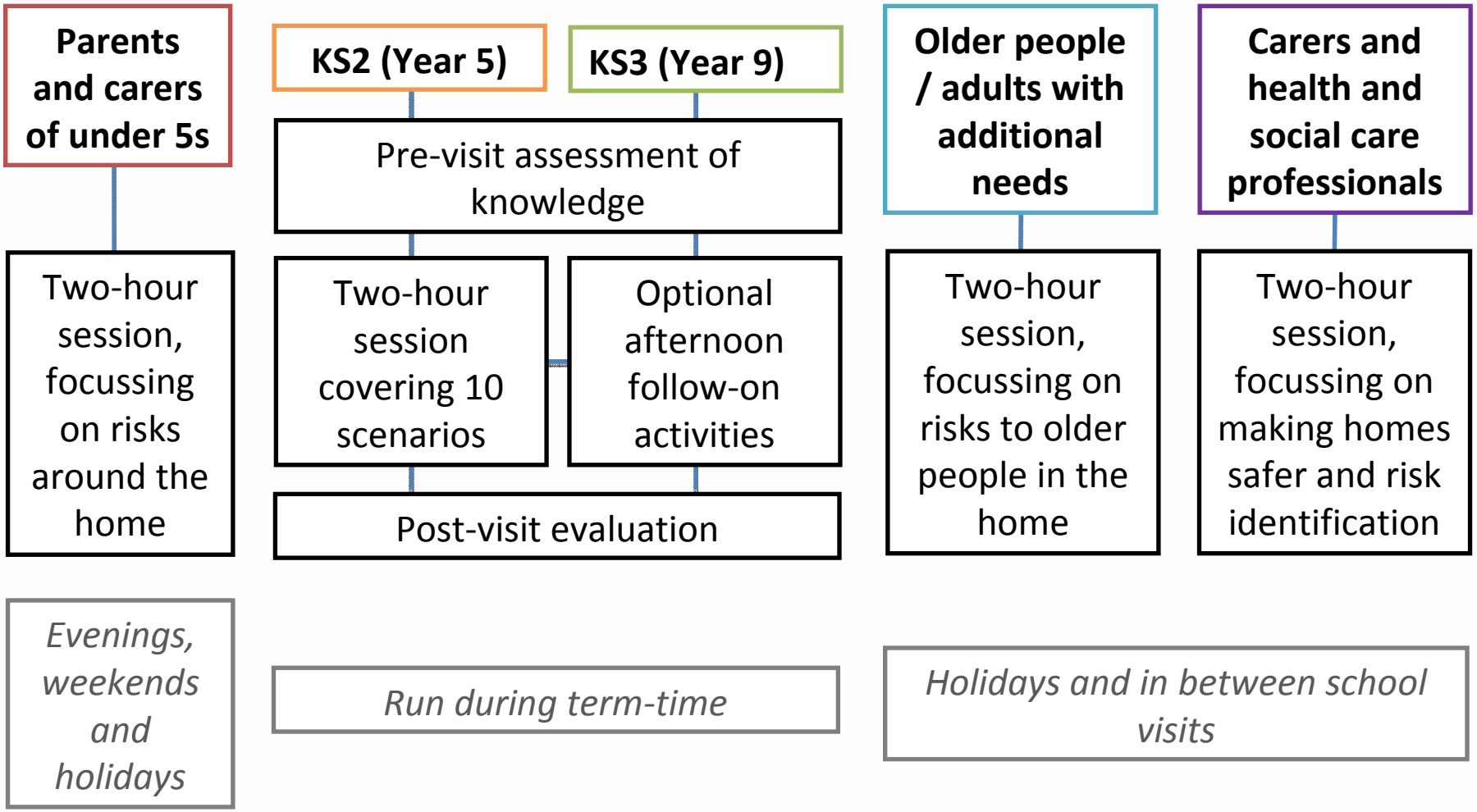
Public Health England Health Profiles 2014

	Cheshire East Council	Cheshire West and Chester	Halton Borough Council	Warrington Borough Council
Deprivation	🟢	🟢	🔴	🟢
Children in poverty	🟢	🟢	🔴	🟢
Violent crime	🟢	🟢	🔴	🔴
Obese children (Year 6)	🟢	🟡	🔴	🟢
Alcohol-specific hospital stays (under 18)	🔴	🟡	🔴	🟡
Under 18 conceptions	🟡	🟡	🔴	🟡
Acute sexually transmitted infections	🟢	🟢	🟡	🔴
Smoking prevalence	🟢	🟢	🔴	🟡
Hip fractures in over 65s	🟡	🟡	🟡	🟡
Excess winter deaths	🟡	🟡	🟡	🟡
Incidence of malignant melanoma	🔴	🔴	🟡	🟡
Infant mortality	🟡	🟡	🟡	🟡
Killed and seriously injured on roads	🔴	🔴	🟢	🔴

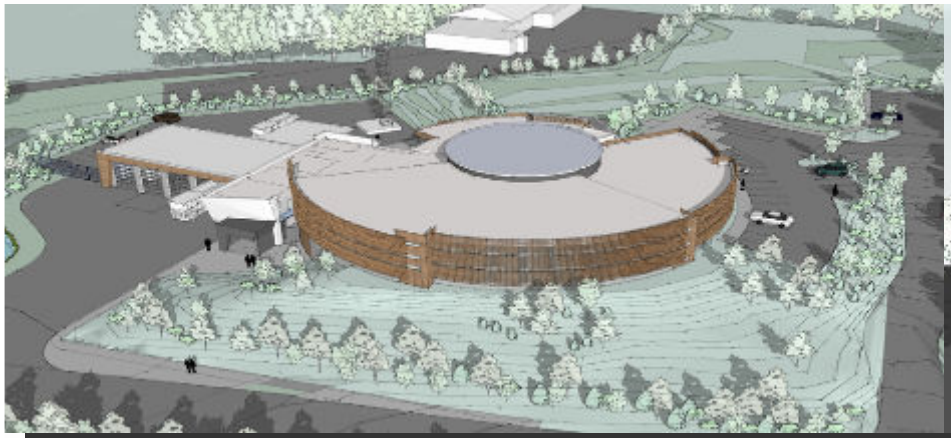
CHIMAT
Child Health Profiles 2014

	Cheshire East Council	Cheshire West and Chester	Halton Borough Council	Warrington Borough Council
Child mortality (1-17 years)	🟡	🟡	🟡	🟡
Children killed or seriously injured in road traffic accident	🔴	🔴	🟡	🟡
Hospital admission due to alcohol	🔴	🔴	🔴	🟡
Hospital admission due to substance misuse (15-24 years)	🔴	🔴	🔴	🔴
A&E attendances (0-4)	🟢	🟢	🟡	🟢
Hospital admissions caused by injuries in children (0-14)	🔴	🔴	🔴	🔴
Hospital admissions caused by injuries in young people (15-24)	🟡	🟡	🔴	🔴
Hospital admissions as a result of self-harm	🟡	🟢	🔴	🔴

Programme design



Centre design



Core facilities
Reception, toilets, breakout and meeting space, cafeteria, cinema room, first aid and quiet room, gift shop and offices.

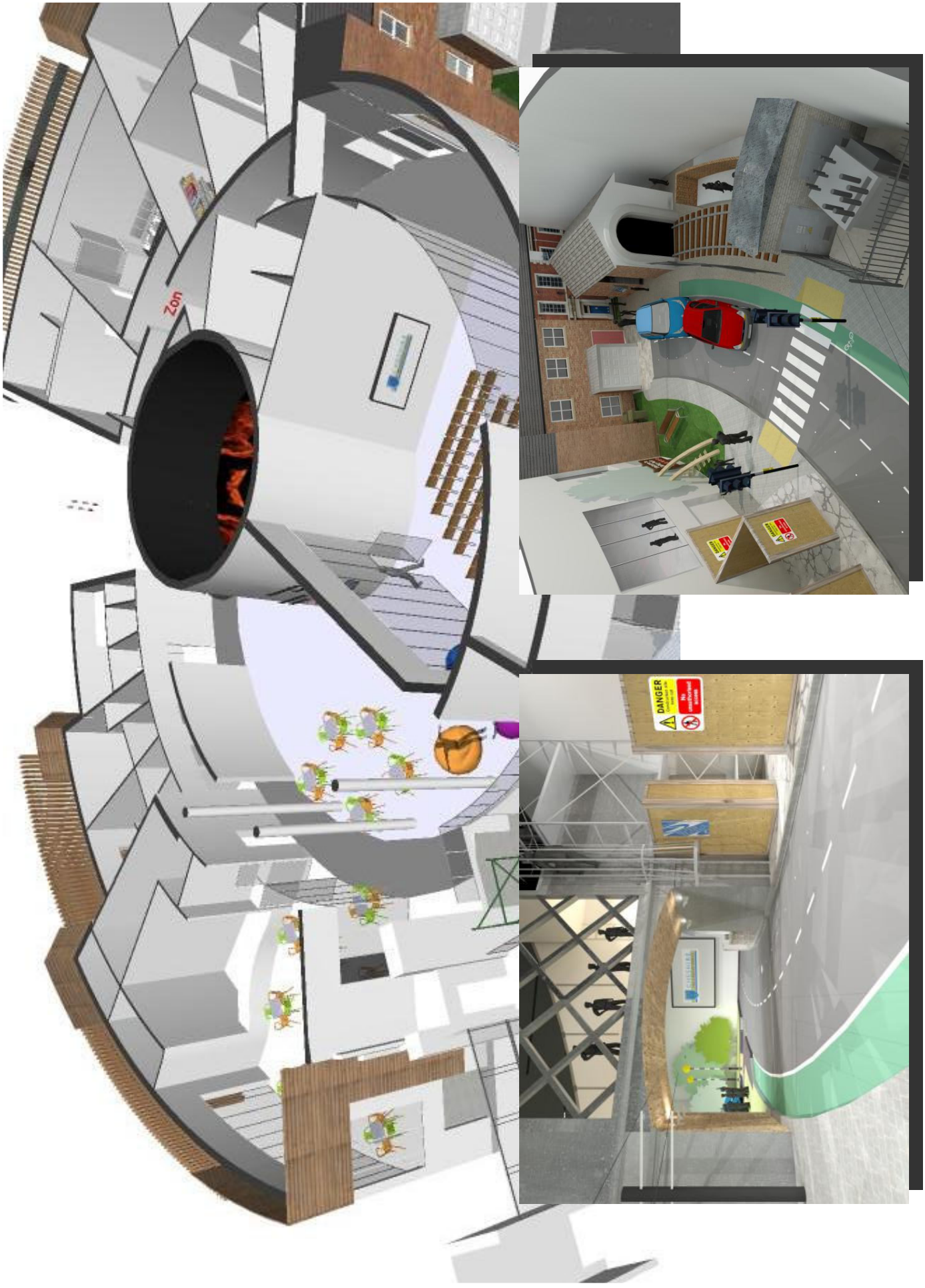
Zone 1: Safer Choices
Store, police custody suite, courtroom, e-safety room and healthzone

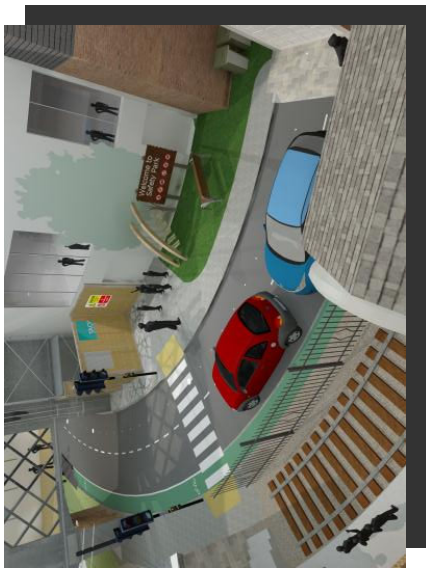
Zone 2: Safe As Houses
Fire safety, assistive technology, falls, garden, bogus caller and garage.

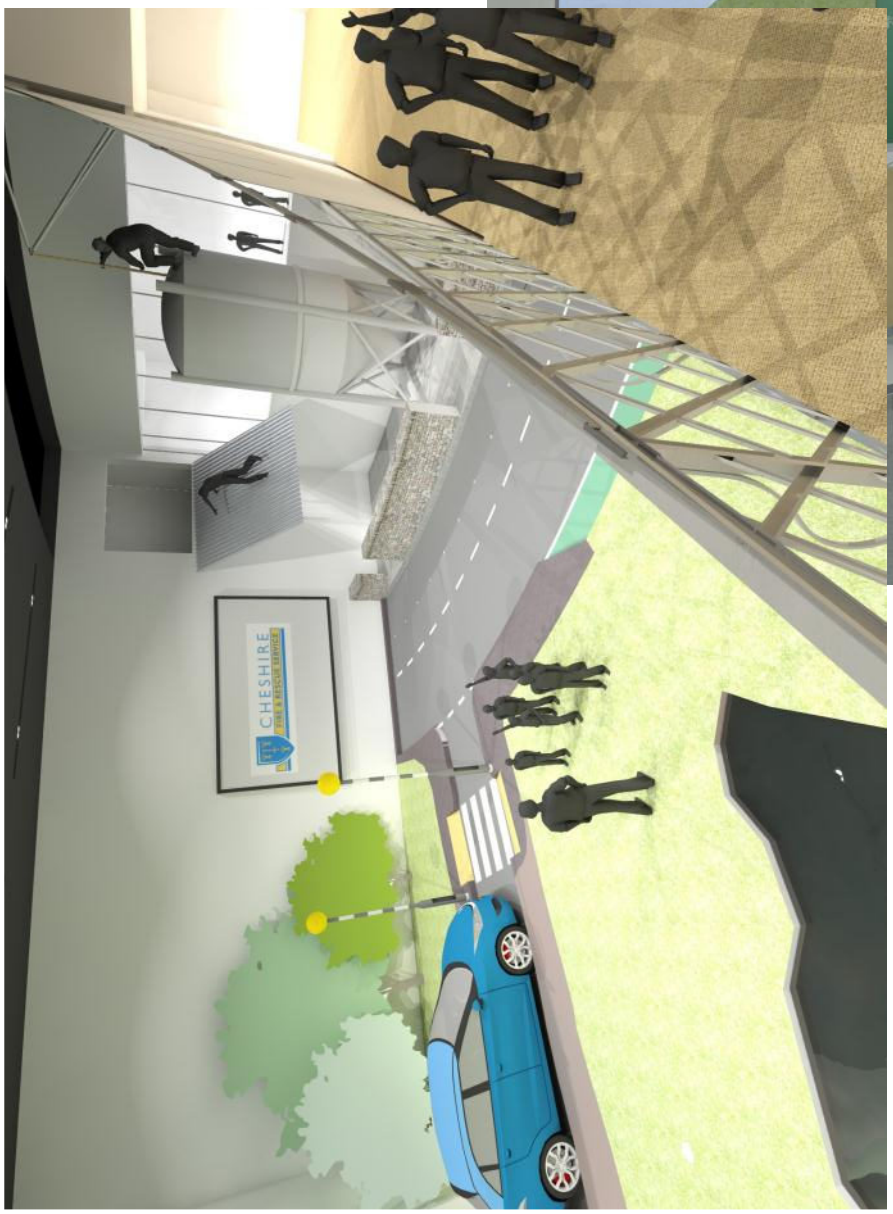
Zone 3: Streetsafe
Pedestrian danger, cycling, alley, railway, trespass, building site, substation, canal and park.

Zone 4: Ruralrisk
Open water, countryside, car safety, farmyard, civil emergencies and forest.

- Watching
- Listening
- Doing
- Smelling
- Feeling
- Experiencing
- Discussing
- Reflecting
- Enjoying


Zon
DANGER




CHESHIRE

A focus for collaboration

- As leaders, chief officers and commissioners…our vision is a sub-region in which the risk of citizens coming to avoidable harm at home, on the road and in our communities is reduced to an absolute minimum.
- [We] are fully supportive of Cheshire Fire Authority's work to establish a safety and lifeskills centre. Collectively we believe the centre will provide a catalyst and focal point for a whole host of collaborative and co-ordinated community safety activities aimed at those most at risk.
- We look forward to working with the Authority to ensure it is the best centre of its kind in the country, delivering transformative and evidence-based prevention programmes that make a measurable difference to our communities and ultimately reduce demand on services.

QUALITY – data and intelligence to ensure relevance of learning programmes, endorsement and support…

COMMISSIONING – accident prevention, road safety, PHSE, assistive technology, training for professionals and carers…

CO-DELIVERY – secondment of officers, joint programmes, base for training…

CUSTOMER REACH – assist in promoting to schools, professionals and other users….

SPONSORSHIP – time, funds or resources in returning for ‘naming rights’ on a specific scenario, zone or programme…

Building for a
SAFER FUTURE
Cheshire's new Safety Centre

CHESHIRE FIRE & RESCUE SERVICE

Mark Shone, Safety Centre Manager
T: 01606 868736 M: 07805 811642
E: mark.shone@cheshirefire.gov.uk Twitter: @markshone2

REPORT TO: Safer Policy & Performance Board

DATE: 20th January 2015

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Community Safety

SUBJECT: Performance Management Report 2014-15 Quarter 2

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report describes the progress of key performance indicators, milestones and targets relating to Safer Halton in Quarter 2 of 2014-15. This includes a description of factors which are affecting the service.

In addition Appendix 1 of the report contains a progress update concerning the implementation of all Directorate high-risk mitigation measures that are relevant to the remit of this Board

2.0 RECOMMENDATION: That the Policy and Performance Board:

i) Receive the Quarter 2 Priority Based report

ii) Consider the progress and performance information and raise any questions or points for clarification

iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 SUPPORTING INFORMATION

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key community safety priorities. In line with the Council's performance framework, therefore, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 2 2014-15.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this report.

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

There are no implications for Employment, Learning and Skills arising from this report.

6.3 **A Healthy Halton**

There are no specific implications for health arising from this report.

6.4 **A Safer Halton**

The indicators presented in the thematic report relate specifically to the delivery of the priorities for a Safer Halton.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this report.

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

9.1 None under the meaning of the Act.

Safer Policy & Performance Board Priority Based Report

Reporting Period: Quarter 2 – 1st July 2014 – 30th September 2014

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets during the second quarter of 2014/15; for service areas within the remit of the Safer Policy and Performance Board.

The report has been structured by the following key priorities for Safer PPB, as identified in the Directorate and Corporate Plans:

- Community Safety
- Safeguarding and Dignity (including Consumer Protection and Substance Misuse)
- Domestic Violence
- Drugs & Alcohol
- Environmental Health
- Risk & Emergency Planning

The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained in Appendix 2 at the end of this report.

2.0 Key Developments

There have been a number of developments within the Directorate during the second quarter which include:

PUBLIC HEALTH

Alcohol Reduction
Good progress has been made in implementing the alcohol Health & Wellbeing Board action plan. As part of the alcohol strategy development work, a refreshed action plan for 2014-15 has been developed and signed up to by all partners. The Public Health Annual Report has this year focused on alcohol and what we have achieved and an Alcohol Reduction Strategy has been written.

POLICY, PLANNING & TRANSPORTATION

Traffic, Risk and Emergency Planning / H&S

CCTV: The CCTV at Phoenix Park between Castlefields and Windmill Hill is now being monitored by the CCTV Control Room.

Petitions related to highways works: A number of petitions complaining about traffic issues at Halton Station Road, Parklands and Hale Village. These are being reported through the Environment & Urban Renewal Policy & Performance Board but in a couple of these locations it is creating a lot of requests that cannot be reasonably be implemented.

Permits: The preliminary work for implementing a Permit Scheme for street works (statutory undertakers' roadworks) has started but the actual implementation is awaiting new legislation which may not become available until the new year.

PREVENTION AND ASSESSMENT

Safeguarding Inter Agency Policy, Procedure and Good Practice
An updated Inter-Agency Policy, Procedure and Good Practice Guidance has been produced by the Integrated Adults Safeguarding Unit, in conjunction with members of Halton Safeguarding Adults Board. The document provides all agencies involved with safeguarding in Halton, with a practical and informative policy, which will ensure that procedures between statutory agencies are consistent across the whole of Halton. The policy was last produced in 2010, during this review of the policy the aim has been to revise all working practices to make sure the safeguarding process is clear and easy to follow.

COMMUNITY & ENVIRONMENT

Anti-Social Behaviour (ASB)
The first half of 2014 has seen an unprecedented reduction in ASB figures; this is the lowest they have been for over five years in Halton, totalling a 14.4% decrease on comparative figures for 2013. This reduction is being credited to robust structures and governance arrangements now in place, which enables effective communication between partners and good information sharing. All of this enables an enhanced picture of the underlying problems and more importantly a joined up, co-ordinated and responsive range of interventions in tackling the problems.

Domestic Abuse
An increase in domestic abuse 'calls for service' has been seen as positive by the Halton Domestic Abuse Forum (HDAF), the multi-agency group formed to provide overall direction for tackling domestic abuse and sexual violence in Halton, due to the continued under-reporting of incidents. However, IDVA (Independent Domestic Violence Advice) and ISVA (Independent Sexual Violence Advice) referrals are down for the period, comparative to the same period last year. MARAC (Multi-Agency Risk Assessment Conferences) numbers are also down.

From July 1st 2014, the National charity 'Changing Lives' took up delivery of services to victims of domestic abuse and their families in Halton, including refuge provision and IDVA services. They will work with both men and women fleeing or living with domestic abuse to support them to stay safe and move on positively from abusive situations.

Partnership Tasking and Co-ordination
Total crime reported over the period was 2,168 for Runcorn and 2,211 for Widnes; slightly down on the same period for 2013.

The Safer Partnership continues to work in a co-ordinated way to monitor trends, hot spots and seasonal changes impacting on crime and anti-social behaviour. Profiles of activity are built and observed over time and intervention is made as appropriate.

During the first half of 2014/15 a particular group of young people, known as 'D1' have been watched over and interventions by partners have been made. An escalation of behaviours in July resulted in two arrests being made. In addition to other punitive action a total of 18 warning letters have been issued to parents.

Two 'Staysafe' operations took place over the six-month period. These resulted in nine children being taken to the place of safety under the influence of alcohol and seven children being returned home direct to parents. 83 containers (bottles/cans) of alcohol were seized by officers during the operations.

Hate Crime and Community Tensions
61 incidents of recorded hate crime occurred over the period. As a result of variations to reporting no comparative figures are available for the same period last year. While hate crime is a serious issue and convictions are sought where possible, it does not represent a high proportion of activity within the borough.

3.0 Emerging Issues

PUBLIC HEALTH

E-Cigarettes are an issue for the Borough. The Department of Health (DH) has not endorsed the product as a quit tool since they have varying amounts of nicotine, sometimes as much as a cigarette. At present, no one knows the prevalence of E-Cigarettes but in line with the national picture, our 4 week stop smoking quit rate has dropped since their introduction.

As part of the Council's no smoking policy, the smoking of E-Cigarettes or 'Vaping' as it also know, has been distributed and those members of staff looking to quit can access any of the available Stop Smoking services.

PREVENTION AND ASSESSMENT

The Care Act and Safeguarding
The Care Act 2014 has been heralded as 'an historic piece of legislation that will make a difference to some of the most vulnerable people in society for many years to come'. The Act aims to put adult safeguarding on a statutory footing.

The main areas of safeguarding adults responsibilities contained within the Act are:

- Make safeguarding adults boards statutory;
- Make safeguarding enquiries a corporate duty for councils;
- Make serious case reviews mandatory when certain triggering situations have occurred and the parties believe that safeguarding failures have had a part to play;
- Place duties to co-operate over the supply of information on relevant agencies;
- Place a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them;
- Abolish, on human rights grounds, councils' power to remove people from insanitary conditions under section 47 of the National Assistance Act, albeit with recourse to the Public Health Act still possible for nearly the same outcome;

- Re-enact existing duties to protect people's property when in residential care or hospital;
- Place a duty of candour on providers about failings in hospital and care settings, and create a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide.

An action plan has been developed to ensure that Halton is compliant and HSAB will monitor progress.

COMMUNITY & ENVIRONMENT

There are no emerging issues to report for Community and Environment.

POLICY, PLANNING & TRANSPORTATION

Traffic, Risk and Emergency Planning / H&S

Energy Costs: In order to meet budget savings whilst dealing with increases in energy charges, hard decisions need to be made. It is likely that street lighting will need to be turned off or removed in areas previously not considered, such as independent footpaths and rear access ways. In order to reduce the impact of increasing energy bills, the use of low energy LEDs are being utilised when and where possible.

LED Traffic Signals: In order to reduce energy and maintenance costs a project is being investigated to convert some traffic signals to LED operation. All new installations are now LED, which is important as the number of installations will increase, particularly as a result of the Pinch Point schemes and the Mersey Gateway as they will become the Council's responsibility for maintenance.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements.

As such progress concerning the implementation of all high risk mitigation measures will be monitored in Quarter 2 and Quarter 4.

5.0 Progress against high priority equality actions

Equality issues continue to form a routine element of the Council's business planning and operational decision making processes. Additionally the Council must have evidence to demonstrate compliance with the Public Sector Equality Duty (PSED) which came into force in April 2011.

There have been no high priority equality actions identified in the quarter.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key priorities that have been identified for Safer PPB, as stated in the Directorate and Corporate Plans.

COMMISSIONING AND COMPLEX CARE

Key objectives and milestones

Ref	Milestones	Q2 Progress
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents	✓

Supporting Commentary

CCC1 Domestic Violence
This has now been completed with the commencement of the new Halton Domestic Abuse service on 1st July 2014.

Key Performance Indicators
None applicable to Safer Halton priorities

PREVENTION AND ASSESSMENT

Key objectives and milestones
None applicable to Safer Halton priorities.

Key Performance Indicators

Ref	Description	Actual 2013/14	Target 2014/15	Quarter 2	Current Progress	Direction of Travel
PA 3	Percentage of VAA Assessments completed within 28 days (Previously PCS15) (Previously PA5 [12/13], PA8 [11/12])	87.69%	85%	**85.3%**	✓	↓

Supporting Commentary

PA 3 Percentage of VAA Assessments completed within 28 days
We have exceeded the target.

COMMUNITY AND ENVIRONMENT

Key objectives and milestones
None applicable to Safer Halton priorities.

Key Performance Indicators

Ref	Description	Actual 2013/14	Target 2014/15	Quarter 2	Current Progress	Direction of Travel
CE LI 13	Residual household waste per household	624 Kgs	650 kgs	315.96 Kgs	✓	↑
CE LI 14	Household waste recycled and composted	38.53%	40%	42.97	✓	↑
CE LI 16	Municipal waste land filled	57.17%	60%	18.78%	✓	↑
CE LI 18	Improved Local Biodiversity – Active Management of Local Sites	50.94%	54%	No data	**N/A**	**N/A**

Supporting Commentary

CE LI 13 Residual household waste per household: This is a cumulative figure however, performance in Q2 is in line with the corresponding period from last year and early indications are that this target will be met.

CE LI 14 Household waste recycled and composted: Performance in Q2 is in line with the corresponding period from last year and early indications are that this target will be met.

CE LI 16 Municipal waste land filled: This is a cumulative figure and will change however, as a result of the introduction of new contractual arrangements for the treatment and subsequent diversion of waste from landfill, as reported in Q1, this target will be significantly exceeded.

CE LI 20 Improved Local Biodiversity – Active Management of Local Sites: Data gathered later in the year.

PUBLIC HEALTH

Key objectives and milestones

Ref	Milestones	Q2 Progress
PH04	Implement the alcohol harm reduction plan working with a range of providers including schools, focusing on preventive interventions and behaviour change to target the following vulnerable groups – pregnant women, women with babies and young people under 16 years. **March 2015**	✓

Supporting Commentary

Alcohol Harm Reduction Plan
Good progress has been made in implementing the alcohol Health & Wellbeing Being board action plan. As part of the alcohol strategy development work a refreshed action plan for 2014-15 has been developed and signed up to by all partners.

Work on preventative activities continues within Halton:

- An education campaign around alcohol and pregnancy is currently being developed.
- Halton midwives, health visitors & early years staff have been trained in Alcohol Information and Brief Advice (Alcohol IBA).
- Halton schools & college have been provided with alcohol awareness education sessions.
- The VRMZ mobile outreach bus and street based teams engage young people in hotspot areas 6 days a week and provide information, advice and guidance on alcohol to children and young people.

Staff working with Children and Young People (CYP) trained in alcohol Information and Brief Advice (Alcohol IBA).

Key Performance Indicators

Ref	Description	Actual 2013/14	Target 2014/15	Quarter 2	Current Progress	Direction of Travel
PH LI 07 (SCS HH 1)	Admissions which are wholly attributable to alcohol AAF=1, rate per 100,000 population	947.5 (2013/14)	1,038	N/A	N/A	N/A

Supporting Commentary

PH LI 07 Alcohol admissions: Data not yet available.
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POLICY, PLANNING & TRANSPORTATION

Key objectives and milestones
None applicable under Safer Halton priorities.

Key Performance Indicators
None applicable under Safer Halton priorities.

APPENDIX 1 – Financial Statements

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 30th September 2014

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

Comments on the above figures:

Net operational expenditure is £34,000 below budget profile at the end of the first quarter of the financial year.

Employee costs are currently £52,000 below budget profile. This results from savings made on vacant posts, specifically in relation to Mental Health and Day Services. These posts have now either been filled, or are in the process of being filled. It is therefore not anticipated that the spend

below budget profile will continue at this level for the remainder of the financial year, and will not impact on the 2015/16 budget year.

Income is below target to date. There is an anticipated shortfall on Fees & Charges income due to the temporary closure and refurbishment of a homeless facility. Additionally, income received from the Clinical Commissioning Group is projected to be below target. This income relates to Community Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages, and is out of the direct control of the service. This shortfall is partly offset by an over-achievement of trading income from Day Services ventures, which is reflected in income above target to date of £23,000 for Sales and Rents.

At this stage in the financial year, it is anticipated that a balanced budget overall will be achieved for the year. Whilst income is projected below target, this will be offset by in-year savings in other areas, principally staff turnover savings, Day Services trading income, and the Bredon respite contract.

Capital Projects as at 30th September 2014

	2014/15 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
ALD Bungalows	100	0	0	100
Lifeline Telecare Upgrade	100	0	0	100
Halton Carer's Centre Refurb.	50	10	10	40
Section 256 Grant	55	0	0	55
Community Capacity Grant	216	0	0	216
Total Spending	**521**	**10**	**10**	**511**

PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 30th September 2014

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

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £67,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £64,000 under budget profile. This is due to savings being made on vacancies within the department, in particular Care Management. Some of these vacancies have been advertised and are expected to be filled in the coming months, however if not appointed to the current underspend will continue to increase beyond this level.

Expenditure on Aids and Adaptations is £13,000 over budget profile in the second quarter. Aids and Adaptations continue to be a pressure area as more people are supported within their own homes.

Overall income has for the second quarter, over achieved by £20,000. Lifeline income is £11,000 higher than anticipated at budget setting time, however this is offset by an increase in transport recharges of £3,000 for diesel, vehicle repairs, tyres and casual hire. This trend is expected to continue for rest of the financial year.

A detailed analysis of the Complex Care Pool is shown below:

COMPLEX CARE POOL

Revenue Budget as at 30th September 2014

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

Comments on the above figures:

The overall net expenditure budget is £1,000 under budget profile at the end of the second quarter.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement. A number of invoices relating to Intermediate Care Services for the period have not yet been received so close monitoring will be undertaken throughout the next quarter to ascertain an accurate position moving forward.

The number of clients in receipt of residential & nursing social care from April this year has increased by 1%. The number of clients in receipt of domiciliary social care (including supported living) from April this year has decreased by 5%, this is due in part, to 38 clients moving to Direct Payments.

The number of clients in receipt of a Direct Payment has substantially increased in the first half of the year and this is due to the renegotiation of the Domiciliary Care contracts. Clients who were receiving domiciliary care have now opted to take a Direct Payment and new clients who have never received a package of care taking the option of a Direct Payment. The increase is expected to continue into the next quarter and this should result in a further reduction in the numbers for domiciliary care.

Due to expenditure by nature, being volatile and fluctuating throughout the year depending on the number and value of new packages being approved and existing packages ceasing trends of expenditure and income will be scrutinised in detail throughout the next quarter of the year to ensure a balanced budget is achieved at year-end and in order to identify pressures that may affect the budget in the short to medium term.

The budgets across health and social care have been realigned to reflect the expenditure and income in the previous year.

Capital Projects as at 30th September 2014

	2014/15 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Disabled Facilities Grant	500	250	149	351
Energy Promotion	12	6	6	6
Stair lifts (Adaptations Initiative)	250	125	119	131
RSL Adaptations (Joint Funding)	200	100	89	111
Total Spending	**962**	**475**	**357**	**605**

PUBLIC HEALTH DEPARTMENT

Revenue Budget as at 30th September 2014

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

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £57,000 under budget profile.

Employee costs are currently £54,000 under budget profile. This is due to savings being made on vacancies within the department. Some of the vacant posts, specifically in relation to trading standards have now been filled, therefore it is not anticipated that this underspend will increase throughout the remainder of the financial year.

COMMUNITY & ENVIRONMENT DEPARTMENT

Revenue Budget as at 30 September 2014

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

Comments on the above figures:

The net budget is £61,000 over budget profile at the end of the second quarter of 2014/15.

At the midpoint of the year employee's expenditure is over budget profile by £23,500. Spending on agency staffing in open spaces and waste management continues, covering absences and vacancies but spending is not at the same level as the last quarter nor the previous year. The other main cause of the overspend is due to savings targets including premium pay of £28,200.

Other premises and supplies & services expenditures are collectively currently £72,000 under budget at this stage. There are various reasons for this such as advertising, uniforms, hired services, rates, utility bills and equipment all being lower than expected at this point of the year.

Waste Disposal Contracts are expected to overspend throughout the year. In recent years Halton has successfully increased the amount of waste recycled however this now results in a recycling bonus payment at the end of the financial year. The amount of which is as yet unknown however it was £103,000 for 2013/14 and so it can be anticipated a similar amount will be due at the end of this financial year. The department will strive to ensure the additional costs are met within its overall budget if possible, if not, underspends within the Directorate will have to be used to ensure an overall balanced budget is achieved.

Sales, fees & charges and catering fees across the Department continue to struggle against set targets. The social club in the stadium has now closed and due to the opening of Pure Gym, membership to the Stadium fitness gym has declined. Expenditure budgets have been adjusted where possible to alleviate the problem and reduce income targets. The main areas struggling are stadium bars, open spaces non contracted works and playing fields and some lettings for community centres.

Capital Projects as at 30 September 2014

	2014/15 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Stadium Minor Works	30	15	6	24
Widnes Recreation Site	2,515	1,258	1,043	1,472
Children's Playground Equipment	79	15	4	75
Upton Improvements	63	35	34	29
Crow Wood Play Area	13	0	0	13
Runcorn Hill Park	311	236	233	78
Runcorn Cemetery Extension	9	0	0	9
Cremators Widnes Crematorium	396	198	105	291
Open Spaces Schemes	189	130	138	51
Playground Third Party Funding	340	17	17	323
Litter Bins	20	0	0	20
Total Spending	**3,965**	**1,904**	**1,580**	**2,385**

POLICY, PLANNING & TRANSPORTATION

Capital Projects as at 30th September 2014

	2014/15 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Local Transport Plan				
Bridges & Highway Maintenance				
Bridge Assessment, Strengthening & Maintenance	1,114	250	147	967
Road Maintenance	1,388	400	337	1,051
Total Bridge & Highway Maintenance	**2,502**	**650**	**484**	**2,018**
Integrated Transport	**1,020**	**50**	**34**	**986**
Total Local Transport Plan	**3,522**	**700**	**518**	**3,004**
Halton Borough Council				
Street lighting – Structural Maintenance	200	50	40	160
Risk Management	120	30	27	93
Fleet Replacement	1,121	500	483	638
Total Halton Borough Council	**1,441**	**580**	**550**	**891**
Grant Funded				
Surface Water Management Grant	195	1	0	195
Mid Mersey Local Sustainable Transport	399	5	4	395
Total Grant Funded	**594**	**6**	**4**	**590**
Local Pinch Point Fund				
A558 Access Improvements	**2,253**	**130**	**126**	**2,127**
Total Capital Programme	**7,810**	**1,416**	**1,198**	**6,612**

Repairs and maintenance on the Silver Jubilee Bridge have been postponed until the summer holidays to avoid excess traffic congestion regarding the construction of the Mersey Gateway. Costs should reflect this from quarter 3 onwards.

The programme of spend regarding surface water management is dependent on uptake by members of the public. This in turn is affected by local weather conditions.

Contracts have recently been signed regarding the A558 improvements, works have now started and costs should begin to show from the next quarter.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		Objective	Performance Indicator
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	*Indicates that the annual target is on course to be achieved.*
Amber		Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.	*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		*Indicates that* **performance is better** *as compared to the same period last year.*
Amber		*Indicates that* **performance is the same** *as compared to the same period last year.*
Red		*Indicates that* **performance is worse** *as compared to the same period last year.*
N/A		*Indicates that the measure cannot be compared to the same period last year.*

REPORT TO: Safer Policy & Performance Board

DATE: 20th January 2015

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Specialist Community Substance Misuse Services Remodelling

WARD(S): Borough Wide

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Safer Policy and Performance Board with an update on plans for the remodelling of the Halton Specialist Community Substance Misuse Service.

2.0 RECOMMENDATION: That the report be noted.

3.0 BACKGROUND

3.1 Halton Borough Council commission's substance misuses services (drug and/or alcohol), the service supports local people who have substance misuse problems. The contract that is delivered across the Halton area by Crime Reduction Initiatives (CRI) will be remodelling throughout 2015 establishing two new venues, and continuing to develop community venues and outreach with partners.

3.2 A key part of that programme is to focus on public health information and prevention agenda to reduce the number of individuals taking drugs and misusing alcohol ensuring robust and accessible information is provided to residents of Halton. The aim of the drug and alcohol service is to improve health and social care outcomes and reduce the impact caused by addiction or dependency to drugs and/or alcohol, with a clear drive on improving health inequalities for local people

3.3 There are appropriately 650 people accessing Halton's Drug and Alcohol service at any one time, with some 7,500 people in Halton who have taken illicit drugs in the last 12 months. CRI have delivered services to Halton residents since February 2012, performance has increased during their contract period and Halton continues to improve the performance against national targets.

3.4 According to the Public Health England (May 2014) update, the performance of the service has resulted in the following outcomes:

- The rate for successful completions in opiate* treatment is 13.68%

which is the 8th best in the whole country.

- The rate for successful completions in alcohol treatment is 60.61% which is the 3rd best in the whole country.
  (*Opiates such as heroin, and prescription pain relievers, morphine and codine)

3.5 The Department of Health are currently conducting a formal consultation on the implementation of a Health Premium Incentive Scheme as part of the Public Health funding allocations for 2015 to 2016.

As part of this scheme, it has been proposed that a National Indicator applicable to all local Authority areas will be 'Successful completion of drugs treatment'. During the last procurement exercise performance dropped as key staff members resigned from the service and the provider changed. There is a risk that a change of provider during the consultation and benchmarking phase may impact on the allocation of the 2015 budget.

3.6 The lease at Ashley House is due to end in March 2015. Due to the unique nature of the building, alongside an increase in maintenance costs, it has been prudent to review usage and explore other local options.

3.7 Halton's Runcorn service will be opened January 2015 followed in March 2015 with the relocation to Aston Dane House, Widnes. All partners will be relocating to continue the effective joint working. The move will provide an opportunity to redesign the substance misuse service and building upon the recovery model established across Halton. The establishments will also be used to support the development of service user led enterprises, which in turn will promote independence and service user resilience.

3.8 The lease will be the responsibility of the provider. Any future procurement/ contract award from the Local Authority for Specialist Community Substance Misuse Services will tie the transfer of the lease to the incoming provider to maximise investment and maintain service continuity.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 FINANCIAL IMPLICATIONS

5.1 None identified. Both the Runcorn and Widnes sites can be delivered within existing budgets.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton:

The service will continue to work closely with the council's Children and Enterprise Directorate. Operating from two venues will increase the local

offer and promote early intervention, advice and support and will in particular support work to reduce the risk for children and young people affected by parental substance misuse.

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

The two venues will be utilized to promote employment and educational opportunities for those individuals using substance misuse services. This will include an IT suite for job searches and the provision of information and support for individuals wishing to access education, training or employment.

6.3 **A Healthy Halton**

Reducing the harm caused by alcohol is a key Health and Wellbeing Board priority. The service will continue to promote the Healthy Halton agenda and will also increase the footfall of people accessing support which will have a positive impact of reducing local dependency on substances.

6.4 **A Safer Halton**

Substance misuse can have a direct correlation to anti-social behaviour and crime. The venues will continue to be used by partner organisations to reduce the impact of substance misuse on the communities of Halton.

6.5 **Environment and Regeneration**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

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

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

None under the meaning of the Act.

REPORT TO: Safer Policy & Performance Board

DATE: 20th January 2015

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Novel/New Psychoactive Substances (NPS)-'Legal Highs'

WARD(S): Borough Wide

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Safer Policy and Performance Board with an overview of Novel/New Psychoactive Substances (NPS) also known as 'Legal Highs'.

2.0 RECOMMENDATION:

(i) The report be noted; and

(ii) Note the Novel/New Psychoactive Substances (NPS) overview (Appendix A)

3.0 BACKGROUND

3.1 NOVEL PSYCHOACTIVE SUBSTANCES (NPS)

3.2 Overall drug use has reduced in the UK. However, a significant recent development has been an increase in the range of new and easily available novel psychoactive substances (NPS), also known as "legal highs". These chemical substances are newly created, and hence, are not automatically controlled under legislation.

3.3 These drugs have been designed to evade drug laws, are widely available and have the potential to pose serious risks to public health and safety and can even be fatal. The emergence of NPS and the pace at which they have developed is a concern to policymakers, law enforcement personnel and healthcare professionals locally, nationally and across Europe and beyond.

3.4 In the UK NPS can be purchased on the internet, via dealers on the streets and in clubs and pubs, and in shops. Test purchasing has found that NPS can contain legal substances, illegal substances, or a mixture of both.

3.5 Evidence of potential harms is emerging, with indications that the health implications of NPS can be just as serious as illicit drugs and can cause a range of physical and psychological symptoms.

3.6 The number of NPS available is constantly changing and growing. A record number of 81 substances were identified for the first time in Europe in 2013 - an increase on previous years. This means the number of identified NPS now exceeds the total number of psychoactive substances currently controlled by the international drug conventions. Whilst there has been a general increase in the number of novel NPS detected, it is important to note that the vast majority are permutations of groups of similar substances and many have not yet been identified in the UK.

4.0 AVAILABILITY OF NOVEL/NEW PSYCHOACTIVE SUBSTANCE

4.1 The marketing and sale of NPS is often designed specifically to avoid legislation under the Medicines Act 1968. They are often sold in brightly coloured packaging under a variety of brand names with “not for human consumption” clearly stated. They may variously be described as “plant food”, “fish food”, “room odoriser” or other terms with labelling commonly stating that they are “research chemicals”. Generally safety data is not provided.

4.2 In the UK, our most robust estimates of use in the general population come from our national crime surveys. This survey suggests that NPS use among the general population tends to be low compared to the use of other illicit drugs. Cannabis is still the most commonly used illicit drug in England and Wales, taken by 6.6% of adults in the last year. However, surveys suggest use among younger age groups and some sub-sections of the population e.g. regular clubbers may be higher (53%).

A question about legal high use has been included in a schools survey as part of the R U Different social norms campaign running in all Halton secondary schools during the 2014/15 school year.

4.3 There is a common, but mistaken perception that because such drugs are not legally controlled or banned they are safe. However, there is a growing body of evidence to demonstrate the potential harms (both physical and social) associated with NPS.

4.4 Most legally available NPS are sold with no data regarding their chemistry, pharmacology or toxicology, no safety assessments and no administration instructions. The paucity of information on the pharmacology and toxicology of most NPS makes it hard to understand their possible dangers, or even to know what substances are contained in products branded.

5.0 TREATMENT

5.1 Across the UK, the number of people seeking treatment for NPS use has increased significantly. For example, mephedrone rose from 900 new cases in the UK last year to 1,630 this year, while methamphetamine has gone from 116 to 208.

5.2 In Halton local treatment data suggests that the reported use of NPS is low, although these figures only reflect those who have presented for treatment or

support not actual community prevalence. Within CRI, the local Community Specialist Substance Misuse Service, six service users reported to have used NPS as a secondary substance, and Young Addaction report no young people presenting for treatment as a result of using NPS.

5.3 Young People and Adults have commented that NPS is used in other areas of the region, whilst other comments from service users indicate that NPS use is common in prisons, (although at present there is no supporting evidence to support these comments).

6.0 DEATHS

6.1 Nationally the number of deaths involving NPS is low compared with the number of deaths from heroin/morphine, methadone and cocaine poisoning. However, over the past few years there has been an increasing trend in the number of deaths linked to NPS use. Such deaths across the UK increased from 29 in 2011 to 52 in 2012, to 60 in 2013.

7.0 RECOMMENDATIONS FOR LOCAL RESPONSE TO NPS

7.1

1. Continue to gather intelligence on the prevalence of use and harms related to NPS use within Halton.
2. Work in partnership to identify and ensure local sellers of legal highs are complying with the current legal framework (as per Home Office guidelines for local authorities in tackling NPS)
3. Ensure local prevention work with both young people and adults includes education around NPS and the potential risks of their usage.
4. Ensure local treatment services follow emerging best practice guidelines on the identification and treatment of those who misuse NPS
5. Lobby Government for changes in national legislation to stop "legal highs" being sold in shops.

8.0 POLICY IMPLICATIONS

8.1 None identified at present.

9.0 FINANCIAL IMPLICATIONS

9.1 None identified.

10.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 Children & Young People in Halton

The Novel/New Psychoactive Substances (NPS) impacts on children, young people and their families and partners are working to provide education and

advice to schools and other services.

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

None identified.

10.3 **A Healthy Halton**

The prevalence and impact of NPS on the health of Halton residents will continue to be monitored. Reducing the harm caused by substance misuse will continue to be a priority for all partners and will form a component of children and young people and adult services, as well as wider education and awareness activities.

10.4 **A Safer Halton**

Novel/New Psychoactive Substances (NPS) may have an impact on levels of crime and anti-social behaviour in Halton. As well as providing appropriate legal enforcement, partners are working to provide education and advice to reduce the impact of harm and anti-social behaviour.

10.5 **Environment and Regeneration**

None identified

11.0 RISK ANALYSIS

11.1 Risk of harm due to The Novel/New Psychoactive Substances (NPS) continues to be monitored by agencies (Local and National).

12.0 EQUALITY AND DIVERSITY ISSUES

12.1 There are no Equality and Diversity issues associated with this report

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

None under the meaning of the Act.

APPENDIX 1

Novel (New) Psychoactive Substance (NPS) or 'legal highs'

Overall drug use has reduced in the UK. However, a significant recent development has been the increasing range of new and easily available novel psychoactive substances (NPS), also known as "legal highs"[1]. These drugs have been designed to evade drug laws, are widely available and have the potential to pose serious risks to public health and safety and can even be fatal. The emergence of NPS and the pace at which they have developed is a concern to policymakers, law enforcement personnel and healthcare professionals locally, nationally and across Europe and beyond[2].

NPS are drugs which mimic, or are claimed to mimic, the effects of illegal drugs. These chemical substances are newly created, and hence, are not automatically controlled under legislation.

NPS have been defined as:

> *"Psychoactive drugs, newly available in the UK, which are not prohibited by the United Nations Drug Conventions but which may pose a public health threat comparable to that posed by substances listed in these conventions[3].*

NPS can be grouped by their chemical names, or more usefully their intended effect on the user e.g. stimulants. Drug watch have produced "The Drug Wheel" which groups drugs under: stimulants, empathogens, psychedelics, dissociatives, depressants and opiods. This also helpfully shows which of these drugs are currently controlled in the UK and which are still legal.

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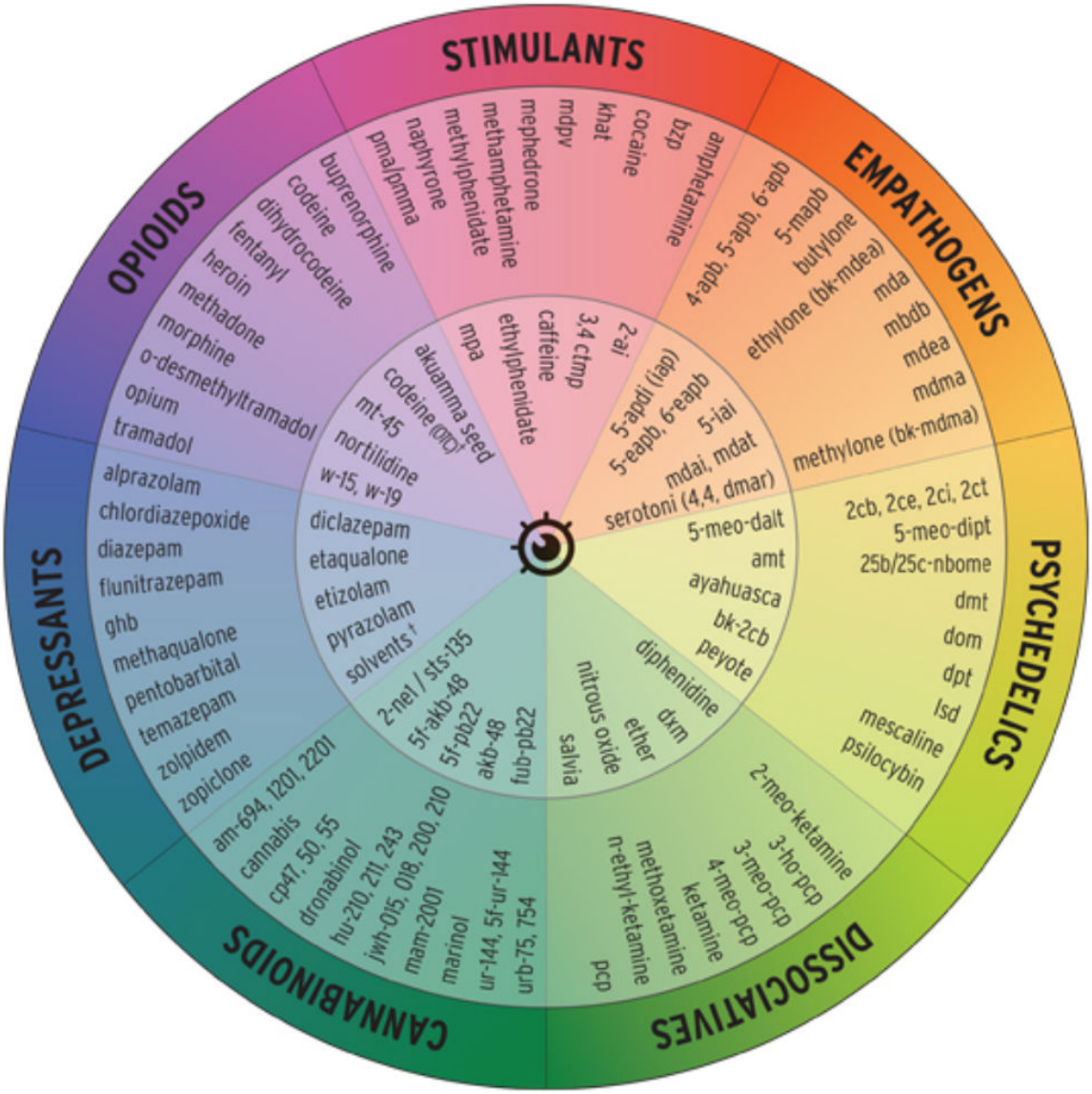
[1] The term "legal highs" is unhelpful for two reasons. Firstly, there appears to an assumption, particularly among young people, that legal means the substance has in some way been 'approved'. Secondly, a drug mixture in a packet could contain a blend of legal and illegal compounds. We will therefore use the term novel psychoactive substances (NPS) within this board paper.

[2] Advisory Council on the Misuse of Drugs, Consideration of the Novel Psychoactive Substances ('Legal Highs'), 2011: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/119139/acmdnps2011.pdf

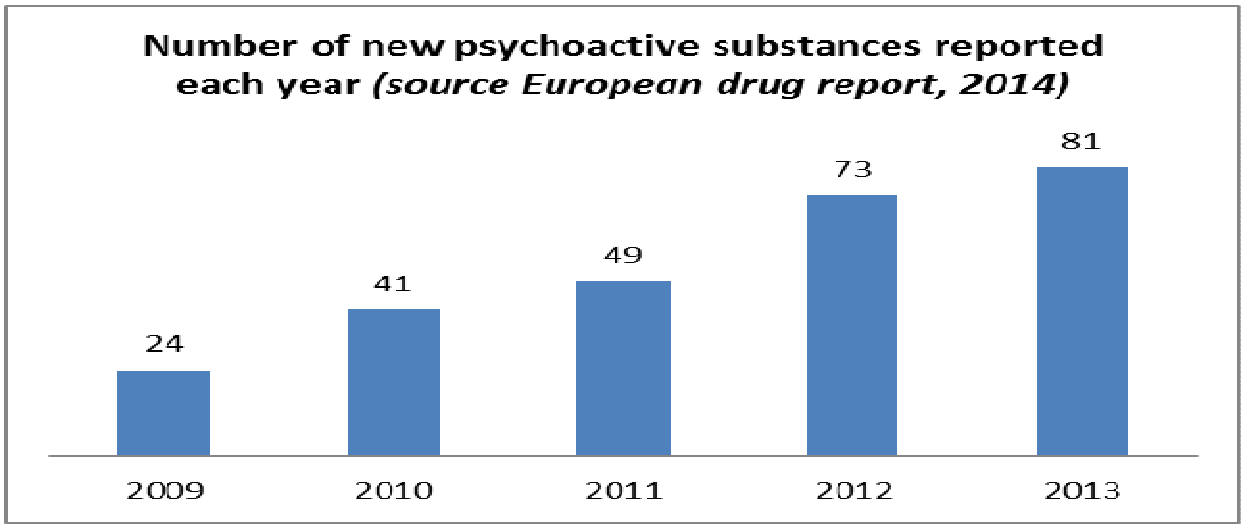
[3] Novel Psychoactive Substances Review Report of the Expert Panel, 2014: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368583/NPSexpertReviewPanelReport.pdf

THE DRUGS WHEEL (www.thedrugswheel.com)



The number of NPS available is constantly changing and growing. A record number of 81 substances were identified for the first time in Europe in 2013, an increase on previous years. This means the

number of identified NPS now exceeds the total number of psychoactive substances currently controlled by the international drug conventions[4]. Whilst generally there has been an increase in the number of novel NPS detected, it is important to note that the vast majority are permutations of groups of similar substances and many have not yet been identified in the UK.



Example of some available Novel Psychoactive Substances (NPS) or 'legal highs'

The pictures below are a Cannabis pipe which is designed to look like an Asthma Inhaler. Found in the Suffolk Area

[4] European Drug Report, 2014:
http://www.emcdda.europa.eu/attachements.cfm/att_228272_EN_TDAT14001ENN.pdf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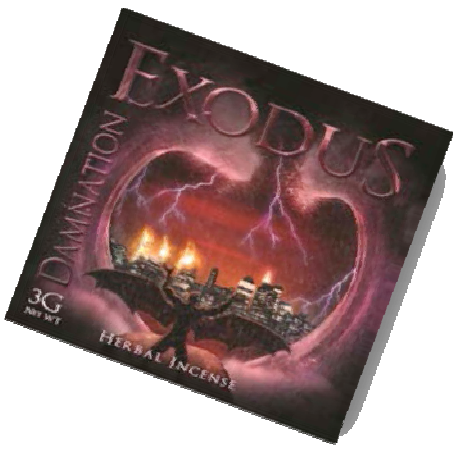
Annihilation


EXODUS
DAMNATION
3G
HERBAL INCENSE

Example of a "legal highs" website - Skunk works (http://www.ukskunkworks.co.uk/index.cfm)

Legislation

In the UK, the government has control of substances under the Misuse of Drugs Act 1971. If a drug is causing sufficient concern, the UK Government (following consultation with the Advisory Council on the Misuse of Drugs (ACMD) can issue a Temporary Class Drugs Order for up to 12 months. This bans the import and supply of a substance but does not make possession a criminal offence. The ACMD then has 12 months to investigate and recommend classification if they consider there is sufficient evidence.

The manufacture of NPS is complex as the Government exercises its powers to ban a substance; the manufacturer will change a single ingredient which then circumnavigates the ban. See embedded document for examples of newer unregulated drugs.

Newer_Unregulated_ Drugs_List_8.14.pdf

The Local Government Organisation (LGA) is campaigning for the UK to follow legislation introduced in Ireland four years ago. This bans the sale of all 'psychoactive' (brain altering) drugs and then exempts some, such as alcohol and tobacco. Currently, the system here works the other way round. The Irish legislation has effectively eliminated all 'head shops' that sell legal highs[5].

Example 1:

In January 2013 West Yorkshire police conducted surveillance on a market stall within Kirkgate market and saw purchases of synthetic cannabinoids to a 16 year old boy. Both the seller and stall holder were arrested and charged with the offence under the Intoxicating Substances (Supply) Act 1985. The seller admitted the offence, however the stall owner denied the offence on the grounds that he had not actually sold the item to the boy. He was subsequently convicted on the basis that he bore legal responsibility for the actions of his staff. Both were given a conditional discharge.

Example 2:

Two Great Yarmouth traders pleaded guilty to contravening a Safety Notice at Great Yarmouth Magistrates Court on 21 May 2013. In these two cases the traders were visited by Trading Standards Officers investigating the sale of novel psychoactive substances. Both traders were advised that as the products might pose a risk to users they should be labelled with proper warnings and were issued with „requirements to mark", making it clear that any similar products had to be labelled too. When the officers later revisited both premises and found that their instructions had not been followed, the products were seized. Both traders were fined, the seized products were forfeited and the court imposed a conditional discharge for 12 months.

CRI

CRI have created strangemolecules.org.uk, a website for young people. It aims to reduce the harm that results from young people taking legal highs by providing clear, non-patronizing information and offering an anonymous method of asking for expert advice.

CRI, NPS Website http://www.cri.org.uk/new-psychoactive-substances

CRI collect information about NPS, their popularity, availability and negative effects in their work with service users around the country. We use this information to shape our services and constantly improve the quality of care we offer to users of NPS.

CRI are hiring more NPS specialists in services, and delivering training to schools, youth workers, professionals and colleges.

Michael Lawrence, CRI's Novel Psychoactive Substance Development Lead, heads up all our work on NPS. He was on the NPS sub-group for education and prevention, established by Norman Baker MP, and he meets regularly with the Department of Health to share CRI's up-to-date expertise on NPS.

[5]LGA press release 13 September 2014, Government urged by councils to outlaw all 'legal high' sales: http://www.local.gov.uk/media-releases/-/journal_content/56/10180/6516886/NEWS

CRI set up specialist NPS drop-in centers in areas where they are needed.

Young Addaction

Provides Legal Highs training and Drugs awareness where we include legal highs awareness education. (see embedded power point) IYSS legal and illegal drugs.ppt

Young Addaction also delivers skills sessions in house for the team.

With young people/Tier 3 clients Young Addaction complete awareness sessions around legal highs to educate as they may come into contact with them. The team are guided by their own knowledge and the presentation. They are also discussed when doing the first aid session to reinforce side effects that they can have. At the Bike project they used a Card game re legal highs that was well received. And sometimes newspaper cuttings used for local information to show it does happen. Reading labels are discussed to minimise risk.

Young Addaction also offer OCNW accredited level 3 course in RESPONDING TO SUBSTANCE MISUSE, to key partners.

REPORT TO: Safer Halton PPB

DATE: 20th January 2015

REPORTING OFFICER Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Halton Suicide Prevention Strategy 2015-20

WARD(S): Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to present the final draft of the Halton Suicide Prevention Strategy 2015-20

2.0 RECOMMENDATION that:

2.1
- The Board note the contents of the report
- The Board supports the strategy recommendations and actions

3.0 SUPPORTING INFORMATION

3.1 Suicide is a major public health issue, and a major cause of years of life lost. Each suicide in Halton is an individual tragedy and a terrible loss to our local families and communities. The numbers of people who take their own life in Halton each year are low however those ending their own life should be viewed as the tip of an iceberg and locally levels of distress and suicide attempts will be much higher.

3.2 In times of economic and employment insecurity rates of suicide often increase. This trend has been observed nationally following the 2008 financial crisis when after a decade of falling suicide rates have started to rise. Although it is too early to say whether this national trend is being observed locally it demonstrates the need for continuing vigilance and action and highlights why a new suicide prevention strategy for Halton is required.

3.3 Halton Suicide Prevention Strategy 2015-20

Suicide is not inevitable and can be prevented. The Halton Suicide prevention strategy (Appendix A) was written in partnership and sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton.

3.4 This strategy is supported by a detailed action plan outlining actions, responsible leads, timescales and outcomes to be achieved (Appendix B). The plan will be monitored by the Halton Suicide Prevention Partnership, and outcomes reported to the Safer Halton Partnership, Health and Well Being Board and all other relevant bodies.

3.5 The strategy includes background information which sets out the policy context in which the strategy has been developed, considers the factors that influence why a person may take their own life and reviews the evidence on suicide prevention, outlines what we know about suicide in Halton and sets out actions to reduce the risk of suicide in Halton.

3.6 The reasons why people may take their own life are very complex. The many factors that influence whether someone may feel like taking their own life can be divided into *Risk factors* which increase the likelihood of suicidal behaviour and *Protective factors*: reduce the likelihood of suicidal behaviour through improving a person's ability to cope with difficult circumstances. The suicide prevention initiatives outlined within this strategy focus on increasing protective factors and reducing risk factors for suicide within Halton.

3.7 **Halton Suicide Prevention Strategy - vision, areas for action and outcomes**

Our vision is for a community where:

- We understand the root causes of suicide through effective collection and analysis of key information
- We have created a "listening" culture where it is okay to talk about feelings and emotional wellbeing
- We pro-actively communicate so that those directly and indirectly impacted by suicide know what support is there for them
- We provide readily accessible support through services working in partnership with other agencies and organisations
- We take positive, co-ordinated action to tackle prioritised root cause issues in order to prevent suicides

3.8 In order to achieve this vision and based upon national policy, research evidence and local insight 6 areas for action have been identified and agreed. All 6 areas for action have equal priority.

- Improve the mental health and wellbeing of Halton residents
- Promote the early identification and support of people feeling suicidal
- Reduce the risk of suicide in known high risk groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support research, data collection and monitoring

3.9 The Halton Suicide Prevention Partnership will monitor outcomes related to high level indicators included within the Public Health and NHS Outcomes Framework this includes:

- the suicide rate
- self-harm rates
- excess under 75 mortality in adults with a serious mental illness
- The Halton suicide prevention strategy has been developed by a multi-agency group with representation from both Adult and Children's Services at the Council, the Police, service providers, the voluntary and community sector and other key partners.

3.10 Halton Suicide Prevention Partnership

HBC - Public Health	HBC – Elected Members
Halton Clinical Commissioning Group	Cheshire Police
HBC – Children's Commissioners	Cheshire Fire
HBC – Emergency Planning	Halton Housing Trust
Riverside College	Crime Reduction Initiative (CRI)
5 Borough Partnership NHS Foundation Trust	HBC - Early intervention team
HBC – Health Improvement Team	Halton Citizens Advice Bureau
MIND	Age UK
Samaritans	HBC – Adult social care

3.11 The strategy was informed by the outcomes of a public consultation event and has been informed and influenced by both local need and national policy. A formal public consultation is also being undertaken to enable local people to provide feedback and insight to the final version of the strategy and action plan, although both will be kept under regular review to ensure that they are still relevant and meeting the needs of local people.

3.12 The strategy will be presented to the following boards for further input and discussion:

- Safer PPB
- Children's Trust Board
- Halton Clinical Commissioning Group Executive Board
- CAMHS Board
- HBC Executive Board

4.0 POLICY IMPLICATIONS

4.1 The Strategy will set the context for partnership working to prevent suicides and support those bereaved or affected by suicide in Halton. Suicide prevention is a national, regional and local priority. In 2012 the Government published its all-age suicide prevention strategy *Preventing Suicide in England: A cross-government outcomes strategy to save lives* which has informed the development of our local strategy. Locally the *Halton Health and Wellbeing Strategy 2012- 2015* identified the prevention and early detection of mental health conditions as one of its 5 priority areas for action. Suicide prevention activity is identified as a key action towards this priority.

5.0 FINANCIAL IMPLICATIONS

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

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

6.1 **Children and Young People in Halton**

Children and young people are identified as a high risk group within the strategy. The strategy outlines actions aimed at promoting the mental health and wellbeing of children and young people in Halton, preventing bullying within our local schools, ensuing the early identification and support of children and young people suffering from emotional, behavioural or mental health difficulties, raising awareness of the signs of suicide among staff who work with children and young people in Halton, and ensuring support is available in a time of crisis.

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

Suicide is a major public health issue, and a major cause of years of life lost. The economic impact of suicides is also high in terms of lost earnings and potential. It has been estimated that the average cost of a working age adult in England ending their own is £1.67million.

6.3 **A Healthy Halton**

This strategy forms a central strand of meeting the commitments to prevent suicide and support those bereaved or affected by suicide locally.

6.4 **A Safer Halton**

Suicide prevention is an important as aspect of promoting community safety. Locally we have a known suicide hot spot in the Silver Jubilee Bridge (the Runcorn and Widnes Bridge). Responding to suicide threats and attempts places a considerable burden on the time and resources of partners locally. It is also recognized that the police are often the first responders to a suicide attempt. The strategy outlines actions related to promoting community safety which include the continued support and strengthening of Operation Emblem (a "street triage" service where a police officer and Community Psychiatric Nurse (CPN) attend incidents where concerns for safety are identified), reviewing best practice evidence related to reducing the risk of suicide at the Silver Jubilee Bridge, advising on suicide prevention interventions planned for the new Mersey Gateway Bridge and other large new developments within the Borough.

6.5 **Halton's Urban Renewal**

As part of the strategy, there is a commitment to reduce access to the means of suicide in the planning of new large developments within the Borough.

7.0 RISK ANALYSIS

7.1 The key risk is a failure to reduce the suicides among Halton residents. This risk can be mitigated through the regular review and reporting of progress and the development of appropriate interventions where under-performance may occur.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The Strategy specifically aims to meet the needs of all residents in Halton to prevent suicides and ensure the adequate support of those bereaved or affected by suicide locally.

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

9.1

Document	Place of Inspection	Contact Officer
Draft Suicide Prevention Strategy 2015-2020	Runcorn Town Hall	Director of Public Health
Draft Suicide Prevention Strategy Action Plan, 2015-16	Runcorn Town Hall	Director of Public Health

Halton Suicide Prevention Strategy

2015-20

Foreword

Each suicide in Halton is an individual tragedy. In addition each suicide has a devastating ripple effect. Bereavement following a suicide is like no other bereavement, and can have devastating impacts on those who are left behind: families, friends and wider communities.

We know life got harder for many people following the recent financial crisis. Nationally after a decade of falling suicide rates suicide rates following the 2008 financial crisis there has been an increase in the number of people choosing to die by suicide. Although it is too early to say whether this national trend is being observed locally it demonstrates the need for continuing vigilance and action and highlights why a new suicide prevention strategy for Halton is required.

Suicides are not inevitable and can be prevented if the signs are recognised and support provided. This 5 year strategy aims to reduce suicides in Halton by better supporting those most at risk and providing information for those affected by a loved one's suicide.

No one organisation is able to address all the factors to reduce suicide risk and prevent suicides. That is why this strategy has been developed in partnership. The strategy sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve. The ***Halton Suicide Prevention Partnership*** will meet quarterly to monitor the implementation of this strategy.

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

I fully endorse this strategy. One death to suicide in Halton is one too many – Each and every suicide is a tragedy which has a devastating effect on families, friends, colleagues and the wider community. This strategy aims to make suicide prevention everyone's business. Contrary to the commonly held belief that suicide is inevitable, this strategy points to the many ways through working together we can make a difference. We firmly believe that suicide can be prevented and will work hard to ensure that people who are feeling suicidal in Halton can get support when they need it, how they need it and where they need it.

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

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Introduction

Suicide[1] is a major public health issue, and a major cause of years of life lost. Each suicide in Halton is an individual tragedy and a terrible loss to local families and communities. The economic impact of suicides is also high. It has been estimated that the average cost of a working age adult in England ending their own is £1.67million[2].

In times of economic and employment insecurity rates of suicide often increase. This trend has been observed nationally following the 2008 financial crisis when after a decade of falling suicide rates suicide rates have risen. Locally suicide rates have also increased during 2011 to 2013 compared to previous years. Although the numbers of people who take their own life in Halton each year are low it is important to recognise those ending their own life are the tip of an iceberg and locally levels of distress and suicide attempts are much higher. The recent increase in the number of suicides locally demonstrates the need for continuing vigilance and action and highlights why a new suicide prevention strategy for Halton is required.

The challenge of suicide prevention

Suicide is not inevitable and can be prevented. Suicide is often the end point of a complex history of risk factors and events and for many people it is the combination of factors which is important rather than one single factor. We know that an inclusive society that avoids marginalising individuals and which supports people at times of personal crisis will help prevent suicides. We also know that evidence-based interventions exist that if implemented can reduce the risk of suicide.

This strategy was written in partnership and sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve.

Preventing suicides is a complex and challenging issue, but there are effective solutions for many, if not most of the individual factors which contribute towards the risk of suicide.

Scope of this strategy

We have to be clear about the scope of the strategy - it is specifically about the prevention of suicide and supporting those bereaved or affected by suicide in Halton. We recognise that suicide prevention starts with better mental health for all. Therefore this strategy is integrally linked to the *Halton Mental Health and Wellbeing Commissioning Strategy 2013-18* which aims to promote mental health and wellbeing, ensure the early diagnosis and treatment of people with a mental illness and support their recovery.

[1] Suicide is used in this document to mean a deliberate act that intentionally ends one's life.
[2] Knapp, M., McDaid, D., & Parsonage, M. (2011). Mental health promotion and mental illness prevention: the economic case. London: Department of Health. Available from: http://eprints.lse.ac.uk/32311/1/Knapp_et_al__MHPP_The_Economic_Case.pdf

Vision

Our vision is for a community where:

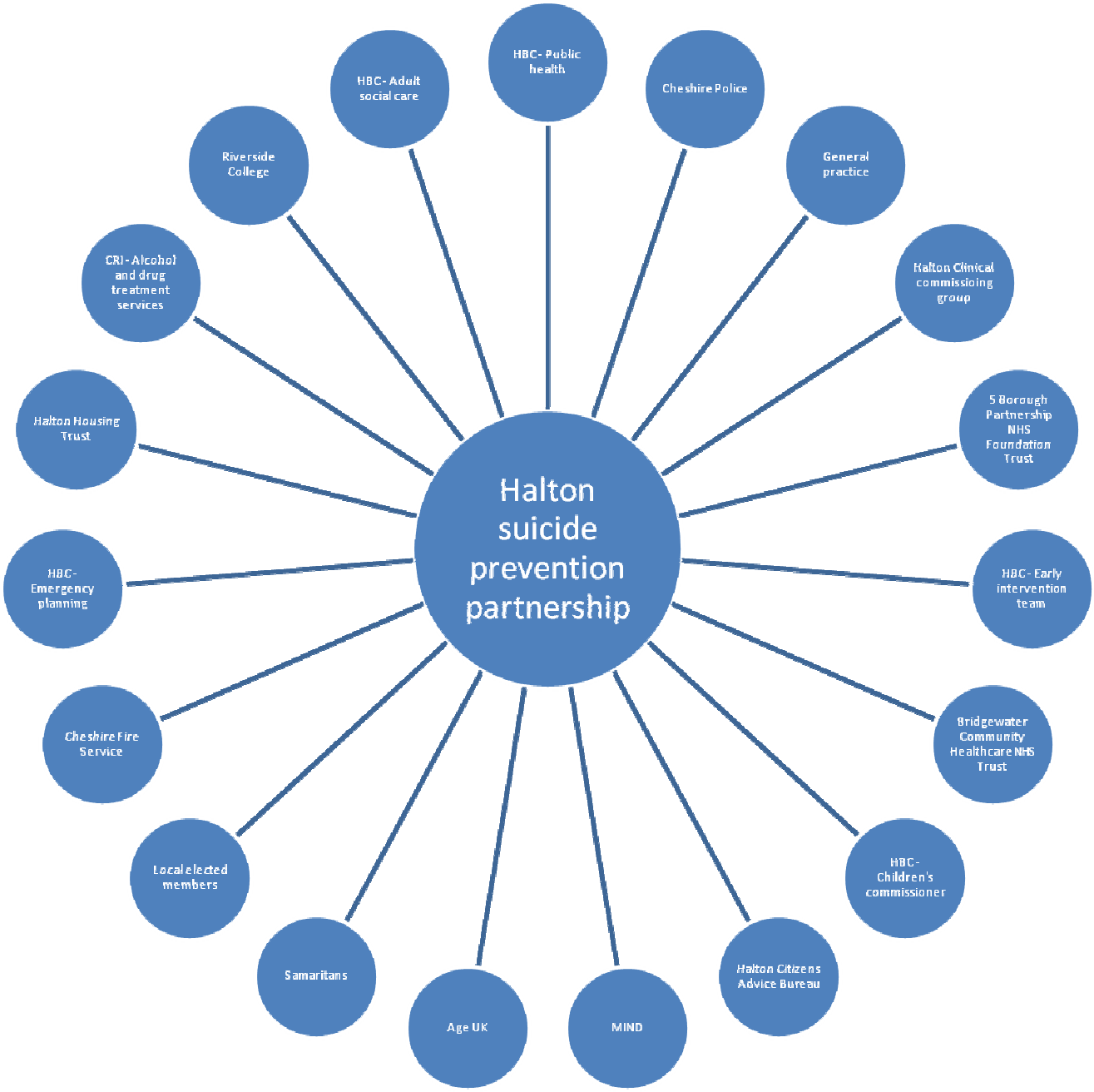
- We understand the root causes of suicide through effective collection and analysis of key information
- We have created a "listening" culture where it is okay to talk about feelings and emotional wellbeing
- We pro-actively communicate so that those directly and indirectly impacted by suicide know what support is there for them
- We provide readily accessible support through services working in partnership with other agencies and organisations
- We take positive, co-ordinated action to tackle prioritised root cause issues in order to prevent suicides

The Strategy Development Process

Halton suicide prevention partnership

No one organisation is able to address all the factors to reduce suicide risk and prevent suicides. Therefore collaborative working is vital for effective suicide prevention. This strategy has been written in collaboration with all partners agreeing the vision and areas for action. The partners involved in drafting this strategy are shown in Figure 1. The ***Halton Suicide Prevention Partnership*** will meet quarterly to monitor the implementation of this strategy.

Figure 1: Halton suicide prevention partnership



Strategy consultation and engagement

Consultation with key professionals and the public has been vital in developing this strategy. At an early stage a suicide prevention strategy event for professionals with an interest in suicide prevention was held. This event was very well attended. Professionals engaged in meaningful discussions and feedback was received related to:

- Who the high risk groups for suicide are locally
- The actions we should be taking to reduce the risk of suicide among these identified at risk groups
- how we can reduce access to the means of suicide locally
- how we can support those bereaved or affected by suicide locally

This feedback was utilised in the development of the areas for action and action plan.

Consultation with the local community was also undertaken through partners involved in the suicide prevention partnership. A questionnaire was developed and made available both on-line and in paper based format. This allowed feedback to be received from the local community related to preventing suicides and better supporting those bereaved or affected by suicide locally.

The policy context for suicide prevention

Suicide prevention is a national, regional and local priority. The recommendations and actions within this strategy are informed by the national, regional and local policy context, as well as being influenced by local knowledge and insight.

National policy and guidance

In 2012 the Government published its all-age suicide prevention strategy *Preventing Suicide in England: A cross-government outcomes strategy to save lives*[3]. The new strategy reaffirms the importance of suicide prevention in improving the health and wellbeing of the nation. The strategy outlines effective interventions and resources to support local action. One of the main changes from the previous national strategy is the greater prominence on measures to support families – both those who are worried that a love one is at risk and those having to cope with aftermath of a suicide.

Preventing Suicide in England has two leading objectives:

- A reduction in the suicide rate in the general population in England
- Better support for those bereaved or affected by suicide

The strategy also outlines six key areas for action to achieve the objectives:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Suicide prevention starts with better mental health for all. Therefore the Government advises that the new national suicide prevention strategy should be read alongside the *No health without mental health*[4] and *Healthy Lives, Healthy People*[5] which both include actions to improve the mental health of the population as a whole which will in turn support a general reduction in suicides.

Regional policy and guidance

At a regional level Halton is part of the Cheshire and Merseyside Suicide Reduction Network. The network was established in 2008, to seek greater co-ordination of responses to, and understanding of, patterns of suicide in the Cheshire and Merseyside region and the development of whole system approaches to reducing suicide. The Network has held a number of summits to share good practice and to consider the key issues we can work on at a regional level and collaboratively to overcome.

[3] Preventing Suicide in England: A cross-government outcomes strategy to save lives available from: http://tinyurl.com/kntvtkw
[4] No health without mental health Strategy available from: http://tinyurl.com/ptpkpsx
No health without mental health Implementation framework available from: http://tinyurl.com/cu78rtu
[5] Healthy Lives, Healthy People available from: http://tinyurl.com/ptpkpsx

The Cheshire and Merseyside Suicide Reduction Network is currently developing a regional suicide prevention strategy. Locally the Halton suicide prevention partnership will contribute towards the development of the regional strategy to ensure alignment with our local strategy.

The regional group has developed a Suicide reduction action plan (S-RAP) based upon the actions outlined within the national strategy. The S-RAP is designed to be a template to be adapted locally and has formed the basis of the action plan developed to support the implementation of this strategy.

Local policy and guidance

Halton Health and Wellbeing Strategy 2012- 2015 identified the prevention and early detection of mental health conditions as one of its 5 priority areas for action. Suicide prevention activity is identified as a key action towards this priority.

In order to improve the mental health and wellbeing of people in Halton a *Mental Health and Wellbeing Commissioning Strategy 2013-18* and delivery plan has been developed. This strategy sets out key objectives and priorities across the life-course to improve mental health in the Borough.

Many of the identified actions within the *Mental Health and Wellbeing Commissioning Strategy* will have a direct impact on reducing the risk of suicides in Halton. We have therefore ensured that this strategy is integrally linked to the *Mental Health and Wellbeing Commissioning Strategy* and delivery plan.

Why do people take their own lives?

The reasons why people may take their own life are very complex. The many factors that influence whether someone may feel like taking their own life can be divided into:

- *Risk factors*: increase the likelihood of suicidal behaviour;
- *Protective factors*: reduce the likelihood of suicidal behaviour through improving a person's ability to cope with difficult circumstances.

Risk and *Protective factors* are often at opposite ends of the same continuum. For example, social isolation (R*isk factor*) and social connectedness (*Protective factor*) are at either extremes of a person's social support network. Examples of risk and protective factors for suicide are outlined in Table 1.

Table 1: Example of risks and protective factors for suicide[6]

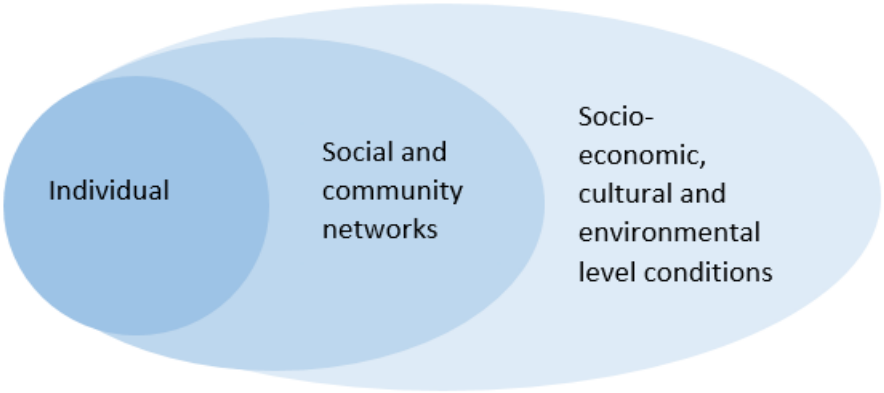
	Risk factors for suicide	Protective factors for suicide
Individual	• Gender (especially male gender) • Long-term conditions • Alcohol or substance misuse problem • Low self esteem • Little sense of control over life • Hopelessness • Poor coping skills	• Good mental health • Good physical health • No alcohol or substance misuse problem • Positive sense of self • Sense of control over life • Positive outlook • Good coping skills
Social and community	• Social isolation • Family dispute • Separation and loss • Peer rejection • Family history of suicide	• Social connectedness • Good family support • Well supported • Good social relationships • No family history of suicide
Socio-economic, cultural and environmental level	• Financial problems/ poverty • Unemployment • Homelessness/ insecure housing • Negative educational experience • Discrimination • Neighbourhood violence and crime	• Financial security • Employment • Safe and secure accommodation • Positive educational experience • Inclusive community • Safe neighbourhood environment

[6] Living is for everyone (LIFE). Research and Evidence in Suicide Prevention. Available from: http://www.livingisforeveryone.com.au/Research-and-evidence-in-suicide-prevention.html

Risk and *Protective factors* can occur at different levels:

- Individual
- Social and community networks
- Socio-economic, cultural and environmental level conditions

Figure 2: Different levels of risk and protective factors for suicide



Risk and protective factors may be modifiable - things we can change; and non-modifiable - things we cannot change. For example, consider preventing suicides in isolated older men. We can be aware that their age and gender make them at higher risk of suicide but these are non-modifiable factors, however we can deliver interventions to reduce their social isolation and in turn reduce their suicide risk (social isolation is a modifiable factor).

Influencing risk and protective factors

People who attempt to take their own life usually have many risk factors and few protective factors. But risk and protective factors don't explain everything about suicide. Most people with multiple risk factors do not attempt to take their own life, and some who do take their lives have few risk factors and many protective factors.

The challenge in planning action to prevent suicide is to understand, and where possible modify, the many factors that influence whether people are likely to be vulnerable to suicide or, conversely, resilient to adverse life events. Both risk and protective factors need to be taken into account.

The suicide prevention initiatives outlined within this strategy focus on increasing protective factors and reducing risk factors for suicide within Halton.

Preventing suicides

Suicide is not inevitable and can be prevented. Suicide can be prevented through the implementation of evidence-based interventions. The WHO recommends a public health approach to suicide prevention, which incorporates universal, selective and indicated interventions[7], outlined in Table X. Suicide rates are unlikely to decline as long as we confine our prevention efforts only to those who are at immediate risk of attempting suicide. This strategy provides a comprehensive suicide prevention programme which employs a combination of these three approaches.

Table 2: Suicide prevention interventions

Level	Definition	Examples of actions
Universal interventions	Target the general population and cover the population as a whole (irrespective of the degree of risk).	• Promoting population levels of mental health and wellbeing • Restricting access to the means of suicide. • Assisting and encouraging the media to follow responsible reporting practices of suicide
Selective interventions	Focus on sub-populations that are known to be at higher risk of suicide	• Suicide awareness training for staff who come into contact with known high risk groups
Indicated interventions	Aimed at those who are identified as being vulnerable to suicide or who have attempted suicide.	• Provision of support in time of crisis • Ensuring good risk management and continuity of care.

[7] World Health Organization (2012. Public health action for the prevention of suicide: a framework. Available from: http://www.who.int/mental_health/publications/prevention_suicide_2012/en/

Suicide in Halton

Suicide is often the very end point of a complex history of risk factors and events. To prevent suicides in Halton we need to intervene as early as we can prior to this point. In order to inform the suicide prevention initiatives we have included local information on risk and protective factors as well as data on suicide attempts (where available). This important information will guide local suicide prevention initiatives.

The challenges of suicide statistics

The Under-reporting of suicides

It is commonly acknowledged by professionals in the field of suicide research that official statistics underestimate the 'true' number and rate of suicide. There may be stigma attached to reporting a death as suicide which may lead to under-reporting. In the UK, part of the solution to under-reporting has been to include 'deaths of undetermined intent' within the official statistical category of suicide. This attempts to correct for known under-reporting and is thought to produce a more accurate total (and rate) of suicide in a given year. This approach has been followed within this strategy.

The low numbers of suicides

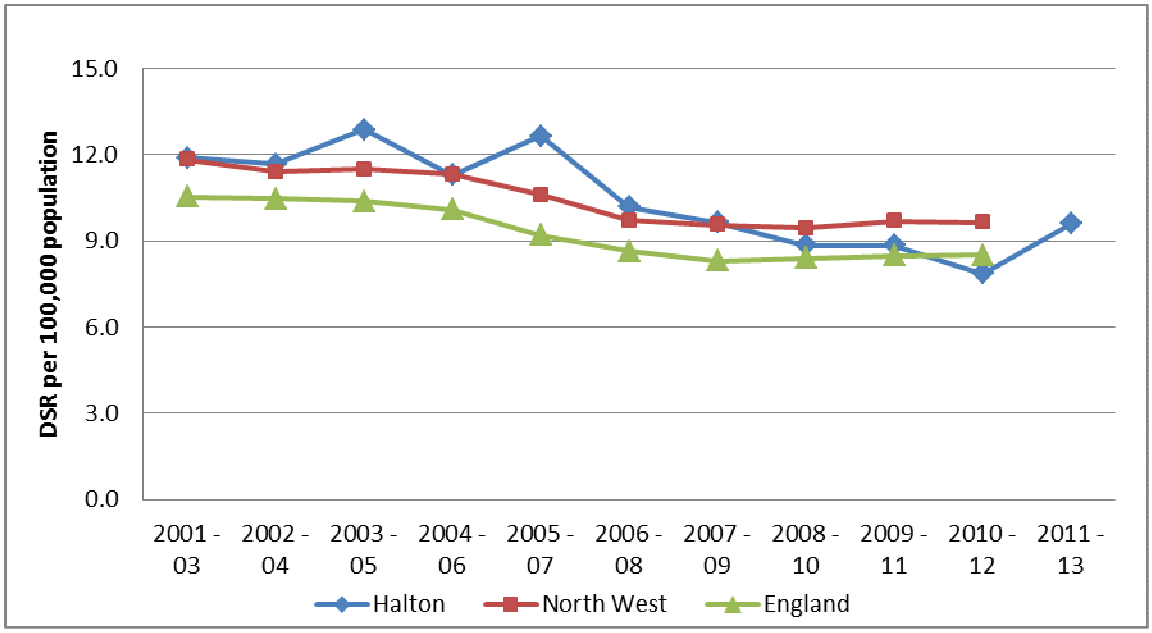
Fortunately the number of people in Halton each year who choose to kill themselves is low. Due to the low numbers of suicides it is important to:

- Use suicide rates per 100,000 people. Using numbers can give a misleading picture when considered alone.
- Not consider increases or decreases for a year at a time in isolation. Three-year rolling averages are generally used for monitoring purposes, in preference to single-year rates, in order to avoid drawing undue attention to year-on-year fluctuations instead of the underlying trend.
- Due to concerns related to the identification of local individuals numbers less than 5 are not presented within this strategy.

Suicide trends in Halton

During the last 5 years in Halton there has been on average 12 suicides per year. As stated due to low numbers it is important not to view a single year's data in isolation. Figure 3 displays three year trends in suicides and undetermined injury in Halton compared to North West and England rates. We can see that since 2005-07 suicide rates in Halton have reduced and in 2010-12 were below both the national and North West rates. Provisional data for 2011-13 suggests an increase in the suicide rate for Halton. We do not yet know how this will compare to national and regional figures which will not be available until early 2015.

Figure 3: Trend in suicides and undetermined injury (All persons, 3 year rolling average) *(Please note 2011-13 data is provisional and not available at a regional or national level).*



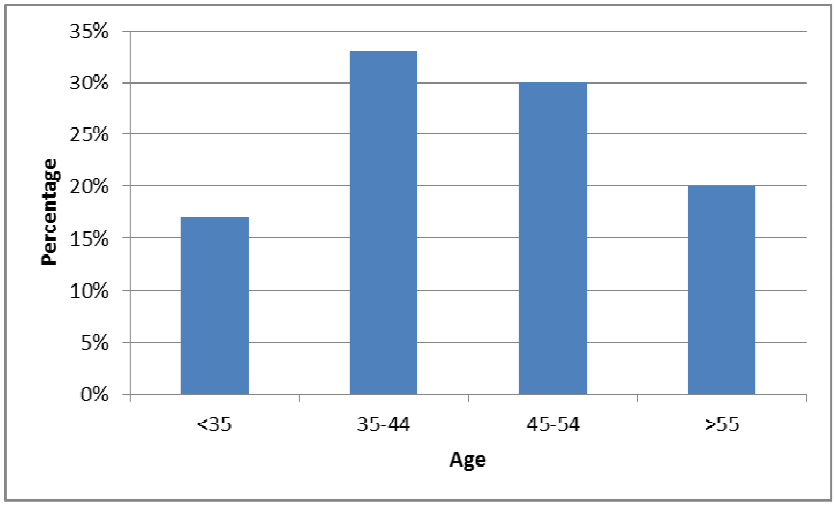
Who dies by suicide in Halton?

Each year an annual suicide audit is undertaken within Halton. Completing the suicide audit improves our understanding of those most at risk of suicide and allows us to target suicide prevention strategies appropriately.

Key findings related to the suicide audit for the period 2011-13

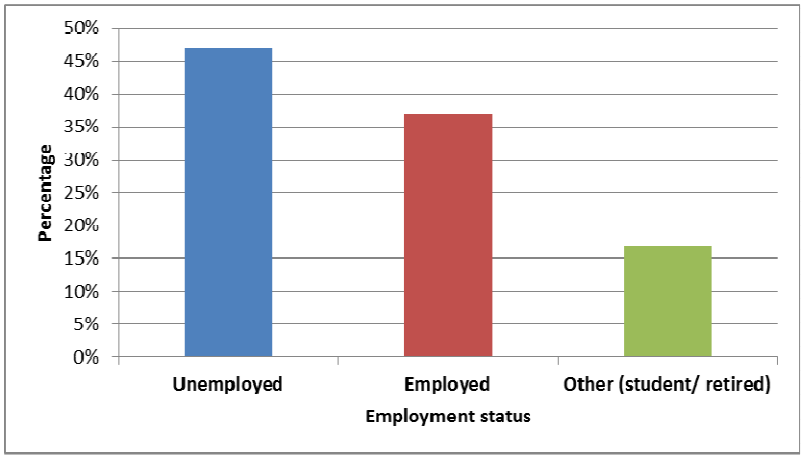
- More men die by suicide in Halton than women. For the period 2011-13 80% of suicide deaths were among men.
- The number and rates of suicides vary between age groups. In Halton the highest numbers of suicides were observed in the 35-44 and 45-54 year old age group (see figure 4).
- The numbers of suicides among those aged under 18 were below 5 therefore the numbers have been supressed.

Figure 4: Age distribution of suicides 2011-13



- The most common marital status at time of death was single (46.7% in 2011-13)
- At the time of death most people were living alone (44% in 2011-13).
- The most common employment status among those who died by suicide was unemployed (47% of deaths for the period 2011-13). This association is stronger for men, 71% of those who died by suicide and were unemployed were male in 2011-13. See figure 5.

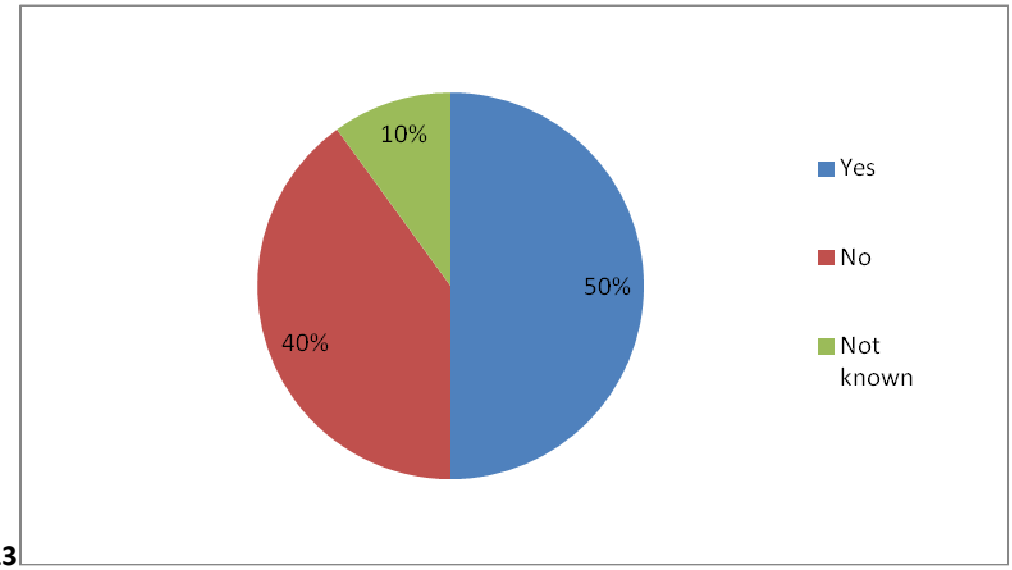
Figure 5: Employment status at time of death 2011-13



- Most of the suicides for the period 2011-2013 were among by heterosexuals (90%), with no one recorded as being homosexual. For 10% of people their sexual orientation was recorded as being unknown.
- The majority of suicides in period 2011-2013 (67%) were reported to have personal problems leading up to their death. The most commonly reported problems were relationship (40%) and financial problems (17%).
- For the period 2011-13 57% of suicides in Halton were by people who had a known mental health problem. Of these 23% were known to mental health services.
- 27% of people who died by suicide in Halton for the period 2011-13 had a recorded history of self-harm.

- Half of those who died by suicide in 2011-13 were misusing substances (alcohol, illicit drugs), 87% of these suicides were in males. See Figure 6.

Figure 6: Substance misuse around the time of death 2011-13



- In the last 3 years, 53% of those who died by suicide had some contact with medical professionals in the last 12 month relating to mental health problems.
- 17% of those who had died by suicide in 2011-13 had contact with the police prior to their death, all were male.

How and where do people die by suicide in Halton?

- Hanging was the most common cause of death by suicide in Halton during the period of 2011-13 accounting for 63% of cases. Hanging was the most common method among both men and women.
- The majority of suicides for the period 2011-13 (60%) died at home. There were small numbers at other locations (less than 5 deaths) including the Silver Jubilee Bridge.

Suicide attempts in Halton

Statistics on recorded suicides (official suicides and undetermined deaths) provide a profile of people who have taken their own life, but do not tell the whole story as they do not provide details of the number of people who have attempted suicide but did not die or the number who have experienced suicidal thoughts.

We do not have data locally on the number of suicide attempts or number of people having suicidal thoughts. However, national surveys inform us that 16.7% of people said that they had thought about committing suicide at some point in their life, while 5.6% said that they had attempted suicide[8]. If these national estimates are applied to Halton's population, we find that nearly 17,000

[8]Adult Psychiatric Morbidity in England - 2007, Results of a household survey. Available from: http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf

people local will have ever had suicidal thoughts and over 5,000 people will attempt suicide ever in their lifetime, see Table 3.

Table 3: Estimated prevalence of suicidal thoughts and suicide attempts in Halton

	Percentage (%)	Number
Suicidal thoughts (ever)	16.7	16,836
Suicide attempts (ever)	5.6	5,646

Suicide attempts from the Silver Jubilee Bridge

Locally we have a known suicide hot spot in the Silver Jubilee Bridge (the Runcorn and Widnes Bridge). In the last three years there have been 70 incidents involving the bridge, of these 63 were threats to jump and 7 were people who jumped from the bridge, see Table 4.

During the financial year 2013/14 police resources recorded 494 hours (or over 20 days) of time expended to deal with individuals threatening to jump from the Silver Jubilee Bridge.

Table 4: Incidents in relation to persons who have jumped or attempted to jump from the Silver Jubilee Bridge (the Runcorn and Widnes Bridge), 2011-14

	Total
Threats to Jump from bridge	63
Jumpers from the bridge	7
Total	**70**

Local information related to risk factors for suicide

As stated this suicide prevention strategy focuses on increasing protective factors and reducing risk factors for suicide within Halton. In order for us to prioritise actions it is important for us to be aware of the prevalence of risk factors locally:

- Significantly worse than England:
  - Self-harm rates
  - Long-term health problems and disability
  - Substance misuse
  - Personal insolvency
  - Violent crime and violent offences
- Higher than England
  - First time entrants into youth justice system
  - Levels of alcohol-related harm
  - Unemployment (including youth unemployment)
- Lower than England
  - Ethnic minority groups
  - One person households

Areas for action

This strategy articulates the partnership approach to suicide prevention and supporting those bereaved or affected by suicide in Halton. Based upon national policy, research evidence and local insight 6 areas for action have been identified and agreed. All 6 areas for action have equal priority.

1. **Improve the mental health and wellbeing of Halton residents**
2. **Promote the early identification and support of people feeling suicidal**
3. **Reduce the risk of suicide in known high risk groups**
4. **Reduce access to the means of suicide**
5. **Provide better information and support to those bereaved or affected by suicide**
6. **Support research, data collection and monitoring**

Area for action 1: Improve the mental health and wellbeing of Halton residents

A key aim of this strategy is to promote protective factors and reduce the likelihood of suicidal behaviour through improving a person's mental health and wellbeing and their ability to cope with difficult circumstances.

We know:

- Interventions that promote mental health and wellbeing also reduce suicides

This strategy is aligned with Halton's Mental Health and Wellbeing Commissioning Strategy and Delivery Plan. As such this aim will be delivered via Halton's Mental Health and Wellbeing Commissioning Strategy priority area 1 - "Improve the mental health and wellbeing of Halton people through prevention and early detection" which outlines actions to improve mental health and wellbeing across the life course.

In order to improve the mental health and wellbeing of Halton residents we will:

- Support the delivery of Halton's Mental Health and Wellbeing Commissioning Strategy priority area 1 - "Improve the mental health and wellbeing of Halton people through prevention and early detection"

Area for action 2: Promote the early identification and support of people feeling suicidal

Suicide is often the result of a complex range of factors, but it is often just one or two things that can trigger a person to take actions such as making a suicide plan or finding a means to take their own life.

We know:

- Most people who are thinking of taking their own life do not actually want to die but can't see any other way out of their situation.
- The warning signs and tipping points for suicide can be likened to signposts that give early warning of the potential for suicidal behaviour. Knowing the main warning signs for suicide and responding to them quickly and effectively may save someone's life.

In order to ensure the early identification and support of those who feel suicidal we will:

Supporting people at the time of a mental health crisis: Operation Emblem

'Operation Emblem' was set up in December 2013 as an innovative approach to supporting those suffering from a mental health crisis in Halton.

The scheme involves a Community Psychiatric Nurse accompanying a dedicated Cheshire Police Officer on call-outs involving individuals who are exhibiting unusual behaviour linked with mental illness or drug and alcohol dependency.

The Community Psychiatric Nurse is able to immediately access the individual's care plan, if they are known to services, and to contact their Care Co-ordinator to discuss what the best approach is, as well as offering immediate support to the individual. The benefits of these relationships were made clear as so far around 90 per cent of the individuals seen through the pilot were already known to mental health professionals – giving the police additional insight into their needs and support requirements.

Owing to the team's guidance and support - only four people had to be dealt with by way of a Section 136 arrest, representing an 82.5 per cent reduction. On all of these occasions, the individual was admitted onto a mental health ward within a few hours.

Operation emblem has produced benefits for local people and the economy – easing pressure on local Police resources while offering vulnerable people a more supportive way of accessing 5 Boroughs Partnership NHS Foundation Trust's services which promote compassion and recovery.

In one incident, a concern for welfare was issued to Cheshire Police via a family member regarding a gentleman with mental health problems. Prior to his disappearance, the gentleman had voiced suicidal ideation and had consumed large amounts of alcohol. The gentleman was located by the team and given choice about how he could access appropriate help. He refused to attend a clinic/hospital environment but – by taking a shared decision-making approach – the team were able to stage a street triage intervention.

During de-brief with attending officers it was confirmed that had Operation Emblem not been available, Section 136 of the Mental Health Act would have been utilised. Instead the gentleman received a mental health review within 10 minutes of request and was able to return home with follow-up in the community – evidence of a significantly improved patient experience.

Area for action 3: Reduce the risk of suicide in known high risk groups

Achieving a reduction in suicide involves reaching more people who may be at risk of taking their own lives. Based upon national evidence and local intelligence the groups identified as being at high risk of suicide in Halton include:

Young and middle aged men

We know:

- More men die by suicide in Halton than women. For the period 2011-13 80% of suicide deaths were among men.
- Most men who die due to suicide in Halton are aged 35-64, however suicide remains a leading cause of death among young men

In order to reduce the risk of suicide in young and middle aged men we will:

People with mental health problems, including those in the care of mental health services

We know:

- For the period 2011-13 57% of suicides in Halton were by people who had a known mental health problem. Of these 23% were known to mental health services.
- Depression (including postnatal depression) is one of the most important risk factors for suicide and undiagnosed or untreated depression can heighten that risk.
- Primary care services have a key role in identifying and treating mental health problems as well as assessing an individual's suicide risk.
- People with severe mental illness are at high risk of suicide, both while on inpatient units and in the community.
- Inpatients and those recently discharged from hospital and those who refuse treatment are at highest risk

In order to reduce the risk of suicide in those with a mental health problem we will:

People with a history of self-harm

We know:

- 27% of people who died by suicide in Halton for the period 2011-13 had a recorded history of self-harm.

In order to reduce the risk of suicide in those who self-harm we will:

People in contact with the criminal justice system

We know:

- 17% of those who died by suicide in Halton for the period 2011-13 had been in contact with the police in the period prior to their death

In order to reduce the risk of suicide in those in contact with the criminal justice system we will:

People who misuse drugs or alcohol

We Know:

- 50% of those who died by suicide in Halton for the period 2011-13 were known to have a misusing alcohol or drugs at the time of death.

In order to reduce the risk of suicide in those who misuse drugs or alcohol we will:

Children and young people

We know:

- Young people are vulnerable to suicidal feelings
- Self-harm is common among young people
- Certain young people are at greater risk of suicide e.g. looked after children, children and young people in the criminal justice system, those with mental health and behavioural problems, those who misuse substances, those who have experienced family breakdown, abuse, neglect

In order to reduce the risk of suicide among children and young people in Halton we will:

Older adults

We know:

- Depression, chronic and painful physical illnesses, disability, bereavement, social isolation and loneliness are more common among older people.

In order to reduce the risk of suicide among older adults in Halton we will:

Survivors of abuse and violence including sexual abuse

We know:

- Halton has high levels of domestic abuse and sexual violence
- Violence and abuse can lead to psychosocial problems and an increased suicide risk

In order to reduce the risk of suicide in survivors of abuse and violence including sexual abuse in Halton we will:

Veterans

We know:

- Veterans may suffer from mental health problems due to service.
- There is evidence that risk of suicide is elevated among some veterans

In order to reduce the risk of veterans in Halton we will:

People living with long-term physical health conditions

We know:

- Physical illness is associated with an increased suicide risk.
- People with physical illness are at a higher risk of suffering from depression, which may often go undiagnosed.

In order to reduce the risk of people living with long-term conditions in Halton we will:

People who are especially vulnerable due to social and economic circumstances (for example due to debt, housing problems or unemployment)

We know:

- The UK economy is recovering from the most damaging financial crisis in generations. There have now been a number of studies demonstrating an association between increased unemployment during the recent financial crisis and an increase in suicide rates[9, 10].

[9] Barr B, Taylor-Robinson D, Scott-Samuel A, McKee M, Stuckler D. Suicides associated with the 2008-10 economic recession in England: time trend analysis. BMJ 2012

[10] Chang, Stuckler, Yip, Gunnell. Impact of the 2008 global economic crisis on suicide: time trend study in 54 countries, BMJ 2013,

- Locally the most common employment status among those who died by suicide was unemployed (47% of deaths for the period 2011-13). This association is stronger for men, 71% of those who died by suicide and were unemployed were male in 2011-13.
- There is growing evidence that national policies aimed at reducing austerity e.g. the welfare reforms, the housing benefit size criteria (often referred to as the bedroom tax) may have led to an increase in those experiencing financial difficulties. Recent research conducted with Housing Trust employees found an increase in mental health issues and suicidal ideation among housing trust clients[11].

In order to reduce the risk of suicide in people who are particularly vulnerable due to social and economic circumstances we will:

[11] Impact of Welfare Reform on Housing Employees. Dec 2013

Lesbian, gay, bisexual and transgender people

We know:

- Lesbian, gay, bisexual and transgender people are at a higher risk of mental illness, suicidal ideation, substance misuse and self-harm.

In order to reduce the risk of suicide among lesbian, gay and transgender people in Halton we will:

Area for action 4: Reduce access to the means of suicide

One of the most effective ways to prevent suicide is to reduce access to high lethality means of suicide. This is because people sometimes commit suicide on impulse, and if the means are not readily available the suicidal impulse may pass.

Although most suicides in Halton take place in the home, we also have a known suicide 'hotspot' where repeat suicide attempts take place – the Silver Jubilee Bridge (Runcorn and Widnes Bridge). In addition work has recently commenced on a new Mersey Gateway Bridge with an opening date of autumn 2017 expected for the new crossing.

In order to reduce the number of suicides and suicide attempts at high-risk locations including the Silver Jubilee Bridge (Runcorn and Widnes Bridge) and the new Mersey Gateway Bridge we will:

In order to reduce hanging and strangulation in psychiatric inpatient and criminal justice settings we will:

In order to reduce the number of suicides and suicide attempts on the rail network we will:

Area for action 5: Provide better information and support to those bereaved or affected by suicide

The national Suicide prevention strategy places a new focus on support for people bereaved or affected by suicide.

We know:

- Families and friends bereaved by suicide are at an increased risk of mental health and emotional problems and may be at higher risk of suicide themselves.
- The media has a responsibility to ensure it reports incidents where an individual has taken their own life in a suicide reports in a sensitive manner, so as not to increase distress among relatives and friends of the individual and so as not to promote copycat behaviour among young and vulnerable individuals. can have

In order to provide better information and support to those bereaved or affected by suicide we will:

Developing a postvention service for Halton

Suicide postvention is defined as "the provision of crisis intervention, support and assistance for those affected by a completed suicide".

Evidence suggests that people who know someone who has died by suicide are at greater risk of attempting or completing suicide. For each individual suicide it has been estimated that a further six people will suffer a severe emotional impact as a result of the death.

Postvention services are essential to ensure that those bereaved by suicide receive effective and timely emotional and practical support. There is currently a gap in this area as there is no local care pathway to support those bereaved or affected by suicide.

Evidence from Northern Ireland and Australia demonstrates that such support measurably improves the health and wellbeing of people bereaved or affected by suicide, potentially reducing the number of future suicides. Also that postvention services are cost-effective as through providing effective support they reduce the economic burden on the health system, employers, communities and society generally due to people bereaved or affected by suicide.

A key action identified within this strategy is the development of a postvention service to ensure we have effective local responses to provide effective and timely support for people bereaved or affected by suicide.

Area for action 6: Support research, data collection and monitoring

We know:

- Reliable, timely and accurate suicide statistics and the analysis of the circumstances surrounding each suicide in Halton can highlight trends, identify key risk factors for suicide and inform future partnership activity.
- Research and evaluation enhance our understanding of what works in suicide prevention locally.
- Mechanisms for monitoring progress are essential for the successful delivery of this strategy and action plan.

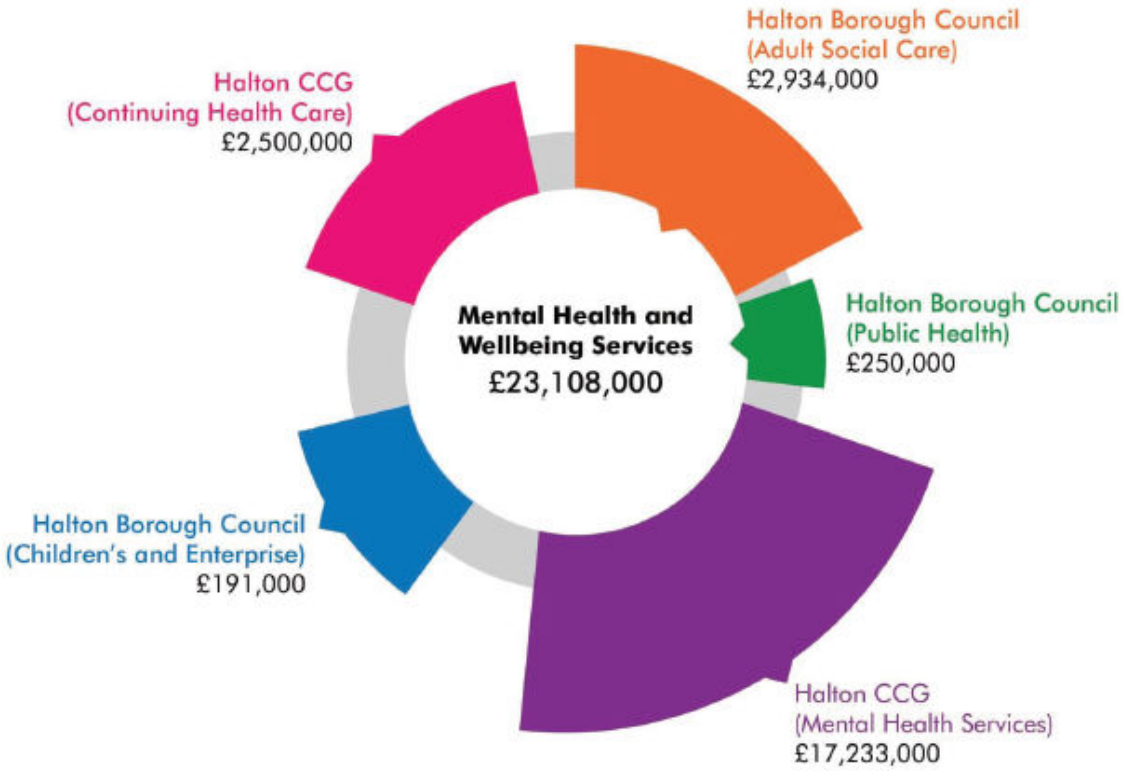
In order to support research, data collection and monitoring we will:

Strategy delivery

Expenditure on suicide prevention

As outlined within this strategy the first step in preventing suicides is to ensure that there are adequate and robust emotional health and wellbeing services available for local people. This includes health promotion and prevention activities as well as safe and effective treatment services with an emphasis on recovery. Halton collectively spends over £23 million on mental health and wellbeing services which can be seen in the diagram below. This spend incudes all local suicide prevention activity e.g. suicide prevention training, CALM funding (Campaign against living miserably), 5BP risk assessment and support services etc.

Figure X: Expenditure on Health and wellbeing services in Halton *Source: A Mental Health and Wellbeing Commissioning Strategy for Halton*



Whilst there is not an explicit budget for local suicide prevention activity it is an integral part of all commissioned activity. Commissioners and service providers have committed to ensure that the actions identified within the strategy and action plan will be prioritised within existing resources with the aim of reducing the risk of suicide locally.

Monitoring implementation and outcomes

This strategy sets out evidence-based actions, based upon national policy, research and local insight, to prevent suicide and support those bereaved or affected by suicide in Halton. The strategy is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve.

The ***Halton Suicide Prevention Partnership*** will meet quarterly to monitor the implementation of the action plan and refresh the action plan on an annual basis. Quarterly progress reports will be presented to the Halton Mental Health Oversight Group and the Health and Wellbeing Board.

The *Halton suicide prevention partnership* will monitor outcomes related to high level indicators included within the Public Health and NHS Outcomes Framework this includes:

- the suicide rate
- self-harm rates

- excess under 75 mortality in adults with a serious mental illness

Like Minds
For better mental health in Halton

"My name is David, I'm 30, from Halton View and I've felt **suicidal**."

It started slowly in 2004. I found I was getting more irritable at things and I was drinking alcohol everyday. I started to withdraw from friends and family and was spending more and more time on my own. I then lost my job and split up with my girlfriend. At this point I was at my lowest and wanted to end my life. I felt I had nothing to live for. I talked to my mum about feeling like this and she said I needed to get out more and have a hobby. I knew she was right and I knew I needed to get out and make new friends. It took two years to build the confidence to go to college but I gave it a try and that is where I met my current girlfriend; who I enjoy spending time with and having fun with. I have now begun studying substance misuse and mental health and finally feel up for finding work."

It's Time to Talk.

If you feel like David talk to somebody you trust or see your GP.

For David's full story visit
www.haltonlikeminds.co.uk

Halton suicide prevention strategy – Action plan 2015-16

1. Improve the mental health and wellbeing of Halton people						
Objective	**Targets/ outcomes**		**Actions**	**Timescales**	**Lead**	**Comments**
Improve the mental health and wellbeing of Halton people through prevention and early detection	Increase of 1% in self-reported wellbeing (feeling worthwhile). Baseline (2012) 17.6%	1	Support the delivery of Halton's Mental Health and Wellbeing Commissioning Strategy priority area 1 - "Improve the mental health and wellbeing of Halton people through prevention and early detection"	Ongoing	Mental Health Prevention sub group	
2. Promote the early identification and support of people feeling suicidal						
Objective	**Targets/ outcomes**		**Actions**	**Timescales**	**Lead**	**Comments**
Reduce the stigma and discrimination associated with mental health and suicide locally	Suicide awareness campaign plan developed and agreed by all agencies	2	Develop a local multi-agency suicide awareness campaign plan	Nov 2015	Health improvement team/ Halton suicide prevention partnership	
		3	Ensure suicide prevention support lines are promoted widely across the borough – CALM, Hopeline- UK, Samaritans, Papyrus, and the local assessment team number.	Nov 2015	Halton suicide prevention partnership	

Increase local awareness of the warning signs of suicide and how to access support	1% of the local population is trained in suicide prevention skills. Local organisations have trained their staff in suicide alertness and intervention skills. 3 large local workplaces have been supported in developing suicide prevention policies	4	Deliver suicide awareness training to local community members to enable them to recognise the warning signs of suicide in themselves, their family and friends (LINK TO AREA FOR ACTION 3)	June 2016	Health improvement team	
		5	Develop a local suicide awareness training plan for community members, local community groups and key professionals who interact with known high risk groups (LINK TO AREA FOR ACTION 3)	Jan 2016	Health improvement team/ Public Health	
		6	Support local workplaces to develop suicide prevention policies	June 2016	Health improvement team	
Ensure the prompt support of individuals identified to be at risk	Support services are readily accessible	7	Review local pathways to rapid assessment and support from adult and Child and Adolescent Mental Health Services for those identified to be at risk of suicide	Jan 2016	Halton suicide prevention partnership/ 5BP/ CAMHS partnership board	

	Reduction in the number of Section 136 issued in Halton	8	Support and strengthen Operation Emblem	Jan 2016	Halton CCG/ Cheshire Police/ 5BP	
Improve outcomes for people experiencing a mental health crisis	Crisis care concordat declaration and action plan developed	9	Support the development of a local Crisis concordat declaration and action plan	June 2015	Halton CCG/ 5BP	
Provide extra support to those who re-attempt suicide	Repeat attenders are identified and supported using an MDT approach	10	Take a multidisciplinary approach to supporting individuals who repeatedly attempt suicide	Jan 2016	Halton suicide prevention partnership	
3. Reduce the risk of suicide in known high risk groups						
Reduce the risk of suicide in young and middle aged men	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who work with this group	11	Ensure key front-line professionals and local groups who interact with young and middle aged men undertake suicide awareness training – (LINK TO ACTION 4 + 5)	June 2016	Health improvement team	
		12	Deliver community outreach programmes that promote suicide awareness messages at traditional male settings e.g. in partnership with the Widnes Vikings, at local sports clubs and in local pubs.	June 2016	Health improvement team/ CALM	

Reduce the risk of suicide in people with mental health problems	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who work with this group	13	Deliver suicide awareness training to GPs – explore potential of using BMA e-learning package- (LINK TO ACTION 5)	June 2016	Health improvement team	
		14	Promote the early identification and treatment of depression (LINK TO Halton's Mental Health and Wellbeing Commissioning Strategy)	June 2016	Adult & Older peoples MH Delivery Group	
		15	Ensure the identification and support of women with a possible mental disorder during pregnancy or the postnatal period	June 2016	Midwifery/ Health Visitors	
	Local mental health services benchmarked against best practice	16	Assess local mental health services against best practice using the National Confidential Inquiry into suicide and homicide by people with mental illness self-assessment toolkit - http://www.bbmh.manchester.ac.uk/cmhr/research/centreforsuicideprevention/nci/toolkits	Jan 2016	5BP	

		17	Support the implementation of the 5BP Suicide Reduction Strategy	Jan 2016	5BP/ Halton suicide prevention partnership	
Reduce the risk of suicide in People with a history of self-harm	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who work with this group	18	Train key professionals to identify self-harm behaviour, recognise that people who self-harm are a high risk group for suicide and refer appropriately	June 2016	Health Improvement Team	
		19	Support the implementation of NICE clinical practice guidelines on self-harm	June 2016	Halton CCG/ Public Health	
		20	Support the development of a local peer support group for those who self-harm		Health Improvement Team	
Reduce the risk of suicide in People in contact with the criminal justice system	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who	21	Deliver suicide awareness training to key professionals who interact with those in contact with the criminal justice system (LINK TO ACTION 5)	June 2016	Health improvement team	

	work with this group					
Reduce the risk of suicide in who misuse drugs or alcohol	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who work with this group	22	Deliver suicide awareness training to key professionals who interact with those who misuse drugs or alcohol (LINK TO ACTION 5)	June 2016	Health improvement team	
Reduce the risk of suicide in children and young people	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who work with this group All local school and colleges have bullying prevention initiatives	23	Deliver suicide awareness training to key professionals and support groups who interact with children and young people (especially vulnerable children and young people) –(LINK TO ACTION 4 + 5)	June 2016	Health improvement team	
		24	Develop school and college-based approaches to promote suicide awareness among staff, pupils and parents to recognise the warning signs of suicide and increase knowledge of referral routes into specialist support	June 2016	Health Improvement Team/ School nurses	
		25	Implement school and college-based bullying prevention initiatives (to include tackling cyber bullying and	Jan 2016	Health Improvement Team	

			reducing homophobic bullying)			
	New Tier 2 CAMHS service commissioned	26	Deliver community outreach programmes that promote suicide awareness messages among young people	Jan 2016	HBC Children's commissioner	
		27	Ensure the early support of children and young people with emotional, behavioural or mental health difficulties through a new tier 2 CAMHS service and a specific service for looked after children (LAC)	Jan 2016	CAMHS partnership board	
Reduce the risk of suicide among older adults	Raised awareness of increased risk of suicide and pathways to support among staff and voluntary groups working with older people	28	Deliver suicide awareness training to key professionals and voluntary groups who support older people (LINK TO ACTION 4 + 5)	June 2016	Health Improvement Team	
		29	Promote the early identification and treatment of depression among older adults (LINK TO ACTION)	June 2016	Adult & Older peoples MH Delivery Group	
		30	Support the implementation of the Halton loneliness strategy	Jan 2016	Loneliness strategy group	

Reduce the risk of suicide in Survivors of abuse and violence including sexual abuse	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who work with this group	31	Deliver suicide awareness training to key professionals and local support groups who interact with survivors of abuse and violence (LINK TO ACTION 4 + 5)	June 2016	Health improvement team	
		32	Improve identification and appropriate referral to support services of those experiencing domestic violence – link to domestic abuse strategy	June 2016	Domestic abuse strategy implementation group	
		33	Ensure the early identification and assessment of vulnerable children	Ongoing	Halton safeguarding children's Board	
Reduce the risk of suicide in veterans	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who work with this group	34	Deliver suicide awareness training to key professionals and local support groups who interact with veterans (LINK TO ACTION 4 +5)	June 2016	Health improvement team	
Reduce the risk of suicide in People living with long-term physical health	Long-term conditions programme piloted	35	Support the development of a local long-term conditions patient programme to ensure patients feel	Jan 2016	Public Health	

conditions			more confident in managing their condition and take an active part in their care			
Reduce the risk of suicide in People who are especially vulnerable due to social and economic circumstances (for example due to debt, housing problems or unemployment)	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who work with this group	36	Deliver suicide awareness training to key professionals who interact with People who are especially vulnerable due to social and economic circumstances (LINK TO ACTION 5)	June 2016	Health improvement team	
		37	Develop referral pathways between services that support people who may be vulnerable due to social/ economic circumstances (financial advice and debt support services, housing trusts, employment support agencies) and mental health services	Jan 2016	Halton Suicide Prevention partnership	
Reduce the risk of suicide in lesbian, gay, bisexual and transgender people	Raised awareness of increased risk of suicide and pathways to support among key front line professionals who	38	Deliver suicide awareness training to key professionals and local support groups who interact with lesbian, gay, bisexual and transgender people – (LINK TO ACTION 4 + 5)	June 2016	Health Improvement Team	

	work with this group	39	Implement school and college-based bullying prevention initiatives to reduce homophobic bullying – (LINK TO ACTION 21)	Jan 2016	Halton anti-bullying partnership group	
Area for action 4: Reduce access to the means of suicide						
Reduce the number of suicides and suicide attempts at high-risk locations including the Silver Jubilee Bridge (Runcorn and Widnes Bridge) and the new Mersey Gateway Bridge	Best practice evidence reviewed	40	Review best practice evidence related to reducing the risk of suicide at the Silver Jubilee Bridge (installation of physical barriers, placement of signs and telephones, camera)	June 2016	HBC Emergency Planning team/ Cheshire Police	
		41	Advise on suicide prevention interventions planned for the new Mersey Gateway Bridge	June 2016	HBC Emergency Planning team/ Cheshire Police	
		42	Work with local authority planning departments and developers to consider safety when designing new buildings/ structures to reduce suicide opportunities	Ongoing	Cheshire Police (architectural liaison officer)	
Reduce hanging and strangulation in psychiatric inpatient and criminal justice settings	Evidence of regular ward assessments	43	Ensure regular assessment of ward areas to identify and remove potential risks e.g. ligature ligatures and ligature points, access to medications, access to windows and high risk areas – LINK TO ACTION 12)	Ongoing	5BP	

		44	Ensure safer environment for at risk prisoners e.g. safer cells and provide care for at-risk prisoners	Ongoing	Cheshire Police	
Reduce the number of suicides and suicide attempts on the rail network		45	Ensure staff working on the rail network are trained to recognise the warning signs of suicide and help individuals access appropriate support	June 2016	Regional suicide prevention network	
Area for action 5: Provide better information and support to those bereaved or affected by suicide						
Provide better information and support to those bereaved or affected by suicide	Postvention service commissioned	46	Commission a postvention service to ensure we have effective local responses to the aftermath of a suicide	June 2016	Public Health	
	Peer support group successfully running in Halton	47	Support a local peer support group for those bereaved or affected by suicide	June 2016	Health Improvement Team	
	Updated media reporting guidelines produced and distributed to local	48	Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media – updated guidelines for media produced	June 2016	Health Improvement Team / Regional suicide prevention network	

	media outlets					
Area for action 6: Support research, data collection and monitoring						
Monitor local suicide trends	Annual audit conducted and shared with key partners	49	Produce an annual data report to ensure that local data relevant to suicide prevention activity is collected, shared between partners and used to monitor suicide trends, progress and inform local activity.	June 2015	Public Health	
		50	Continue to undertake an annual local suicide audit based upon coroners records	June 2015	Public Health	
Evaluate local suicide prevention activities	Evaluation of local suicide prevention activities undertaken to inform future practice	51	Develop mechanisms to evaluate local suicide prevention activities and training in order to inform future practice	June 2016	Public Health	
Review regional and local evidence of best practice	Halton plays an active role in the regional Cheshire and Merseyside Suicide	52	Maintain an active role in the regional Cheshire and Merseyside Suicide Reduction Network	Ongoing	Public Health/ Halton suicide prevention partnership	

	Reduction Network	53	Assess the suitability of effective regional and national suicide prevention interventions for local implementation	Ongoing	Public Health/ Halton suicide prevention partnership	

REPORT TO:	Safer Policy and Performance Board
DATE:	20th January 2015
REPORTING OFFICER:	Strategic Director – Communities
PORTFOLIO:	Community Safety
SUBJECT:	Cheshire Constabulary PCSO Blue Lamp Reports
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Safer Halton Policy and performance Board on the work of the Halton based Police Community Support Officers

2.0 **RECOMMENDATION:** That the presentation be received and noted.

3.0 SUPPORTING INFORMATION

3.1 PCSOs were introduced under the Policing Reform Act of 2002 to increase the police presence on the streets, provide reassurance to the public and free up the time of regular police officers. Now fundamentally embedded within neighbourhood teams, the focus of PCSOs has been on engagement rather than enforcement

3.2 Police Community Support Officers in Cheshire work at the heart of Neighbourhood Policing Teams, providing a visible and reassuring presence on the streets, working with the community to help tackle the menace of anti-social behaviour.

3.3 PCSOs roles differ according to the needs of the local community, but they usually patrol a beat and interact with the public, while also offering assistance to police officers at crime scenes and major events.

4.0 POLICY IMPLICATIONS

4.1 None

5.0 RISK ANALYSIS

5.1 None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

The Constabulary as a universal service impacts on the health, safety and well-being of young people.

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

None

6.3 **A Healthy Halton**

The Constabulary as a universal service impacts on the health, safety and well-being of Halton residents.

6.4 **A Safer Halton**

The work of the Community Safety team and Cheshire Constabulary will have positive benefits for the communities of Halton.

6.5 **Environment and Regeneration**

None

7.0 EQUALITY AND DIVERSITY ISSUES

None.

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

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