Public Document Pack

HALTON BOROUGH COUNCIL

Executive Board

Thursday, 21 June 2007 2.00 p.m.
Marketing Suite, Municipal Building

David W R

Chief Executive

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

PART 1

*Please contact Lynn Cairns on 0151 471 7529 or e-mail lynn.cairns@halton.gov.uk for further information.
The next meeting of the Committee is on Thursday, 19 July 2007*

Item	Page No

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

REPORT TO:	Executive Board
DATE:	21 June 2007
REPORTING OFFICER:	Strategic Director, Health & Community
SUBJECT:	Improvement Review, Community Mental Health Services
WARDS:	All

1.0   PURPOSE OF THE REPORT

1.1   The Report describes the process and key findings of the Improvement Review of Community Mental Health Services, which took place in Halton in January/February 2007.

2.0   It is RECOMMENDED that

i)   The Executive Board endorse the Action Plan set out in Appendix 2

3.0   SUPPORTING INFORMATION

3.1   The Review Process:

3.1.1   The Improvement Review of Community Mental Health Services took place over five days in January/February 2007. It was led by an Inspector from the Commission for Social Care Inspection (CSCI), who was supported by a second Inspector from CSCI, and by two Inspectors from the Healthcare Commission. The Review focused on community mental health services within the Halton area, and was conducted across the Borough Council, the 5BoroughsPartnership NHS Trust and the Halton and St Helens Primary Care Trust.

3.1.2   A detailed programme was developed for the Inspectors, providing them with a wide range of information-gathering opportunities. This process is described further in paragraphs 3.3.1 – 3.3.4.

3.2   Key Findings:

3.2.1   The following areas were identified by the Review Team as the strengths of local community mental health services:

- Good consensus about and commitment to the modernisation of services along a recovery model
- Work is being done to strengthen partnership working, which will further benefit from recent changes to the PCT
- Positive and effective developments in services that support social inclusion

- Recent improvements in support services for carers were highly valued
- The understanding and use of Direct Payments was improving.
- Users and carers valued the service provided by the Assertive Outreach Team.
- A range of services had been developed by Halton Borough Council and voluntary sector providers, which were effective and highly regarded by users and carers. These included Making Space, MIND, TREDS[1] and the Councils' community support outreach service.
- Commitment had been made to developing a women's service to further address social inclusion and well-being issues

3.2.2   It should be noted that services either provided or commissioned by the Borough Council received some very positive comments, with particular comment of services for carers, and the services provided by the Mental Health Outreach Team. The new Community Bridge Building service was also identified as providing real potential for improvement.

3.2.3   A number of areas for further development were also identified:

- There was a lack of leadership and quality assurance of the implementation of the service redesign (this is the 5 Boroughs Partnership report "Change for the Better" to develop and modernise Mental Health Services), and the capacity to support the change management process was underdeveloped.
- Integration was limited in respect of joint management, joint finances and IT systems.
- Interface arrangements were variable and further work was needed in respect of young people and older adults services.
- There was a limited range of services, with insufficient psychological therapies available.
- Primary care and out of hours services were underdeveloped.
- The needs of minority groups were not fully understood or met.
- There were insufficient quality assurance and evaluation systems in place, which undermined engagement of key stakeholders.
- Case files and ICT systems were not integrated and management oversight of practice and recording needed strengthening.
- There were gaps in recognition of social care issues in assessments and care plans.
- Information about services and conditions was not systematically distributed to service users and carers.
- Users and carers experienced negative attitudes from some groups of staff.

---

[1] Knowsley Floor Laying Academy; a 13 week training programme operated by Huyton Churches

3.2.4   The full report is available at Appendix 1.

3.3   <u>The Action Plan:</u>

3.3.1   A detailed action plan has now been developed to implement service improvements as identified by the Review. This is submitted as Appendix 2. It addresses all the issues raised as areas for improvement in the Review, grouping them under a series of themes:

- Leadership
- Partnership and integration
- Improving the experience of service users and carers in communities and services
- Assessment and care planning
- Interface and transition
- Other issues (relating to local specialist functions)

3.3.2   The Plan was developed with the full involvement of all key stakeholders, and in particular service users, carers and staff. It was discussed fully on a number of occasions at the Mental Health Local Implementation Team and has been fully signed off by that group.

3.3.3   A key part of this process was an action-planning event, held at Halton Stadium on 18th April 2007. All stakeholders were invited to this event – including service users, carers and front-line staff – with and attendance of over 70. This meeting was used to both ensure that all relevant issues for the Action Plan had been considered, and for those present to understand and commit to the actions. This event was attended by the Inspectors and was commended by them.

3.3.4   Following this event, the Action Plan was finalised and submitted to the Inspectors, who have now signed this off as acceptable. The progress against the Plan will now be monitored by both Inspectorates through their usual inspection and performance monitoring regimes, with periodic progress reports also to be submitted.

4.0   POLICY IMPLICATIONS

4.1   The Improvement Review focused on local implementation of the national policy agenda for mental health services. In doing this, it highlighted a number of gaps in service delivery, and highlighted policy and procedural deficiencies. These are addressed in the Action Plan.

5.0   OTHER IMPLICATIONS

5.1   The Improvement Review itself forms part of the judgement by Commission for Social Care Inspection for the star rating for Adults Services in 2006 – 07. The Action Plan is likely to form part of the judgement for the star rating for Adult Social Services in 2007 – 08.

5.2   The Borough Council has already committed to funding a new post, in its growth priorities for 2007 additional to existing establishment, in the Crisis Resolution/Home Treatment service. This area is a key national priority and requires social work input in order to meet the requirements of national guidance. This will cost £26941 - £35,355 with oncosts. Two additional half-time posts, in the Assertive Outreach Service and the Primary Care Mental Health Service, are also to be created. These posts will be funded through the Mental Health Grant, and will both help to meet national guidance for Assertive Outreach and develop more preventive services through Primary Care. The total costs will be similar in cost to the above costs of the Social Worker.

6.0   RISK ANALYSIS

6.1   Clearly this is a high profile Review with implications for the overall performance of the Council. The delivery of successful outcomes to the Action Plan will depend on successful engagement and delivery of change by all key stakeholders. This will be monitored and reviewed on a regular basis through the Mental Health Local Implementation Team.

7.0   EQUALITY AND DIVERSITY ISSUES

7.1   The review specifically focused on people with mental health problems who are aged between 18 and 65. However, it became clear to the Inspectors that the changes to service delivery within the 5BoroughsPartnership would have a significant impact on Older People's Services and therefore recommendations about this service area are incorporated into the final report and Action Plan.

7.2   In addition, the Inspection team was keen to establish that services were accessible to all people, and that people receive a positive experience of their engagement with mental health services. This did not always seem to be the case and the Action Plan addresses areas of deficiency.

JOINT COMMUNITY MENTAL HEALTH SERVICES REVIEW

Inspecting for improvement report

Halton LIT community

January 2007

Commissions' values and aims

The Healthcare Commission and Commission for Social Care Inspection are committed to:

- putting the people who use health and social care services first
- promoting continuous improvement in health and social care services
- promoting the rights of everyone to have equal access to health and social care services
- being independent, fair and transparent in the undertaking of the fieldwork

The Joint Community Mental Health Services Review's 'inspecting for improvement' aims to promote improvements in the quality of health and social care for the benefit of the people who use community mental health services.

Commissions' contact details

Lynn Hampton
Commission for Social Care Inspection
London Region
3rd Floor Finlaison House
15-17 Furnival Street
London, EC4a 1AB

Tel: 020 7979 8051

Carrie Fotheringham,
Healthcare Commission
Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

Tel: 0207 448 9200

Inspecting Team

Lynn Hampton, Commission for Social Care Inspection (Lead)
Carrie Fotheringham, Healthcare Commission
Sheila Callens, Commission for Social Care Inspection
Anne McCaffrey, Healthcare Commission

Introduction

The statutory service providers and commissioners that were members of the Halton LIT at the time of the fieldwork were

- Halton Borough Council
- 5 Boroughs Partnership NHS Trust
- Halton & St Helen's Primary Care Trust

The purpose of fieldwork was to:

- further explore findings from the data analysis;
- focus on identified areas of concern;
- gain a greater understanding of performance issues; and
- assist LIT members with improvement planning.

People who use mental health services and their carers were central to the fieldwork. It provided a stronger and more comprehensive evidence base on which to assess and understand:
- access arrangements to key community services
- interface between primary care & in-patient services
- provision for access out of hours
- service provision for carers
- service provision for diversity
- addressing physical health needs
- supporting social inclusion

Overall Findings

A review of data and local information indicated that Halton LIT had made relatively less progress in implementing parts of the National Service Framework (NSF) for Mental Health in comparison to other LIT areas. The seven areas, outlined above, are reflective of the limited range of services that have been available in Halton. Substantial work had recently been undertaken at local and regional levels to redress this, by developing and implementing an ambitious strategy for modernisation. The model for service redesign, which became known as *Change for the Better*, had been consulted upon in 2006 and was at the early stages of implementation at the time of this Improvement Review. The focus of this fieldwork was to explore the effectiveness of the strategy and assess improvements on outcomes for service users and carers.

Partner organisations in Halton were working to overcome historical challenges and difficulties in joint working that had contributed to the failure to meet some of the NSF targets. Some effective local services consistent with a modern mental health service had been established over the last two years following agreement on a joint commissioning strategy, although these were initially developed piecemeal. The drive for change had gathered pace because of NHS financial imperatives, and the 5 Boroughs Partnership NHS Trust led on developing the operational model *Change for the Better*. The consultation process for *Change for the Better* highlighted how the outcomes set out in the recovery model would be achieved. This led to significant changes including increased investment, reconfigured in-patient services and a plan for a phased introduction of the model. Further work was being done to formalise partnership arrangements, and the creation of a single PCT for Halton and St Helens had established an infrastructure to support an increasingly unified approach to *Change for the Better*. Members of the LIT were enthusiastic about the potential for improvement.

A Local Development Team (LDT) had been established to oversee the implementation process. We found that although there were reporting lines from the LDT up to Chief Executive level in all key partner organisations, there was a lack of clear accountability and leadership. There was also widespread concern amongst staff, service users and carers about the implementation of plans to change services. Insufficient attention had been given to the development of community based and preventative services, at a time when decommissioning arrangements were being made. This situation was compounded by the fact that responsibility for the development of primary care services was divorced from the LDT's remit. There were insufficiently robust systems in place for feedback to and quality assurance of the LDT, and the high levels of anxiety amongst community staff, users and carers were not being heard or addressed. Further, challenges to aspects of the model that were raised in relation to the inclusion of older people in adult mental health services required further consultation and final resolution.

We judged that because of these unresolved issues, the implementation stage of *Change for the Better* required urgent action to ensure that the change management process was refocused and properly managed, without which the success of the service redesign was at risk. Unless quality issues in areas of access, interface between services, and the range of services were speedily rectified, there was a high likelihood of there being a negative impact on outcomes for service users.

There was a mixed picture in relation to care planning and assessment. A training programme was being implemented to improve practice, and plans were in hand to address the lack of integration of case files and underperformance of IT systems. Improvements in care planning, risk assessment and recording needed to be supported by more robust management oversight and quality audit.

Improvement Planning

Prior to the review the LIT had developed an action plan to address areas where performance was below national averages. It is the intention of the improvement planning that it will dovetail with existing improvement work rather than add to it.

The commissions will therefore work jointly with the LIT community to facilitate planned improvements in response to the findings of this report.

The most pressing issues for improvement planning are:

- Clear lines of leadership and accountability to be established for *Change for the Better*, with urgent action taken to ensure that primary care and community service developments are co-ordinated and implemented as a priority. This needs to ensure that a range of services are developed that will deliver an effective recovery model and improved outcomes for service users.

- The need to develop whole systems thinking and approach to strategic planning, service planning and commissioning. This will need to take account of the effectiveness of current integrated working arrangements - joint finance, management and IT systems.

- Taking charge of the agenda for services for older people within adult mental health services. This will include determining that the needs analysis is robust, that this is used to drive a needs-led service which is developed in consultation with older people's service leads, and addresses the concerns and issues that have been raised by stakeholders.

- Improvements in assessment, care planning, risk assessment and review. This will be supported by a greater focus on the quality of practice and recording.

The desired outcomes for service users and carers are:

- Improved access to a range of services in the community that focus on prevention and social inclusion.

- To benefit from seamless service provision and continuity of care from primary and secondary care, which results in timely follow-up or support by the right service.

- To receive effective person-centred care co-ordination, from a named care co-ordinator.

SUMMARY OF FINDINGS

Strengths
• There was good consensus about and commitment to the modernisation of services along a recovery model. • Work was being done to strengthen partnership working, and this would further benefit from the recent reorganisation of the PCT. • There had been positive and effective developments in services that supported social inclusion. • Recent improvements in support services for carers were highly valued. • The understanding and use of Direct Payments was improving. • Users and carers valued the service provided by the Assertive Outreach Team. • A range of services had been developed by Halton Borough Council and voluntary sector providers, which were effective and highly regarded by users and carers. These included Making Space, MIND, TREDS and the Councils' community support outreach service. • Commitment had been made to developing a women's service to further address social inclusion and well-being issues

Areas for Development
• There was a lack of leadership and quality assurance of the implementation of the service redesign, and the capacity to support the change management process was underdeveloped. • Integration was limited in respect of joint management, joint finances and IT systems. • Interface arrangements were variable and further work was needed in respect of young people and older adults services. • There was a limited range of services, with insufficient psychological therapies available. • Primary care and out of hours services were underdeveloped. • The needs of minority groups were not fully understood or met. • There were insufficient quality assurance and evaluation systems in place, which undermined engagement of key stakeholders. • Case files and ICT systems were not integrated and management oversight of practice and recording needed strengthening. • There were gaps in recognition of social care issues in assessments and care plans. • Information about services and conditions was not systematically distributed to service users and carers. • Users and carers experienced negative attitudes from some groups of staff.

Criteria 1: Access

Data analysis showed that Halton was under-performing in areas concerning access to services, effective interface between services, and out-of-hours arrangements.

As noted elsewhere in this report, Halton were aware of these deficits and had set out to radically redesign services with the intention of promoting seamless pathways of care, and a range of services that were accessible to people according to their need. *Change for the Better* set out a model that included enhanced primary care treatments, a single point of access into a full range of secondary care services through an Access and Advice Centre, and a clear pathway into in-patient and specialist care.

There had been some positive developments, including the recent establishment of an Early Intervention Team (EIT). The Crisis Resolution team (CRT) was imminently to be extended to provide a twenty-four hour service seven days a week, and it was intended to also extend as a Home Treatment service. Recruitment had begun to the Access and Advice Team, and one person was in post. Interpreting and translation services were working well, which promoted good access.

However, we found a lack of clear planning that would ensure effective transitional arrangements, and also significant gaps in progress toward the long-term vision. The most important of these was that planning for the development of primary care services was divorced from the implementation of *Change for the Better* – the Local Delivery Team (LDT) did not have the responsibility for this as part of its remit. This undermined joint planning and there was a lack of co-ordination in developing the primary care service. The LDT was overseeing closures of services that would result in functions such as those relating to administration and monitoring of medication transferring from day centres to primary care, without the appropriate training or staffing arrangements being put in place to support it. This was causing high levels of anxiety in staff, users, carers and GPs.

As well as potentially undermining the quality of outcomes for users, this was alienating key stakeholders from the commitment to the change process. This was further hampered by lack of clarity around the development of key elements of the pathway through care. For example, the development and role of the Access and Advice team was not well known or understood. Staff were unsure how the extended CRT and Home Treatment service would operate, including how it would manage the interface with in-patient services. There was a lack of information about or progress being made in relation to the development of access to services for people with mild to moderate mental health problems, or services such as psychological therapies, which were being reduced rather than expanded. Users, carers and staff were concerned that thresholds for access were already high, and that this would become more of an issue unless a broader range of support services were put in place.

Out of hours
There were very few out-of-hours services. The CRT operated until 9 pm, and was about to be launched as a 24-hour service seven days a week service. This was a key improvement, although greater clarity was needed regarding the management and function of the team.

MIND provided a social drop-in on a Sunday morning, and the Council's community support outreach team operated in the evenings and weekends. These were both identified as highly valued services, but were insufficient to meet people's needs.

Interface Arrangements
Key partners were able to demonstrate effective partnership working in learning disabilities services. There were also good working relationships with services for people with physical disability and sensory impairment. However, these would be strengthened by the development of formal protocols. Effective protocols across mental health services ensured the safe and timely transition of service users between teams.

There were some challenges in the interface between Children & Adolescent Mental Health Services (CAMHS) and adult services. The *Change for the Better* proposal would raise the age for entering into adult services to 18 years old, but further work was needed on transition arrangements, differences in eligibility criteria, and access to in-patient beds, particularly for young people aged 16 to 18 years of age.

There was a lack of clarity about what the *Change for the Better* plans would mean in terms of improving services for older people. A commitment had been made to ensure that services would be needs rather than age led, and arrangements were being made to continue to care for people with mental health problems within the adult services up to the age of 75 years. The details of this needed clarification, and insufficient work had been done to ensure that there were robust interface arrangements and protocols put in place to guarantee clear pathways to support and care. This would need careful monitoring and evaluation, and attention to the financial implications for the local authority.

Some service users and carers that we met reported poor experience of hospital discharge to the community, with discharges taking place without time for effective care planning. Pressure on in-patient beds led to difficulties in securing a bed or retaining it while on leave from hospital.

While we heard that individual practitioners had a good relationship with police colleagues, there had been problems in securing a good response when needed. This was felt to be an issue relating to changes in how the police received and responded to calls. Operational arrangements with the police needed to be strengthened to ensure the safety of Approved Social Workers and the public.

Criteria 2: Care Arrangements

Range of services

Historically Halton had offered a limited range of services. Lack of effective commissioning, partnership working, and financial management had impeded progress in service developments. Services had remained traditional and bed-based, with a lack of focus on primary care, community services and prevention. National targets for key services, such as Early Intervention Teams (EIT), and support, time and recovery (STaR) workers, had not been met. There were long waiting lists and lack of access to psychological therapies. There was only one Cognitive Behavioural Therapist in Halton, and progress had been slow on recruiting support time and recovery (STAR) and graduate workers. Day services were traditional and buildings-based.

There had been some developments in community services over the last two years to redress this position. Users and carers spoke highly of a number of services recently established in the voluntary and statutory sectors, particularly the Assertive Outreach Team, the Council's community support outreach team, and Making Spaces. Counselling services, provided by Mind and/or mental health resource centres, were widely used and able to prioritise service users with urgent need.

There was increasing investment in and awareness of social inclusion issues, particularly from the local authority who had developed creative solutions in partnership with other agencies and across council departments. Some valued recent developments included *Building Bridges*, (supporting people into mainstream activities), *TREDS* employment services, and an in-reach service to Registered Care Homes that aimed to support rehabilitation into mainstream housing (Imagine). The Council had reconfigured employment services to establish a clear pathway for service users from job preparation to full employment – *Steps 2 Work*. This had been effective in helping a small number of service users to gain employment. The council had also taken the opportunity to create robust links across other corporate areas: housing and accommodation needs were being planned for through this framework. Effective benefits advice and debt management services further promoted social inclusion, and there was good access to advocacy services.

As noted above, the stated intention of the redesign of services under *Change for the Better* was to co-ordinate partnership working to ensure that an improved range of effective services was in place. However, staff, users and carers were reporting service closures rather than developments as the implementation process had started. We heard that these closures were necessary to release funding before alternatives could be put in place. Transitional arrangements from existing services to new had not been agreed to or secured, and users anticipated the loss of valued services with either no replacement or unacceptable alternatives being offered. The planned reconfiguration of day services to one site in Runcorn may disadvantage some users and carers for a variety of reasons including economically. Users, carers and staff were concerned that the

implementation of the service redesign had weakened rather than strengthened their position in relation to choice and the quality of options available to them.

Retraining for staff in the new culture and an analysis of the impact of the changes on community teams' caseloads was being undertaken, but adequate arrangements had not yet been made to ensure that services were equipped to deal with the changing demands that would inherently follow the implementation of a recovery model and move away from bed-based services.

Carers

There had been significant improvements in services to carers. A Carers' strategy and action plan had been developed following a public conference, which was overseen a mental health carers' subgroup. A database had been established to help identify and contact carers, and a dedicated carers worker appointed to promote carers' assessments and take up of services. The majority of carers that we met had had assessments and practical support through Direct Payments and/or the carers' service, and they spoke highly of the benefits that included access to complementary therapies, trips out, and training and information through the carers' support group. A carers' pack of information had been developed, which included useful contact numbers.

Diversity

Partner organisations were at different stages in addressing diversity issues. There was a clear commitment from the 5 Boroughs Partnership NHS Trust (5BPT) in respect of social inclusion, and Halton council had a framework and policies in place to support social care services in addressing the needs of people from black and minority ethnic communities. The PCT had work to do to develop an approach to equalities and diversity that would underpin the development of culturally sensitive services. Greater synergy between partners in developing the agenda around equalities and diversity could be realised through the local strategic partnership providing leadership and co-ordination.

Although there was a lack of a unified approach by commissioners to developing services for people with diverse need, action was being taken to develop a women's centre. A Women's lead was in post, and the Council had committed capital funding to develop the project. This was at the consultation stage, and represented an important potential benefit to women of all ages in Halton.

Criteria 3: Decision Making And Choice

Information

Halton LIT had an information sub-group, and an information strategy had been developed. There was a well regarded website, and information was available to carers in a pack which contained key contact numbers. However, further work was required to ensure that service information was disseminated systematically. Information about services and conditions was not available in a co-ordinated, easy to access manner. Specific areas such as the patients or carers' charter, and complaints procedure needed a higher profile.

Assessment and Care Planning.

Halton did not have integrated case files or joint IT systems to support the Care Programme Approach (CPA). A bespoke IT system (OTTER) had been developed in the hope that this would be able to integrate care recording and produce performance management reports, but this had not been realised. Research was taking place to identify the best alternative system to replace it.

The consequent uncoordinated arrangements made case file reading challenging, which would undermine information sharing and continuity of care for practitioners. Case files lacked clear audit and management input to promote the quality and consistency of recording. There were plans to invest in two new posts in each locality, (a CPA co-ordinator and administrative support), and this would be of benefit to make much needed improvements in recording and quality assurance.

Following discussion with managers of concerns arising from our review of case files, the Trust decided to undertake a more detailed file review. This confirmed initial findings that there was scope for improvement in a number of areas of assessment and care planning. The key areas included:
- It was extremely difficult to track key information from the case files.
- Information sharing across teams and agencies did not routinely take place as and when required.
- There was no evidence of management overview on some files.
- Risk assessments did not always reflect pertinent issues identified elsewhere in the case notes.
- Assessments and care planning did not consistently consider wider social issues, such as history of drug use and child care arrangements, or have effective arrangements in place to address them.
- Adult and child protection issues were not satisfactorily and consistently identified and responded to in a timely and effective way.

Members of the CMHTs demonstrated an awareness of social inclusion issues, and how to address these in care planning. Also, training programmes were underway to effect a culture change that would help staff move away from a medical model of care towards a recovery model. However, users and carers were yet to feel the benefits of this. Many users and carers that we met felt disempowered by negative attitudes from staff, lack of individualised care and feeling that they were not listened to. Users and carers identified this as being a particular issue when they had contact with specific groups of staff – in-patient staff, psychiatrists, the CRT and GPs. This created feelings of being unable to get help when it was needed, and a lack of continuity of care that was compounded by high turnover in locum psychiatrists. Some users and carers felt that this was exacerbated by differences in gender and ethnicity between themselves and medical staff, which contributed to cultural and communication barriers. The Trust needed to evaluate the quality of communication between staff and users, and ensure that effective systems were in place to monitor and improve the experience of service users and carers.

How reviews were conducted, in terms of formality and size, was also creating high anxiety, and presented a barrier to service users and carers participating fully in planning for their care and support. The Trust needed to set standards for reviews and ensure that review processes were sensitive to service users and carers needs.

Adult Protection

An adult protection multi-agency committee had been established, chaired by the Council. We found that managers and staff at all levels in the council and Trust were clear about the procedure and their roles. There had been extensive training and review of procedures that had improved referral and response to Adult Protection issues. While there were quality assurance systems in place that included case file sampling by the Adult Protection lead, the systems for routine audit by practice managers needed to be strengthened. More robust monitoring was needed to ensure that all relevant issues in both adult and child protection were quickly identified and responded to.

Partnership Working

Halton were aware of deficits in partnership working that had contributed to ineffective commissioning, and stagnation of services in the area. In recognition of these deficits and the pressing need for modernisation, the Council led on the development of a joint Commissioning Strategy for the period 2005-8, which set out a whole systems approach to service redesign. The local authority and primary care trust (PCT) were to commission and performance manage the 5 Boroughs Partnership NHS Trust in the phased withdrawal from investment in in-patient services, and reinvestment in a spectrum of community based support, care and treatment.

Progress remained somewhat piecemeal and single-agency, until increasing pressure for the Trust to make financial savings became the key driver for implementing change. There was consensus that action was overdue and progress in taking forward modernisation was therefore welcomed. However, the consultation process identified serious concerns from partners about whether the model would deliver the vision and improved outcomes for service users. Significant extra funding and a phased introduction were agreed to promote an effective transition period.

Subsequent to the consultation for *Change for the Better*, a Local Development Team (LDT) was established, to oversee the implementation process. The view of the Trust was that the LDT would be responsible for making decisions about local implementation, although they chaired the meetings, and had appointed a project manager to oversee the process. We found that although there were reporting lines, there was a lack of accountability to and leadership from any of the key organisations.

There were insufficiently robust systems in place for feedback and quality assurance. Greater attention should be given to ensuring that effective feedback and evaluation processes are in place that includes promoting user, carer and independent sector involvement in consultation. This should not only include ensuring representation on planning groups, but also extend to reviewing infrastructure. We found that information was given to established forums for users and carers but insufficient consideration had been given to ensuring that the information reached a wider audience of users and carers who were not involved in formal groups and meetings.

Membership of the LIT had improved in terms of range of stakeholders and consistency of attendance, and action was being taken to review the infrastructure supporting user and carer attendance. Terms of reference were established and there were clear links to sub-groups and the Partnership Board. Members were clear about their role in relation to strategy and planning, but there was less clarity regarding the practicalities of overseeing the delivery of *Change for the Better* and how they linked to the LDT.

We found that integration was underdeveloped between Halton's key partners. A partnership agreement had been developed but was not yet in force. There were no Section 31 agreements in mental health, few joint management posts, and no integrated IT systems. Management arrangements for the future teams had been split between the Trust and the Council. Proposals for 'joint accountability' were not well developed or detailed, and there was potential for polarisation of services and teams rather than 'seamless services' unless this was mapped out more clearly. The extent of integration should be reviewed to determine whether improvements could be made to whole systems and partnership working.

There had been no joined-up commissioning of private and voluntary sector services, and opportunities to maximise their input into the reconfiguration plans had not been taken. Improvements were needed in the formal arrangements for developing and monitoring contracts, and co-ordinating the engagement of the independent sector in commissioning plans and *Change for the Better*.

There were good working relationships in integrated teams, although these were not fully multi-disciplinary. CMHTs did not have OT or psychology staff, and neither the CRT nor AOT had social workers although recruitment was underway. Staff turnover was low, and there had been recent developments in developing joint workforce planning and training strategies, which were at a very early stage. Staff valued the management that was available to them, but not all staff had access to appropriate professional development and supervision.

Social Care

Access
The Council's arrangements for accessing out of hours services had been reviewed with the provider Cheshire county council and a decision made that Halton and St Helen's Council's would combine their resources to establish a single EDT for both council's. An out-of-hours team was to be established with ASW capacity within the team. The current arrangements relied on a diminishing number of volunteers from the daytime ASW rota supported by a single ASW within the Cheshire service.

Access to key service user information out of hours is crucial to the safe operation of out-of-hours services. Currently ASWs were unable to access key information beyond 9.00 p.m. This would need to be addressed as a matter of urgency. The opportunity to make the necessary improvements could be taken when the CRT extends it hours of operation.

The council needed to ensure that legal advice and management support was available to ASWs out of hours. These matters should be addressed as a matter of urgency.

Care Arrangements
In general, we found that improvements in planning and services to address social care issues were not underpinned in CPA. Insufficient attention was given to identifying and addressing employment, housing and financial concerns; key areas in developing an effective recovery model approach. The co-ordination of care plans would be strengthened by all services, i.e. housing and voluntary sector providers, involved in the support and care of individuals being involved in CPA reviews.

Health Care

Care Arrangements
Physical health reviews were compliant with the NICE guidelines for schizophrenia. However the proposed shared care approach to medicines management had a number of significant barriers to successful implementation. There were professional tensions between the secondary and primary care medical staff, and also lack of training for GPs who felt unprepared and under resourced to adopt this practice.

Systems need to be strengthened to ensure that there are up-to-date documented audits against the NICE Guidelines in medication prescribing.

Decision-making and Choice
There was good access to voluntary and advocacy services and some specialist services had been commissioned to support the needs of specific groups. A wide range of information was available on conditions and medicine management. Prescribing of atypical anti-psychotics was above the average.

Conclusion

Halton was at a critical stage in managing a wide-ranging and ambitious programme of change. Despite past difficulties, partnerships were being strengthened and a consensus about the future vision for services was emerging. It was essential to establish clear leadership of the implementation stages to lead the change management process. Timely and assertive action was needed to redress some faltering in the initial stages of the implementation process, and increase capacity to support the change management process. The PCT commissioning role needs to link more clearly with this.

There was still the opportunity to begin to address the quality issues identified in this review and build upon some very positive developments that have been made in moving towards a recovery model. Some of the building blocks to support changes in service configuration have been put in place but these urgently need to be built upon to deliver an effective and comprehensive range of services.

The improvements needed to the commissioning and operational arrangements need to be supported by improvements in care planning, ensuring that the recovery model and social inclusion are fully embedded and promoted.

APPENDIX 2

JOINT COMMUNITY MENTAL HEALTH SERVICES REVIEW

HALTON LIT COMMUNITY

IMPROVEMENT REVIEW ACTION PLAN

MAY 2007

HALTON
BOROUGH COUNCIL

5 Boroughs Partnership NHS
NHS Trust

Halton and St Helens NHS
Primary Care Trust

Introduction

The Improvement Review of Halton Community Mental Health Services took place in January and February 2007. A number of strengths of the existing systems were highlighted, as well as areas which required further attention. This Action Plan has been developed in response to the issues that were highlighted in the Review as needing work to improve the quality and efficiency of services provided for local residents, and to promote positive outcomes for people who use the services.

Monitoring and governance

The Halton Local Implementation Team will be the key body for monitoring the progress of the Action Plan. For the duration of the Plan, it will be a standing item on the agenda of the monthly LIT meetings.

Each action has a clearly-identified lead (shown in bold on the Plan) who will be responsible for both ensuring that the action is progressed, and reporting on progress. A brief proforma will be developed for each lead to complete for the monthly report, which will use a traffic light system to indicate progress. Any slippage of timescales will be highlighted and the LIT will support the lead to manage any blockages to progress. As required, other groups – particularly the Partnership Board and the LIT Subgroups - will be asked to assist with the delivery of each Action.

In addition, a number of actions refer to the need to improve the experience of those people who use the services. As a part of this, a process is being developed to ensure that frontline services hear the direct experience of those people on a regular basis.

This Action Plan will be presented to the Boards of Halton Borough Council (including the Scrutiny Committee), the 5BoroughsPartnership NHS Trust and the Halton and St Helens Primary Care Trust

A list of the Lead Officers for actions and their employers is attached at Appendix 1

IMPROVEMENT REVIEW ACTION PLAN

1.0 LEADERSHIP: Establishing an integrated approach to the Commissioning and management of service change and delivery across all Community Mental Health Services in Halton.					
Priorities for service improvement	Commentary	Action required	Timescale	Lead	Outcome
1.1 Strategic Planning, Service Planning and Commissioning.	The Mental Health Programme Board was set up in January 2005 to develop commissioning strategies for mental health services across the four boroughs of Halton, St. Helens Knowsley and Warrington. The Terms 0f Reference for the Board have now been agreed.	Develop and confirm matrix of planning, lines of accountability and how this operates within the Halton context Assess existing planning and commissioning structures to ensure their purpose is clear and they are effective	June 2007	**D Johnson** A Williamson R Vickers	Clarity as to the role and function of the Mental Health Programme Board and its relationship to Halton LIT.
1.2 Halton Local Implementation Team: Role and Function	Halton LIT has completed a review and has produced Terms of Reference. The Review confirmed that the LIT is the lead Co-ordinating body for strategic and service planning for Halton and Change for the Better will be seated within this.	Review role, function and membership of Halton LIT	March 2007 Achieved	**A Williamson**	Greater communication across partners and to Link Strategic and operational Commissioning and
	Halton LIT will sponsor the development of an understanding of the effectiveness of local service delivery and the impact of service change through a Quality Assurance Framework	Develop an outcomes-based Quality Assurance Framework across the whole mental health community	Sept 2007	**R Vickers** I Fairbrother J Cullen S Harris	Provide coherence allied to change programmes.

1.3 Halton Commissioning Strategy	The Mental Health 4 Boroughs Commissioning Strategy provides a collaborative framework for Tier 4 Commissioning but places Tiers 1 to 3 commissioning responsibility at a borough level. The PCT 3 year investment profile and Change for the Better both stimulate the need to review the local strategy	Review the Halton Mental Health Commissioning Strategy.	Sept 2007	**E Crisp** R Vickers A Williamson L Smith	Borough Strategy fit for purpose. Investment targeted Gap analysis
1.4 Halton Primary Care Capability and Capacity	Halton LIT had already prioritised Primary Care Mental Health capability and capacity-building before the development of Change for the Better	Present Business Case to LIT to build Primary Care Capacity	April 2007	**J Cullen**	Confirmed funding to further capability and capacity to support primary care and complement specialist mental health services
		Agreement on the process for Access and Advice service to become part of integrated Primary Care Mental Health Services	April 2007	**R Vickers** J Kelly	Agreement reached as to access to and pathways for entry into mental health services.
		Produce Service Specification for Primary Care Mental Health Service, inclusive of Access and Advice.	Sept 2007	**L Marsden**	Effective performance management.
1.5 Change for the Better: Local Delivery Team	The work of the LDT and the Halton LIT will dovetail through a cascade approach based upon LIT/LDT Leads informing stakeholders, and inter-	Amend day hospital closure timetable in the light of complementary community service development	June 2007	**M Kenny**	Monthly Reporting to Halton LIT

	changeability of roles of LIT/LDT Membership. The dynamic nature of the change programme has identified wider impacts which will need to be addressed	Review and enhance CMHT capacity	June 2007	**M Kenny** L Smith	Development of consistent approach to prescribing and compliance with NICE Guidance
		Frodsham/Helsby issues to be resolved	June 2007	**J Kelly** M Kenny	
		Start project to transfer prescribing responsibility to Primary Care	June 2007	**A Travis** **T Frith**	Project in place to achieve phased transfer of prescribing responsibility over a 12 – 18 month period
1.6 Change for the Better: Communication	Need to ensure staff, service users and carers and voluntary, independent and private sectors are updated about changes planned and scheduled for implementation. All mediums to be used to achieve reporting in relation to this matter	All partners to review communication processes	June 2007	**M Kenny** L Smith E Crisp	Robust communication processes in place, regularly reviewed and feedback from all stakeholders.
		Develop a newsletter through Halton Focus	May 2007	M Austin S Rothwell **J Gibbon**	Information reaches a wider range of service users and carers
		5BoroughsPartnership to provide two-monthly formal feedback to Halton Focus about the implementation of Change for the Better.	May 2007	**M Kenny**	Service users and carers are more informed about service developments and able to give their views
1.7 Change for the Better: Stakeholder Review Event	This event will seek to support change programme, learn lessons to date and respond to unintended impacts	Organise and schedule half-day event to seek feedback allied to changes implemented / scheduled.	Sept 2007	E Crisp R Vickers **J Kelly** A Williamson	Event Programme scheduled to enable feedback

1.8 Change for the Better: Transitional Planning	Transitional plan will need to be developed and agreed across all stakeholders, to include mapping of planned changes and actions	Halton LIT to produce Transitional Plan with time lines for Change for the Better and other service impacts	May 2007	A Williamson **R Vickers** J. Kelly	Transitional Plan Identifying programme of changes with timelines and alternatives
1.9 Change for the	The strategic oversight of local service developments was identified in the Review as an area for further development.	LIT to commission short-term senior work group to monitor the implementation of Change for the Better and report to LIT.	May 2007	**A Williamson**	Clear strategic control of service developments
1.10 Financial Planning	Halton and St. Helens PCT have confirmed 3 year investment profile for Mental Health Services to give certainty to service planning and improvement	Halton LIT to develop Service Priorities to deploy new investments and complement operational commissioning	Sept 2007	**E Crisp**	Investment Plan for 2007 / 2008 and beyond.
	Service Level Agreements and service Specifications have yet to be developed for all provider services. All current provider relationships should be reviewed to establish efficient and effective outcomes-based contracts, and implement SLAs and Service Specifications to assure performance management. Providers to report to Halton LIT on a scheduled/rolling basis.	Develop SLA and Service Specifications for all mental health provider services	Dec 2007	**E Crisp** L Smith R Vickers	Developing SLA and Service Specifications developed
		Specifically, 5Boroughs SLA to be developed to reflect change for the Better	June 2007	**E Crisp** R Vickers	Effective performance management and quality monitoring
		Inventory of all mental health Service Level agreements to be presented to Halton LIT	Oct 2007	**E Crisp** R Vickers L Smith	
		Agree 3-year financial and investment priorities within LIT	May 2007	**E Crisp**	Clear and agreed priorities for future

					investment across LIT community
1.11 Integrated Information Systems	Halton is party to the replacement of the OTTER IT system to establish an integrated system across 5BoroughsPartnership and social care	Development of integrated and effective IT system across health and social care	Mar 2008	**L Smith**	IT System fit for purpose
1.12 Practice Based Commissioning (PBC)	Practice Based Consortia have now submitted Business Plans to PCT for ratification	To establish links with PBC Consortia Business Managers.	June 2007	**R. Vickers** L. Marsden E Crisp	Co-ordinated position statement capturing Halton LIT priorities and the direction of travel for PBC Consortia within Halton to inform future service planning and commissioning
		To develop and agree shared and whole system priorities for development and provision of mental health services	Dec 2007	**R. Vickers** L. Marsden E Crisp	
		To explore wider partnership to potentially include PBC Consortia as commissioners of Tier Two Mental Health Service provision.	Dec 2007	**E Crisp** R Vickers	Regular reporting framework agreed with the Consortia

2.0 PARTNERSHIP AND INTEGRATION: Improved access to a range of services in the community that focus on prevention and social inclusion and to benefit from seamless service provision and continuity of care from primary and secondary care which results in timely follow-up or support by the right service.					
Priorities for service improvement	**Commentary**	**Action required**	**Timescale**	**Lead**	**Outcome**
2.1 Halton Mental Health Partnership Board	Needs to be reviewed in the light of the new PCT footprint.	To review Partnership Board purpose and function in terms of: • National and Local Policy • Inspection Review Report • Statutory Partners / engagement with other partners / stakeholders. • Public health / population needs • Well-being / healthy living agendas • 4 Boroughs wide strategy / Change for the Better. • Community capability and capacity allied to mental health and well-being	June 2007	**A Williamson** R Vickers J Kelly J Cullen	Partnership Board appropriately constituted to assure Formal Partnership Agreement for Mental Health Services
2.2 Halton Mental Health Partnership Agreement	To ensure that the agreement is fit for purpose and formally ratified, demonstrating how partners will work together to assure mental health services that are safe, sound and supportive.	Partnership Agreement ratified To confirm roles and responsibilities given Change for the Better	June 2007 June 2007	**A Williamson** L Smith J Kelly **A Williamson**	Formal Partnership Agreement Roles and responsibilities agreed

					through the Partnership Board and implemented
		To confirm performance management arrangements allied to specialist mental health services	June 2007	**A Williamson**	
2.3 Halton Mental Health Partnership Agreement	Memorandum to reflect. • Transitional Plan allied to Change for the Better. • PCT LDP Targets • Feedback from Autumn Review • LA Key PIs • Priorities for capability and capacity building	Develop Memorandum of Understanding to assure Service Improvements and Performance	June 2007	**A. Williamson** **R. Vickers**	Memorandum appended to Partnership Agreement signed by Partner Organisations.
2.4 Joint Commissioning Infrastructure for Halton Mental Health Services	To reflect PCT / LA infrastructures	Review current commissioning resources Develop a formal joint PCT / LA approach to the commissioning of mental health services	June 2007 Dec 2007	**R Vickers** A Williamson **R Vickers** A Williamson	Final Partnership agreed.
2.5 Change for the Better: Scrutiny	Halton LIT / Mental Health Partnership Board to benchmark current position against Joint Overview and Scrutiny Committee Report recommendations to understand remaining challenges.	Report on Change for the Better presented to Overview and Scrutiny Committee by partners	April 2007	R. Vickers A Williamson J. Kelly R Walker.	Report to Overview and Scrutiny Committee Simultaneous Reports back to L.A. Executive/ 5BPT / PCT Boards

2.6 Halton LIT: work programme	Will establish a clear sense of purpose and direction across TIERS ONE to FOUR, taking into account the Halton Mental Health Commissioning Strategy, 2008 to achieve co-ordinated service improvements and better service user and carer outcomes.	Constituents and stakeholders engaged to develop, formulate and agree Priorities and Work Programme for 2007 / 2008	May/June 2007	E. Crisp L. Smith J. Kelly T. Frith	Work programme owned and ratified by partners / stakeholders.
2.7 Primary Care Mental Health Services	The pathways of care between primary care and secondary mental health service need further development, with particular clarity about prescribing practices within primary care. People who use services need to be able to access these services as part of the normal environment of care where possible, rather than having to	Develop a stepped care process across mental health services which is underpinned by Mental Health Promotion	Sept 2007	**C Ashton** J Cullen A Hughes T Frith	More people diverted from secondary care services and appropriately managed in primary care
		Develop and implement improved communication processes between Primary and Secondary Care Services	Sept 2007	**M Kenny** T Frith	Greater feedback to GPs about allocation and disposal of referrals
		Develop greater awareness amongst GPs of the full range of services and supports that are available for people with mental health needs in Halton	Sept 2007	**J Gibbon**	GPs report greater awareness of services and supports and refer as required
		Develop a range of local outcomes-based performance indicators across primary and secondary mental health services that are used to measure and report activity and satisfaction levels	Nov 2007	**R Vickers** I Fairbrother S Harris	Locally meaningful performance measures are developed which give a clear picture of service outcomes

3.0 Improving the experience and involvement of service users and carers in communities and services					
Priorities for service improvement	Commentary	Action required	Timescale	Lead	Outcome
3.1 Service User and Carer Engagement	This engagement needs to be meaningful and wide ranging, but needs to be developed at the pace of service users	Analyse the experience of other areas, drawing on the support of CSIP, to promote engagement and mentor service users and carers within Halton.	Sept 2007	**L. Smith** D Thompson A Hughes	Service User engagement plan to achieve a stepped change to assure improved involvement.
	We need to concentrate particularly on reaching people from groups that are otherwise hard to reach and who are not involved in standard feedback processes	To devise practical strategies to in reach into services to link with and seek views of service users and carers.	Sept 2007	**L Smith** S Rothwell	Increased membership of Halton Focus
		Implement an agreed policy on reimbursement of service users and carers for involvement in LIT, subgroups and other advisory settings	May 2007	**D Johnson**	Expenses of service users and carers paid as required
		Identify information and training requirements for service users and carers to support their involvement in service development	Sept 2007	**M Henderson** D Dewar	Increase in numbers of people able to support service development
	Patients' Charter needs to include a feedback and monitoring process	Develop and widely publicise a Patients' Charter which identifies standards of behaviour and	Sept 2007	**M Henderson** D Dewar J Gibbon	Clear standards established. Service users and carers report improved customer

		response which are expected of all staff			care
	The support for service users in service design and development needs to be strongly enhanced	Develop through the voluntary sector the membership, role and scope of Halton Focus to support service design and delivery	Sept 2007	**S Rothwell** L Williams E Crisp	More service users receive this support. More members of Halton focus involved in service design and delivery
	Feedback is currently ad hoc and needs to be placed within an overall governance structure for the LIT	Develop and implement a formal programme of service user and carer feedback to LIT about all services	June 2007	**S Rothwell** E Crisp	Feedback "loop" developed through LIT to inform service monitoring and performance
	Feedback should be 2-way and it is important that an enhanced Halton Focus should be fully aware of the impact of local changes and be able to comment upon them	Formally report an update on the Action Plan to Halton Focus every 3 months	June 2007	**L Smith** M Kenny	Greater awareness amongst service users of changes
		Plan and agree accredited training for service users and carers	July 2007	**P Sturgeon** B Hilton L Wormleighton	Training needs identified and relevant training provided to ensure user/carer contribution to service development
		Develop additional Carers Support Worker	Aug 2007	**L Smith**	New post created and in place
		Develop a voluntary support	Sept 2007	**N Lunt**	Volunteers from service user/carers groups able

		network for service users and carers		L Williams	to provide personal support to others, as needed
		Enhance the role of the Halton Gateway Workers to assist GPs to signpost to alternative community services	July 2007	**J Cullen** A Hughes E Crisp	Increased referrals to community services for people known to Primary Care services Information is more widely and appropriately available
		Review the effectiveness of the Mental Health Information Strategy	June 2007	**J Gibbon**	Strategy reviewed and reported to LIT
3.2 Diversity	Greater work needs to be done to understand the mental health needs of local people from BME communities and other hard to reach groups. Clear actions need to be in place to enhance this, and it may be a fruitful area for the engagement of the knowledge and experience of CSIP	Develop and implement an action plan, agreed across all key stakeholders, to address diversity in mental health	June 2007	**L Smith** D Thompson	Robust action plan developed which leads to measurable increase in service response to hard to reach groups
		Engage CSIP in developing and implementing Action Plan	May 2007	**L Smith**	Action Plan based on sound regional approach
		Agree funding for Community Development Worker	April 2007	**R Vickers** E Crisp	CDW in place by Dec 2007

4.0 Assessment and Care Planning processes					
Priorities for service improvement	Commentary	Action required	Timescale	Lead	Outcome
4.1 Management of assessment and care management processes	Delivery of local and national targets needs to be a shared responsibility across the services which deliver community mental health services. The link point for this is the Partnership Board.	Develop joint reporting and scrutiny of health and social care performance by Partnership Board	April 2007	**R Vickers** I Fairbrother L Smith	Regular reporting of joint performance to Partnership Board
	Weaknesses in the supervision of assessment staff, and in the detailed monitoring of the assessment and acre management process, were identified by the Review	Develop integrated supervision policy that sets out the standards expected of managers in the process	May 2007	**L Smith** M Kenny	Integrated supervision policy developed
		Develop written guidance to clarify the expectations that people can have of the services that are provided, to be used at first point of contact	Sept 2007	**M Kenny** L Smith Team managers	Clearer understanding of what is provided leads to reduced customer dissatisfaction
		Develop service user/carer feedback programme for all service areas	June 2007	M Kenny **L Smith** Team managers	Pilot programme to be rolled out to all services.

	Managers need to take shared responsibility for the delivery of good customer care	Establish regular operational managers meetings to monitor service standards	May 2007	**L Smith** M Kenny	Meetings established
		Develop clear operational protocols between teams	June 2007	**L Smith** M Kenny	Protocols developed and in place
4.2 Training	It was clear from the cases presented to the Review that action needs to be taken to ensure that all staff understand their responsibilities in the process of safeguarding children	Ensure all staff have detailed training about their responsibilities to safeguard children	Sept 2007	**L Smith** M Kenny	All assessment staff access safeguarding children training
	Similarly concerns were expressed in the Review about the overall understanding by staff of their role in adult protection	Ensure all staff have detailed training about adult protection processes and procedures across all teams, and monitor	Sept 2007	**L Smith** M Kenny	All assessment staff access adult protection training
	It seemed from the detailed audit of cases ahead of the Review that although staff were now relatively good at recognising diversity and had mainly all had relevant training, it was harder for them to translate this into actions in a care plan. Specific training needs to be commissioned to address this.	Develop and implement training in ways of asking difficult questions, and audit effectiveness	July 2007	**L Smith** M Kenny B Hilton	New training commissioned and provided. Effects of all training monitored through supervision and case audits
		Develop and implement internal training within teams on good customer care and the standards	Sept 2007	**L Smith** M Kenny P Sturgeon	Staff aware of expected customer care standards

		being developed within the Patients Charter		B Hilton	
4.3 Recording	It was clear from the Review that overall recording standards were variable and that there was inadequate management oversight of cases. Auditing processes needed to be developed, and key information needed to be made easily and quickly available in all files	Develop and implement integrated case files across health and social care	Oct 2007	**L Smith** M Kenny	Integrated case files in place
		Develop case file structure that ensures the retention and accessibility of key information	Dec 2007	**L Smith** M Kenny J Kelly	Structure of case files amended to ensure key information immediately available
		Develop agreed standards for health and social care recording which are audited regularly by managers	June 2007	**L Smith** M Kenny	Policy / procedure developed, monitored through file audits and supervision

5.0 Interface and transition arrangements					
Priorities for service improvement	**Commentary**	**Action required**	**Timescale**	**Lead**	**Outcome**
5.1 Integrating Older People's services into mental health service planning and design	There were real concerns in the Review that the impact on the delivery of care to older people of proposed changes within Adult Mental Health Services had not been fully assessed, and that consultation on this had been limited.	Undertake a clear and structured consultation with all key partners, service users and carers about the development of a model for the delivery of Older People's mental health services	July 2007	**S Oliver** R Vickers P Barron	Workshop Report to inform service provision and development
		Ensure the Completion of a detailed need analysis of the mental health of Older People in Halton	July 2007	**S Oliver** R Vickers P Barron	Work programme identified
		Develop and implement clear and robust interface arrangements across Adults and Older People's services	Sept 2007	**S Oliver** R Vickers P Barron	As above
		Analyse the financial impact of any proposed changes in the delivery of Older People's mental health services in the Trust on Local Authority and PCT services	July 2007	**S Oliver** R Vickers P Barron	As above
		Appoint a short-term project manager to lead on the development of Older People's Mental Health Services	July 2007	**P Barron** J Maguire	Manager appointed and in place

5.2 Other interface services	Working Relationships with LD and PSD Services are positive and effective. However, such Relationships should be captured within formal protocols.	Develop formal joint working protocols with Learning Disability, Drugs and Alcohol and Physical and Sensory Disability Services	Aug 2007	**M Kenny** L Smith L Marsden	Clear procedures and processes for working with people who have multiple issues, which are audited for effectiveness
	The relationships between statutory mental health services, services commissioners and the voluntary sector are in the early stages of development and need to be more robust	Commissioners of services to develop robust links with Halton Voluntary Sector Counselling Partnership	July 2007	**E Crisp** L Smith L Williams	Development of a greater range of services for people whose circumstances do not "fit" the eligibility criteria for statutory services
		Develop link/advisory service for the voluntary sector and other partners through the Access and Advice Service	July 2007	**J Cullen** A Hughes L Williams/ A Hamilton	
5.3 Transition arrangements	There are no specific transition protocols or agreements in place for the change from receiving mental health services as a young person to the services received as an adult, or from adulthood into older age.	Develop and implement specific transition arrangements, pathways and guidance across CAMHS and Adult mental health services	Sept 2007	J Sweeney **M Chaplin** M Maguire L Smith	Effective transition protocols in place, which are audited regularly for effectiveness
		Develop and implement clear transition processes, pathways and guidance for adults into older people's services	Sept 2007	**M Kenny** J Maguire L Smith	As above

5.4 **Relationships across services**	Although there are generally good relationships across services, these tend to be ad hoc and there is no regular forum for meeting to exchange information and solve problems	Develop regular meetings of managers across all interface services	June 2007	**L Smith**	Meetings take place with specific agenda to improve communication

6.0 Other Issues					
6.1 Social Care Out of Hours services	Current arrangements for social services out of hours services were understood by the review to be in development. Assurance needed that this would be taken forward to ensure an effective service for local residents	Develop and implement partnership with St Helens Borough Council to deliver emergency out of hours social care services	Oct 2007	**L Smith** A Williamson	New arrangements to deliver social care out of hours services in place
6.2 ASW issues	Some concerns had been raised in the review about ASW access to legal advice and key patient information out of hours. Relationships with police were seen as generally good but with some issues to be resolved.	Develop agreed approach for the provision of out of hours legal advice to ASWs	Sept 2007	**L Smith**	Agreed process in place
		Develop local police liaison process to ensure effective ASW assessment process	July 2007	**L Smith** D Bertenshaw	
		Develop system for ASWs to access key information out of hours	July 2007	**L Smith** M Kenny	System in place
6.3 Social care input to community mental health services	The Review noted that there was a need to enhance the understanding of social care and social inclusion within the community teams, including primary care. The actions proposed will both improve the presence of social care in each of the services and provide a wider forum for staff and team development in this area.	Develop social work posts in Crisis Resolution/Home Treatment and Assertive Outreach services	July 2007	**L Smith** M Kenny	Posts appointed
		Develop social work input into Primary Care Mental Health and Access and Advice Service	Dec 2007	**L Smith** J Cullen A Hughes	Input developed on sessional basis
		Community teams to set targets in team plans for social inclusion	Sept 2007	**Team Managers**	Targets in place and reported on monthly basis to senior

					managers
		Develop regular joint meetings for health and social care staff, with an emphasis on social care and social inclusion	July 2007	**Team managers**	Enhanced understanding of social care and social inclusion issues in staff

Lead Officers for Actions

C	Ashton	Halton and St Helens Primary Care Trust
E	Crisp	Halton Borough Council/ Halton and St Helens Primary Care Trust
J	Cullen	Halton and St Helens Primary Care Trust
D	Dewar	5BoroughsPartnership NHS Trust
I	Fairbrother	5BoroughsPartnership NHS Trust
T	Frith	Halton and St Helens Primary Care Trust
J	Gibbon	Halton Borough Council
S	Harris	Halton Borough Council
M	Henderson	Halton and St Helens Primary Care Trust
B	Hilton	Halton Borough Council
A	Hughes	Halton and St Helens Primary Care Trust
D	Johnson	Halton Borough Council
J	Kelly	5BoroughsPartnership NHS Trust
M	Kenny	5BoroughsPartnership NHS Trust
N	Lunt	MIND Halton
L	Marsden	Halton and St Helens Primary Care Trust
S	Rippon	Care Services Improvement Partnership
S	Rothwell	Halton Borough Council
L	Smith	Halton Borough Council
P	Sturgeon	5BoroughsPartnership NHS Trust
D	Thompson	5BoroughsPartnership NHS Trust
A	Travis	5BoroughsPartnership NHS Trust
R	Vickers	Halton and St Helens Primary Care Trust
R	Walker	5BoroughsPartnership NHS Trust
L	Williams	Halton Voluntary Action
A	Williamson	Halton Borough Council
L	Wormleighton	Halton and St Helens Primary Care Trust

REPORT TO: Executive Board

DATE: 21st June 2007

REPORTING OFFICER: Strategic Director, Environment

SUBJECT: Alleygates and Gating Orders

WARDS: All

1.0   PURPOSE OF REPORT

1.1   This report is to advise of new powers now available to the Council to make Gating Orders and proposes a policy to be adopted that would respond to all future requests for alleygates. Also to request mainstream Council funding for the erection of alleygates, which are at present solely funded by Area Forums.

2.0   RECOMMENDED: That the Executive Board adopts the policy that requires all future proposed alleygates on public highways, (which can include Public Rights of Way), to be supported by a Gating Order, made under the provisions of Section 129A of the Highways Act 1980.

3.0   SUPPORTING INFORMATION

3.1   Section 2 of the Clean Neighbourhoods and Environment Act 2005 introduced a new power that allows councils to make, vary or revoke gating orders in respect of highways within their area. This has been effected by inserting new sections 129A to 129G in the Highways Act 1980 that enable councils to restrict public access to any public highway, (which can include Public Rights of Way), by gating (at certain times of the day if applicable), without removing its underlying highway status. Local authorities are now able to make gating orders on grounds of anti-social behaviour as well as crime.

3.2   In the past the Council has implemented a number of alley gating schemes. These have generally been confined to passages that provide access to the rear of terraced properties in the more traditionally laid out streets of the Borough. The Council has taken a pragmatic approach to implementing such schemes as until now the legislation available has been cumbersome and inappropriate. This approach has worked well but difficulties can arise when there is evidence of anti-social behaviour on pedestrian routes that are well used and provide access to wider areas. Recent examples include the footpaths that connect Addison Square in Widnes with Leigh Road and Highfield Road.

3.3   It is proposed that in future all gating proposals on public highways should be supported by a Gating Order made under section 129A of the Highways Act. A more formal approach will allow the proper consideration of objections and representations. Such objections would be considered by the Executive Board Sub-Committee as is currently the case with Traffic Regulation Orders. In certain circumstances a public inquiry, conducted by the Council, may be required.

Under the new legislation an objection from certain bodies will automatically cause a public inquiry to be held, if the relevant highway passes through their area. These authorities include:

- the chief officer of a police force;
- a fire and rescue authority;
- any council (including parish councils); and
- an NHS trust, NHS foundation trust or NHS primary care trust.

Before making an order the Council should be satisfied of the following:

- the area surrounding the highway suffers from crime or anti-social behaviour and gates would act as a useful crime/anti-social behaviour reduction measure
- residents and member of the public would not be inappropriately inconvenienced by its gating and that alternative access routes exist
- that health implications have been considered, as gating could encourage car use if alternative routes are too long or lack pedestrian sections – balanced against implications for victims
- effects on disabled users have been considered, in that alternative routes should be free from obstructions and suitably paved
- that alternative interventions that may be more appropriate have been considered.

3.4 It is proposed that a procedure similar to that followed for Traffic Regulation Orders be followed. This expands upon the procedure for "New Gates" set down in the "Alleygates" report made by Strategic Director – Health & Community to Executive Board on 7 June 2007. Following the receipt of a request for gating, which should be made to the Community Safety Team via the HDL, officers from Highways and Transportation, Planning, Community Safety, Property Services and Legal will convene to give consideration to all relevant issues and evidence. If a Gating Order would appear to meet the requirements of the legislation, there would be consultation with ward Councillors and the statutory bodies listed above. Community Safety will then report the findings to the appropriate Area Forum.

3.4.1 The Area Forum will then consider the request in light of Community Safety advice. It will decide if funding is available for erection of gates and legal procedure, and whether it wishes to proceed. It will advise Community Safety of its decision. Local residents may choose to contribute to the cost should Area Forum funding not be available.

3.4.2 Community Safety will then liaise with residents regarding the decision, via the Police Community Support Officers (PCSO's)

3.4.3 If the decision is to install gates, Community Safety will request the Operational Director, Highways, Transportation and Logistics to commence the statutory Gating Order process (see 3.5 below) and commission Property Services to design the scheme, obtain planning permission, & commission a contractor to supply and erect gates.

3.5 A draft order would be drawn up and advertised by the Operational Director Highways, Transportation and Logistics under delegated Highway Authority powers. Any unresolved objections would be referred to the Executive Board Sub Committee who may choose to hold a public inquiry if considered necessary. Planning consents would continue to be sought in the normal way. Note that, separate consultation with residents, in addition to the statutory legal notices, will **not** normally be carried out but notices advising of the proposed gating will, however, be placed through the door of those directly affected.

3.6 A similar process would be followed should there at a later date be a request to revoke or amend the gating order.

3.7 The proposed procedure is shown as an appendix to the report.

3.8 A more detailed report on alleygating was presented to the March 2007 meetings of both Safer Halton and Urban Renewal PPBs. Both PPBs supported the approach now proposed. The Safer Halton PPB recommended that the Executive Board consider mainstream funding for future alley gating schemes. This should be considered in the context of the discussions on the 2008/09 budget.

3.9 Approximately 80 No. gates were erected last year. The new legal Gating Order procedure is attracting many more requests, but the limited resources available for the additional legal procedure is likely to slow progress in implementing schemes.

4. **FINANCIAL IMPLICATIONS**

4.1 Should funding not be available, the administrative cost associated with promoting Gating Orders, which would include legal, advertising, and processing fees as well as the cost of designing, procuring and erecting the gates, would have to be met by the promoting body.

4.3 All alleygates that are erected regardless of how they are funded would be maintained as now by Property Services and Highways would maintain the highway from existing budgets. There will however be additional on-going resource implications as the Home Office guidance suggests that gating orders should be reviewed every 12 months; that notices describing each order should be displayed for as long as the gates are in place; that the Highway Authority should keep a register of gating orders and updated maps should be issued to statutory authorities/emergency services etc. These additional costs would have to be met from existing revenue budgets.

5.0 **POLICY IMPLICATIONS**

5.1 The Council has a number of conflicting policies and duties in relation to the issue of gating orders:

- A duty to do all that it reasonably can to prevent crime and disorder in the discharge of all Council functions - contained in section 17 of the Crime and Disorder Act 1998;
- A duty as the Highway Authority to assert and protect the rights of the public to the use and enjoyment of any highway for which they are the highway authority;
- keep the highway free of obstruction for the safe passage of the general public;
- Policies and strategies adopted through the Local Transport Plan (and UDP): promote accessibility to bus services; maintain and promote Rights of Way; seek to safely reduce the number of people who travel to school by car; increase foot, cycle and public transport journeys; seek to reduce road casualties, develop and promote pedestrian routes that connect to facilities such as education and recreation.

5.2   It is clear that alley gating has been successful in reducing crime and anti-social behaviour. However there will always be a balance to be struck when a proposed gating order affects a right of access for the general public rather than residents' rear access to a limited number of properties.

5.3   Each case will need to be considered on its own merits to avoid setting precedents that raise expectations for the gating of a large number of well-used paths across the Borough. This would significantly reduce accessibility on foot, whilst possibly just redistributing anti social behaviour.

5.4   Home office guidance states that the intention of the gating order is to restrict the highway temporarily whilst the crime or anti-social behaviour is persistent. Once it is reduced the restrictions can be varied or revoked. It is therefore clear that under no circumstances should the existence of a gating order be used as a justification for a permanent closure of the highway on the grounds that it is "no longer necessary". To permanently close the highway on the grounds of crime, a Special Extinguishment Order (under the CROW Act powers) would be required.

6.0   RISK ANALYSIS

6.1   There is a risk that if paths are gated the anti social behaviour may be redistributed elsewhere. However there is potentially a reduced risk for local residents resulting from anti social behaviour taking place on paths and alleyways. If there is not a safe and convenient alternative walking route there is a risk of an increase in car journeys, congestion and potentially road traffic casualties.

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

7.1   *Document*   *Available for inspection*   *Contact*
Guidance Relating to the
Making of Gating Orders   www.respect.gov.uk   Jonathan Farmer Ext 3018

PROPOSED PROCEDURE FOR MAKING A GATING ORDER UNDER THE PROVISIONS OF THE HIGHWAYS ACT 1980 (GATING ORDERS) (ENGLAND) REGULATIONS 2006 (SI2006/537)

All aleygate requests must be directed to Community Safety via HDL, who will then convene a meeting with Highways and Transportation, Legal, Property Services and Planning

1. Before making a gating order, the Council must be satisfied that:

   a) premises adjoining or adjacent to the highway are affected by crime or anti-social behaviour;

   b) the existence of the highway is facilitating the persistent commission of criminal offences or anti-social behaviour;

   c) it is in all the circumstances expedient to make the order for the purposes of reducing crime or anti-social behaviour;

   d) reasonable alternative routes are available.

2. If the above pre-conditions are met, a request in writing must be sought from Operational Director, Highways, Transportation and Logistics to prepare and advertise order.

3. Initial informal consultation will be undertaken with Utilities, Police, Fire, NHS, Parish Council etc and occupiers adjoining or adjacent to highway.

4. In order to process the request the following information will be required:
   - A plan detailing the location;
   - A description of proposed gating and alternative routes;
   - A statement of how the relevant criteria is met;
   - Dates and times of restriction and details of persons excluded (a proviso also excluding other persons who live in the immediate vicinity may also be added ie. may be given keys)
   - The name of person responsible for maintaining gates

5. A planning application will then be made, which can run concurrent with Gating Order).

6. Legal will be requested to prepare order/notice and carry out formal consultations (including those who requested to be consulted on all proposed orders).

8. Intention to make the order will be publicised for 28 days, during which time any objections must be received.

9. Any unresolved objections will be referred to Exec Board Sub who may decide to hold a public inquiry. However an inquiry must be held if unresolved objections remain from Police, Fire, NHS or Parish Council.

10. The Public Inquiry would be held no earlier than 42 days after the notice of the proposals are first published andthe Public Inquiry being publicised..

11. Once the Order is made a notice of the Order must be maintained indefinitely on site and be available for inspection at Council Offices explaining why the gate is there.

11. A register and map of gating orders will be kept and orders reviewed on an annual basis.

12. Orders may be varied or revoked as necessary using the same procedure.

Agenda Item 4b

REPORT TO: Executive Board

DATE: 21st June 2007

REPORTING OFFICER: Strategic Director, Environment

SUBJECT: Merseyside Waste Development Plan Document – Issues and Options Report

WARDS: All wards

1.0 PURPOSE OF REPORT

1.1 The Executive Board, at its meeting on 25th January, agreed to prepare a consultation response to the questions posed in the Waste DPD Issues and Options (I and O) Report. The public consultation on the I and O Report happened between 19th March and 30th April 2007. The Local Development Framework Working Party held on 6 March 2007 received a report detailing the suggested response to the consultation questions posed in the I and O Report and resolved to note the report and comments.

1.2 The Council is now required to make this consultation response submission to the Merseyside Environmental Advisory Service (MEAS) to make its views known on the options available to deal with waste planning. This report covers the Council's recommended consultation response to the I and O Report consultation.

1.3 The consultation exercise has been approached via the preparation of two-consultation documents. There is a Full I and O Report and accompanying questionnaire together with a Summary I and O Report and accompanying questionnaire. This report covers the consultation responses to be given in the Summary I and O Report questionnaire and this is attached in Appendix One. Appendix Two contains the completed questionnaire that accompanies the Full Report.

2.0 RECOMMENDATION:

1. That the suggested responses to the key issue areas highlighted in this report and the proposed answers to the questionnaires accompanying the Full and Summary I and O Reports be submitted to MEAS as the formal response from Halton Borough Council.

3.0 SUPPORTING INFORMATION

Background

Halton is now participating with the other Merseyside Councils in the preparation of a joint plan for waste related development across Merseyside. This will be a statutory plan and has to follow the legal requirements for preparation according to the 2004 Planning Act. The first stages were the preparation of a sustainability appraisal scoping report and an issues and options report, each of which have been subject to public consultation.

The SA Scoping Report sets the context and provides baseline information in order to provide a starting point from which to appraise the social, economic and environmental effects of implementing the Waste DPD. This was published on 6th December 2006 and consulted upon for a five week period ending on 18th Jan 2007.

The Issues and Options Report has been prepared by the Merseyside Environmental Advisory Service on behalf of the local authorities, overseen by an officer steering group. These local authorities, including Halton's Executive Board agreed that the I and O Report should be published for public consultation between 19th March and 30th April 2007.

Response to Issues and Options Report Consultation
The full version of the Report is a detailed and complex document that is not suited to broad public consultation. Therefore a Summary Report was produced which is more suited to the general public although it does cover the same issues as the full version. The responses in this report are based on the questions in the **Summary** Issues and Options Report. Reference is made to the full version where relevant. Two questionnaires will be returned to MEAS, one accompanying the Summary Report and the second the Full Report. These questionnaires are provided in the appendices.

Key Issue Areas
In the I and O Report there are nine Key Issue areas under which the important waste management issues facing Merseyside are arranged. These are:

1. Waste minimisation.
2. Waste management self sufficiency in Merseyside.
3. Identifying sites for new waste management facilities.
4. The spatial pattern and distribution of facilities to serve local communities.
5. Options for waste management treatment and disposal.
6. Managing hazardous waste.
7. Transport of waste.
8. Layout and design of new development to support sustainable waste management.
9. Development control policies based on criteria.

The options identified and suggested responses given below relate to the Summary Report (Appendix One).

Key Issue 1: Waste Minimisation
The issue here is how the waste plan can encourage minimising the amount of waste produced to reduce the burden on subsequent waste management facilities.

The options are:

OPTION 1A - Direct intervention through planning policies requiring site waste management plans and waste minimisation at development sites or

OPTION 1B - Rely on other influences to reduce the volume of waste produced at developments.

Suggested response: Option 1A
Reason: Direct intervention through planning policies is considered more effective in minimising waste at development sites.

Key Issue 2: Waste Management Self Sufficiency in Merseyside
This issue is concerned with how much of the waste produced by Merseyside should be managed locally and how much should be exported to be managed elsewhere. This will have implications for the number and capacity of waste management facilities to be built in Merseyside.

The 4 options range from continuing to export the majority of waste produced within Merseyside into neighbouring areas to the sub-region becoming a net importer of waste.

Suggested Response: Option 2B

Make provision for waste management facilities to accommodate a total quantity of waste arisings equivalent to that forecast to arise in Merseyside with the exception of waste that requires management at specialist facilities.

 The answer to the question posed by this issue should be in line with option 2B as Merseyside should be self sufficient in management of all waste except for hazardous waste, low level radioactive waste and sewage sludge.

Reason:
This option will ensure that the majority of Merseyside's waste is managed within the boundaries of the sub-region thus providing employment opportunities and reducing export to other areas. This will require the construction of new waste management facilities. More specialized facilities will be provided on a regional basis which represent economies of scale and attract private investment. However hazardous wastes and other wastes requiring specialist disposal and treatment may need to travel significant distances to reach its destination.

Key Issue 3: Identifying Sites for new Waste Management Facilities
This issue is concerned with devising a suitable method to identifying appropriate sites for new waste management facilities. The results of consultation on this issue will be used to devise the method. This is a separate exercise to the work being carried out by the Merseyside Waste Disposal Authority to identify sites for the management of municipal waste alone.

Questions 8 and 9 are concerned with: 8) whether the plan should identify specific sites or 'general areas of opportunity' for particular waste facilities 9) should sites be safeguarded only for waste management?

Suggested response:

Question 8   It is important that the plan is site-specific.   This will reduce uncertainty and blight associated with 'areas of opportunity' such as certain industrial estates or other opportunity areas.

Question 9   It is important that sites are safeguarded from uses other than waste management facilities to ensure certainty of availability and reduce the need to find any subsequent replacement sites.

Site Search for New Waste Management Facilities
The first part concerns stage 1 preliminary site search

Question 10 asks what are the most appropriate locations for new waste management facilities.

The options are as follows:

- Business parks and light industrial areas
- Industrial areas containing heavy or specialist uses
- Contaminated land
- Brownfield land
- Working quarries or borrow pits
- Former minerals sites
- Existing landfill sites
- Former landfill sites
- Redundant agricultural buildings
- Sites previously occupied by other types of waste management facilities
- Sites adjacent to transport nodes and railway sidings
- Countryside and greenbelt
- Urban areas
- Other site types

Suggested response: It is considered that the most appropriate locations would be industrial areas containing heavy or specialist uses, brownfield sites, depending on location and sites adjacent to transport nodes and/or railway sidings taking their proximity to sensitive areas such as housing into account. Locations within business parks and light industrial areas could cause blight and effect investment confidence. Sites in rural areas may have an unacceptable impact and sites on existing waste sites or on contaminated land may be in an unsuitable location with regard to transport or impact on surrounding uses.

Stage 2 Absolute Constraints and Primary Constraints
The next stage of the site search methodology relates to the application of a

range of environmental and location criteria with the aim of eliminating the more sensitive sites. Questions in the full version of the Issues and Options Report relate to the most appropriate buffer distances between the various categories of waste facilities and adjoining sensitive uses such as residential areas, schools and hospitals.

The full version of the Issues and Options Report also contains questions on the relative importance of the identified environmental constraints according to the category of waste facility proposed. For example whether an open windrow composting facility is compatible with Greenbelt designation or flood plains.

Stage 3 Other Environmental Constraints
Question 12 asks whether there are any other environmental constraints that should be considered during the development of the site selection process.

Suggested Response: the list of absolute and primary constraints is considered acceptable. The question on appropriate screening distances from sensitive receptors for various categories of waste facility is difficult to answer at this stage without greater technical knowledge of the likely effects. For the same reasons it is also difficult to answer the question on the relative importance of the identical environmental constraints according to the type of waste facility proposed.

Key Issue 4: Spatial Distribution of' Facilities to Serve Local Communities (including industrial communities)

A series of questions are set out. These are:

1. Should Merseyside plan to encourage facilities to be located within close proximity to the main centres of population and industry?

2. Should Merseyside seek to identify sites where a number of waste management facilities are clustered together or should facilities plan to be established throughout Merseyside to serve local communities and businesses?

A series of spatial models are then set out as follows:

OPTION 4A (Diffuse Model) – Merseyside should plan for small facilities which can serve local communities and businesses and effectively manage the full range of wastes produced, or;

OPTION 4B (Centralised Facilities Model) – Merseyside should plan for strategically located large sites with a view to establishing a limited number of resource recovery parks which will serve Merseyside as a whole, or;

OPTION 4C (Cluster Model) – Merseyside should plan for a number of strategically located bulking points for all waste types which will serve the

local communities and businesses. The waste should then be bulked up for onward transit to strategically located treatment and disposal facilities where waste will then be managed, or;

OPTION 4D (Combination Model) – Merseyside should be served by a combination of the diffuse distribution of facilities, centralised facilities and clustered facilities options.

Suggested Response: it is proposed that the Option 4D Combination Model is most suitable.

Reason: This will ensure that the needs of local communities are satisfied but also provides opportunities for larger scale, strategic facilities, with economies of scale, to be established if the industry comes forward.

Key Issue 5: Waste Management Treatment and Disposal Options

If waste is to be managed across Merseyside in a more sustainable manner then it is important that there is an adequate number and mix of different facilities which can handle the waste produced.

The Issues and Options report describes the treatment and disposal challenges of different waste streams including municipal solid waste, commercial and industrial waste, construction demolition and excavation waste and agricultural waste. It also describes the different treatment technologies available and their site requirements. A series of questions and options are then set out.

Question 15: Should the allocation of sites be specific to different types of facility and waste types? Should criteria based policies be used to identify potential uses at allocated sites?

Suggested Response: The preferred approach would be a combination of sites, Option 5C, allocations specific to certain types of waste disposal facility and sites that could be suitable for a wide range of facilities. This would enable certain sites to be reserved for key facility types or technology types. Generally, new waste management facilities should be co-located as far as possible with existing waste management facilities, however consideration must be give to whether the existing facility is in a suitable location and whether it is causing problems for adjoining uses. By following option 5C, a combination of facility specific allocations along with allocations of sites that are potentially suitable for a wide range of different facilities, the waste DPD can accommodate the level of flexibility required to adapt to the rapidly evolving waste management scene.

Question 16: Do you think the waste 'resource' could be attractive to existing industries within Merseyside e.g. through co-located energy from waste developments? If so how should the waste DPD policy help facilitate this?

Suggested Response: This question is topical due to the current proposal for an energy from waste power station proposed by Ineos Chlor in Runcorn.

The Waste DPD should set out policies that would help to judge such proposals and perhaps identify sites where existing industries may benefit from such facilities. Policies must ensure that any negative impacts on the people and communities of Merseyside are minimised.

Question 17: If the retention of ancillary operations at landfill sites is not contrary to other policies objectives, e.g. green belt and countryside protection policies, should their permanent retention be encouraged through adoption of a suitable policy?

Suggested Response: Yes. This may be particularly important for schemes such as electricity generation from landfill gas.

Question 18, Landfill Disposal
Landfill disposal as a means of managing waste is the least preferred option and is therefore at the bottom of the waste hierarchy. However it will continue to be an essential part of Merseyside's waste management strategy for the foreseeable future.

Options are as follows:

OPTION 5E - Specific sites are allocated for future landfill development.

OPTION 5F - Criteria based policies for landfill are used.

Suggested Response: Option 5E is preferred because the allocation of specific sites for landfill development will ensure that Merseyside has sufficient landfill identified to deal with the residual waste generated following treatment. There will be more certainty for local communities and the waste disposal industry.

Key issue 6: Hazardous Waste Management on Merseyside
The Options are as follows:

OPTION 6.1 - The Waste DPD allocates a sufficient number of sites to manage all Merseyside's hazardous waste arisings, including hazardous waste transfer, treatment and disposal.

OPTION 6.2 - The Waste DPD allocates sites to accommodate specific hazardous wastes resulting in the delivery of regionally/ nationally significant facilities and helping to achieve a net self-sufficiency with respect of hazardous waste.

OPTION 6.3 - Do not make specific provision for hazardous waste management facilities and instead rely upon the waste industry to propose suitable sites and the use of criteria based policies.

Suggested Response: Option 6.2 is the preferred option

Reason: The net self-sufficiency option is preferred because it would provide valuable regionally significant hazardous waste treatment capacity that would represent economies of scale and attract private investment and present new jobs for local people.

Key Issue 7: Transport of Waste
The Options are as follows:

OPTION 7.1 - Do not attempt to encourage waste to be transported by alternative methods instead continue to rely upon existing policies at planning application stage to assess the issue.

OPTION 7.2 - Encourage the establishment of new waste management facilities at locations that enable more sustainable modes of waste transport, including docks and rail depots. Encourage alternative modes of transport for specific waste management facilities, such as bulking operations with onward movement.

Suggested Response: Option 7.2

Reason: New waste management developments would be required to consider the issue of alternative transport when designing facilities. Greater use of alternative transport methods will divert quantities of waste away from traditional road network particularly those facilities moving the greatest volumes of waste. This approach would considerably constrain the choice of suitable locations for new sustainable waste management facilities.

Key Issue 8: Layout and Design of New Developments to Support Sustainable Waste Management
Most of Merseyside's population lives in urban areas in housing that was not designed with multi bin refuse collection in mind. This presents problems for modern sustainable waste management practices such as waste storage and collection. Therefore waste management must be carefully considered, at design stage of new development.

The options for Question 22 are as follows:

OPTION 8A - The Waste DPD assists with good design from a waste management perspective by including specific policies to address the issue.

Implications: Districts would be able to refer to a specific policy which would sit within the Waste DPD to ensure new developments consider sustainable waste management. The issue of design cuts across many different subject areas and by developing policies within the Waste DPD there is the potential for duplication and inconsistency with other policies in planning documents.

OPTION 8B - Whilst recognising this issue as an important one, the Waste DPD does not include specific policy relating to general design principles in new developments. Instead the Waste DPD informs the development of policy elsewhere which may be detailed in other DPDs or SPDs.

Implications: Districts would rely upon policy being developed in other planning documents rather than the Waste DPD. There is the potential that the specific waste-related message may become lost in more general design policy. This approach could result in inconsistency across Merseyside.

Suggested Response: Preferred option 8B

Reason: Although the objective of achieving appropriate waste management facilities in the design of new development must be included in the DPD, the design guides prepared by individual local planning authorities are the best vehicle for implementation.

Question 23, Design of Modern Waste Management Facilities
It is essential that waste management facilities in new developments are designed and operated to a high standard to avoid any blight or negative effects on public or investor perception.

The Options are as follows:

OPTION 8C - New waste management facilities must carefully consider the proposed design to ensure it does not adversely impact on the locality of the area, promotes sustainable waste management and affords a high level of protection of the surrounding environment.

OPTION 8D - Continue to assess proposal designs across Merseyside without the benefit of an adopted policy in the Waste DPD.

Suggested Response: Option 8D

Reason This option would ensure that the development of waste management facilities would be designed to a high standard to ensure that it does not impact adversely on the surrounding environment but detailed design policies would be left to local authorities development plans. The possibility of a best practice design guide for particular waste management facilities that may have an effect on public or investor perception should be considered.

Key Issue 9: Criteria Based Development Control Policies
Not all locations with potential for waste management facilities will be identified through the site search methodology. There will therefore be a requirement to include criteria based policies based within the Waste DPD to assess forthcoming planning applications on non-allocated sites.

OPTION 9A - Criteria-based development control policies are included in the Waste DPD which allows applications at non-allocated sites to be assessed.

OPTION 9B - Do not include criteria-based development control policies in the Waste DPD but instead rely upon applications at non-allocated sites being assessed against other policies in the other local authority Development Plan Documents.

Question 25, Suggested Response: Option 9A

Reason: It is important that criteria based development control policies are included but care should be taken that this does not overlap or contradict generic development control policies in individual local planning authorities development plans.

4.0 POLICY IMPLICATIONS

These are explored in depth by the suggested responses to the issues and options in the previous section.

5.0 OTHER IMPLICATIONS

The Council's response as a planning authority to the issues and options overlaps with its role as a waste management authority. The suggested responses in this report have been made in consultation with Waste Management Services.

It is imperative that the Council responds to this consultation to ensure its views are known. The Council is a key partner in the production of the Joint Merseyside Waste Development Plan Document. The main risk associated with this report would be in not participating in the consultation and therefore missing an opportunity in sub-regional plan making.

List of Background Papers

Document	Place of Inspection	Contact
Halton Borough Council, Knowsley Council, Liverpool City Council, St Helens Council, Sefton Council and Wirral Council, Joint Waste Development Plan Document, Issues and Options Report and Appendices November 2006	Planning and Policy Division, Rutland House or www.wasteplanningmerseyside.gov.uk	Andrew Pannell

Page 60

Executive Board 7th June. Waste DPD. Appendix One.

ISSUES AND OPTIONS SUMMARY REPORT FOR PUBLIC CONSULTATION – QUESTIONNAIRE

Thank you for reading this report and completing the consultation questions. Your responses will be collated into a 'Results of Consultation Report' and carefully considered in further development of the Waste DPD.

Please fill in your name and address below if you wish to be invited to attend any future stakeholder events, and tick which stakeholder events you would be most interested in.   Return to Merseyside EAS to the address on page 1.

Environmental		**Name**	**Andrew Pannell**
Economic		**Address**	**HBC Planning Division, Rutland House, Halton Lea, Runcorn, WA7 2GW**
Health			
Social			
Transport		**Tel:**	**0151 4242 2061**
ALL	**X**	**Email**	**Andrew.Pannell@halton.gov.uk**

Question 3- Waste Minimisation
Which is your preferred option: 1A

Question 4 - Self-Sufficiency in Merseyside:
Do you believe that Merseyside should plan to make provision for all waste arising within its borders and aim for self-sufficiency?
The majority of Merseyside's waste should be managed within the boundaries of the sub-region. Merseyside should be self sufficient in management of all waste except for hazardous waste, low level radioactive waste and sewage sludge.
Are there any specific wastes that you consider Merseyside should be self-sufficient in the management of (please mark relevant box(es))?

X	**Municipal Solid Waste**
X	**Commercial Waste**
X	**Industrial Waste**
X	**Construction, Demolition and Excavation Waste**
	Hazardous Waste
X	**Agricultural Waste**
	Low Level Radioactive Waste
	Other Wastes (Please Specify)
	Sewage Sludge

If you wish to respond on issues relating to evidence gaps please refer to the full issues and options report and questionnaire.

Page 61

Executive Board 7th June. Waste DPD. Appendix One.

Question 6 – Self-Sufficiency in Merseyside:
Please indicate which of the four options (2A, 2B, 2C and 2D) you consider to be the preferred approach?
Option 2B. This option will ensure that the majority of Merseyside's waste is managed within the boundaries of the sub-region thus providing employment opportunities and reducing export to other areas. This will require the construction of new waste management facilities. More specialized facilities will be provided on a regional basis which represent economies of scale and attract private investment. However hazardous wastes and other wastes requiring specialist disposal and treatment may need to travel significant distances to reach its destination.

Question 8. Should the plan identify specific sites for the development of waste management facilities or 'areas of opportunity', such as certain industrial estates or other opportunity areas? Specific Sites should be identified.

Question 9: Once sites are identified as suitable for waste management facilities, should these sites be safeguarded from all other development and allocated for future waste development only? Yes, sites should be safeguarded.

Question 10: Please indicate which are the most appropriate locations for new waste management facilities from those listed below.

Site Options for Locating Waste Management Facilities

- **Industrial areas containing heavy or specialised uses**
- **Brownfield land (including derelict land, redundant sites and existing sites or buildings)**
- **Sites adjacent to transport nodes/sidings**

It is considered that the most appropriate locations would be industrial areas containing heavy or specialist uses, brownfield sites, depending on location and sites adjacent to transport nodes and/or railway sidings taking their proximity to sensitive areas such as housing into account. Locations within business parks and light industrial areas could cause blight and effect investment confidence. Sites in rural areas may have an unacceptable impact and sites on existing waste sites or on contaminated land may be in an unsuitable location with regard to transport or impact on surrounding uses.

Please specify if you think a certain location type id particularly suited to a specific waste technology. For further details on waste technologies see Issue 5 of the full Issues and Options Report.

Question 12 - Environmental Constraints:

Page 62

Executive Board 7th June. Waste DPD. Appendix One.

Please identify the environmental constraints you think are most important.

☐ **Air Quality**

☐ **Important Landscape Designations**

☐ **Green Belt (as defined in Unitary Development Plans)**

☐ **Access Routes and Green Corridors**

☐ **Nature Conservation Interests e.g. Local and National Nature Reserves**

☐ **Archaeology and the Historic Environment**

☐ **Flood Plains (subject to tidal or river flooding)**

☐ **Areas where Groundwater is vulnerable**

☐ **Sensitive Surface Water Resources (including rivers, streams and lakes)**

☐ **Adequacy of Existing Road Network to Handle Traffic**

☐ **Access to Alternative Methods of Transport including Railway, Canal or Port**

☐ **Distance Travelled by Waste**

☐ **Aerodrome Safety**

☐ **Agricultural Land**

☐ **Mineral Sites**

☐ **Other Environmental Constraints (Please Specify)**

The list of absolute and primary constraints is considered acceptable. The question on appropriate screening distances from sensitive receptors for various categories of waste facility is difficult to answer at this stage without greater technical knowledge of the likely effects. For the same reasons it is also difficult to answer the question on the relative importance of the identical environmental constraints according to the type of waste facility proposed.

Question 13- Known Sites in Merseyside:

Do you know of any specific sites which may be appropriate for sustainable waste management facilities? If so, then we would be interested to hear about them at this early stage of the plan's development. (Please note that any sites identified at this stage will be tested using the same site selection process as other sites, and will remain confidential until preferred options stage).

**Question 14- Spatial distribution of sustainable waste management facilities –
Please indicate your preferred option 4A ☐ , 4B ☐ , 4C ☐   or 4D ☐?**

Option 4D Combination Model is most suitable. This will ensure that the needs of local communities are satisfied but also provides opportunities for larger scale, strategic facilities, with economies of scale, to be established if the industry comes forward.

Please indicate your preferred option. 5A ☐ , 5B ☐ , 5C ☐   or 5D ☐

The preferred approach would be a combination of sites, Option 5C, allocations specific to certain types of waste disposal facility and sites that could be suitable for a wide range of facilities. This would enable certain sites to be reserved for key facility types or technology types. Generally, new waste management facilities should be co-located as far as possible with existing waste management facilities, however consideration must be give to whether the existing facility is in a suitable location and whether it is causing problems for adjoining uses. By following option 5C, a combination of facility specific allocations along with allocations of sites that are potentially suitable for a wide range of different facilities, the waste DPD can accommodate the level of flexibility required to adapt to the rapidly evolving waste management scene.

Question 16- Waste Treatment Techniques:
Do you think that using waste as a 'fuel', such as heat production and power generation could be attractive to existing industries within Merseyside?

The Waste DPD should set out policies that would help to judge such proposals and perhaps identify sites where existing industries may benefit from such facilities. Policies must ensure that any negative impacts on the people and communities of Merseyside are minimised.

Question 17 - If the retention of ancillary operations at landfill sites is not contrary to other policies objectives, e.g. green belt and countryside protection policies, should their permanent retention be encouraged through adoption of a suitable policy? Yes/No/Unsure

Yes. This may be particularly important for schemes such as electricity generation from landfill gas.

Question 18 - Landfill Disposal in Merseyside:
Please indicate your preferred option: 5E □ or 5F □ ?

Option 5E is preferred because the allocation of specific sites for landfill development will ensure that Merseyside has sufficient landfill identified to deal with the residual waste generated following treatment. There will be more certainty for local communities and the waste disposal industry.

Question 19 - Hazardous Waste Management:
Please indicate your preferred option 6A □ , 6B □ or 6C □

Page 64

Executive Board 7th June. Waste DPD. Appendix One.

Option 6B is the preferred option. The net self-sufficiency option is preferred because it would provide valuable regionally significant hazardous waste treatment capacity that would represent economies of scale and attract private investment and present new jobs for local people.

Question 20 - Transport of Waste
Please indicate your preferred option – 7A □ or 7B □

Option 7B. New waste management developments would be required to consider the issue of alternative transport when designing facilities. Greater use of alternative transport methods will divert quantities of waste away from traditional road network particularly those facilities moving the greatest volumes of waste. This approach would considerably constrain the choice of suitable locations for new sustainable waste management facilities.

Question 22 - The design and layout of new developments:
Which is your preferred option? 8A □, 8B □

Preferred option 8B. Although the objective of achieving appropriate waste management facilities in the design of new development must be included in the DPD, the design guides prepared by individual local planning authorities are the best vehicle for implementation.

Question 23 - Design of New Waste Management Facilities:
Which is your preferred option: 8C □ or 8D □ ?

Option 8D. This option would ensure that the development of waste management facilities would be designed to a high standard to ensure that it does not impact adversely on the surrounding environment but detailed design policies would be left to local authorities development plans. The possibility of a best practice design guide for particular waste management facilities that may have an effect on public or investor perception should be considered.

Question 24: - Are there any additional criteria areas that we need to consider which would improve the proposed development control policies? Please list
No
Question 25 - Criteria-Based Development Control Policies:
Please indicate your preferred option: 9A □ or 9B □ ?

Option 9A. It is important that criteria based development control policies are included but care should be taken that this does not overlap or contradict generic development control policies in individual local planning authorities development plans.

Appendix 1 - Questionnaire

Please Identify your preferred answer to each question.

Waste DPD Aims:

QUESTION 1

Do you agree with the proposed aims of the Waste DPD which are outlined on Page 12?

Yes	No	Unsure
Yes		

Further details relating to the 'Aims of the Waste DPD' can be found by following this link ('Aims of the Waste DPD') to the relevant section of the main document.

Waste DPD Objectives:

QUESTION 2

Do you agreed with the proposed Spatial Planning Objectives for the Waste DPD which are listed on Page 13?

Yes	No	Unsure
Yes		

Further details relating to the 'Aims of the Waste DPD' can be found by following this link ('Aims of the Waste DPD') to the relevant section of the document.

Waste Minimisation:

QUESTION 3

Please indicate which of the two options outlined (Option 1A and 1B) do you consider to be the best for how the Waste DPD should approach the issue of waste minimisation (see Page 16 for the list of options)?

1A

Further details relating to waste minimisation can be found by following this link ('Key Issue 1 - Waste Minimisation') to the relevant section of the document.

Waste Development Plan Document Issues and Options Report

Self Sufficiency in Merseyside

QUESTION 4

Do you believe that Merseyside should plan to make provision for all the waste arising within its borders and aim for self-sufficiency (see Page 19 for further information)?

No. Halton Council proposes that Merseyside should be self sufficient in managing

the following types of waste. See below:

Are there any specific wastes that you consider Merseyside should be self-sufficient in the management of (please refer to the following list of wastes)?

✓	**Municipal Solid Waste**
✓	**Commercial Waste**
✓	**Industrial Waste**
✓	**Construction, Demolition and Excavation Waste**
	Hazardous Waste
✓	**Agricultural Waste**
	Low Level Radioactive Waste
	Sewage Sludge
	Other Wastes (Please Specify)

Further details relating to 'Key Issue 2 - Waste Management Self-Sufficiency in Merseyside' can be found using this link ('Key Issue 2 - Waste Management Self-Sufficiency in Merseyside').

Other Evidence Gaps:

QUESTION 5:

Do you consider that there are other areas of waste management where robust data will be needed to enable effective planning for the future (see Page 20 for further details)?

Yes	No	Others (please list)

Further details relating to the current Waste-Related Evidence Gaps can be found by following this link ('Key Issue 2 - Waste Management Self-Sufficiency in Merseyside') to the relevant section of the document.

Self Sufficiency in Merseyside

QUESTION 6

Please indicate which of the four options (2A, 2B, 2C or 2D) you consider to be the preferred approach (details of each option are outlined on Page 20)?

2B

Further details relating to 'Key Issue 2 - Waste Management Self-Sufficiency in Merseyside' can be found by following this link ('Key Issue 2 - Waste Management Self-Sufficiency in Merseyside') to the relevant section of the document.

General Principles of the Site Selection Methodology:

QUESTION 7:

Should the plan identify specific sites for the development of waste management facilities or 'areas of opportunity', such as certain industrial estates or other opportunity areas on Page 22?

Identify specific sites for the development of waste management facilities

Further details relating to Identifying Sites for Future Waste Developments can be found by following this link ('Key Issue 3 - Identifying Sites for New Waste Management Facilities') to the relevant section of the document.

QUESTION 8:

Once sites are identified as suitable for waste management facilities then do you believe that these sites are safeguarded for future waste development as outlined on Page 22?

Sites should be safeguarded for future waste development

Further details relating to Safeguarding Sites for Future Waste Developments can be found by following this link ('Key Issue 3 - Identifying Sites for New Waste Management Facilities') to the relevant section of the document.

WASTE Planning Merseyside

Your Waste, Your Opportunity, For Our Future

54   Waste Development Plan Document Issues and Options Report

Appendix 1 - Questionnaire

Preferred Locations for Waste Facilities:

QUESTION 9:

Please indicate which are the most appropriate locations for new waste management facilities from those listed below.

	Business Parks and Light Industrial Areas
✓	Industrial areas containing heavy or specialised uses
	Contaminated land
✓	Brownfield land (including derelict land, redundant sites and existing sites or buildings)
	Working quarries and borrow pits
	Former minerals sites
	Existing landfill sites
	Former landfill sites
	Redundant agricultural buildings
	Sites previously occupied by other types of waste management facilities
✓	Sites adjacent to transport nodes/sidings
	Countryside and green belt
	Urban areas
	Other site type (please specify)

Suitability of brownfield sites would depend on location and sites adjacent to transport

nodes and/or railway sidings should take their proximity to sensitive areas such as

housing into account

Please specify if you think a certain location type is particularly suited to a specific waste technology.

For further details on technology types please refer to the descriptions in 'Key Issue 5 - Waste Management Treatment and Disposal Options'.

WASTE Planning Merseyside

Your Waste, Your Opportunity, For Our Future

Waste Development Plan Document Issues and Options Report

Distance of New Waste Management Facilities Away from Sensitive Receptors

QUESTION 10:

Some receptors are more sensitive than others, and during the Waste DPD process consideration will be given to placing a buffer zone around sensitive receptors to ensure that waste management facilities are not located too close to them. For example, a buffer zone of >100m, >250m, >500m or >1000m may be applied. Please indicate which buffer zone you consider is most appropriate for each sensitive receptor.

Please Identify the Sensitive Receptors	Please Identify an Appropriate Buffer Zone
Residential area	>100m, >250m, >500m or >1000m
School	>100m, >250m, >500m or >1000m
Hospital	>100m, >250m, >500m or >1000m
Food processing plant	>100m, >250m, >500m or >1000m
Building of National or International Heritage Importance	>100m, >250m, >500m or >1000m
Site of National or International Importance for Nature Conservation	>100m, >250m, >500m or >1000m
Grade 1 or 2 Agricultural Land	>100m, >250m, >500m or >1000m
Floodplain	>100m, >250m, >500m or >1000m
Other potentially sensitive receptors (Please specify)	>100m, >250m, >500m or >1000m

Difficult to answer without greater knowledge of the likely effects of various categories of waste facility

Further details relating to 'Key Issue 3 - Identifying Sites for New Waste Management Facilities' can be found by following this link ('Key Issue 3 - Identifying Sites for New Waste Management Facilities') to the relevant section of the document on Page 26.

Environmental Constraints at Preferred Locations for Waste Facilities:

QUESTION 11:

Are there any environmental constraints which you think should be considered during the development of the site selection process, please state ?

The list of absolute and primary contraints is considered acceptable

Further details relating to the environmental constraints at sites can be found by following this link ('Key Issue 3 - Identifying Sites for New Waste Management Facilities') to the relevant section of the document on Page 27.

WASTE Planning Merseyside

Your Waste, Your Opportunity, For Our Future

Other Sites Suitable for Waste Management Facilities:

QUESTION 12:

Do you know of any specific sites which may be appropriate for sustainable waste management facilities? If so, then we would be interested to hear about them at this early stage of the plan's development. (Please note any sites identified at this stage will remain confidential and will be subject to the site selection process).

Further details relating to other sites which may be suitable for waste management facilities can be found by following this link ('Key Issue 3 - Identifying Sites for New Waste Management Facilities') to the relevant section of the document on Page 28.

The Spatial Distribution of Sustainable Waste Management Facilities:

QUESTION 13:

Please indicate your preferred option (Option 4A, 4B, 4C or 4D) ?

4D (Combination Model)

Further details relating to the spatial distribution of sites can be found by following this link ('Key Issue 4 - Spatial Pattern/ Distribution of Faciliites to Serve Local Communities') to the relevant section of the document on Page 29.

Allocation of Sites for Waste Management Facilities and Disposal:

QUESTION 14:

Please indicate your preferred option (from Option 5A, 5B, 5C or 5D)?:

5C

Further details relating to site allocation for treatment and disposal can be found by following this link ('Key Issue 5 - Waste Management Treatment and Disposal Options') to the relevant section of the document on Page 35 .

WASTE Planning Merseyside

Your Waste, Your Opportunity, For Our Future

Waste Development Plan Document Issues and Options Report   57

Waste Treatment Techniques:

QUESTION 15:

Do you think using waste as a 'fuel', such as to produce heat or generate power could be attractive to existing industries within Merseyside?

Yes	No

Please state how:-

No answer possible due to insufficient information

Further details relating to Waste Treatment Techniques can be found by following this link ('Key Issue 5 - Waste Management Treatment and Disposal Options') to the relevant section of the document on Page 35.

Landfill Disposal in Merseyside:

QUESTION 16:

If the retention of ancillary operations at landfill sites is not contrary to other policies objectives, e.g. green belt and countryside protection policies, should their permanent retention be encouraged through adoption of a suitable policy see Page 37?

Yes. This may be particularly important for schemes such as electricity generation

from land fill gas

QUESTION 17:

Please indicate which is your preferred option (from Options 5E and 5F) for landfill disposal in Merseyside (for further details see page 37)?

5E Specific sites are allocated for future landfill development

Further details relating to the allocation of land for landfill disposal can be found by following this link ('Key Issue 5 - Waste Management Treatment and Disposal Options') to the relevant section of the document on Page 37.

WASTE Planning Merseyside

Your Waste, Your Opportunity, For Our Future

58   Waste Development Plan Document Issues and Options Report

Hazardous Waste Management in Merseyside:

QUESTION 18:

Please indicate your preferred option (from Options 6A, 6B and 6C) relating to the management of hazardous waste in Merseyside ?

6B

Further details relating to Hazardous Waste Management can be found by following this link ('Key Issue 6 - Hazardous Waste Management in Merseyside') to the relevant section of the document on Page 39.

Transport of Waste:

QUESTION 19:

Please indicate your preferred option (from options 7A or 7B) relating to transport of waste within Merseyside ?

7B

Further details relating to the transport of waste in Merseyside can be found by following this link to the relevant section of the document on Page 40.

The Design and Layout of New Developments (Non-Waste):

QUESTION 20:

Please indicate your preferred option (from 8A or 8B) to how the issue of waste should be addressed at new developments.

8B

Further details relating to the Design and Layout of New, Non-Waste Developments can be found by following this link ('Key Issue 8 - Layout and Design of New Developments to Support Sustainable Waste Management') to the relevant section of the document on Page 42.

WASTE Planning Merseyside
Your Waste, Your Opportunity, For Our Future

The Design of New Waste Management Facilities:

QUESTION 21:

Please indicate your preferred option (from 8C and 8D) as to how the issue of waste management facility design should be addressed in the Waste DPD ?

8D

Further details relating to the Design and Layout of New Waste Management Facilities can be found by following this link ('Key Issue 8 - Layout and Design of New Developments to Support Sustainable Waste Management') to the relevant section of the document on Page 43.

Criteria-Based Development Control Policies:

QUESTION 22:

Are there any additional criteria areas that we need to consider which would improve the proposed development control policies on Page 44? If so, then please list.

No

QUESTION 23:

Please indicate your preferred option (from 9A and 9B) for how the issue of criteria based policies should be addressed within the Waste DPD ?

9A

Further details relating to the Criteria-Based Development Control Policies and can be found by following this link ('Key Issue 9 - Criteria Based, Development Control Policies') to the relevant section of the document on Page 44.

Thank you for completing this consultation questionnaire. Please send the completed questionnaire by freepost, fax or email (details on pages 4 & 5)

If you are not already a consultee, and would like to be kept informed of future work, please add your name and address below.

Appendix 1 - Questionnaire