



**Executive Board**

**Thursday, 19 July 2007 2.00 p.m.  
Marketing Suite, Municipal Building**

A handwritten signature in black ink, appearing to read 'David W R'.

**Chief Executive**

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

**PART 1**

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<b>1. MINUTES</b>	
<b>2. DECLARATIONS OF INTEREST</b>	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
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*Please contact Lynn Cairns on 0151 471 7529 or e-mail [lynn.cairns@halton.gov.uk](mailto:lynn.cairns@halton.gov.uk) for further information.  
The next meeting of the Committee is on Thursday, 6 September 2007*

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

**REPORT TO:** Executive Board  
**DATE:** 19<sup>th</sup> July 2007  
**REPORTING OFFICER:** Strategic Director Health & Community  
**SUBJECT:** Housing Allocations Policy Consultation  
**WARD(S)** Boroughwide

### **1.0 PURPOSE OF THE REPORT**

1.1 To seek approval to change the Council's Housing Allocations Policy with regard to accommodation offers made to homeless households, and responsibility for undertaking first stage reviews of homelessness decisions.

### **2.0 RECOMMENDED: that**

1. **the Board agrees to the following revised wording to it's housing allocations policy - "Where the Council has a duty to secure accommodation for a homeless applicant, it will discharge that duty by making one offer only of suitable accommodation (under Part 6 of the Housing Act 1996), in either Runcorn or Widnes as preferred by the applicant. Whilst regard will be paid to the applicant's preferred areas of choice within either Runcorn or Widnes, it may not be possible to meet such preferences given the shortage of accommodation."**
2. **future s202 homelessness reviews be undertaken by the Council's Service Development Manager (Homelessness) or other nominated officer.**

### **3.0 SUPPORTING INFORMATION**

3.1 On the 15<sup>th</sup> March 2007 the Board received a report recommending two changes to the Council's housing allocations policy – the first restricting the number of offers made to homeless households to one suitable offer anywhere within the Bourough in discharge of it's statutory duty, and the second transferring responsibility for undertaking formal s202 reviews of homelessness decisions from Halton Housing Trust (HHT) to the Council's Service Development Manager (Homelessness).

3.2 The Board agreed in principle with the proposed changes and agreed that stakeholders be consulted. A copy of the consultation letter is attached as Appendix 1. As well as being circulated to relevant teams within the Council it was sent to:

- The 15 Housing Associations operating in the Borough
- Shelter
- Community Integrated Care

- St Helens Accommodation Project
- YMCA
- Connexions
- CAB
- Probation
- Addaction
- The PCT
- Local MPs

The consultation ran from the 22<sup>nd</sup> May to the 29<sup>th</sup> June and attracted 7 responses.

- 3.3 All (who commented) supported the proposal for the Council to undertake s202 homelessness reviews, with one comment helpfully pointing out that restricting the responsibility for undertaking reviews to one named post could be problematic in terms of absence cover. Therefore it is suggested that the wording “or other nominated officer” be added.
- 3.4 Four respondents raised concerns about the possible implications arising from the proposal to adopt a “one offer within the Borough” approach. These concerns are summarised in Appendix 2. After giving these responses careful consideration it is recommended that the original proposal be amended to “one offer in either Runcorn or Widnes as preferred by the applicant”. This should address the well understood concerns about Runcorn and Widnes being two distinct towns.
- 3.5 Within such a policy every effort would be made to assist households with accommodation in or near their preferred estates/neighbourhoods. However the desire to meet aspirations to live in specific neighbourhoods must be balanced against the Council’s inability to sustain significant numbers of households in temporary accommodation for long periods.
- 3.6 It is recognised that in some ways this may still be viewed as a backward step but the Council’s allocations policy needs to be tailored to reflect the local supply and demand situation rather than simply follow recommended practise. Whilst the Council’s current allocations policy does not preclude the housing of families with children in flats, this has not been custom and practise for many years and it is not intended to change.
- 3.7 There is an existing Protocol between the Council and Housing Associations governing the housing of care leavers and looked after children which should address the concerns expressed, and ensure that such individuals benefit from a planned approach to securing permanent housing. The intent of the planned approach would be to deal with such cases through the Housing Register rather than the homelessness route.
- 3.8 There is no reason why the proposed policy change should lead to homeless applicants increasingly being offered what some may regard as hard to let property, and monitoring will take place through the nominations scheme to ensure that the range of properties offered to all Council nominees is a fair

and representative sample of the total relet supply.

3.9 It is also the case that under the Council's present policy many homeless households already do not get housed in their preferred areas due to the shortage of relets, and this tendency is likely to increase as the relet supply diminishes annually. Choice Based Letings may in the future offer a number of different options for determining how people are housed, but it is not a panacea and only offers real choice to those few at the top of the waiting list.

3.10 It is therefore considered that the revised proposal for change to the allocations policy is a reasonable compromise that reflects some of the concerns that have been expressed.

#### **4.0 POLICY IMPLICATIONS**

4.1 If adopted the proposals contained within the report will formally change the Council's housing allocations policy.

#### **5.0 FINANCIAL AND OTHER IMPLICATIONS**

5.1 Failure to address this matter could result in increased costs to the Council for bed and breakfast and additional support services.

5.2 Any agreed changes will need to be reflected in the Council's contract with HHT, which currently provides the Homelessness and Housing Advice service on behalf of the Council.

#### **6.0 RISK ANALYSIS**

6.1 The recommended change may lead initially to increased numbers of applications for formal homelessness reviews and 2<sup>nd</sup> Stage Member Appeals based on property suitability criteria.

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 The change to a "one offer" approach may be seen as detrimental to homeless households. However in reality applicants are not currently offered up to three properties, as the turnover of relets is insufficient at this point in time.

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

<b>Document</b>	<b>Place of inspection</b>	<b>Contact Officer</b>
Housing Allocations Policy	Grosvenor House	Service Development Manager Homelessness

**Appendix 1**

Dear Stakeholder

**Consultation on Proposed Changes to Halton's Housing Allocations Policy**

The Council is consulting stakeholders on two proposed changes to its housing allocations policy. The first proposes that the review of any homelessness decisions under s202 of the Housing Act 1996 be carried out by an officer of the Council rather than its managing agent. The second proposes restricting the number of offers made to homeless households to whom the Council has a duty to secure accommodation, to one suitable offer.

**Reviews Under s202 of the Housing Act 1996**

Homeless applicants have the right to request a review of a decision made in response to their homelessness application in a number of circumstances and for that review to be undertaken by an officer not involved in the original decision.

Following the transfer of its housing stock to Halton Housing Trust in December 2005, the Council contracted the Trust to provide its homelessness service and reviews are currently undertaken by an officer of the Trust.

Whilst this is perfectly acceptable the Council believes it would increase transparency and accountability if reviews were to be undertaken by an officer of the Council. It is therefore proposed that such reviews be undertaken by the Council's Service Development Manager (Homelessness).

**Offers of Accommodation to Homeless Applicants**

The Council's housing allocations policy currently states the following with respect to the rehousing of homeless applicants-

- a) "Where a homeless applicant is accepted as unintentionally homeless and in priority need and is placed in temporary accommodation as part of their support plan, they will be advised of the realistic prospects of accommodation becoming available within their area of choice. At this stage they will be eligible for three offers of suitable accommodation in their area of choice. If after 12 weeks, they are still placed in temporary accommodation, their application will be reviewed, they will be advised to widen their choice of area and they will be informed that they will be made one offer of suitable accommodation as far as possible in their area of choice. If this cannot be accommodated, the applicant will be made one offer of suitable accommodation within the Borough. This will be deemed to discharge the Council's duty to the individual under the Homelessness Legislation."

It is proposed that this be replaced by the following-

- b) "Where the Council has a duty to secure accommodation for a homeless applicant, it will discharge that duty by making one offer only of suitable accommodation (under the Housing Act 1996 Part 6). Whilst regard will be paid to the applicant's preferred areas of choice, it may not be possible to meet such preferences given the shortage of accommodation."

From 1977 the Council operated a policy as set out in b) above, but changed the policy in 2000 at a time when there were only 990 households on the Council waiting list and 739 Council relets in the same year. This contrasts with the position for 2006 when there were 2,523 on the waiting list and only 466 relets. There has been a similar reduction in Housing Association relets such that the combined annual relets supply has decreased by 25% over the period.

The consequences of this are that the waiting list is growing, waiting times are increasing and homeless presentations are rising. Homeless applicants usually have to be placed in temporary accommodation for extensive periods before they can be rehoused and waiting for accommodation to become available in preferred areas is often a fruitless exercise due to the reducing supply as highlighted above.

Government is also urging Councils to reduce the use of temporary accommodation and the length of time homeless households are placed there. This is not achievable within the current policy.

It is envisaged that the proposed policy change will enable the Council to offer accommodation to homeless applicants more quickly, thereby reducing time spent in temporary accommodation and hopefully greatly reducing the need to use bed and breakfast.

Responses to this consultation should be received by the Council not later than 29 June 2007 and should be sent to .....

## SUMMARY RESPONSES

### RESPONSE 1

“The pressure on the Authority to reduce the amount of time homeless applicants spend in temporary accommodation is understandable. If, however, applicants are nominated to us and feel forced to take accommodation in an area that they have not chosen, the effect will be to increase dissatisfaction with the property allocated and tenants will want to move as soon as they are rehoused. This is also opposite to the choice based lettings philosophy we have adopted and one which the LA will need to consider in its preparation for the introduction of a CBL scheme in Halton.

If the one offer policy is adopted we would need to reserve the right to consider the effect that this is having on the sustainability of our lettings to nominations and perhaps only agree to accept nominations if the property is in an area of their choice.

Will applicants be asked to choose more than one preferred area? Will there be limit on this?

If we refuse a homeless nomination I assume that this would not be deemed to be a suitable offer of accommodation to the applicant.”

### RESPONSE 2

“The policy seems to have gone from one extreme to another; 3 offers and a targeted offer to 1 targeted offer. The original policy was a little generous and I can understand the need to make changes. Homeless applicants should still get a choice about where they want to live and it should be up to staff to give realistic options in terms of areas and property types. The impact of the changes would have to be closely monitored with regards to the number of cases who were rehoused outside their areas of choice and also the quality of the accommodation, care would have to be taken that homeless applicants are not disadvantaged because of the need to rehouse them quickly.”

### RESPONSE 3

“This does not seem to fit well at a time when nationally there is an expectation to give applicants as much choice as possible in the allocations process, irrespective of their status. Indeed locally there are moves to encourage the introduction of a Choice Based Lettings scheme across the Borough.

This proposal contradicts current positive practice in this area. To quote from a widely respected reference book in this area (Housing Allocation and Homelessness, Law and Practice – Jan Luba QC and Liz Davies 2006):

*“Prior to the changes made by the Homelessness Act 2002, most local authorities made only a single offer of accommodation to applicants owed the main housing duty. The modern expectation, however, is that a series of offers will be made with the applicant being free to accept any of them. Likewise, she or he may reject all of*



*them (save the final offer) without any effect on the continuance of the main housing duty. Alternatively, the applicant might be free to bid for properties, under choice-based lettings scheme, without any penalties or risk to his or her temporary accommodation. The current framework was specifically introduced so that those owed the main housing duty would have ‘....a reasonable period in which they can exercise the same degree of customer choice of settled accommodation as is available to other people with urgent housing needs waiting on the housing register.’*

There is a statutory right for any applicant to request a review of the suitability of any ‘final offer’ made under the Housing Act 1996 Part 6. If this proposal was introduced there is a significant risk of an increase in the number of such appeals being made.

The change to this approach also appears unreflective of the Halton local context. Most residents view Halton as comprising two separate towns. Our experience to date indicates there would be a negative response from a Runcorn-based applicant to a one and only offer of accommodation being made to them of a property in Widnes, and vice-versa.

There is a risk of cases of repeat homelessness becoming more prevalent if the ‘one offer’ proposal was introduced.

As a way forward to ensure the one offer approach is suitable, the borough should be split into three areas; Widnes East, Widnes West, and Runcorn. From within these areas applicants could then specify where their offer of accommodation is made from. Additionally, property type must also be suitable. Specifically it is considered that flats are not a suitable offer of accommodation for families.”

#### RESPONSE 4

“In general, the proposals would appear to be a short term response to a short fall in resources. In the longer term, capacity would seem to need increasing.

Under the existing system, some of the most vulnerable groups are often offered accommodation in hard to let areas, so the proposed reduction to one offer could exacerbate the negative effects of this.

Under Corporate Parenting, the whole Council has a duty to prioritise the welfare of looked after children and careleavers. If the system is changed, there should be safeguards to ensure the ‘suitability’ of accommodation for these groups.”

**REPORT TO:** Executive Board

**DATE:** 19<sup>th</sup> July 2007

**REPORTING OFFICER:** Strategic Director – Health & Community

**SUBJECT:** Halton Housing Trust Progress Report

**WARD(S)** Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 In accordance with the monitoring framework agreed prior to housing stock transfer, this report provides a further update on Halton Housing Trust's progress since the last report to Board on the 16<sup>th</sup> November 2006.

2.0 **RECOMMENDATION: That the progress set out in the report be noted.**

3.0 **SUPPORTING INFORMATION**

3.1 Nick Atkin, Chief Executive of Halton Housing Trust, will attend the meeting to present the attached report that sets out progress to date in delivering some of the key "pledges" made prior to stock transfer, and progress in meeting the Housing Corporation's regulatory framework.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications arising from this report.

5.0 **RISK ANALYSIS**

5.1 Regular meetings between the Chief Executive of Halton Housing Trust, the Strategic Director of Health and Community and officers of Halton Borough Council take place to discuss a range of issues and to explore risks.

6.0 **EQUALITY AND DIVERSITY ISSUES**

6.1 There are no equality and diversity issues arising as a result of this report.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Halton Housing Trust Progress Report – Executive Board 20.04.06 and 16.11.06	Municipal Building Widnes	Dwayne Johnson

**REPORT TO:** Executive Board

**DATE:** 19 July 2007

**REPORTING OFFICER:** Strategic Director(s) – Environment, and Health and Community

**SUBJECT:** Travellers - Provision of Transit Site

**WARD(S)** Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To consider the need for and the options for the provision of a permanent transit site for Travellers within the Borough

2.0 **RECOMMENDATION: That:- The Executive Board agree to the strategy and process outlined in paragraph 5.1 of this report**

3.0 **SUPPORTING INFORMATION**

3.1 Over recent years there have been a significant number of incursions of Travellers both into Widnes and Runcorn. Evidence shows that the travellers move predominantly into industrial areas, where usually large tracts of land can be found.

To secure the removal of the Travellers a process of serving notice and employing bailiffs when required has been used but in essence all this often served to do was to move the Travellers onto another site.

This process has proven not only to be inefficient but also hugely expensive. In an average 12 month period this approach together with the consequential clean up costs, can cost the Authority upwards of £200,000. This figure, having regard to the general shortfall of transit pitches and the Council's recent adoption of additional areas of highway is unlikely to decrease. Indeed, unless positive action is taken it could increase.

3.2 Between December,2006 and the present day the approach adopted has been somewhat different. Both before Christmas (06) and then again afterwards, a length of un-used bus way has been utilised as a tolerated/accepted unauthorised encampment for the Travellers, thus working with them and managing the situation as opposed to chasing them from site to site.

Largely this approach has been successful and has led to increased cooperation between the Council and Police in swiftly dealing with

the small number of other unlawful encampments that have occurred.

- 3.3 The site currently being used does not, however, offer a permanent solution. The bus way will be relied upon to provide access to two key development sites, which form part of the wider Castlefields regeneration proposals. These sites are likely to be taken to market at some time during 2008 and their subsequent development will follow. Delaying this process would have serious financial consequences and impact upon the implementation of the ongoing regeneration programme in Castlefields.

With this in mind the need to identify an alternative “transit” site location, if the current success is to be built upon, needs to be progressed with some urgency.

- 3.4 The alternative site search process initially gave rise to a number of possible locations, however, when tested against guiding criteria, for example, the right size, close to transport links/facilities, would not prejudice investment, was available within reasonable time and was within the catchment area identified by the Needs Study( see 4.1), only one viable option remained. The attached plan shows the location of the preferred site.

- 3.5 The preferred site is located next to an established permanent private caravan site and between Warrington Road and the Manchester Ship Canal. It is land that is in Council ownership. It presently forms an area of informal green space, not generally accessed or used by the public.

The land although readily available and on assessment likely to receive planning permission for the use intended, is not entirely without development difficulty. Having previously had dredgings deposited upon it, the land is particularly uneven and would require considerable engineering work to create a level and accessible pitch area for the caravans. Notwithstanding the complexity of the engineering it can be anticipated that the scheme can be provided within the identified budget.

If it is decided to progress with this option it will be necessary to work the existing detail up into formal working drawings and documents and then to go through a tender process to ensure best value is achieved.

- 3.6 The timescale for delivery of the site having regard to the time needed to prepare for statutory consents, tendering and then the subsequent construction period is estimated at between 12-15 months from the date when authority is given to proceed.

#### 4.0 **NEED FOR SITES**

4.1 The report on the Gypsy/Traveller Accommodation Assessment commissioned by the Cheshire partnership authorities and which has already been considered by the Cheshire Sub Regional Leaders' Group suggests that there is an overall need for 25-47 pitches on transit sites throughout the sub region. It is worth noting that whilst St Helens and Warrington are amongst the partnership authorities, the study does not embrace the wider Merseyside region. Allowing for one scheme of 21 pitches already in development in St Helens, there is a residual need of 26 pitches.

The present tolerated site at Haddocks Wood accommodates 17 pitches and if Halton were to proceed with the provision of a permanent facility of 15 pitches, it would be going a long way to fill the current identified sub regional shortfall and be playing its fullest part in addressing the Traveller issue.

Within Merseyside there are permanent sites situated in Liverpool(14 pitches), Sefton(17), St Helens(20). There is no transit site provision although, as mentioned above, St Helens has secured funding to start such a site. Indeed, there are only 14 transit site pitches within the North West, all in Salford.

Having a transit site increases the enforcement powers available to both the LA and the Police.

There are also a number of less measurable benefits, which arise from being able to provide the Traveller community with some stability such as the provision of welfare and education facilities. An exercise to quantify this benefit is currently being progressed.

#### 5.0 **SUGGESTED WAY FORWARD**

5.1 It is suggested that if the Executive Board support the provision of a Transit site in the location identified:

- That a detailed scheme be worked up to tender to confirm delivery within the set budget;
- that a further report on funding be presented to the Executive Board once tenders have been received;
- that subject to this being confirmed, formal permissions/consents be applied for (September 2007).

Subject to this process the site should be available by September 2008.

#### 6.0 **FINANCIAL IMPLICATIONS**

6.1 The basic capital cost of the scheme (initially estimated at

£450,000) can be met from reserves within the Housing Capital programme. A similar amount for a toilet and amenity block would also be required. Government Office has been approached to see whether there could be some further financial support. A further report on funding issues will be made once tenders have been received.

- 6.2 There will also be on going revenue implications. The site will have to be maintained and managed. An estimate of these costs is attached to this report.

This estimate is based on the premise that a Traveller could be contracted to permanently reside on and manage the site( a similar arrangement exists at the Riverview site)

**7.0 RISK ANALYSIS**

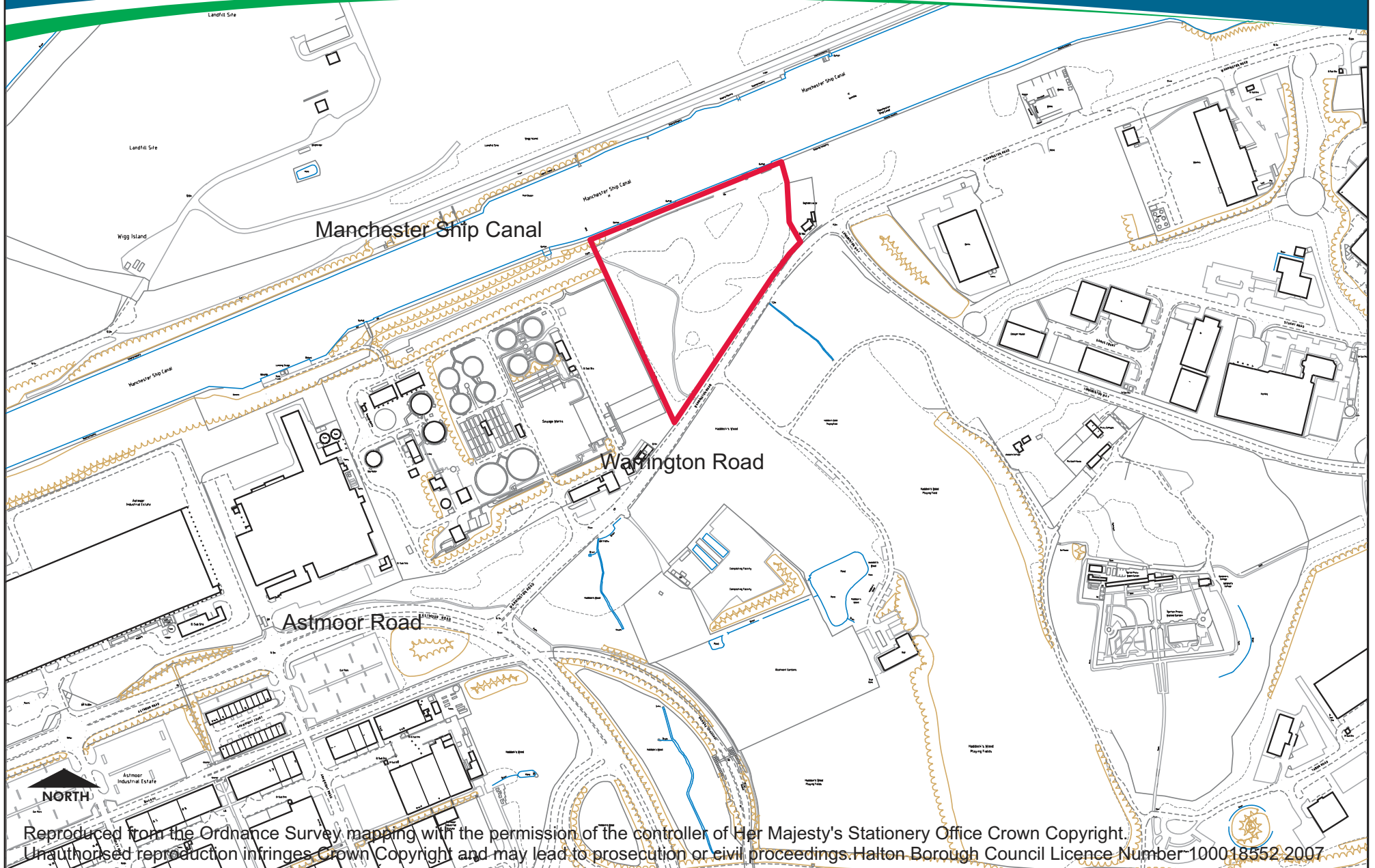
- 7.1 Evidence suggests that the provision of a site has reduced the number of incursions elsewhere and enabled the situation to be better managed. It cannot, however, be totally discounted that once the facility is at capacity other incursions and costs for dealing with them, will occur.

**8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 Local consultation will be carried out before the proposal is formally considered. Provision of a transit site in addition to the existing permanent site would make a significant contribution to the Council's efforts to support equality and diversity.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
1 <sup>st</sup> Draft of Accommodation Assessment	Rutland House	Phil Watts



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**LA Managed Site With Contracted Warden**

<u>Expenditure</u>	<u>100%</u> <u>occupancy</u>	<u>90%</u> <u>occupancy</u>
LA management cost		??
Warden (with free pitch)	17,000	17,000
Telephone	250	250
Sewerage/Water (assume stand pipe only)	4,740	4,300
Electricity (assume individual meters/elec. cards)	8,180	7,360
Landlord elec. supply (lighting/amenity block)	2,000	2,000
Refuse collection	8,000	8,000
Cleaning of amenity block (assume Warden role)	0	0
Maintenance	5,000	5,000
Annual fire/elec. safety check	500	500
Insurance	500	500
Sink fund for cyclical maintenance.	2,000	2,000
	<u><b>48,170</b></u>	<u><b>46,910</b></u>
 <u>Income</u>		
Rent (14 pitches X 52 weeks X £49 (£7 a day))	35,672	32,105
Sale of elec. prepayment cards	8,180	7,360
	<u><b>43,852</b></u>	<u><b>39,465</b></u>
 <u>Net Expenditure</u>	<u><u><b>4,318</b></u></u>	<u><u><b>7,445</b></u></u>

NB may be additional recharges from legal/prop services

**AGENDA ITEM NO.**

**REPORT TO:** Executive Board

**DATE:** 19<sup>th</sup> July 2007

**REPORTING OFFICER:** Strategic Director Health and Community

**SUBJECT:** Housing Capital Programme

**WARD(S):** Boroughwide

**1.0 PURPOSE OF REPORT**

1.1 To inform the Board of the financial outturn for the 2006/07 housing capital programme, and to seek approval for an amended 2007/08 programme.

**2.0 RECOMMENDED – that the 2006/07 outturn be noted, and the amended programme for 2007/08 as set out in the Appendix be recommended to Council for approval.**

**3.0 SUPPORTING INFORMATION**

3.1 A report was presented to Board on the 15<sup>th</sup> March 2007 setting out the forecast outturn for the 2006/07 housing capital programme, with a commentary on schemes where forecast outturn varied significantly from budget. The report also included a proposed programme of work for 2007/08.

3.2 In the light of the actual outturn for 2006/07 the revised total resource available for 2007/08 is now as follows -

	<u>£000's</u>
B/fwd from 2006/07	2,122
New capital grant	889
DFG subsidy	385
DFG capital growth	300
 TOTAL	 3,696

3.3 The programme of work for 2007/08 as set out in the final column of the Appendix has been adjusted to take account of the 2006/07 outturn. The only new scheme since the report of the 15<sup>th</sup> March is the provision of an additional £28,000 to fund further necessary repair works at Belvedere supported housing scheme in Runcorn. This comprises electrical improvements found to be necessary following a survey undertaken last year, and roofing repairs. Although the building is leased to an independent sector organisation, the Council still owns it and is responsible for these works.

3.4 The March report to Board explained that it was unlikely that there would be further significant expenditure on the Castlefields Equity Release Loan scheme, and that proposals would be brought forward to utilise the underspend. Elsewhere on the agenda is a report proposing the development of a Gypsy/Traveller transit site, and subject to that scheme being agreed, it is proposed that the development costs be funded from the uncommitted £565k.

**4.0 POLICY IMPLICATIONS**

4.1 None.

**5.0 OTHER IMPLICATIONS**

5.1 None.

**6.0 RISK ANALYSIS**

6.1 The considerable growth in the DFG budget will need to be closely managed to minimise any slippage. Additional design/tendering/supervision capacity will be created through the temporary use of consultants.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 The proposed programme of work will help tackle the housing problems of some of those in greatest housing need.

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

<b>Document</b>	<b>Place of inspection</b>	<b>Contact Officer</b>
Executive Board Report:15 March 2007	Widnes Municipal Building	Dwayne Johnson Strategic Director Health & Community

**HOUSING CAPITAL PROGRAMME 2006/07/08 (£000s)**

	Approved Budget 2006/07	Forecast Outturn 2006/07	Actual Outturn 2006/07	Approved Budget 2007/08	Revised Budget 2007/08
Housing Grants/Loans	484	608	560	586	586
Disabled Facilities Grants	685	685	687	942	942
Home Link	10	10	10	10	10
Energy Promotion	35	35	35	75	75
Castlefields Equity Release Loans	1,358	165	149	549	565
Neighbourhood Renewal Assessment	27	27	23	0	4
Housing Needs Survey	8	8	8	0	0
Refurbishment of Riverview Gypsy site	838	37	34	1,269	1,272
Belvedere Repairs	87	87	89	0	28
Adaptations Initiative	92	0	0	92	92
Contingency/loans for major adaptations				106	122
<b>TOTAL</b>	<b>3,623</b>	<b>1,662</b>	<b>1,595</b>	<b>3,629</b>	<b>3,696</b>

**REPORT TO:** Executive Board

**DATE:** 19<sup>th</sup> July 2007

**REPORTING OFFICER:** Strategic Director, Environment

**SUBJECT:** Waste Management – Inter Authority Agreement and Waste Action Plan

**WARD(S):** Borough-wide

## **1. PURPOSE OF REPORT**

1.1 This report sets out the way in which the Council intends to discharge part of its waste disposal functions and seeks approval to move forward with the development and implementation of enhanced waste recycling services in Halton.

## **2. RECOMMENDED: That;**

**2.1.1 The Council, acting under the authority of the Relevant Powers and in accordance with the Partnership Ethos, enter into an arrangement with the Merseyside Waste Disposal Authority (“MWDA”) for the discharge by the MWDA of the functions of the Council (in its capacity as Waste Disposal Authority) specified in this resolution (“the Arrangement”) to achieve the Purpose;**

**2.1.2 The Strategic Director – Environment, in consultation with the Strategic Director – Corporate & Policy, the Portfolio Holder for Environment, Leisure and Sport and the Portfolio Holder for Corporate and Policy, be authorised to take all actions and to make any decisions deemed appropriate in connection with and in the furtherance of the Arrangement (including entering into the Inter Authority Agreement referred to below), and any modifications to the Arrangement which may be agreed with MWDA from time to time;**

**2.1.3 In this resolution:**

**“the Relevant Powers” mean section 19 Local Government Act 2000, the Local Authorities (Arrangements for the Discharge of Functions) (England) Regulations 2000 and all other enabling powers allowed by law**

**“the Partnership Ethos”** means that in the discharge of the Arrangement the Council and MWDA shall act in a spirit of openness and trust in their dealings with each other and shall mutually support and co-operate with each other to ensure the success and performance of the Arrangement.

**“the Purpose”** means achieving the provision of the procurement; creation and administration of the Principal Contracts which will facilitate the delivery of the Council’s waste management targets. **“the Principal Contracts”** mean the contracts proposed to be entered into by MWDA and a contractor or contractors in relation to firstly, Waste Management and Recycling and secondly, Resource Recovery

**“the Inter Authority Agreement”** means the Inter Authority Agreement defined in paragraph 2.1.4

**2.1.4 “The Arrangement”:**

The Council delegates to MWDA that part of its waste disposal function as relates to the procurement of the subject matter set out in the Principal Contracts subject to the terms, restrictions and limitations contained or to be contained in a document entitled “Inter Authority Agreement” in respect of the procurement and management of the Principal Contracts, a draft of which has been produced to the Council

**2.2.1 Executive Board approve the principles of the Waste Action Plan and the delivery of the pilot study contained within it.**

**2.2.2 The financial expenditure required to deliver the enhanced recycling services, as contained within Halton’s Waste Action Plan, are considered following the monitoring of the pilot study, and during the budget setting process for 2008/09.**

**3. BACKGROUND**

**3.1** At it’s meeting of 29<sup>th</sup> March 2007, the Executive Board considered a report on the developing partnership arrangements with the Merseyside Authorities. Members were informed of progress made with respect to the updating of the Council’s Waste Management Strategy, Halton’s Waste Action Plan, the Contract Procurement Strategy and Inter Authority Agreement (IAA) with the Merseyside Waste Disposal Authority (MWDA). The Executive board was advised that a Members’ Seminar was to be held on waste management issues.

**3.2** Members approved the Contract Procurement Strategy with the MWDA (Minute EXB 106/2007 refers). Members also noted progress towards the adoption of the Waste Action Plan, having agreed that the forthcoming Members’ Seminar would enable further and more detailed discussion to take place.

- 3.3 The Members' Seminar on waste management issues was held on 12<sup>th</sup> June 2007 and set out the proposed future strategic and operational plans, including the implementation of enhanced recycling services and the partnership arrangement with the MWDA. The seminar highlighted to Members the significant financial implications associated with Waste Management and the major investment required in both the short and long term.
- 3.4 The Executive Board are now asked to consider and approve the delegation of defined aspects of the Council's waste disposal functions to allow MWDA to procure contracts on behalf of Halton, the principles of which will be detailed within a formal Inter Authority Agreement (IAA) with the MWDA. Members are also asked to consider and approve Halton's Waste Action Plan, which has been updated following the Members' Seminar.

#### **4. SUPPORTING INFORMATION**

##### Inter Authority Agreement

- 4.1 As previously reported to members, the Council is required to agree and sign a formal Inter Authority Agreement (IAA) with the Merseyside Waste Disposal Authority (MWDA). The IAA is a document that will clarify and strengthen the roles and responsibilities of Halton in the Merseyside Waste Partnership (MWP) and define the formal relationship between Halton and the MWDA. The IAA will be a legally binding agreement between Halton and MWDA and will act as a formal interface between the two Disposal Authorities and provide a link to defined actions and targets for Halton. It sets out the MWDA obligations to deliver facilities in order to enable Halton to meet its future waste management related targets.
- 4.2 The IAA is designed to give effect to the principle that the Council will delegate defined elements (but not all) of its Waste Disposal Authority functions to MWDA under the authority of section 19 Local Government Act 2000. The IAA sets out those elements that will be delegated by Halton and are limited to the ambit of two Principal Contracts; the Waste Management and Recycling Contract and the Resource Recovery Contract.
- Waste Management & Recycling - This contract includes the Operation and Management of Recycling and Household Waste Centres (RHHWC's), the Management of Materials Recycling Facilities and the Management of Waste Transfer Stations as from 1<sup>st</sup> October 2008, for a contract period of between 15 and 20 years.
  - Resource Recovery - This contract includes the construction and operation of Residual Waste Treatment plants as from October 2008 for a period of 25 years.

- 4.3 The IAA is the method by which Halton's involvement in the procurement process with the MWDA can be facilitated. MWDA cannot move forward with the procurement of contracts on behalf of Halton without having such an agreement in place.
- 4.4 In terms of overall volume of waste, Halton makes up only 8% of the total waste produced by the Merseyside Waste Partnership. The MWDA will be the lead Authority for procurement and administration of the Principal Contracts, will have the final say on the appointment of a preferred bidder, and will be the sole signatory for both Principal Contracts. The Council does have influence in both the production and administration of the Principal Contracts and will have the ability to influence improvements if and when necessary during the life of the contracts. Halton's Officers sit on both the MWDA Procurement and Project Review Teams, are involved in the development of the contract specifications and are part of the tender evaluation process. Halton also has an Elected Member representative invited to attend meetings of the Merseyside Waste Disposal Authority Board as an observer and will have powers as nominated authorised officers under the contracts once awarded.
- 4.5 Any matter relating to the Council's waste disposal authority functions, which are not within the ambit of the Principal Contracts, is excluded from the delegation and is retained by the Council. The Council's waste collection authority functions are not affected by the delegation proposed within this report. It should be recognised that the Council will continue to have responsibility for government targets associated with waste recycling and diversion, associated with the waste to be treated under the Principal Contracts. In brief, waste disposal authority functions retained will include;
- Landfill Disposal Arrangements
  - Responsibility for the Landfill Allowance Scheme (LATS) targets, reporting, trading and reconciliation
  - Statutory duties for performance standards and BVPI reporting and compilation of data.
  - Direct management of contracts outside the scope of the delegated functions (e.g. Composting of Kerbside Collected Green Waste)
  - Neighbourhood Recycling Sites
  - Abandoned Vehicles Disposal
  - Enforcement Activities
  - Education and Promotional Activities
  - Waste strategy and local policies
- 4.6 As previously reported to Members, a paramount requirement is for the Council is to secure contracts for the delivery of new waste treatment services and facilities within the required timescales. A key factor in working with the MWDA was the greater certainty of deliverability of



such contractual arrangements, which Halton could not achieve as a waste disposal authority in it's own right.

- 4.7 The current financial forecasts of the contract procurement strategy in partnership with the MWDA were presented to the Executive Board on 29<sup>th</sup> March 2007, and to Members at the Seminar on Waste Management Issues on 12<sup>th</sup> June 2007.
- 4.8 A further report will be provided to the Executive Board prior to the award of the Principal Contracts. Members are advised however, that should Halton refuse to take part in the Principal Contracts, the MWDA will expect the Council to indemnify it against any losses that may follow. Notwithstanding the financial consequences incurred as a result of such action, the Council would be left with no other partnership opportunities and would face severe consequences.

#### Waste Action Plan

- 4.9 As previously reported to Members, Halton commissioned consultants to produce a report that set out the Waste Management Division's aims for increasing recycling performance and contained plans for the further introduction of recycling services and facilities within the borough.
- 4.10 A draft Waste Action Plan was presented to the Executive Board on 29<sup>th</sup> March 2007, and attached as Appendix 1 is a revised Plan that has been updated following the Waste Management Seminar on 12<sup>th</sup> June 2007, when Members' views were sought, and taken into account, on the future proposals.
- 4.11 Essentially, the revised plan is to deliver enhanced recycling services by extending the current kerbside paper collection service to a multi-material collection. This will see plastic bottles, cans and cardboard added to the collection scheme. The aim is to encourage participation in the scheme and to increase the tonnage of recyclable materials collected.
- 4.12 The scheme would see the current 140 litre blue wheeled bins, used to collect paper, continue to be used to collect further recyclable materials. The frequency of collections of the blue bins will be increased from four weekly to fortnightly to accommodate the additional materials.
- 4.13 Initially, a pilot scheme will be undertaken in the Autumn of 2007. Approximately 6,000 properties will be included in the pilot. The areas for the pilot have been identified and will be finalised once the Elected Members in the relevant Wards have been consulted. Elected Members will be made fully aware of the details of the scheme, which will be supported by a comprehensive publicity and awareness raising programme. If successful, the multi-material kerbside recycling

scheme will then be rolled out across the Borough, commencing in the Summer of 2008, with completion in 2010.

- 4.14 Green and blue bins have been partially rolled out across the borough, however, there remain a number of gaps in the provision to suitable properties. The Waste Action Plan will also see the green waste collection service delivered to a further 10,000 properties and a further 5,000 properties, currently served by a sack collection service for recycling paper, will be provided with a blue wheeled bin.
- 4.15 Terraced properties, and other properties served by a sack collection for waste, will also receive the co-mingled recyclables service by the use of sacks for recyclable materials.
- 4.16 New and existing developments consisting of apartments and other high density housing, at various locations within Halton, will be provided with communal containers of sufficient capacity to enable the collection of dry recyclables. Collections will be built in to the existing rounds as new developments are completed.
- 4.17 The table below summarises the additional annual revenue costs identified in the revised Waste Action Plan for the introduction of the enhanced recycling services up to 2010/11.

Budget Year	Additional Annual Growth	Total Cumulative Growth
	(£'000)	(£'000)
2007/2008	£80	£80
2008/2009	£262	£342
2009/2010	£228	£570
2010/2011	£280	£850

- 4.18 The revenue costs contained within the above table are incurred as a result of additional refuse collection vehicles and crews required to collect the additional bins identified in paragraph 4.14, and the increased frequency of collections of the blue bins to facilitate the enhanced recycling services as indicated in paragraph 4.12.
- 4.19 Capital expenditure of £250,000 over the next 3 years is also required to provide the 15,000 blue and green bins to the remaining suitable properties in the borough to facilitate the enhanced and expanded recycling and composting collection services.
- 4.20 Financial studies to identify Halton's future waste disposal and treatment costs assume recycling and waste diversion levels achieved as a result of implementing the Waste Action Plan. The results of the studies, produced by external consultants and presented to the Executive Board on 29<sup>th</sup> March 2007, show that to not deliver improved recycling levels will significantly increase future waste disposal costs.

The adoption of the Waste Action Plan represents an investment to keep future costs down.

- 4.21 The Waste Action Plan will see Halton's current recycling performance of 25% increase to over 30% in 2010/11, and the authority will meet the requirements of that Household Waste Recycling Act 2003 to collect at least two types of recyclable waste from all households by 31<sup>st</sup> December 2010. Further details of the annual increases in performance are contained within Table 2.1 of the Waste Action Plan.

## **5. FINANCIAL ISSUES**

- 5.1 The relevant financial issues are covered within this report.

## **6. POLICY IMPLICATIONS**

- 6.1 The relevant policy implications are covered within this report

## **7. OTHER IMPLICATIONS**

- 7.1 There are no other implications arising from this report.

## **9. RISK ANALYSIS**

- 9.1 Failure to approve the Inter Authority Agreement (IAA) will jeopardise Halton's involvement in the procurement of waste treatment services and facilities with the MWDA and leave the authority vulnerable to the significant financial and other risks associated with failing to deliver facilities required to meet future waste management targets. Similarly, failure to adopt the Waste Action Plan and commit to the expenditure required to move forward with enhanced recycling services will also jeopardise the Council's ability to meet future recycling targets and increase the authority's exposure to such financial and other risks.

## **10. EQUALITY AND DIVERSITY ISSUES**

- 10.1 There are no specific equality or diversity issues as a result of this report.

## **11.0 REASON(S) FOR DECISION**

- 11.1 A formal partnership agreement with the Merseyside Waste Disposal Authority (MWDA) is required in order for Halton to be included in the procurement of Waste Treatment Services and Facilities by the MWDA.

## **12.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

- 12.1 The options that have been considered, and led to a decision to work in partnership with the MWDA, are detailed in previous reports presented to the Executive Board.

**13.0 IMPLEMENTATION DATE**

13.1 Implementation is expected by September 2007, following consultation between relevant Officers and Elected Members.

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

14.1 There are no background papers relevant to this report.

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**Appendix - Summary table showing the cost and effect of improving recycling services**

## **1. HALTON BOROUGH COUNCIL**

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### **1.1 Introduction**

Situated in the North West of England, Halton Borough Council borders Merseyside, Warrington and the Shire county of Cheshire. The Council was formed in 1974 and established itself as a unitary authority in April 1998.

The Borough covers an area of 79 sq km and encompasses the major towns of Runcorn and Widnes. It has a population of 118,900, within 52,909 properties (2005/06).

The Council's overall net budget for 2006/07 is £92 million. Specific waste related budgets include approximately £1.58 million for refuse collection and £58,000 (net) for kerbside paper recycling. Approximately £523,000 is allocated to green waste collections, of which £123,000 is for gate fees at the composting site.

### **1.2 Strategic Aims**

The Council is currently focussing on the diversion of biodegradable material from residual waste collections through the provision of separate garden waste and paper collections.

The key strategic aims of the Council, in relation to waste management, are as follows:

- Implementing a long term waste management solution that is cost effective;
- Achievement of Best Value;
- Providing a practicable and deliverable waste management system;
- Implementing future plans which complement the Council's key priorities and take into account the socio-economic make up of the Borough.

In addition the Council's 5 main priorities are:

- A Healthy Halton;
- Halton's Urban Renewal;
- Employment, Learning & Skills in Halton;
- Children & Young people in Halton;
- A Safer Halton.

### **1.3 Integration with the Merseyside Partnership and JMWMS**

The Council is currently progressing with the formalisation of partnership arrangements with the Merseyside Waste Disposal Authority (MWDA) and its partner Merseyside authorities. A recommendation to develop the partnership was formally accepted by the MWDA board on 17<sup>th</sup> September 2006 and agreed by Halton's Members on 21<sup>st</sup> September 2006.

Once established, the partnership will enable the joint procurement of appropriate waste treatment and disposal services and facilities.

The Merseyside Waste Partnership currently consists of the following authorities:

- Knowsley Metropolitan Borough Council;
- Liverpool City Council;
- Merseyside Waste Disposal Authority;
- Sefton Council;
- St Helens Council;
- Wirral Metropolitan Borough Council.

The existing partner authorities developed a joint strategy in 2005, *the Joint Municipal Waste Management Strategy for Merseyside* ().

This document specifies overall, pooled recycling targets as follows:

- 2010 – 33%;
- 2015 – 38%;
- 2020 – 44%.

In addition to these recycling targets, the following aims are specified:

- All Districts to move to the separate collection of dry recyclables, biodegradable waste and residual waste, using kerbside sort or wheeled bin collection systems by 2010;
- All Districts to maximise green garden waste and paper collections;
- All Districts to collect recyclables as often as possible and move to fortnightly residual waste collection by 2010;
- All Districts to move to the kerbside collection of kitchen waste by 2010;
- MWDA to upgrade existing HWRCs to make them more user friendly and customer focused by 2010;
- Every District to optimise its Bring Bank locations across Merseyside to an optimum saturation rate of one per 1000 population.

Part of the development process for the new partnership between Halton and Merseyside will be the consideration of waste management strategies.

Halton produced a waste strategy document in 2004 entitled '*Waste Management Services – The Aspirations and Guidelines*'. The document broadly considered the existing situation and services at that time and potential options for the development of waste and recycling services.

Specifically, the preferred options identified within the document are for the development and consideration of the following:

- More intensive kerbside collections;
- Flexibility to procure an appropriate residual waste treatment facility which offers the best available and acceptable option to replace the existing set of contracts which expire in 2008;
- Harnessing potentially significant economies of scale by working with another authority to deliver shared recovery infrastructure.

These preferred options are considered to be consistent with the JMWMS and the proposed partnership arrangements.

To achieve this integration, officers are working, with the support of external consultants, to accomplish the following objectives:

- An approved Action Plan for Halton Borough Council (July 2007);
- A Memorandum of Understanding (completed October 2006);
- A formal Inter Authority Agreement (Summer 2007);
- A joint Communications and Awareness Protocol with the MWDA. (Completed November 2006);
- Interim arrangements/succession strategy for Halton's current waste management contracts (January 2007);
- A public panel consultation on methods for achieving objectives of the Action Plan (Autumn 2007);
- An updated Waste Management Strategy for Halton (March 2007).

To assist integration and joint working with the Merseyside Waste Partnership, the Council have identified a number of areas for clarification, discussion and potential co-operation within new partnership arrangements, these include:

- Pooling of targets (approved by DEFRA, December 2006);
- Interim waste management and recycling contract arrangements;
- Financial arrangements;
- Density and provision of bring sites;
- Kerbside collection infrastructure.

## **1.4 Approval Process and Timescales**

The action plan will be submitted to Halton's Executive Board in July 2007 for consideration and approval.

## **1.5 Current and Future Performance**

The Council's most recent waste BVPI performance data for 2004/05 and 2005/06 and estimates for future years are shown in Table 1.1.



**Table 1.1**  
**BVPI Performance Data<sup>1</sup>**

<b>BVPI</b>	<b>Description</b>	<b>2004/05 Actual</b>	<b>2005/06 Actual</b>	<b>2006/07 Targets</b>	<b>2007/08 Targets</b>
<b>82a</b>	% of household waste recycled (%)	13.65	13.58	14.58	15.58
<b>82b</b>	% of household waste composted (%)	9.15	9.64	10.64	11.64
<b>82b (combined)</b>	% of household waste recycled and composted (%)	22.8	23.2	25	27
<b>84a</b>	Number of kilograms of household waste collected per person (kgs)	549.7	549.5	555	561
<b>86</b>	Cost of waste collection per household (£)	26.29	26.95	29.00	31.00
<b>91</b>	% of population served by a kerbside collection of recyclables (%)	100	100	100	100

## **1.6 Current Waste Management Services**

The Council's core waste collection services considered in this action plan are as follows:

- Household residual waste collection service;
- Kerbside paper recyclable collections;
- Kerbside compostable collections;
- RHWC (Recycling and Household Waste Centres);
- Bring Sites.

### **1.6.1 Household Residual Waste Collections**

The majority of households (85%) are provided with a 240 litre black wheeled bin for the storage of residual waste; the remaining households have a sack collection. Collections are made from the boundary of the property on a weekly basis.

An in-house team provides the collection service using the following resources:

- Nine refuse collection rounds (eight full and one part domestic/part trade), using nine RCVs;
- One driver plus two operatives per vehicle for wheeled bin rounds;
- One driver plus five operatives per vehicle for the sack collection round.

<sup>1</sup> Halton Borough Council Performance Plan (2006/07)

The Council's refuse collection service achieves a high customer service rating and attained a CPA score of 4. As a result, the Council plan to continue using its in-house team and have no current plans to market test the service. However, in view of the potential changes to collection services that could be required, out-sourcing of the service is considered an option for the future.

The majority of collected residual waste is delivered to the Arpley Landfill site in Warrington. The rest is delivered to the Huyton waste transfer station on Merseyside, which is used as an alternative site when bank holiday arrangements result in weekend work. This is due to restricted opening hours at Arpley on weekends.

## **1.6.2 Kerbside Dry Recyclable Collections**

Halton's kerbside collection service for paper recycling covers all 52,909 households within the Borough. 36,000 households have a blue 140 litre wheeled bin and 16,909 use a blue plastic sack. Collections are made every four weeks for wheeled bins and every two weeks for sacks, from the boundary of the properties.

The paper collection service was initially operated by a private contractor using sacks. Successful trials using blue bins were introduced in 2003, which resulted in a further expansion of the blue bin service to replace sack collections at all appropriate properties. Participation in the scheme is estimated to be around 45%.

An in-house team provide the collection service using the following resources:

- One RCV for the wheeled bins;
- One 3.5 tonne boxed tipper for collecting sacks;
- One driver plus two collectors per vehicle for sack collections;
- One driver plus two collectors per vehicle for wheeled bin collections.

Collected paper is delivered to a local, privately owned transfer station for storage, bulking and loading. It is then transported to Shotton, Deeside for reprocessing.

## **1.6.3 Kerbside Compostable Collections**

A kerbside collection for garden waste is currently provided to 30,000 households within the Borough. These households are provided with a green 240 litre wheeled bin, which is emptied fortnightly. It is estimated that the service has a participation rate of around 50%.

The garden waste collection service was first introduced in 2002/03 on a trial basis. Following the success of the scheme, it was rolled out using Local Public Service Agreement (LPSA) funding. This was carried out in stages and the service currently covers 75% of suitable properties.

The Councils in-house team provides the collection service using the following resources:

- Two RCV 'rotopress' vehicles;
- One driver plus two collectors per vehicle.

Garden waste is collected from households and delivered to the facility at Haddocks Wood in Runcorn, where it is composted using open windrows.

This facility is also used to process the green waste that is collected at the Recycling and Household Waste Centres.

#### **1.6.4 Bring Sites**

There are over 35 recycling bring sites in Halton. Some consist of containers for a single material such as glass or paper, whereas others accept a range of materials such as glass, cans, paper, shoes, textiles and books

Details of the Council's bring sites are provided in Table 1.2 below.

**Table 1.2  
Bring Banks**

<b>Material types</b>	<b>No of Banks</b>	<b>Collection Company</b>
Glass	33	Glass UK
Cans	8	Solidcast
Paper	18	In house service
Plastics	6	Solidcast or Total Recycling
Books	2	British Heart Foundation
Shoes	5	European recycling company
Textiles	5	Oxfam

#### **1.6.5 Recycling and Household Waste Centres (RHWCs)**

Halton has two RHWCs; One is located in Runcorn, the other in Widnes. Both sites are currently managed by Mersey Waste Holdings, under contract until the end of January 2008. The sites currently achieve a recovery rate of approximately 60%.

### **1.7 Future Plans - Summary**

#### **1.7.1 Residual Collections**

The Council currently use an in-house collection team for refuse and recycling services and have no current plans to market test the service. However, a combined recycling and refuse collection service or joint tendering/shared working exercise, with other local authorities, could be considered in light of potential service changes.

#### **1.7.2 Kerbside Recycling**

The Council plan to extend the dry recyclables kerbside collection to a multi-material collection. The aim is to encourage participation in the scheme and to increase the tonnage collected. Plastic bottles, cans and cardboard will be added to the collection scheme.

Initially, a trial will be undertaken with approximately 6,000 properties.

If successful, the scheme will be rolled out across the Borough over a two year period. This expansion is due to start in 2008, with completion in 2010. Terraced properties and properties with a sack collection for refuse will receive the co-mingled recyclables service.

The 140 litre wheeled bins will continue to be used to collect recyclables as the multi-material collection scheme is rolled out. Properties on the sack collection will have their re-usable bags replaced by survival sacks, as and when they receive the multi-material service. Frequency of collection for

properties using recycling wheeled bins will be increased to fortnightly and recycling sack collections will remain as fortnightly.

The recent increase in new developments consisting of apartments at various locations within Halton will require communal containers of sufficient capacity to enable the collection of dry recyclables. These will be provided and collections built in to the existing rounds as new developments are completed.

The collected materials will subsequently be sent to a MRF for separation, before re-processing. It is anticipated that a MRF facility, procured in partnership with MWDA, will be used for this.

At present there are no plans to collect glass through the kerbside scheme. This decision is due to uncertainty about the potential impacts on the quality and marketability of co-collected paper. Trials are currently being undertaken at MRF facilities to determine the suitability of including glass within such collections. If the trials show that the quality of paper and end markets are unaffected, the Council would consider the inclusion of glass within their co-mingled scheme.

It is anticipated that the inclusion of glass within kerbside collections may provide a significant increase in recycling rates due to the material's relatively high weight/density ratio. Therefore, it is assumed that the waste flow model associated with this report shows a conservative estimate of the potential performance of the co-mingled recyclable collections.

### **1.7.3 Compostable Collections**

The Council plans to extend its garden waste collection scheme to all suitable households within the Borough. It is estimated that there are approximately 10,000 properties that could be added to the scheme. The service will be rolled out to these properties in 2008/09 and each property will be issued with either a wheeled bin or a re-useable sack, according to the nature of the property.

The Council has considered introducing a collection for kitchen waste, however it currently has no plans to do so. This decision was taken following a financial analysis of the likely costs involved in piloting a scheme. Food waste collection is an option that the Council intends to re-consider in the future should their circumstances change.

### **1.7.4 Bring Sites**

The Council are aiming to introduce 20 new sites across the Borough. Each site will consist of a bank for paper, glass and cans. The roll out of the new sites will be spread across three years, from 2007/08 to 2009/10. Attention will be focused on identifying gaps in the provision of bring facilities through liaison with local neighbourhood fora and housing organisations. The possibility of dedicated facilities for new developments will also be considered.

### **1.7.5 Recycling and Household Waste Centres (RHWCs)**

The contract for operating the RHWCs is due to terminate at the end of January 2008. After this time, an interim contract will be established until the management of the sites is included in joint contractual arrangements with MWDA. Due to the nature of the contracts, it is likely that a separate tendering exercise will be needed to find suitable contractors for the interim period.

There are no major changes intended for the sites before 2008 due to their high performance.

## **2. ACTION PLAN**

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### **2.1 Introduction**

This section outlines the assumed developments in waste management services in Halton for each year from 2006/07 until 2020/21.

The following key elements are considered for each year:

- Service levels (e.g. types of service, number of households served);
- recycling targets;
- Estimated performance levels (MSW and household recycling and composting rates);
- Procurement issues (e.g. procurement processes, potential co-operation with neighbouring authorities);
- Indicative Costs (from 2006/7 – 2010/11).

### **2.2 Service Levels and Performance**

Table 2.1 on the pages below identifies the following key service issues and assumptions for each year:

- Estimated performance levels (household recycling and composting rates);
- Estimated participation rates;
- Key service level details for kerbside residual, dry recyclable and garden waste collections (e.g. major changes to services and number of households served). Assumptions are linked to the data calculated in separate waste flow diagrams and the levels of diversion required to achieve the targets;
- Other relevant issues, for example the commencement of new contracts.

**Table 2.1 Action Plan Summary Table**

<b>Year</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>
<b>Estimated Household Recycling Performance (BVPI 82 a &amp; b)</b>	23.87%	24.54%	27.33%	28.63%	30.36%
<b>Kerbside Dry Recyclable Collections</b>	No change to materials collected in 2005/06 Additional 3000 properties converted to blue bins  Participation rate 45% for paper collection.	Multi-material collection trialled with approximately 6,000 households. Participation rate of 50%.  Participation rate 45% for paper only collection.	Multi-material collection rolled out to half of remaining properties. Participation rate 50%.  Participation rate 45% for paper only collection.	Multi-material collection rolled out to remaining properties. Participation rate 50%.  <b>BVPI 91 a &amp; b achieved.</b>	Participation rate 53% for all materials
<b>Kerbside Garden Waste Collections</b>	An additional 5,000 properties added to the scheme, taking total to 30,000.  Participation rate 55%	No change to collection service. Participation rate 55%	Remaining 10,000 suitable properties added to scheme. Takes scheme to 100% coverage of suitable properties  Participation rate 55%	Participation rate 55%	Participation rate 60%
<b>Bring Sites</b>	-	8 bring sites added. Paper, glass and can bank at each site.	6 bring sites added. Paper, glass and can bank at each site.	6 bring sites added. Paper, glass and can bank at each site.	-
<b>Other (incl. changes to residual collections and procurement issues)</b>	-	Jan 2008 all waste management contracts due for renewal.			-

**Table 2.1 Action Plan Summary Table (continued)**

<b>Year</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
<b>Estimated Household Recycling Performance (BVPI 82 a &amp; b)</b>	30.65%	32.12%	33.59%	34.33%	35.17%
<b>Kerbside Dry Recyclable Collections</b>	Participation rate 55% for all materials	Participation rate 60% for all materials	Participation rate 65% for all materials	Participation rate 65% for all materials	Participation rate 70% for all materials
<b>Kerbside Garden Waste Collections</b>	Participation rate 60%	Participation rate 65%	Participation rate 70%	Participation rate 75%	Participation rate 75%
<b>Bring Sites</b>	-	-	-	-	-
<b>Other (incl. changes to residual collections and procurement issues)</b>	-	-	-	-	-

**Table 2.1 Action Plan Summary Table (continued)**

<b>Year</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
<b>Estimated Household Recycling Performance (BVPI 82 a &amp; b)</b>	36.08%	36.97%	38.81%	38.97%	39.92%
<b>Kerbside Dry Recyclable Collections</b>	Participation rate 75% for all materials	Participation rate 76% for all materials	Participation rate 78% for all materials	Participation rate 79% for all materials	Participation rate 80% for all materials
<b>Kerbside Garden Waste Collections</b>	Participation rate 75%	Participation rate 80%	Participation rate 80%	Participation rate 80%	Participation rate 85%
<b>Bring Sites</b>	-	-	-	-	-
<b>Other (incl. changes to residual collections and procurement issues)</b>	-	-	-	-	-



## 2.3 Key Procurement Issues

Key procurement issues identified for Halton are as follows:

- Procurement process for new containers (wheeled bins for garden waste roll out in 2008/9);
- Revised vehicle procurement/maintenance timetables in accordance with revised service delivery plans. New vehicles, in addition to the new fleet referred to in Para 2.4.1, may be required from 2009/10 if multi-materials are added to the kerbside dry recyclables collection;
- Procurement process for potential new contracts, due for renewal in 2008:
  - Landfill - from the end of January 2008, for a period to be confirmed;
  - Paper re-processor - from the end of January to the commencement of the MWDA recycling contract;
  - Garden waste re-processor - from the end of January 2008, for a period to be confirmed;
  - RHWC's management - from the end of January to the commencement of the MWDA recycling contract.

Potential joint procurement opportunities with neighbouring Merseyside authorities may be appropriate in a number of areas.

Table 2.2 summarises potential areas for joint procurement for the Merseyside authorities and Halton, showing the years when new service contracts, vehicles and containers are expected to be introduced.

In addition to the issues highlighted in the table it is recommended that joint arrangements for the sale of recyclable and compostable materials are investigated.

Halton have also highlighted the following joint procurement and working opportunities:

- Containers. The Council would consider a joint Merseyside procurement initiative as appropriate;
- Joint vehicle procurement. The Council would consider revised specifications and joint procurement of RCVs with Merseyside authorities;
- Joint working arrangements: Cross boundary working and joint collection arrangements with neighbouring authorities would be considered if appropriate.

**Table 2.2 Joint Procurement Potential**

<b>Authority</b>	<b>Potential Introduction of New Collection Contract/Contractor</b>	<b>Potential Introduction of Significant Numbers of New Collection Vehicles (in-house or private contractor provision)</b>	<b>Potential Introduction of Significant Numbers of New Containers (in-house or private contractor provision)</b>
<b>Knowsley</b>	-	<b>2007/08-2008/09.</b> Potential new RCVs for co-mingled kitchen and garden collection. Potential new kerbside sort vehicles to accommodate plastics.	<b>2007/08-2008/09.</b> Kitchen waste containers (caddies, liners).
<b>Liverpool</b>	October/November <b>2008.</b> Potential combined Refuse and Recycling Contract.	<b>2008/09-2010/11.</b> Potential new kerbside sort vehicles to accommodate plastics and kitchen waste.  (Note vehicle requirements will be subject to a future service procurement process)	<b>2009/10.</b> Kitchen waste containers (caddies, liners and kerbside collection containers).  (Note container requirements will be subject to a future service procurement process)
<b>Sefton</b>	December <b>2010.</b> Recycling Contract.	<b>2006/07-2007/8.</b> Potential new RCVs (with bin lift equipment) for alternate week residual and garden waste collections. Potential alteration to kerbside sort vehicles to accommodate kitchen waste and potentially plastics.	<b>2006/07 and 2007/08.</b> Wheeled bins and kitchen waste containers (caddies, liners and kerbside collection containers).
<b>St. Helens</b>	<b>2007</b> Kerbside Recycling Contract (potential two year extension)	<b>2008/09.</b> Potential new kerbside sort vehicles to accommodate plastics and kitchen waste.	<b>2007/08-2008/09.</b> Kitchen waste containers (caddies, liners and kerbside collection containers).
<b>Wirral</b>	<b>2006.</b> New combined Refuse and Recycling Contract. Subject to outcome of service procurement process.	<b>2006/07-2007/08.</b> Potential new RCVs (with bin lift equipment) for residual, recyclable, kitchen and garden waste collections.  (Note vehicle requirements subject to outcome of service procurement process)	<b>2006/07-2007/08.</b> Wheeled bins for separate garden waste, co-mingled kitchen and garden and co-mingled dry recyclables collections.  (Note container requirements subject to outcome of service procurement process)
<b>Halton</b>	<b>2008</b> All waste management contracts end in 2008.	<b>2007-8- 2009/10.</b> Potential additional RCVs for expansion of garden waste collections and introduction of co-mingled multi-material dry recyclables collection.	<b>2008/9.</b> 10,000 wheeled bins required for expansion of garden waste collection service.

## 2.4 Indicative Costs and Income

Estimates of costs and income for Halton Borough Council for the period 2006/07-2010/11 are considered in the sections below.

Costs and income are outlined in the following areas:

- Residual collection costs;
- Dry recyclable collection costs;
- Compostable collection costs;
- Bulking and transport costs;
- LATS costs.

### 2.4.1 Indicative Direct Service Costs - Table 2.5

Table 2.5 provides a summary of indicative collection, bulking and transfer, costs for the period 2006/07-2010/11.

#### 2.4.1.1 Collection Cost Assumptions

Detailed breakdowns of the assumptions used to compile the collection costs have been provided separately within spreadsheet files.

Indicative costs are provided in this document to enable potential changes in costs, over a five year period, to be considered.

These costs do not reflect additional costs incurred through future partnership arrangements with MWDA.

Costs will also be subject to procurement processes and should, therefore, not be regarded as 'actual' costs.

Key collection cost assumptions in this report are as follows:

- Labour costs include allowances for spare labour but not for supervision, management or internal support costs;
- An annual inflation rate of 2.5% has been applied to staff salaries, containers and vehicle costs;
- Containers:
  - Wheeled bins for refuse are depreciated over a period of seven years;
  - Wheeled bins for dry recyclables are replaced at a total of 1,000 per year;
  - Wheeled bins for garden waste are replaced at a total of 1,000 per year;
  - Re-useable sacks for paper recycling are replaced annually up until 2008/9. Post 2008/9 survival sacks will be used for the multi-material co-mingled collection and replaced fortnightly;
- The purchase of a new fleet is planned within the next year. Figures for potential costs/savings were unavailable, therefore vehicle costs are based on current hire prices and inflated annually;

- Bulking and transport costs have been included. They are based on quotes provided by CZ waste for bulking and haulage of recyclable materials;
- Depot costs are not included;
- Additional corporate costs and profit are not included.

#### **2.4.1.2 Bulking and transport cost assumptions**

Details of the assumptions used to calculate these costs have been provided in a separate spreadsheet. The figures are based on bulking/storage charges provided by CZ waste; £5.50 per tonne for both paper and co-mingled dry recyclables. Transport costs for co-mingled dry recyclables from CZ waste have been quoted as £160 per transfer to the Bidston MRF, with each vehicle carrying approximately 12 tonnes of co-mingled dry recyclables. An annual inflation rate of 2.5% has been applied to the costs.

#### **2.4.1.3 Support costs for the roll out of new schemes**

Costs to cover items such as publicity and support staff, which will be required for the roll out of the new schemes, are not included in the annual costs shown.

**Table 2.5 Indicative Direct Service Costs (2006/07-2010/11)<sup>1</sup>**

<b>Year</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>
<i>Residual Collection Cost</i>	£1,720,701	£1,763,718	£1,807,811	£1,853,007	£2,139,576
<i>Dry Recyclable Collection Cost</i>	£249,744	£399,877	£409,874	£577,888	£608,595
<i>Garden Waste Collection Cost</i>	£299,160	£306,639	£463,368	£474,952	£486,826
Collection Cost Sub Total	<b>£2,269,605</b>	<b>£2,470,234</b>	<b>£2,681,053</b>	<b>£2,905,847</b>	<b>£3,234,997</b>
Bulking and Transport Costs	£17,299	£26,332	£43,512	£78,118	£111,459
<b>Total Collection and Transport /Bulking costs</b>	<b>£2,286,904</b>	<b>£2,496,566</b>	<b>£2,724,565</b>	<b>£2,983,965</b>	<b>£3,346,456</b>

<sup>1</sup> Refer to sections 2.4.1 for breakdown of assumptions and details of items included and excluded  
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**2.4.2 Indicative Growth Costs - Table 2.6**

Table 2.6 summarises the growth in expenditure that will be required to fund the improvements to the waste management service.

**2.4.2.1 Potential Income**

The Council currently receives income for source segregated paper. This income is subject to the contractual arrangements for the collections and it is assumed that paper collections of this type will be phased out and potentially replaced with the introduction of co-mingled recyclable collections.

Table 2.4 shows the estimated potential income from the sale of paper based on current rates of £33 per tonne. Table 2.6 shows the difference in paper income between each year as a growth item.

**Table 2.4 Halton Borough Council  
Potential Paper Income**

<b>Year</b>	<b>Estimated Tonnes per Annum</b>	<b>Income per Tonne</b>	<b>Total Income per Annum</b>
2006/07	3145.31	£33	£103,795
2007/08	2821.98	£33	£93,125
2008/09	2137.65	£33	£70,542
2009/10	719.67	£33	£23,749
2010/11	0	£33	£0

**2.4.2.2 Growth required for improved recycling services**

The figures shown in Table 2.6 summarise the additional expenditure that will be required each year to provide the service improvements. The calculations take into account the assumed collection and bulking and transport costs. Inflation has been removed in an attempt to show the 'real' annual increase in expenditure required to roll out the different schemes.

**Table 2.6 Indicative Growth Costs (2006/07-2010/11)<sup>2</sup>**

<b>Year</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>
Growth to allow for loss of paper income	-	£10,670 (£103,795 – £93,125)	£22,583 (£93,125 – £70,542)	£46,793 (£70,542 – £23,749)	£23,749 (£23,749 – £0)
Growth required for improved Recycling Service (see appendix 1)	-	£149,413	£159,060	£181,109	£256,188
<b>Total Annual Growth Costs</b>	-	<b>£160,083</b>	<b>£181,643</b>	<b>£227,902</b>	<b>£279,935</b>
<b>Cumulative Growth Costs</b>	-	<b>£160,083</b>	<b>£341,726</b>	<b>£569,628</b>	<b>£849,563</b>

<sup>2</sup> Growth costs over and above previous year's budget. See section 2.4.2 for details of assumptions and items included/excluded

### **2.4.3 Annual costs of service improvements and effect on performance**

The tables in Appendix 1 provide additional detail of the year on year increases in collection/bulking/transport costs for delivering the changes to each service as laid out in the action plan. The table shows the estimated effect that each service change may have on household and MSW recycling performance.

The costs shown are for the additional expenditure required over and above the previous year's costs. These direct costs show the additional costs for labour, vehicles and containers which will be incurred each year to provide the new services. The transport costs show the additional expenditure required each year for bulking and transferring of additional recyclable materials. The figures demonstrate that additional funding continues to be required in 2010/11, even though the roll out of the recycling services is completed in mid 2009/10. This is due to 2010/11 being the first full year in which all services are fully rolled out.

The performance figures show the estimated impact of the roll out of the schemes on household recycling rates.

### **2.4.4 Potential LATS Costs**

In addition to the collection and growth costs considered above, Halton Borough Council will be subject to potential LATS costs. These costs relate to the amount of landfill 'allowances' allocated to the Borough and the amount of biodegradable municipal waste sent to landfill.

The successful application of recycling and composting collection systems for biodegradable wastes, including paper and compostable materials, will assist the avoidance of additional LATS costs to the Council.

Indicative LATS performance has been considered in outline. It should be noted that future tonnages of biodegradable materials landfilled are dependant upon the types of collection, recycling and composting services provided by the Council and, crucially, the level of participation of Halton's households.

Table 2.7 shows the tonnage of biodegradable materials that the Council are permitted to landfill between 2005/06 and 2010/11, the predicted performance (subject to the delivery of the development plans outlined in Table 2.1) and the predicted surplus or deficit of allowances for each year.



<b>Year</b>	<b>LATS Allowance</b>	<b>Estimated Biodegradable Waste Landfilled</b>	<b>Allowance Difference</b>	<b>Allowance Balance</b>	<b>Cost / Surplus @ £40 per tonne</b>	<b>Cost / Surplus @ £20 per tonne</b>	<b>Potential Penalty @ £150 per tonne</b>
2005/06	41,732	37,160 <sup>(1)</sup>	4572	4572	182,880	91,440	
2006/07	39,403	36,496	2907	7479	299,160	149,580	
2007/08	36,298	36,710	-412	7,067	282,680	141,340	
2008/09	32417	35458	-3041	4026 <sup>(2)</sup>	161,040	80,520	
2009/10	27759	35349	-7590	-7590	-303,600	-151,800	-1,138,500
2010/11	24669	34722	-10053	-10053	-402,120	-201,060	-1,507,950

Notes:

(1): Tonnage figure for 2005/06 shows final, reconciled data.

(2): Surplus from 2008/09 cannot be carried forward into 2009/10

It should be noted that, with the exception of the quoted 2005/06 data, the estimated tonnages of biodegradable waste landfilled are indicative figures and do not reflect final agreed and reconciled figures.

#### **2.4.5 MWDA Costs**

The Merseyside Waste Disposal Authority will provide further information about other potential costs associated with future partnership and contractual arrangements between Halton Borough Council and The Merseyside Waste Partnership.

**Appendix 1**

Summary table showing the cost and effect of improving recycling services

**2007/8**

Scheme	ADDITIONAL COST			EFFECT ON HOUSEHOLD RECYCLING/COMPOSTING PERFORMANCE			EFFECT ON MSW RECYCLING/COMPOSTING PERFORMANCE			
	Direct cost for improved service	Bulking/transport cost	Total (additional costs over and above previous year's budget)	Household recycling rate with scheme	Household recycling rate without scheme	Contribution of improved service to recycling rate	MSW recycling rate with scheme	MSW recycling rate without scheme	Contribution of improved service to recycling rate	JMWMS target
<b>Pilot multi-material dry recyclables</b>	£140,380	£9,033 (£26,332 - 17,299)	<b>£149,413</b>	24.54%	24.32%	0.22%	27.58%	27.38%	0.20%	26.40%

**2008/9**

Scheme	ADDITIONAL COST			EFFECT ON HOUSEHOLD RECYCLING/COMPOSTING PERFORMANCE			EFFECT ON MSW RECYCLING/COMPOSTING PERFORMANCE			
	Direct cost for improved service	Bulking/transport cost	Total (additional costs over and above previous year's budget)	Household recycling rate with scheme	Household recycling rate without scheme	Contribution of improved service to recycling rate	MSW recycling rate with scheme	MSW recycling rate without scheme	Contribution of improved service to recycling rate	JMWMS target
<b>Co-mingled multi-material dry recyclables collection rolled out to 23,500 additional properties (Total = 29409).</b>	£0	£17,180 (£43,512- 26,332)	<b>£17,180</b>	27.33%	26.68%	0.65%	30.07%	29.49%	0.58%	28.60%
<b>Garden waste collection rolled out to 10,000 additional properties (Total = 40,000)</b>	£141,880	£0.00	<b>£141,880</b>	27.33%	25.29%	2.04%	30.07%	<u>28.25%</u>	1.82%	28.60%

**2009/10**

Scheme	ADDITIONAL COST			EFFECT ON HOUSEHOLD RECYCLING/COMPOSTING PERFORMANCE			EFFECT ON MSW RECYCLING/COMPOSTING PERFORMANCE			
	Direct cost for improved service	Bulking/transport cost	Total (additional costs over and above previous year's budget)	Household recycling rate with scheme	Household recycling rate without scheme	Contribution of improved service to recycling rate	MSW recycling rate with scheme	MSW recycling rate without scheme	Contribution of improved service to recycling rate	JMWMS target
<b>Multi-material dry recyclables collection rolled out to 23,500 additional properties (Total = 52,909)</b>	£146,503	£34,606 (£78,118-43512)	<b>£181,109</b>	28.63%	27.11%	1.52%	31.23%	<u>29.87%</u>	1.36%	30.80%
<b>Garden waste collection service at 40,000 properties</b>	£0	£0	<b>£0</b>	28.63%	26.59%	2.04%	31.23%	<u>29.41%</u>	1.82%	30.80%

**2010-11**

Scheme	ADDITIONAL COST			EFFECT ON HOUSEHOLD RECYCLING/COMPOSTING PERFORMANCE			EFFECT ON MSW RECYCLING/COMPOSTING PERFORMANCE			
	Direct cost for improved service	Bulking/transport cost	Total (additional costs over and above previous year's budget)	Household recycling rate with scheme	Household recycling rate without scheme	Contribution of improved service to recycling rate	MSW recycling rate with scheme	MSW recycling rate without scheme	Contribution of improved service to recycling rate	JMWMS target
<b>Multi-material dry recyclables collection (Increase due to full year effect of new services )</b>	£14,730	£23,808 (£101,926-78,118)	<b>£38,538</b>	30.36%	28.29%	2.79%	<u>32.78%</u>	<u>30.93%</u>	2.49%	33.00%
<b>Garden waste collection service at 40,000 properties</b>	£0	£0	<b>£0</b>	30.36%	28.14%	2.22%	<u>32.78%</u>	<u>30.79%</u>	1.99%	33.00%
<b>Refuse collection service (weekly)</b>	£217,650	£0	<b>£217,650</b>	-	-	-	-	-	-	-

Summary of Appendix 1

The table represents the additional expenditure that will be required to improve the services, over and above the previous year's spending.

2007/8

The additional cost is due to an additional vehicle/crew being required to roll out the co-mingled recycling service as a pilot scheme. There are also cost implications for bulking and transporting the co-mingled materials.

2008/9

The additional cost is due to an additional vehicle/crew being required to roll out the garden waste collection scheme to an additional 10,000 properties. There is also a further increase to the bulking and transport costs, due to an increase in the amount of co-mingled materials that are being collected

2009/10.

The additional cost is due to an additional vehicle being required for the continued roll out of the co-mingled collection to all properties. There are also costs associated with the bulking and transport of the additional material collected in this way.

2010/11

The additional cost in this year is due partly to the introduction of single use sacks for collection of recycling from multiple occupancy and terraced properties. A more significant cost is associated with the need for an additional RCV to accommodate increased residual waste arisings. This is a cost that is associated with a weekly collection of refuse and was not required when an alternate weekly collection for refuse was modelled. There are also cost implications for bulking and transporting the co-mingled materials.

**REPORT TO:** Executive Board

**DATE:** 19 July 2007

**REPORTING OFFICER:** Strategic Director Environment

**SUBJECT:** Local Authority Carbon Management Programme (LACMP)

**WARDS:** Borough-wide

**1. PURPOSE OF THE REPORT**

To outline the process for taking forward the Council's involvement in the Carbon Management Programme.

**2. RECOMMENDED That: Executive Board**

- (1) The Carbon Management Project Plan be endorsed;
- (2) Quarterly reports on progress be submitted to the Executive Board Sub and the Corporate Policy & Performance Board.
- (3) On completion of the Action Plan annual reports on progress be issued.

**3. SUPPORTING INFORMATION**

Earlier in the year, the Council applied and was accepted on to the Carbon Trust's Local Authority Carbon Management Programme (LACMP). The programme will guide the Council through

- i. a systematic analysis of its carbon footprint;
- ii. calculate the value at stake and present a case for taking action;
- iii. set opportunities to help manage carbon emissions;
- iv. develop Action Plans for realising carbon and financial savings; and
- v. embed carbon management into the authority's day to day business.

The final step in the process is the development of a Carbon Management Strategy and Implementation Plan by March 2008 to reduce energy bills and carbon emissions over the next five years.

In signing up to the programme, the Council had committed to specific terms and conditions including:

- i. to work with the Carbon Trust to develop a robust strategy to reduce and manage carbon emissions;
- ii. to use reasonable endeavours to carry out Carbon Trust recommendations compatible with operational/business constraints and budget requirements;
- iii. nominate appropriate staff to assist with the development of the Plan;
- iv. give access to premises and data to the Carbon Trust; and
- v. inform the Carbon Trust of the reasons for not implementing the recommended measures.

### **LACMP NEXT STEPS**

Appendix A identifies key steps in the LACMP.

The initial step in the process is for the Council to develop a Project Plan which sets out:

- what the Council wants to get out of the programme
- who needs to be involved
- what the project will cover
- activities in the 11 month programme and when these will be completed by

The Project Plan needs to be signed off by the Executive Board.

A copy of the Project Plan is attached which identifies the scope of the review, opportunities to be explored and the core group established to progress the programme. The Strategic Director Environment and the Executive Board Portfolio Holder Environment, Leisure & Sport and respective Officer & Member Leads for the Project will monitor progress against the planned target.

The Project Plan sets a target of reducing the Council's carbon emissions by 33% by 2012. This is an ambitious target and if it is to be achieved will likely require some financial investment over the five year period. As the programme progresses, the Project Team will identify and quantify opportunities for reducing carbon (see Section 3.3) and these opportunities will be assessed for feasibility and a cost and benefit analysis will be undertaken to assess which offer the best opportunities in terms of payback for the Council. Over the five year period of the Strategy and Implementation Plan the Council will need to encourage closer examination of its policies such as procurement, transport and renewal energy.



4. **POLICY IMPLICATIONS**

The development of a Carbon Management Strategy fits with the Council's commitment to Climate Change through the Nottingham Declaration and NW Charter and its commitments for sustainable development in the Corporate Plan. The programme will enable the Council to take specific actions to deliver on these commitments.

5. **OTHER IMPLICATIONS**

The development of the Action Plan should lead to long term cost savings for the authority.

**KEY STEPS IN THE LACMP**

Thurs 10 May	<b>Programme Launch</b> at the Institute of Directors, London
14 May to 8 June	<b>Initiation Workshops</b> – the Programme Advisors will come to you for a full day to hold a set of meetings and workshops which should really get things moving. This will involve your Project Sponsor, so worthwhile checking now which day is best during this period.
1 week after Initiation Workshop	<b>Project Plan</b> complete and signed off by Project Sponsor
during June	<b>First Programme / Review Board</b> – hold the first regular update meeting of the core CM team chaired by your Project Sponsor
during September	<b>Opportunities Workshop</b> – a ½ day for you to develop engagement across your organisation through a workshop to generate ideas and commitment to carbon reduction. A Programme Advisor will facilitate this session for you.
late September	<b>First Ideas Sharing Conference</b> - a chance for you and your Project Sponsor(s) to meet with fellow participants, hear what they are doing, share experiences and be inspired by new ideas.
October	<b>Case for Action Presentation</b> to your senior management / members. By this point you will be able to talk through your 'baseline' of energy usage and carbon emissions and potential financial savings and carbon reductions. Consider which is the best forum in your LA, when they meet and when you must submit papers
14 <sup>th</sup> December	<b>Initial draft of Strategy and Implementation Plan (SIP)</b>
mid January	<b>Second Ideas Sharing Conference</b> - another chance for you and your Project Sponsor(s) to meet with fellow participants.
31 <sup>st</sup> January	<b>Mature draft of Strategy and Implementation Plan (SIP)</b> submitted for review across the programme.
31 <sup>st</sup> March	<b>Final day of Programme.</b> Submit your completed SIP to the Carbon Trust and arrange for it to be endorsed by your senior management.



working  
with



# Halton Borough Council Carbon Management Programme

## Project Plan

**Date:** June 2007  
**Version number:** 1  
**Owner:** Jim Yates Principal Executive Officer  
**Approval:** Dick Tregoea Project Sponsor, Cllr Harris Member Sponsor, Management Team and Executive Board

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working  
with



## 1 What you want to get out of this project

### 1.1 Context for the project

Although climate change is a global problem, the Council recognises that action can be taken at a local level to mitigate its effects. The Council has formalised its commitments to tackling climate change by:-

- Signing the Nottingham Declaration and the North West Regional Change Strategy
- Developing a Local Agenda 21 Strategy and Energy Strategy
- Approving Green and Staff Travel Plans
- Implementing initiatives to reduce carbon in its buildings, fleet vehicles, street lights,
- and through increased recycling rates and better procurement practices.

The above is not an exhaustive list but is indicative of the Council ongoing commitment to reduce the impact of its activities on the environment. Through the Corporate Plan the Council has committed itself to implementing the principles of sustainable development in all that it does. As part of this approach the first steps in developing a Climate Change Strategy and Action Plan for the Borough are underway. Participation in the Local Authority Carbon Management Programme (LACMP) will provide a primary focus for the Council to reduce its emissions under its control.

### 1.2 Outcome sought

To minimise the impact of Halton Borough Council's activities on the environment and demonstrate its commitment to carbon management to its employees and the wider community

### 1.3 Objectives

The Council is seeking the following benefits:-

A reduction in energy consumption of x by 2019 and x by 2012

- Raise awareness amongst staff and elected members of carbon management and involve them in carbon management actions
- Reduce the Council's carbon emissions by 33% by 2012
- Lead by example by promoting the Council's actions in the wider community
- In the longer term to lead by example and encourage community partners, business and residents to reduce their carbon emissions.

### 1.4 Deliverables

Key deliverables to the Carbon Trust are:-

- Project Plan by 30 June 2007
- Options Appraisal by 30<sup>th</sup> October 2007
- Carbon Management Strategy and Implementation Plan by April 2008

## 2 Who needs to be involved with the project

### 2.1 Project team

Role in Carbon Management programme	Name and position in the LA	Contact details
Sponsor	<i>Dick Tregea</i> <i>Executive Director Environment</i>	<i>Ext 3001</i> <i>dick.tregea@halton.gov.uk</i>
Councillor Sponsor	<i>Councillor Harris</i> <i>Executive Board Member</i> <i>Environment, Leisure and Sport</i>	<i>Ext 1118/1119</i> <i>phil.harris@halton.gov.uk</i>
Project Leader	<i>Jim Yates</i> <i>Principal Executive Officer</i>	<i>Ext 1178</i> <i>jim.Yates@halton.gov.uk</i>
Finance Champion	<i>Ed Dawson</i> <i>Chief Accountant</i>	<i>Ext 2220</i> <i>ed.dawson@halton.gov.uk</i>
Team members	<i>John Hughes</i> <i>Head Of Operations Property</i>	<i>Ext 2183</i> <i>john.Hughes@halton.gov.uk</i>
	<i>Michelle Baker</i> <i>Corporate marketing and</i> <i>Promotions Manager</i>	<i>Ext 1158</i> <i>michelle.baker@halton.gov.uk</i>
	<i>Gill Cook</i> <i>Press and Public Relations</i> <i>Manager</i>	<i>Ext 1157</i> <i>gill.cook@halton.gov.uk</i>
	<i>Andy Horrocks</i> <i>Waste Strategy Officer</i>	<i>Ext 5067</i> <i>andy.horrocks@halton.gov.uk</i>
	<i>Stephen Rimmer</i> <i>Divisional Manager Highways</i>	<i>Ext 3182</i> <i>stephen.rimmer@halton.gov.uk</i>
	<i>Geoff Hazelhurst</i> <i>Divisional Manager Customer</i> <i>Services</i>	<i>Ext 5017</i> <i>geoff.hazelhurst@halton.gov.uk</i>
	<i>Jean Morris</i> <i>Head of E Procurement</i>	<i>Ext 2025</i> <i>jean.morris@halton.gov.uk</i>
	<i>Phil Cornthwaite</i> <i>Group Manager Transportation</i>	<i>Ext 3005</i> <i>phil.cornthwaite@halton.gov.uk</i>
	<i>Julie Birchall</i> <i>Senior Business Analyst</i>	<i>Ext 2252</i> <i>julie.birchall@halton.gov.uk</i>
	<i>Phil Dove</i> <i>Capital Development Officer</i>	<i>Ext 3723</i> <i>phil.dove@halton.gov.uk</i>
	<i>Sandra Harris</i> <i>Divisional Manager Business</i> <i>Support</i>	<i>Ext 3518</i> <a href="mailto:sandra.harris@halton.gov.uk">sandra.harris@halton.gov.uk</a>

	Dave Tierney Building Control and Enforcement Manager	Ext 3082 dave.Tierney@halton.gov.uk
	Richard Stevens Head of Research & Intelligence	Ext 1022 richard.stevens@halton.gov.uk

## 2.2 Governance structure

The Project Lead will report monthly to the Project Sponsor on progress.

The Core Team will comprise the individuals named in Section 1.5. The Core Team will meet monthly and its terms of reference are as follows:-

- Develop and agree a Project Plan for how all elements of the Carbon Management Programme will be completed
- Establish emissions baseline and produce emissions forecasts for those areas included in the Programme
- Develop a vision and targets for reducing emissions
- Identify and quantify opportunities for emissions reductions and assessing their impact on carbon emissions and on overall performance
- Develop a Strategy and Implementation Plan for reducing the Council's Carbon Emissions
- Oversee implementation and monitoring of the Plan

The Council's Corporate Management Team will provide strategic oversight and develop senior management commitment for the Project. Quarterly reports will be submitted on progress.

Executive Board and the Corporate Policy and Performance Board will provide the political leadership for the Project. Quarterly reports will be submitted on progress.

## 2.3 Key stakeholder groups or individuals

The following key stakeholders have been identified:-

- Chief Executive and Strategic Directors
- Executive Board and Elected Members
- Project Sponsor, Member Sponsor and Finance Sponsor
- Divisional Managers/Heads of Service – Buildings, Street Lighting, Procurement, Waste, Fleet Management, Information Technology, Communications, Transport
- All employees
- Schools – Head teachers, teachers, governors, staff and pupils
- Unions
- Local Strategic Partnership
- Residents

## Summary of Communication Plan

Stakeholder Name/Group	Issues	Key Messages	Means of Communication	When	Responsibility
Officer Sponsor	Progress against Action Plan		Face to Face meetings	Monthly	Project Co-ordinator
Member Sponsor	Progress against action Plan		Face to face meetings	Monthly	Project Co-ordinator
Core Team	Progress against Action Plan		E mail, phone, meetings	Variable Monthly meetings	Project Co-coordinator
Strategic Directors	Need to maintain top-level commitment for programme.	Need to demonstrate business case for capital investment	Reports to Management Team	Quarterly	Project Co-ordinator
2 <sup>nd</sup> /3 <sup>rd</sup> tier Managers	Secure support for Programme, may not be seen as a priority, capacity and resources, lack of awareness	Issue is a Council priority, lots of small actions can collectively make a difference, Opportunity to save money to reinvest in services	Carbon Management bulletins including details of quick wins Intranet Resource Targeted briefings Pilot studies	Monthly  Monthly As required As required	Communications  Communications Project Co-coordinator/Communications Project Co-ordinator
All staff	Success of Programme will depend on their cooperation, need to challenge myths, ie "switching off in not worth it", may not see as their issue	Money saved may help secure jobs, success needs their involvement, Small actions can collectively make a difference	In Touch Intranet Awareness campaign Switch off Days	Monthly Continuous Launch Oct 07 Sept/Oct 07 thereafter Monthly	Communications Communications Communications  Project Co-communications/Communications
Residents	Engagement key to success in wider community	The Council will lead by example and small actions collectively make a difference	Inside Halton, Internet & awareness campaign	Quarterly, Continuous TBC	Communications Communications Communications

### 3 What the Project will cover

#### 3.1 Scope

The Council are keen to include a wide scope of activities in the Programme but are conscious that establishing baseline data in some areas may be more complex. Initial the Core scope will consist of the following areas but a final decision will be made as part of the options appraisal on the basis that attention will be given to those areas for the biggest potential carbon reduction.

Council Buildings

Street Lighting

Business Travel

Waste

Procurement

Fleet Transport

Schools (including building new schools)

It is intended to use 2006/07 as the baseline year.

#### Date and forecasting

Emission Source	Data Owner	Type	Availability	Issues/barriers
Buildings	Property Services	Electricity, Gas, Water and oil consumption and costs	Good	
Schools	As above	As above	As above	
Transport Fleet	Fleet Management	Mileage, fuel type, fuel used	Good	
Business Miles	Resources/Personnel	Mileage	Okay	Fuel type unknown
Waste	Waste Management	% of waste recycled from Council buildings, tonnage sent to landfill	Okay	
Street Lighting	Environment	Electricity consumption		
Procurement /IT	IT	No of pieces/ printers/peripherals		Lack of information on procurement
Commuting	Transport	Mileage	Okay	

#### 3.2 Existing projects

The following are examples of existing projects to reduce carbon emissions

- Energy efficient measures installed on refurbishment projects where possible
- Master switch in Municipal Building to turn lights off



- CHP Plant in Kingsway Leisure Centre
- Pooled bikes for employees
- Car Sharing Scheme
- Switching from diesel to be changed to bio diesel for fleet vehicles
- Agresso System has eliminated the need for order forms
- Switching from CRT monitors to TFTs
- Purchase laptops with latest Intel Core Processors, which use 40% less power
- Paper recycled from Council premises
- Use renewable energy for street lighting
- Flexible working policies

### 3.3 Identification of opportunities

The following are initial opportunities identified by the Core Team. Other opportunities will be explored as the programme progresses. Other opportunities may arise as work on the programme progresses.

Access an Invest to Save Budget

#### **Buildings**

Investigate increasing the use of energy efficient measures in all buildings ie more efficient boilers, double glazing, efficient lighting, sensor lighting

Explore opportunity to extend master switch in Municipal Building to other areas

Extend master switch from lights to include all PCs, printers and other appliances

Investigate feasibility of switching to biomass boilers

Develop energy awareness campaign (to include schools)

Explore extending the energy efficiency measures in Council buildings as part of the Refurbishment programmes

Review office light strategy ie more use of lamps at nights rather than need to have all office on when most staff have gone home

Explore introducing a programme of energy audits

Explore opportunities of more efficient use of water in buildings including use of rainwater harvesting equipment

Explore the use of energy saving devices to switch off equipment/appliances

#### **IT/Procurement**

Explore more shared areas on the web to reduce need to send/print e mails

Explore policy for the procurement of printers ie purchase multi purposes machines networked to multiple computers as opposed to individual purchase



working  
with



Review photocopier settings

Explore policy for managers to follow in terms of sustainable/green products

Explore opportunity to set up more central contracts

Explore use of hot desking/pool computers

Explore introducing energy awareness campaign pop up campaign on computers

### **Waste**

Explore expansion of current internal recycling scheme and methods for minimising waste ie, bottle recycling on major car parks

Explore opportunity to extend the role of Recycling champions to include energy and increasing numbers across the Council

### **Street Lighting**

Investigate use of solar power/low consumption lamps and other best practice across other authorities

### **Transport**

Review Business miles criteria and mileage rates with view to encourage increasing in take up of environmentally friendly vehicles

Review lease cars scheme with view to encourage increasing in take up of environmentally friendly vehicles

Provide pool cars at key council sites (Based on hybrids)

Introduce 5% biofuels on all Council Fleet Vehicles. Supply biofuel at Lower House Lane. This fuel could be supplied to all Council BC employees and residents at a reduced rate to encourage take up. This is current part of an EU bid under the IEE STEER programme (to be submitted September 2007)

Promote greater use of public transport through incentives

Explore introducing staff driver training to improve fuel efficiency

### **Schools**

Explore opportunity to pilot and create X number of eco schools

Explore energy efficiency measures are explored through the Building Schools for the Future Programme

## 4 When things need to be done and preparing for what might go wrong

### 4.1 Dependencies

Resources - bids for Invest to Save Budget by 31 July 2007.

External funding – Need to consider the funding timetables for potential external support ie Salix, Low Carbon Building Programme.

Budget Cycle – The Council's budget process for 2008/09 has already commenced. Need to link the programme to the budget process and identify what, if any resources can be allocated to the programme.

Regular progress reports to Management Team, Executive Board and PPBs. Management Team and the Executive Board meet weekly and fortnightly respectively, therefore, this should not impact/delay the programme. As PPBs meet less frequently need to develop appropriate reporting timetable.

The Council is in the process of developing a Climate Change Strategy. Need to ensure priorities and objectives of the Strategy and the Programme are closely aligned.

Contract negotiations for energy procurement

Replacement of vehicle fleet is an ongoing process – ensure linkages to Programme

Development of Waste and Recycling Strategy – ensure linkages to Programme

Success in implementation the Action Plan will depend on the continued support and Leadership over the 5 Year period of the Plan

Ensure linkages between the Carbon Programme and ongoing refurbishments of Council buildings ie Runcorn Town Hall

Ensure appropriate linkages between the Carbon Programme and the Building Schools for the Future Programme.

### 4.2 Risks and issues

Capacity issues for individual members of the Core Team

Managers and employees see Carbon Management Programmes as an initiative for others to implement

Lack of co-operation from managers/staff

Conflicting objectives between Council Services

Lack of Council Resources both financially and staffing allocated to the Programme

Reliability and accuracy of data and in some areas such as Procurement data may not be readily available

Ability to secure external funding for capital projects

Carbon Management/Climate Change ceases to be a key political priority local/nationally

Poor linkages between the Carbon Programme and other Council initiatives ie Waste and Recycling Strategy, Refurbishment Programmes, Building Schools for the Future

The above risks and issues are recorded in the Risks and Issues Log, together with an assessment of potential impact and probability of the risk occurring.

### 4.3 Main activities and milestones

## List of key milestones

Milestone	Person responsible for delivery	Dates due for completion	Actual completion date
Submit Project Plan to Carbon Trust	Jim Yates	29 <sup>th</sup> June 2007	
Baseline data gathered and input into LACM toolkit	Jim Yates/Richard Stevens Project Team	3 <sup>rd</sup> September 2007	
Emissions forecasts compiled and Value at stake calculated	Jim Yates/Richard Stevens	15 <sup>th</sup> September 2007	
Draft case for action circulated for comment	Jim Yates	20 <sup>th</sup> September 2007	
Final Case for action completed	Jim Yates	30 <sup>th</sup> September 2007	
Opportunities Workshop	Jim Yates Project Team	By 30 <sup>th</sup> September 2007	
Options prioritised and shortlist compiled	Jim Yates Project Team	By 15 <sup>th</sup> October 2007	
Cost and Benefits of short listed options assessed	Jim Yates Project	By 5 <sup>th</sup> November 2007	
Initial draft Strategy and Implementation Plan	Jim Yates Project Team	By 14 <sup>th</sup> December 2007	
Final Strategy and Implementation Plan	Jim Yates Project Team	By March 2008	
Launch Strategy and Plan	Project Team Communications Team	By March 2008	

**REPORT TO:** Executive Board

**DATE:** 19<sup>th</sup> July 2007

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** Joint Commissioning Strategy for Adults with Physical and Sensory Disabilities 2007-2011

## **1.0 PURPOSE OF THE REPORT**

- 1.1 To present to Executive Board a draft PSD Joint Commissioning Strategy for Adults with Physical and/or Sensory Disabilities for adoption.

## **2.0 RECOMMENDATION**

**It is recommended that:**

- i) This joint strategy be adopted;**
- ii) The Physical and Sensory Disabilities Local Improvement Team (LIT) take responsibility for implementation of the strategy and monitoring of progress.**

## **3.0 SUPPORTING INFORMATION**

### **3.1 Purpose of the Strategy**

This document sets out the overarching strategy for the commissioning, design and delivery of services to people in Halton who are physically disabled (including those with sensory disabilities), their families and carers.

This is the first strategy to be produced for this group of people.

- 3.1.1 The strategy is written as a practical document to assist Physical and Sensory Disability (PSD) services move towards a more focussed way of commissioning services for adults in the 18-64 age range over a four year period. It is also expressed in a style to satisfy the Commission for Social Care Inspection (CSCI) and is consistent with other similar Commissioning strategies. The document will be used as evidence as part of the CSCI evaluation of the Council's approach to Policy development.
- 3.1.2 Within the strategy there is a commitment to promoting the social model of disability which emphasises the need to remove the barriers

to access faced by disabled people and gives them the ability to control their own lives.

- 3.1.3 The White Paper Our Health, Our Care, Our Say, promotes the alignment of Health and Social care planning. This strategy has been developed jointly between the Council and PCT, and through working with our partners will maximise capacity and enable more effective services which promote independence to be offered. The strategy has been shared with the PCT and comments received inserted into the document.

### 3.2 Consultation

The strategy was developed from consultation events involving all stakeholders and evidence from the Housing Needs Survey 2005. These are summarised in Section 3 of the strategy. Managers and practitioners attended a workshop to further develop ideas, which emerged from consultation.

### 3.3 Action Planning

A half-day action-planning event was held in April chaired by the Operational Director for Adults of Working Age. It was well attended by managers representing PSD care management and assessment services, provider services, commissioning and colleagues from Housing Strategy, PCT and North Cheshire Hospitals. Transportation has also contributed to the action plan.

- 3.3.1 Section 6 - Implementing the Strategy, summarises the agreed actions resulting from the contributions made at this event. The action plan (page 65) has been linked to the CSCI Adult Social Care Outcomes framework. This framework will measure performance in achieving the seven outcomes detailed in the white paper together with two additional measures relating to effective leadership and effective commissioning and use of resources.

## 4.0 **POLICY IMPLICATIONS**

- 4.1 PSD services have been successful in supporting people to remain in their own homes but the service is under considerable pressure from numbers of people requiring input from Independent Living Services. This strategy will provide the focus needed for managers to prioritise service developments and raise corporate awareness of responsibilities to provide mainstream services that include people with physical and/or sensory disabilities.
- 4.2 The report was presented to the Healthy Halton PPB for scrutiny on 12<sup>th</sup> June 2007. This is consistent with the approach to all other commissioning strategies produced.

## **5.0 FINANCIAL IMPLICATIONS**

- 5.1 Section 6 of the strategy sets out the spending patterns of PSD services. In general the service has not faced any significant financial pressures.

Whilst the strategy relates to the 18-64 age group visual rehabilitation and independent living services work with those over age 65. The number of referrals from this older group has increased and capacity in these service areas has been possible by utilising specific grants. These grants cease in March 2008 whilst the demand on these services will rise. A financial strategy to support the commissioning strategy is to be developed which will identify areas for dis-investment and re-investment.

## **6.0 RISK ANALYSIS**

As with any change programme we can expect the implementation of the strategy to be met with resistance and objections. This will be managed by ensuring all staff, service users and carers are fully informed of proposals and rationale and by listening to and acting on their suggestions.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

The Commissioning Strategy addresses Equality and Diversity there are no particular implications arising as a result of the proposed action. An Equality Impact Assessment (EIA) will need to accompany this strategy and be subject to review by the next available Directorate Equalities Group.

## **8.0 REASON(S) FOR DECISION**

This strategy provides a focus for the commissioning of services for people with physical and sensory disabilities. The document will facilitate better business planning for current and prospective provider organisations and for the Council it will enhance and assure both quality and value for money in the provision of these services.

## **9.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

Not applicable.

## **10.0 IMPLEMENTATION DATE**

It is intended to begin implementation of the strategy action plan immediately.

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

See page 72 of the strategy.





## Health & Community Directorate

# **Joint Commissioning Strategy**

## **For People with Physical and/or sensory Disabilities**

### **2007-2011**

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## **EXECUTIVE SUMMARY**

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It is important in today's society that people with physical and sensory disabilities, their families and carers have access to services based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent. These form the basis for the vision, aims and fundamental values and principles, which underpin the strategy.

This strategy is written as a practical document to assist Physical and Sensory Disability (PSD) services in Halton move towards a more focussed way of commissioning services for adults in the 18-64 age range by anticipating need over a four year period. It connects the needs and aspirations of service users and carers to the design and delivery of services as well as considering the needs of younger physically disabled people entering transition into adult services. It is a joint strategy between the PCT and Social Care, which emphasises outcomes for individuals that maintain their independence, promote health and wellbeing and allow them to control how they are supported.

The commissioning agenda is developed by consulting with people who access services and their carers, engagement with stakeholders who provide services to those who are physically disabled and on needs analysis, which will evolve as people's individual needs and circumstances change. It is crucial that this is seen and used in the context of a "*living document*".

### **WHAT IS COMMISSIONING?**

Commissioning is about enhancing the quality of life of service users and their carers by:

- Having the vision and commitment to improve services
- Connecting with the needs and aspirations of users and carers
- Understanding demand and supply
- Linking financial planning and service planning
- Making relationships and working in partnership

Halton Borough Council and health colleagues in both primary and secondary care will work jointly to eliminate unnecessary duplication of effort between health and social care and in partnership with the voluntary sector, providing where possible an integrated response based on services which meet assessed needs and which are designed to improve lives and offer choice and new opportunities.

The concerns identified nationally as creating barriers which prevent physically disabled people of working age from leading life at full optimum include information provision, transport, housing, the physical and built environment, access to healthcare and personal assistance, low income, social attitudes to disability, and psychological barriers such as low self esteem. Views of people using services in Halton reflect these concerns and prioritise the need for:

- accessible housing,
- public transport,
- community facilities,
- worthwhile activity
- more focussed personal care, support and rehabilitation.

Halton's approach to services for adults with disabilities is to support people in their own homes and communities. The key actions of the strategy support this and address the locally identified concerns by focussing on:

1. Improving access to adapted Housing in the Borough and promoting a wheelchair accessible environment together with provision of suitable personal care facilities in public places.
2. Influencing the provision of accessible public transport that takes people where they want to go when they want to travel.
3. Reviewing therapy services across the whole health and social care system to make best use of available local resources.
4. Meet the needs of people with long term conditions by offering opportunities to learn strategies to help manage their condition and remain independent through available and consistent rehabilitation services that continue through community-based services on discharge from hospital.
5. Offer support to people to maintain/develop employment skills and increase social participation and reduce isolation.

The Physical and Sensory Disability Local Implementation Team (LIT) will be responsible for monitoring and reviewing implementation of the strategy. This group has representation from all key stakeholders including service users and carers.

**Councillor Ann Gerrard**  
Executive Board Member for Health & Social Care  
Halton Borough Council

**Jim Wilson**  
Chairman  
Halton and St Helens  
Primary Care Trust

**Dwayne Johnson**  
Strategic Director  
Health & Community Directorate  
Halton Borough Council

**Rebecca Burke Sharples**  
Chief Executive  
Halton and St Helens  
Primary Care Trust

## **SECTION ONE: COMMISSIONING IN CONTEXT**

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### **INTRODUCTION**

This document sets out the overarching strategy for the commissioning, design and delivery of services to people in Halton who are physically disabled (including those with sensory disabilities), their families and carers. . The document stands alongside and complements the Corporate Plan for the Council, the Health and Community Directorate's Business Plan 2006-09, the Adult Services Departmental Service Plan 2006-09, and annual Physical and Sensory Disability Team Plans.

The Disability Discrimination Act 1995 defines a disabled person as a person who '.... has a physical impairment which has a substantial and long-term adverse effect on his (her) ability to carry out normal day-to-day activities'.

The Strategy outlines the vision, aims and fundamental values and principles underpinning the design and delivery of services to physically disabled adults and identifies the local and national drivers and influences that impact on its delivery. It aims to begin a process that outlines the commissioning intentions about the type, volume, quality and price of services that will be purchased and the activity needed to deliver those services. It also initiates exploration of how current supply can be changed, innovation encouraged and redundant or inefficient services decommissioned.

The Strategy attempts to facilitate better business planning for current and prospective provider organisations. It aims to enhance and assure quality with regard to the provision of services to adults who are physically or sensory disabled and to demonstrate value for money.

The Strategy focuses on commissioning services to physically disabled adults aged 18 onwards whose needs are identified within the eligibility criteria for the service. The needs of younger physically disabled people entering transition into adult services are also considered.

### **THE COUNCIL'S VISION**

'Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and a safer, stronger and more attractive neighbourhood.'

The Council has five strategic priorities for the Borough which will help to build a better future for Halton:

- **A healthy Halton**
- **Halton's Urban Renewal**
- **Employment learning & skills in Halton**
- **Children & young people in Halton**
- **A safer Halton**

These underpin the key mission statement of the Directorate for Health and Community :

*"To promote effective, affordable, quality services that are accessible, equitable, timely and responsive and to enable individuals and groups in Halton to make informed choices. "*

## **HALTON'S VISION, VALUES AND PRINCIPLES**

### **Vision for Physical and Sensory Disability Services**

- To promote a social environment where people feel motivated and able to participate fully and constructively in the life of the local community and do not feel excluded.
- To enhance quality of life by supporting individuals and communities who experience marginalisation and exclusion.
- To promote the independence of physically disabled people in order that they can achieve their full potential through our commitment to the social model of disability.

The social model of disability emphasises the need to remove the barriers to access faced by disabled people and defines independence as 'the ability to control your own life'. Future commissioning will, therefore, aim to develop services which provide service users with more control. Central to this development is In Control / Individualised budgets which the Council is committed to establishing for all service users by 2009. This will offer individuals more choice on how they access support and promote independence.

In Control is an organisation whose role is to be the authoritative source of information and research on how self-directed support will best work: to provide a new operating system for social care. In Control's mission is to "change the organisation of social care in England so that people who need support can take more control of their own lives and fulfil their role as full citizens: The complete transformation of social care into a system of self directed support".

### **The six keys to citizenship**

In Control identifies six different things which contribute to full citizenship:

#### **1. Self-determination**

We have self-determination when other people treat us as people who can speak for ourselves. If we have difficulty in speaking for ourselves then we can get help from other people to achieve self-determination.

#### **2. Direction**

We have direction when we know what we are doing, when we have a purpose or a plan for our lives. Although we can all get stuck or taken over by other people's ideas, there is a lot that can be done to help us get our own direction in life. Person Centred Planning tells us about how to get direction.

#### **3. Money**

We need money to be a citizen. Not just so we can buy what we need to live, but also so that we can control how we live and how others treat us. It is especially important for people to control the money that is used to pay for their own support services, as this will affect every part of life.

#### **4. Home**

We all need a home, a place that belongs to us and where we can belong. Much has been learnt about how we can all have a home, and disabled people are increasingly buying their own homes.

#### **5. Support**

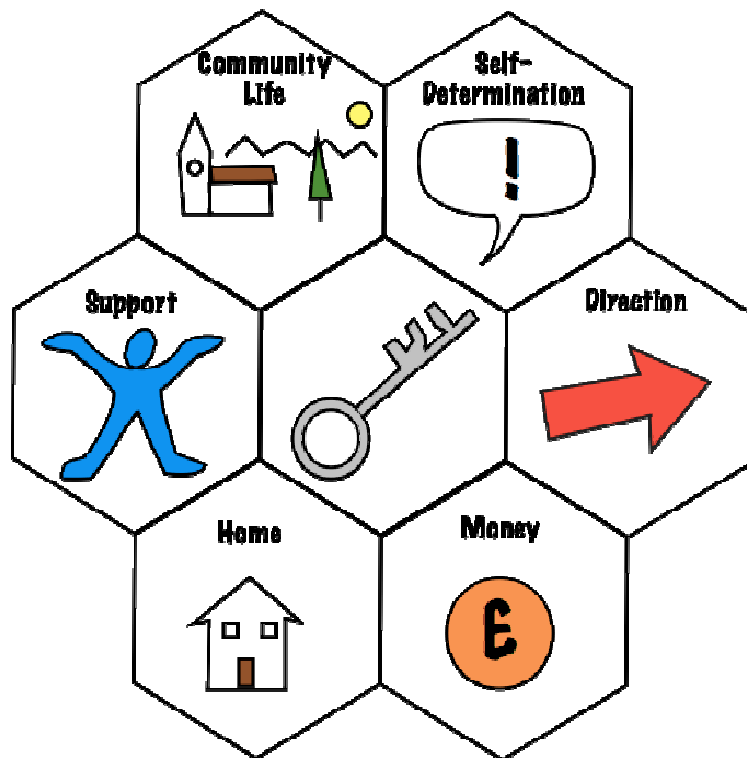


We all need help, but if you have a significant physical disability this means that you will need ongoing and regular help. This does not mean you have to live a life controlled by other people. There are now many examples of people having support that is really helpful, flexible and individual.

## 6. Community Life

It is also very important that we play a part in our community. This means working, playing, learning or praying with our fellow citizens and making friends along the way.

**Diagram 1: The 6 keys to Citizenship**



(Source Keys to Citizenship by Simon Duffy 2006)

Halton's vision is one where physically disabled people and their carers have a voice and real influence. Friendships and relationships with families, friends, colleagues and neighbours are seen as essential to the vision.

Opportunities to develop relevant skills, to have opportunities to make choices, big and small, and to be supported in taking risks are seen as necessary conditions for self-confidence, a sense of personal identity and achievement in adult life.

Relationships, skills and self-confidence are themselves seen as far more likely through active support for integration and inclusion in work, education, employment, leisure and housing. Sharing places and activities with other non-disabled people is something that should start early on and be continued into old age.

Safety is also considered very important, as are supports for healthy lifestyles and the right to equitable access to the NHS and other community facilities and resources that can promote health.

Supporting and promoting the independence of disabled people is not just a health and social care responsibility but one for the whole community and there are opportunities to join up existing action plans and strategies in Halton within the Local Strategic Partnership (LSP) key priorities of social inclusion and quality of life.

## **Local Opinion and Aspirations**

Through engaging with stakeholders who provide services to the physically disabled, including staff, and physically disabled people who use those services and their carers, we are aware that the society in which disabled people would want to live in 5 years time is one where they would be able to lead more independent lives.

To achieve this a wide change in public attitudes towards disability from one where disabled people are defined by their impairment, eg, arthritic, epileptic, (known as the medical model of disability) to one where there is an acceptance that society needs to make adjustments so that disabled people are able to take up the same opportunities and make the same choices as everyone else (the social model of disability) needs to be made.

People who use services have identified the most important issues for them as being:

- Action which will change attitudes towards disability.
- Promotion of independence.
- More inclusion.
- Support which enhances their dignity.
- Effective and flexible transport.
- Better access to all community facilities.
- More flexible access to rehabilitation services.
- Accessible and useful information, advice and support.
- Supported representation at all levels of decision making.
- More IT enabled choice and control of their care packages.
- Faster provision of equipment and adaptations.

Much of the above is reflected in the social model of disability, which looks at the way in which the lives of disabled people are affected by the barriers that society imposes. It understands that people are not disabled but are disabled by their environment, so pavements without ramps are disabling not the fact that someone uses a wheelchair.

## **Values**

All agencies involved in the provision of services to physically disabled people should share the following set of common values:

- Promote independence and self-determination for physically disabled people and their carers.
- Have respect for physically disabled adults regardless of their gender, race, religion, disability and/or sexual orientation.
- Promote and practice the understanding that people with disabilities have the right to live as a valued and equal member of the community while being shown respect and afforded privacy.
- Afford people with disabilities the right to exercise informed choice about the way they live their lives and in the take-up of services.

- Afford people with disabilities the right to have their views listened to in the planning and provision of services.

## **Principles**

The following principles should apply in implementing this Strategy:

- The Commissioning Strategy should reflect and be integrated with Community Planning, the NHS Plan (and Local Delivery Plans), the NHS Modernisation process and other planning processes.
- Partnership working should be facilitated and developed.
- Stakeholders should be open, honest and consistent.
- All processes and information should be clear, understandable by all stakeholders and jargon free.
- Best Value requirements should be applied across all sectors, ensuring that the money invested results in the best possible service for service users.
- Planning decisions should be evidence based wherever possible.
- Clinical governance arrangements should be in place to ensure staff are appropriately skilled and maintain competence in their roles.
- All planning decisions and service developments should be sustainable, improving the quality of life of people in Halton without jeopardising that of future generations.

## **THE NATIONAL CONTEXT**

Many national Government policies are influencing local policy and the development, improvement and commissioning of services for disabled people, the main drivers of which are:

### **The National Service Framework for Long Term Conditions (DH March 2005)**

This NSF was developed in consultation with people with long-term neurological conditions in order to raise standards of treatment, care and support across health and social care services. It does this by providing 11 Quality Requirements to be used by health and social care professionals. Whilst the NSF is mainly for people with long-term neurological conditions many aspects of the Quality Requirements apply to people with other long-term conditions. Health and Social Services in Halton will be expected to deliver each of the Quality Requirements over the next 10 years. The NSF does not prescribe how these requirements should be implemented but outlines the early steps we need to take to ensure that we are able to deliver them.

Neurological conditions are caused by damage to the brain, spinal cord and other parts of the nervous system. Approximately 10 million people across the UK have a neurological condition. They account for 20% of acute hospital admissions and are the third most common reason for seeing a GP. There are many such conditions which affect people's daily lives in different ways and to different degrees. Some are relatively common (e.g. multiple sclerosis), others are rare (e.g. motor neurone disease). Neurological conditions affect people of all ages, but this NSF concentrates on services for adults.

**White Paper: Our Health, our care, our say: a new direction for Community Services (January 2006 )**

The White Paper signals the next stage in implementing the NHS Plan and describes a vision and set of proposals with the intention of developing modern and convenient health and social care services. The 2 consultations, which led to publication of this document, are the Green Paper 'Independence, Well-Being and Choice' and the listening exercise 'Your Health, Your Care, Your Say'.

The key strategic shift contained in the White Paper is to locate services in local communities closer to people's homes and to improve the health and well being of the population. A range of initiatives and proposals, which can be summarised as follows, will achieve these strategic objectives:

- Improve access to community services, especially in poorer areas.
- Improve preventative services and earlier intervention.
- Improve care for those with long-term conditions and more support for their carers.
- Shift care out of acute hospitals to where people live.

The key drivers for change to achieve these will be Payment by Results and Practice Based Commissioning. Improvements will be dependent on increased partnership working across health and social care. To support this policy initiative the Adult Social Care Outcome Framework has been developed.

**Adult Social Care Outcome Framework**

The following broad outcomes are set out in the above framework:

- **Improved Health**

Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long term conditions independently. There are opportunities for physical activity.

*Services promote and facilitate the health and emotional well being of people who use the services*

- **Improved Quality of Life**

Access to leisure, social activities and life-long learning, and to universal public and commercial services. Security at home and confidence in safety outside the home.

*Services promote independence and support people to live a fulfilled life making the most of their capacity and potential*

- **Making a Positive Contribution**

Maintaining involvement in local activities and being involved in policy development and decision-making.

*Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people*

- **Exercise Choice and Control**

Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

*People, who use services, and their carers, have access to choice and control of good quality services and helped to manage risk in personal life*

- **Freedom from Discrimination and Harassment**  
Equality of access to services for all who need them.

*Those who need social care have equal access to services without hindrance from discrimination or prejudice; people feel safe and are safeguarded from harm*

- **Economic Well Being**  
Access to income and resources sufficient for a good diet, accommodation and participation in family and community life.

*People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this*

- **Personal Dignity and Respect**  
Not being subject to abuse. Keeping clean and comfortable. Enjoying a clean and orderly environment. There is a availability of appropriate personal care.

*Adult Social Care provides confidential and secure services, which respects the individual and preserves people's dignity.*

In addition there are two further 'management' measures, as follows:

- **Leadership**  
A council with Adult Social Services responsibility (CASSR) will provide a key professional role for staff working in Adult Social Services. They will also have a key role in assuring accountability of services to local communities through consultation with local people and in particular people who use services.
- **Commissioning and Use of Resources**  
Adult Social Care Leaders commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available and so demonstrate value for money.

These outcome statements are broad overall objectives and the task for commissioners is to translate them into desirable outcomes for individual service users, and achievable (and measurable) goals for service providers.

### **Government Strategy 'Improving the Life Chances of Disabled People'**

This Strategy looks to transform the life chances of disabled people. It states that by 2025, disabled people should have full opportunities and choices to improve their quality of life and be respected and included as full members of society. It makes recommendations in 4 key areas:

1. Independent Living
2. Early Years and Family Support
3. Transition to Adulthood
4. Employment

### **Disability Discrimination Act 1995 and 2005**

The new Disability Discrimination Act 2005, an update of the 1995 Act, requires all public authorities to produce and have in place a Disability Equality Scheme by December 2006. Halton Borough Council therefore needs to ensure that it is compliant with the requirements of both the Act and Scheme and that necessary actions have been identified and steps taken to implement them.

## **Progress in Sight**

Progress in Sight, published in October 2002, outlined 16 National Standards of social care for visually impaired adults. Local Authorities self assessed against these Standards in the form of a survey conducted in 2003 by the Association of Directors of Social Services Sensory Sub-Committee. (Halton's results are summarised in Section 5 Performance and Finance).

## **Supporting People**

The Supporting People programme, implemented in April 2003, changed the funding arrangements for housing related support services with the arrangements for funding these services transferring to Local Authorities. The funding available for housing services is now cash limited, but the Programme gives the opportunity for Authorities to integrate their strategies and funding for housing support needs with wider local strategies, especially health, social care and neighbourhood renewal.

The aims of Supporting People include enabling people to live at home independently and being part of preventative strategies, giving early help to avoid the need for crisis or acute care.

## **Local government efficiency agenda (Gershon)**

The aim of the local government efficiency agenda is a simple one. It is to ensure that the resources available to local government are used in the optimum way to deliver better public services according to local priorities.

In August 2003, Sir Peter Gershon undertook a review of public sector efficiency focussing on the Government's key objective to release resources to fund the front line services that meet the public's highest priorities by improving the efficiency of service delivery. The subsequent report required local government to achieve efficiency savings of 2.5% per annum to 2007/08.

In June 2004 the Care Services Efficiency Delivery Programme (CSED) was established to support the implementation of the Gershon report recommendations in the NHS and social care services. They are currently working with a number of pilot sites in the North West but have made contact with a number of authorities, including Halton, who are interested in sharing the learning from these pilots. Efficiency measures being looked at include 'reducing the amount of contact points within a council, removing work that does not add value, making processes simpler, eliminating duplication and transferring work to administrative teams to free up capacity for professional staff.'

## **THE LOCAL CONTEXT**

The key issues arising from the national context such as modernisation, integration, joint working, partnerships, social inclusion, designing services around the service user and actively involving physically disabled people, their families and carers feature significantly in local planning and developments.

Government thinking and the Commissioning Strategy focus on joining up services across departments and health services to more effectively support people independently at home in communities. There is greater emphasis on prevention of ill-health, providing choice and well-being, as well as supporting carers. The future of a number of services lies in working collaboratively to support the provision of health care, general social care services and statutory personal care to vulnerable people. Two services are particularly well placed to respond to this agenda - intermediate care - such as Rapid Access Rehabilitation Services and Joint Equipment. The roll-out of Single Assessment Process across Health and Social Care is also supporting integration at the front line. There will be some reduced costs and improved

efficiency (less duplication) from such integration. There are also a number of future challenges around contributing to the wider government agenda for preventative services, developing and sustain the capacity for independent living and helping to address social exclusion amongst disabled people. Service changes around new assistive technology and supporting people will support this.

Physical and Sensory Disability services have a major role in delivering the Borough's priorities. Local Futures links include:

- Health – Social care for older people and adults supports the culture change to prevention and community-based services.
- Employment – Social care is one of the fastest growing sectors of employment both locally and regionally. Disabled adults are often excluded from employment and improving employment in this area reduces peoples care needs.
- Crime and disorder – Adult protection is a key statutory responsibility and links to preventing bogus callers through to financial, physical and sexual abuse. Fear of crime is a key issue and wardens and community alarms, key safes and risk assessments all support this agenda.
- Increasing wealth and equality though maximising benefits, improved targeting of resources to those most in need and access to transport.

A multi-agency Physical and Sensory Disabilities Local Implementation Team (LIT) has been established in Halton whose primary role is to discuss proposals and agree plans for an integrated network of co-ordinated services for physically disabled adults. The LIT acts as a meeting point for representatives from a wide range of stakeholders and provides a shared forum for making recommendations to the Halton Health Partnership on the strategic direction of physical and sensory disability services from a 'whole service' perspective.

A pooled budget made up of monies from Halton PCT and the Borough Council has been established for the running of Halton's Integrated Community Equipment Service (HICES), which administers, stores and dispenses equipment to assist independent living. Halton PCT operationally manages the Store and a Multi-Agency Advisory Board (MAAB) with representation from both organisations has overall responsibility for the management of the Store.

### **WHAT IS COMMISSIONING?**

Commissioning is about enhancing the quality of life of service users and their carers by:

- Having the vision and commitment to improve services
- Connecting with the needs and aspirations of users and carers
- Understanding demand and supply
- Linking financial planning and service planning
- Making relationships and working in partnership

Commissioning should be based on:

- A common set of values that respect and encompass the full diversity of individual differences
- An understanding of the needs and preferences of present and potential future service users and their carers
- A comprehensive mapping of existing services
- A vision of how local needs may be better met
- A strategic framework for procuring all services within politically determined guidelines
- A bringing together of all relevant data on finance, activity and outcomes.

- A continuous cycle of planning services, commissioning services, contracting services and revising or reviewing those services.

## Definitions

Commissioning, procurement (or purchasing) and contracting are not the same activity despite the terms being used interchangeably.

### Commissioning

The Audit Commission describes commissioning as **‘the process of specifying, securing and monitoring services to meet individual needs both in the short and long term’**. Commissioning adopts a strategic approach to shaping the market for care to meet future needs.

### Procurement

Procurement is the **‘process of securing services and products which best meet the needs of users and the local community for the time the specific need exists’**. Halton Borough Council has a Procurement Strategy 2006-2009, which aims to set a clear framework for procurement throughout the Authority. The Strategy reflects the Council’s Corporate Plan, the Borough’s Community Strategy, provides a framework for best value and stands alongside the Council’s Constitution, including the Contract and Financial Standing Orders. It also sets out an action plan for achieving the corporate approach to procurement and includes the expectation that the procurement of services will be based on 3 principles:

- Purchasing a service via a contract to meet the current need.
- Maintaining effective and up to date procurement procedures.
- Ensuring that procurement meets the Borough’s key Corporate Objectives.

### Contracting

If commissioning is seen as providing strategic direction, then contracting can be defined as **‘the management of the legal agreements between the Local Authority and service provider agencies which lay down the standards of the service, costs and monitoring arrangements. As such it provides a quality assurance service to the Local Authority’**.

### Integrated Commissioning

Integrated commissioning is the ultimate aim of this Strategy and works at both a strategic and individual level.

Integrated strategic (**macro**) commissioning integrates the components of the commissioning process within 4 main functions:

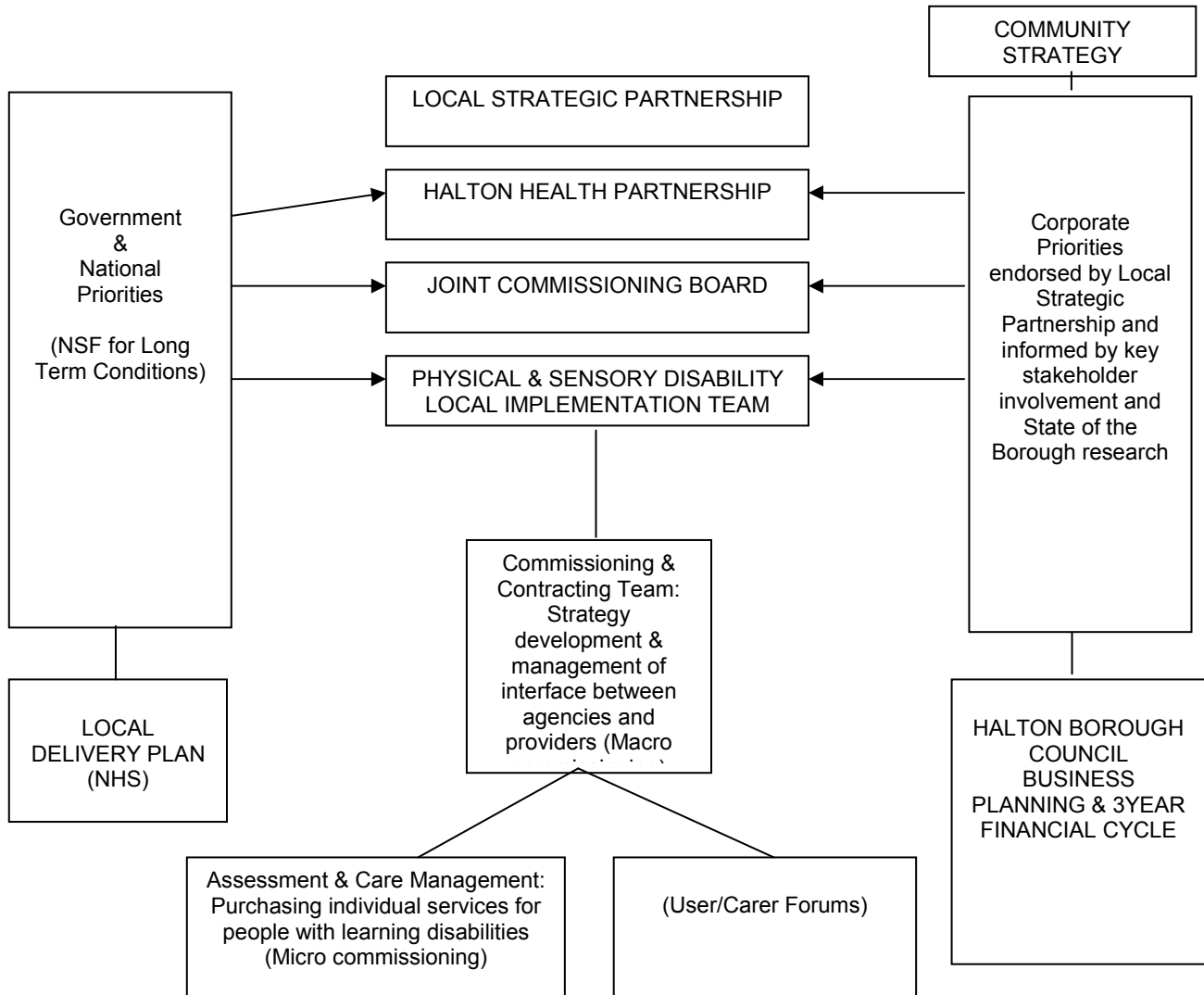
- Information gathering (needs analysis and mapping of resources).
- Establishing policy and strategy for the investment and dis-investment of services.
- Developing good practice in service delivery.
- Research and evaluation.

Care management (**micro**) commissioning involves:

- Identifying needs and priorities for the individual.
- Design of care package.
- Developing support arrangements.
- Monitoring and reviewing.



**Diagram 2: How do we apply commissioning locally?**



This diagram highlights planning processes and links between strategy (macro) and individual (micro) commissioning carried out by Social Workers, Community Care Workers and Occupational Therapists when they purchase care for individuals according to assessed need.

This Commissioning Strategy will not replace or duplicate existing strategic planning and development structures and should be perceived as an overarching framework that facilitates further work and development. It is envisaged that this Strategy will be a working document that will evolve and respond to change.

**The Health Clinical Executive Board (CEB) and Local Delivery Plan (LDP)**

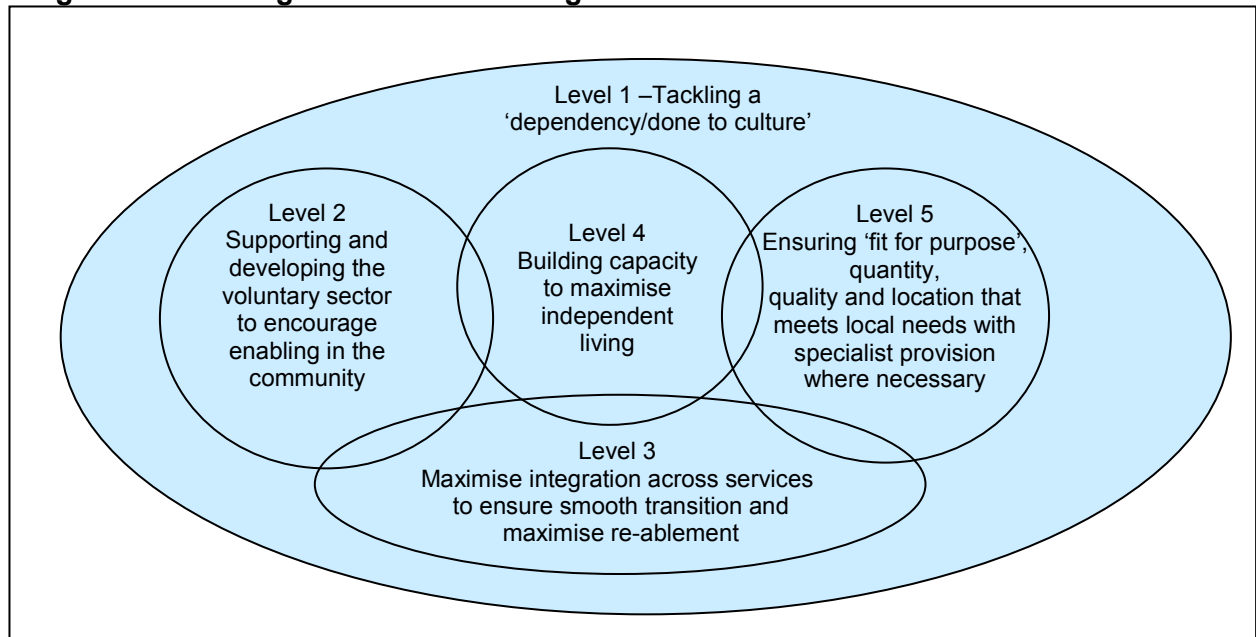
It will be important that the commissioning agenda for physical and sensory disability services can be taken through the statutory framework within Health. Key areas of work will be presented through the Clinical Executive Board (CEB).

It will also be essential that issues for physical and sensory disability services influence the Local Delivery Plan (LDP), which provides the focus for much of the Health Authority’s work over the coming years. In essence, the LDP is a local plan of action which aims to improve health and modernise health services. Tackling the priorities identified in the LDP will require services to be planned in a co-ordinated way with collaboration between NHS agencies, social care services and partner organisations.

**THE 5 LEVELS OF CARE**

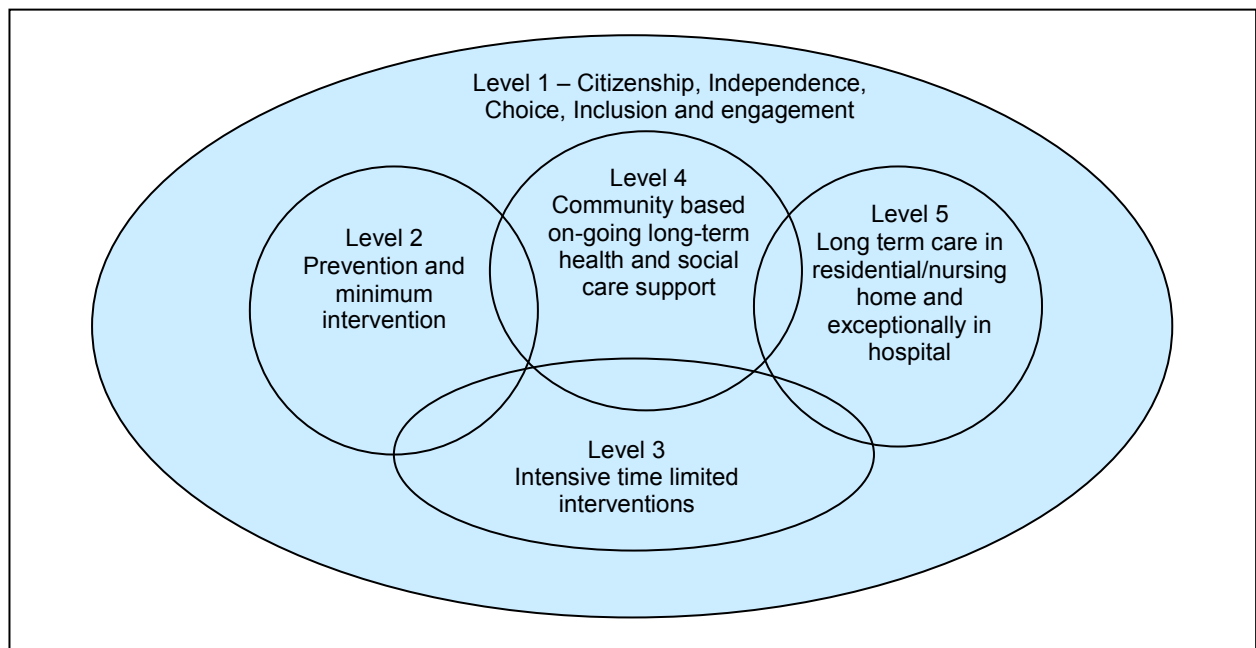
A whole systems approach to integrated commissioning has been adopted based on Peter Fletcher Associates 5 Levels of Care, illustrated in the diagrams below. At the strategic level work will include setting the vision and direction for service development by senior officers. At service level the vision and strategy are translated into action, both in terms of commissioning and providing. In terms of service level commissioning, it will be necessary to ensure that services are clearly specified with service providers and that they are regularly monitored. Providers of services will be performance managed by service level commissioners.

**Diagram 3: Planning and Commissioning**



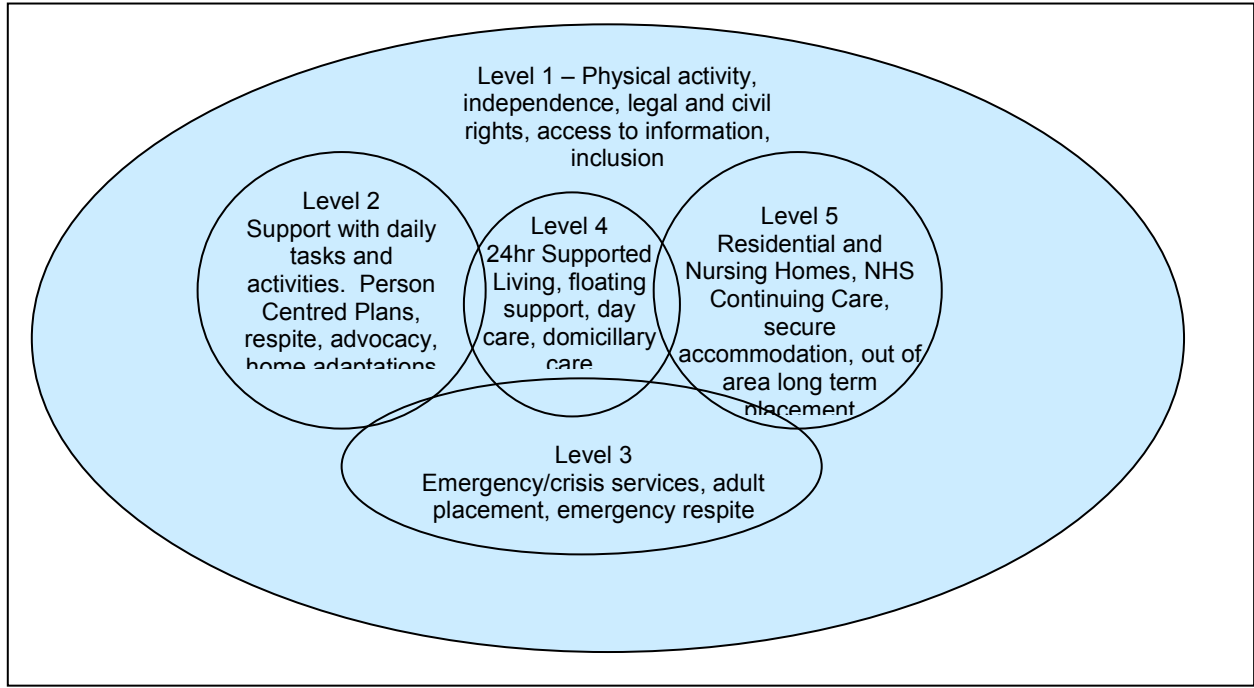
**Diagram 4: Building on Levels of Care**

Halton has a historical legacy of investment in acute and reactive services. However, it is clearly better to prevent than to treat. In order to understand this, a model examining the local balance was developed, which is laid out below in Diagram 3.



**Diagram 5: Levels of Care - Activities**

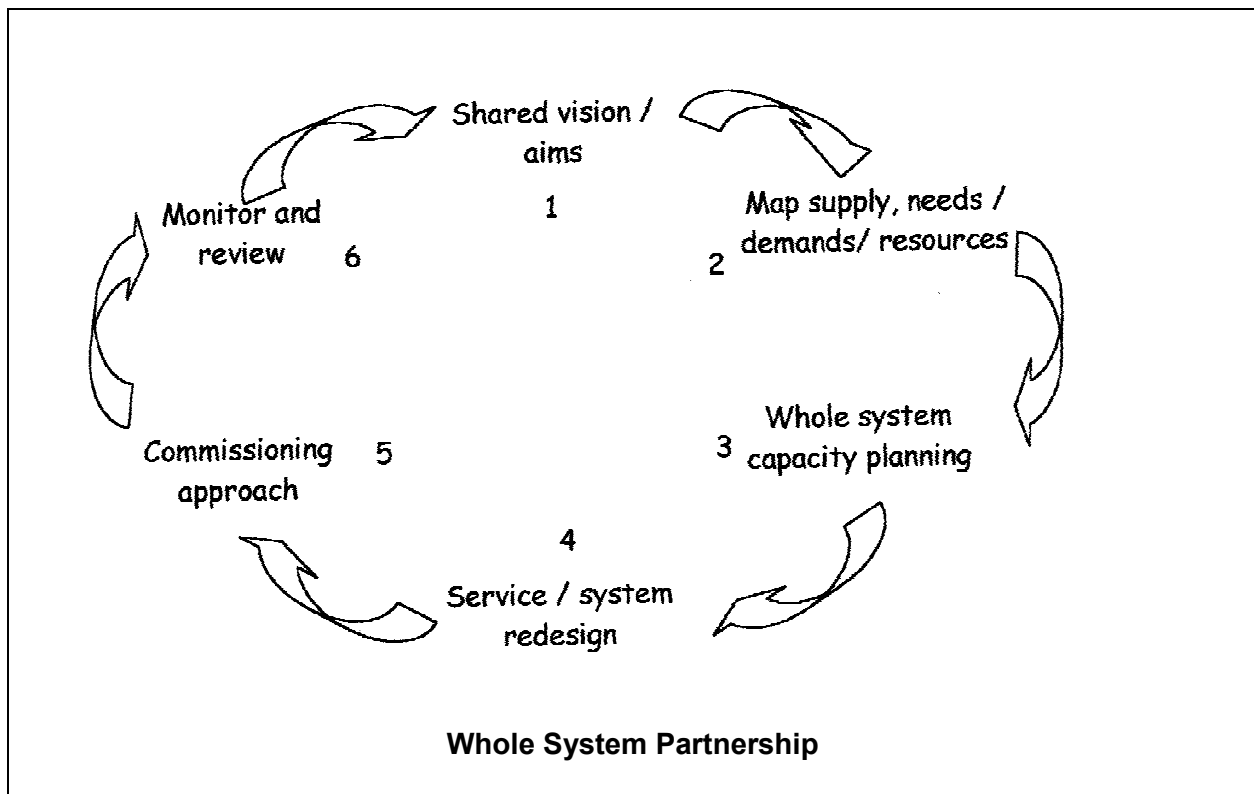
Diagram 5 below gives some examples of activities associated with each level and begins to explain how each section of the Local Authority and health can play their parts in providing services for people with physical disabilities which are effective and which truly reflect need.



**Elements of the Strategic Approach**

Partnerships across health and social care commissioners and providers and with people who receive services have become increasingly important in effecting integrated planning and commissioning of services. The Section 31 partnership arrangements in the Health Act 1999 are intended to give services the flexibility to be able to respond to people’s needs, either by integrating existing services or developing new co-ordinated services, and to work in partnership with other organisations to fulfil this. Crucial to this is a shared vision and aims which give guidance and direction.

Diagram 6: Whole System Partnership



## QUALITY

Service user perception is fundamental to the provision of quality services and this is directly linked to their expectations of services. Research shows that if a service user expects poor quality from an organisation and the service is higher than their expectations, then this service will be viewed as 'good'. Conversely, high expectations of a service which does not match the expectations is viewed as 'poor.' Managers should try and achieve a balance by continually striving to increase the expectations of their service users whilst at the same time continually improving performance.

To achieve continuous improvement in services there is a need to:

- Ensure physically disabled people and their carers are encouraged to have high expectations of services and are enabled to have a part in raising the standards of services.
- Ensure that feedback about services is continuously collected to allow adjustments to service design and delivery when necessary.
- Ensure people understand their right to comment or complain about a service (or lack of a service) and for those comments to be demonstrably listened to by the organisation and its representatives.

Quality needs to be 'built in' rather than 'inspected' and is the responsibility of all individuals, teams and departments. To achieve this, people must be involved in all aspects of the process and most importantly of all this includes the people who will receive the service.

**CONCLUSION: SECTION ONE**

There is a need to ensure that managers are able to make decisions informed by accurate timely data, which will increase the pro-activity of management action for physically disabled people living in Halton.

However good the quantitative data, qualitative data is also very important to ensure that quality services are developed and maintained. There is a need, therefore, to ensure that wherever practical people with physical disabilities, their families and carers, should be involved in planning processes.

The planning of services and service delivery should be completed, by taking a 'whole systems' approach, to ensure the most efficient and effective use of resources. The end product should provide a seamless service to the person with a physical or sensory disability, which also ensures 'quality of life' for the individual. Quality of life includes listening and acting on the wishes and aspirations of the individual.

To achieve the above there needs to be a clear understanding of partnership working and commissioning should be jointly agreed and developed to ensure a solid financial basis for the commissioning of services, with effective quality control and monitoring systems in place.

Peter Fletcher's 5 Levels of Care give a framework in which to identify actions that are required for investing in the modernisation of services to ensure that the expressed wish of people with physical disabilities can be supported.

## SECTION TWO: NEEDS ANALYSIS

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### INTRODUCTION

The issues identified nationally as creating barriers which prevent physically disabled people of working age from leading the life of their choice include information provision, transport, housing, the physical and built environment, access to healthcare and personal assistance, low income, social attitudes to disability, and psychological barriers such as low self esteem.

### DEMOGRAPHY

It is not easy to estimate overall numbers in any given population, not least because the age bands used by the 2001 Census do not fit neatly with the 18-64 age group covered by this strategy.

The 2001 Census gives an estimate of 9.76% of people in Halton aged 16-74 who are permanently sick or disabled (8355), nearly as high as the Merseyside average and nearly twice as high as the England average (5.52%). Reducing the number by subtracting 9.76% of the 65-74 age group (900) gives a figure of 7345. Further reduction of the 16/18 age group would probably give an estimate of around **7,000** people aged 18-64 who are permanently sick and disabled. The usefulness of such a figure is that of a range finder, and it is difficult to be more precise. A potentially more accurate estimate is given in the [Housing Needs Survey](#) which suggests that 5031 people aged 16-64 have a level of physical and/or sensory disability serious enough to be reported. The best estimate is, therefore, that between 5,000 and 7,000 people aged 18-64 in Halton have a significant level of physical and sensory disability.

The population projections for the age groups in question for the years 2006-2011 are as follows (the figures being in thousands).

**Table 1 : Halton's Population change ages 18-64**

Age	2006	2011	Change
15-19	8.5	7.6	-0.9
20-24	7.9	7.8	-0.1
25-29	7.0	7.9	+0.9
30-34	7.6	7.0	-0.6
35-39	8.7	7.5	-1.2
40-44	9.0	8.6	-0.4
45-49	8.5	8.9	+0.4
50-54	8.2	8.4	+0.2
55-59	8.6	7.8	-0.8
60-64	6.1	8.0	+1.9
Total	80.1	79.5	-0.6

Source: ONS Sub-national population projections.

The population trend is relatively stable (with some reductions) with the only notable increases being the 25-29 age group (+900) and the 60-64 age group (+1,900). Both of these increases may have significance especially the 60-64 age group which contributes to 29% of the current client group (see paragraph on **Age** in Housing Issues Paper in Appendix 2).

It is difficult to gain an accurate breakdown of age range within the current services, other than the considerable number of older people (aged 65+) across all provision (see section on Current Services for more details of this). What can be said from an analysis of the age ranges of clients who have undergone a comprehensive assessment with the PSD team in 2005-06 is that the weighting, towards the 50-64 age spectrum, is confirmed. The figures for the different age ranges undergoing an assessment in 2005-6 were as follows:

Total number (duplicate assessments excluded)	171
Age 18-30	5
31-50	39
51-64	49
65+	78

There were therefore 93 (or 55%) assessments of people aged 18-64.

Within this total of 93, in the 51-64 age group, 40 of the 49 were aged 55+, or 43% of the 18-64 age group who were assessed.

There are several different sources of numbers that need to be commented upon and understood. The first is based on the Carefirst system.

**Table 2: Numbers of people in receipt of a service  
(all figures as at 01.04.2006)**

Number of people provided with a service by the Health and Community Directorate	474
Number of people on system with primary client group of physical disability, sensory disability and frailty	4,920
Number of people in receipt of a service from the Independent Living Team	1,082
Current service packages open to ILT	1,151

It is assumed that all these numbers include a proportion of older people. The numbers of clients' aged 18-64 who are PSD clients is 355 The total number of people with a physical or sensory disability, by residency, is recorded as 394.

#### **Housing needs and market assessment survey 2005**

This report, carried out independently, is based on extensive surveys and questionnaires, but again the age range is different (16-59). As stated, the estimated number of people in that age group with a physical and/or sensory disability was 5031. Of these, 2679 people said they required support, and that support was provided as follows:

- 88% from family/neighbours/friends
- 8% from social services/voluntary sector
- 4% from both

This would give a number, supported by social services or the voluntary sector, of 321 people (in line with the figures provided by Halton Borough Council).

The range of estimates suggests between 320 and 400 adults aged 18-64 as active service recipients at any one time. However, this figure does not accurately reflect the high workload within both the PSD team and the ILT (see section 5 for details).

**Table 3: Halton's Resident Population who are of black or other minority ethnic (BME) origin**

<b>Grouping</b>	<b>Total Numbers and % of overall population</b>	
White British	115,959	(98.9%)
Irish	824	(0.7%)
Mixed (white & Black Caribbean, Black African, Asian)	705	(0.5%)
Asian or British Asian	273	(0.2%)
Black or Black British	132	(0.1%)
Chinese or other ethnic group	315	(0.2%)

(Figures in brackets are % of the total population.)

Source: Census 2001

A total of 1.21% or 2249 people of the total population in Halton are of BME origin. The wards with the highest populations (all ages) of people of BME origins are Birchfield and Mersey wards.

### **Views of People from Black and Minority Ethnic Groups**

People from BME communities have the same main priorities as all other people. However there are also specific issues that arise generally when people are consulted:

- Poor knowledge of and access to services by some BME groups
- Specific issues around particular services relating to the appropriateness of accommodation to support people's independence
- Mainstream services could do more to be culturally sensitive to specific BME groups
- Some additional services are needed specifically for particular BME groups e.g. interpreting
- Differing perceptions amongst different BME groups about their health and well being
- BME groups feel that their cultural and religious needs are not identified or assessed and as a result their needs are not met.

The small numbers of black and ethnic minority people in Halton means there are no large groups for which services can be targeted. The focus therefore needs to be on strong individual assessments, creative packages of care that can meet specific individual identity and heritage needs and on developing services that acknowledge and value diversity.

There are no community groups within the borough for people of any BME origin and the implications of this suggest that service design for residents of BME origin in Halton may need to be centred on individuals. Additionally, community groups have traditionally been the first method of making contact and consulting with any BME population. This avenue is clearly not available to staff in Halton so other imaginative ways will need to be found to engage with parts of the community. This emphasises the importance of diversity training for staff in all agencies and the close monitoring of practice. It will be important to ensure that staff have an understanding of and are sensitive to issues of culture and communication which they demonstrate through their day to day practice as key aspects of any needs led assessment for someone of BME origin.

A research study into the current and future needs of Halton's BME community in respect of adults social care is currently being undertaken. The findings of this study will identify any service development required to ensure that current and future service provision is tailored to meet the needs of this community.



## **ECONOMIC FACTORS**

### **Deprivation and Health**

Halton is ranked as the 21<sup>st</sup> most deprived Local Authority area out of 354 Local Authorities in England according to the 2004 Index of Multiple Deprivation. Halton has well documented poor health statistics, having amongst other health issues one of the highest standardised mortality ratios in England.

Rates of permanent sickness and disability amongst the 16-74 age group are also high in Halton at 9.76%, against an England Wales average of 5.5% (the averages for the North West and Merseyside being 7.75% and 10.02% respectively).

According to the 2001 Census 11.6% of Halton's population (13,770 people) reported their health as 'not good'. This ranks Halton as being in the lowest quartile of boroughs in England and Wales.

The percentage of Halton's population with a limiting long-term illness (eg chronic health disease, stroke, dementia, depression, diabetes, cancer, arthritis) is 21.5% (25,440 people), higher than the England and Wales average of 18.2% and the North West average of 20.7%. In the last quarter of 2005, 11,000 people of working age were claiming benefit as a result of sickness and disability. The total working age population is 75,500, so the number of sickness related benefit equates to 16% of the working age population.

### **HEALTH FACTORS**

The **Halton Health Study** (Lancaster University 2002) is particularly relevant in painting the picture of health in Halton, and investigated the causes of high death rates and illness rates reported in Halton. At 23%, Halton has the fourth highest standardised mortality rate in the country. The study confirmed that death rates in 1998-2000 were especially high for cancers, heart disease, stroke, suicide and infant mortality.

A key finding of the study was that health in Halton was primarily affected by material deprivation and unhealthy lifestyle. The report also showed that social capital and community issues, especially the lack of someone to confide in, have a significant impact on all health outcomes including limiting long term illness. Most important were the levels of reciprocal help and support among members of the community and maintaining a sense of control or ability to influence their surroundings.

The implication is that solutions to the high rates of ill health in Halton are a community wide responsibility and not restricted to support in the traditional domains of health and social care. Having a strong sense of social capital could be harnessed to further improve health through community-based projects and, therefore, policy initiatives should continue to concentrate on material deprivation and unhealthy lifestyles. Reducing unemployment, raising income levels, improving housing, increasing educational attainment, reducing smoking, improving diet and increasing exercise should all have positive impacts on the health of the people of Halton and thus reduce limiting long term illness.

PSD managers, meeting at a workshop in November 2006, confirmed many of the issues raised above. A picture was painted of an isolated and dependent population amongst PSD clientele, often without the confidence to take control. This led to a need amongst PSD service personnel to support individuals for far longer than technically necessary, because of problems relating to a culture of dependency and a lack of accessible community resource. Hence the managers made the point about corporate responsibility particularly in respect of accessible

housing, accessible public buildings, and transport. In addition they made the point about the lack of capacity to support PSD clients psychologically, as well as physically.

### Employment

The Borough has a high unemployment rate especially amongst young people, which at 4% is higher than the national average of 2.6%. Of Halton's population, 21.5% have a limiting long-term illness, compared to the England and Wales Average of 18.2% (see Table 9).

The probabilities of disability are highest among those who are permanently unable to work or retired, who have no qualifications, are in a manual social class, live in social housing or are renting privately. A national survey conducted in 2001 by the Joint Health Surveys Unit of the National Centre for Social Research and the Department of Epidemiology at the University College London, estimated that the risk of having one or more disabilities was 24% higher for those in manual classes than for those in non-manual classes.

### RATES OF DISABILITY

It is estimated that there are about 11 million disabled adults in the UK – one in five of the total adult population – and 770,000 disabled children (Source: Improving the Life Chances of Disabled People, Jan 2005). Many of these people would not define themselves as disabled. The majority of these people experience low level impairments – wheelchair users, blind people and deaf people make up an important minority. The population of disabled people is distinct from and much larger than the 3 million in receipt of disability related benefits.

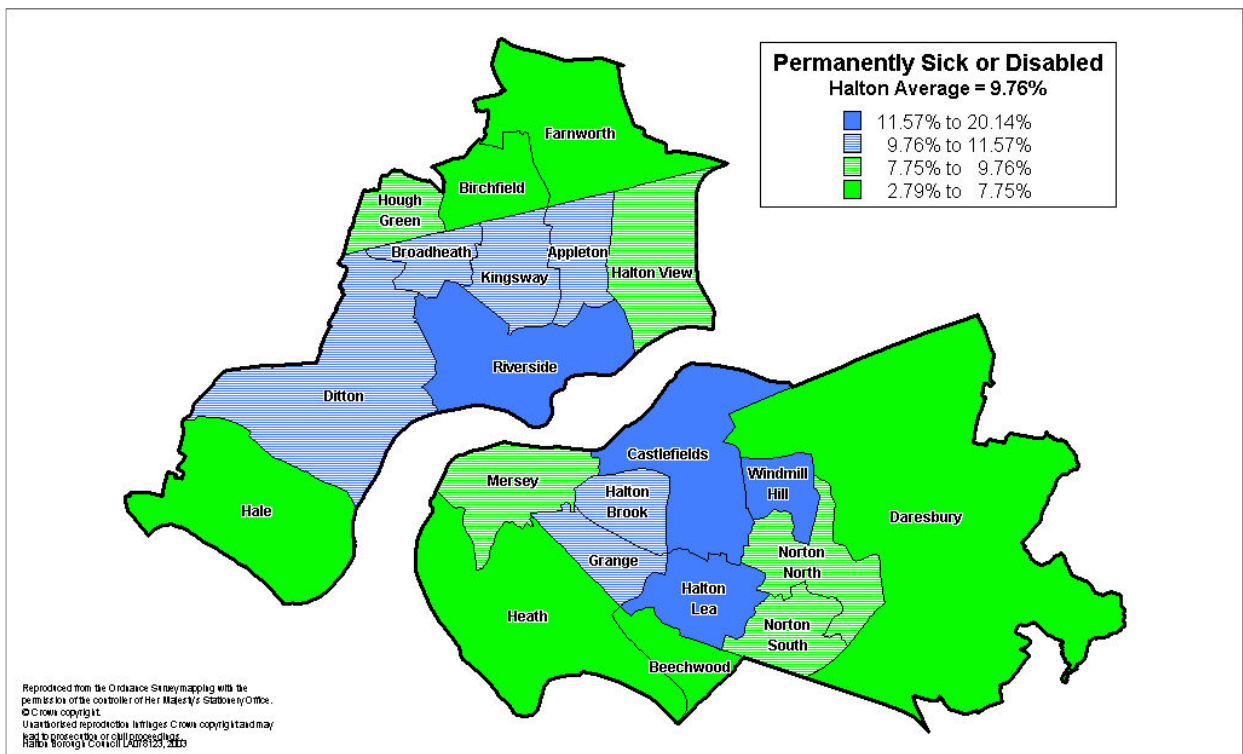
**Table 4: Permanently Sick or Disabled People in Halton**

Wards	Number of Permanently Sick or Disabled	Percentage of People Aged 16-74	Halton Rank	Greater Merseyside Rank
Appleton	482	10.70	7	65
Beechwood	168	5.24	19	130
Birchfield	90	2.79	21	138
Broadheath	499	10.49	8	68
Castlefields	751	15.53	2	16
Daresbury	95	3.29	20	137
Ditton	472	10.17	9	72
Farnworth	287	6.61	17	112
Grange	541	11.15	6	55
Hale	91	6.09	18	121
Halton Brook	543	11.57	5	53
Halton Lea	658	14.81	3	23
Halton View	475	9.47	13	85
Heath	272	6.64	16	110
Hough Green	479	9.37	14	86
Kingsway	426	9.90	10	75
Mersey	414	9.57	12	82
Norton North	375	7.75	15	99
Norton South	492	9.63	11	80
Riverside	408	12.39	4	42
Windmill Hill	337	20.13	1	2
<b>Total</b>	<b>8,355</b>	<b>9.76</b>	<b>21 Wards</b>	<b>138 Wards</b>

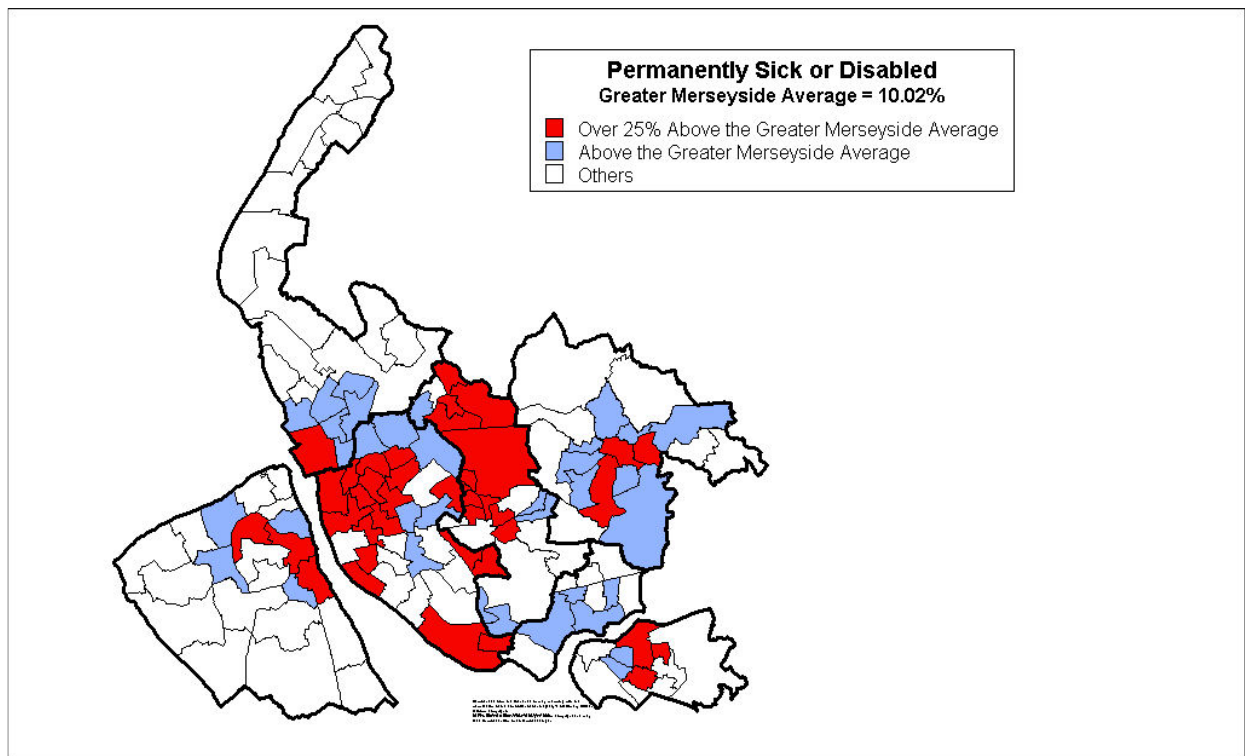
<b>Greater Merseyside Average</b>	<b>10.02</b>
<b>North West Average</b>	<b>7.75</b>
<b>England Average</b>	<b>5.52</b>

Locally, what is known from the 2001 Census is that the rates of people aged between 16-74 living in Halton who are permanently sick or disabled reflect the overall trend of rates being higher in the Northwest than the national average. The Northwest Average is 7.7%, the England and Wales Average is 5.5% and Halton's figure is 9.7%. Windmill Hill has the highest proportion of permanently sick or disabled people in Halton (20.1%) followed by Castlefields (15.5%) and then Riverside (12.4%). The lowest proportion are found in Birchfield (2.8%) and Daresbury (3.3%).

**Map 1 - Number of People Permanently Sick or Disabled in Halton**



Map 2 - Wards over 25% above the Greater Merseyside Average



**CARERS**

Carers and carers' needs are the subject of a separate strategy 'The Carers Strategy 2006-2008', therefore, their needs will only be referred to here as they link to the overall strategy for physically disabled people.

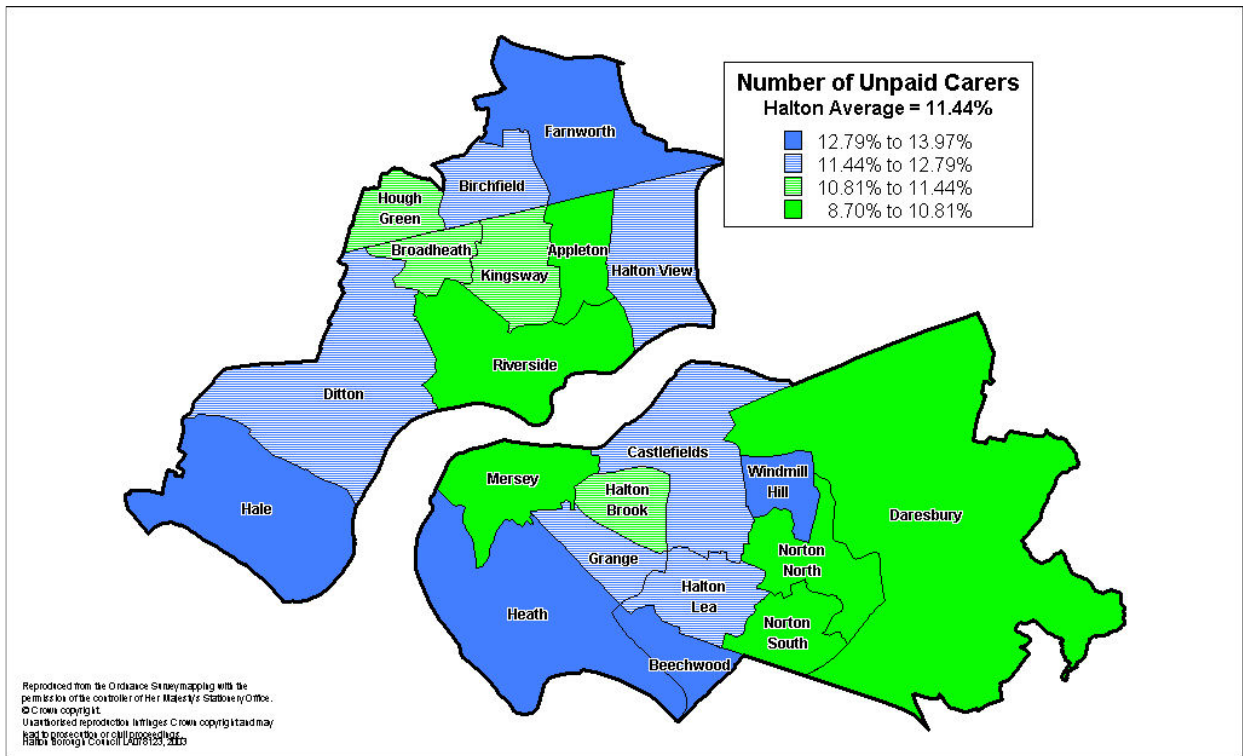
**Table 5: Provision of Unpaid Care**

<b>Wards</b>	<b>Number of Unpaid Carers</b>	<b>Proportion of Total Population</b>	<b>Halton Rank</b>	<b>Greater Merseyside Rank</b>
Appleton	678	10.61	16	111
Beechwood	524	13.15	4	15
Birchfield	553	12.43	7	33
Broadheath	726	11.26	14	85
Castlefields	771	11.99	8	47
Daresbury	340	8.70	21	135
Ditton	799	12.79	6	23
Farnworth	760	12.86	5	20
Grange	796	11.60	9	67
Hale	264	13.91	2	4
Halton Brook	744	11.28	13	84
Halton Lea	739	11.52	10	71
Halton View	793	11.52	11	72
Heath	748	13.58	3	6
Hough Green	764	10.81	15	106
Kingsway	688	11.29	12	83
Mersey	645	10.49	17	117
Norton North	680	10.47	18	118
Norton South	721	9.98	19	125
Riverside	455	9.45	20	131
Windmill Hill	340	13.96	1	3
<b>Total</b>	<b>13,528</b>	<b>11.44</b>	<b>21 Wards</b>	<b>138 Wards</b>

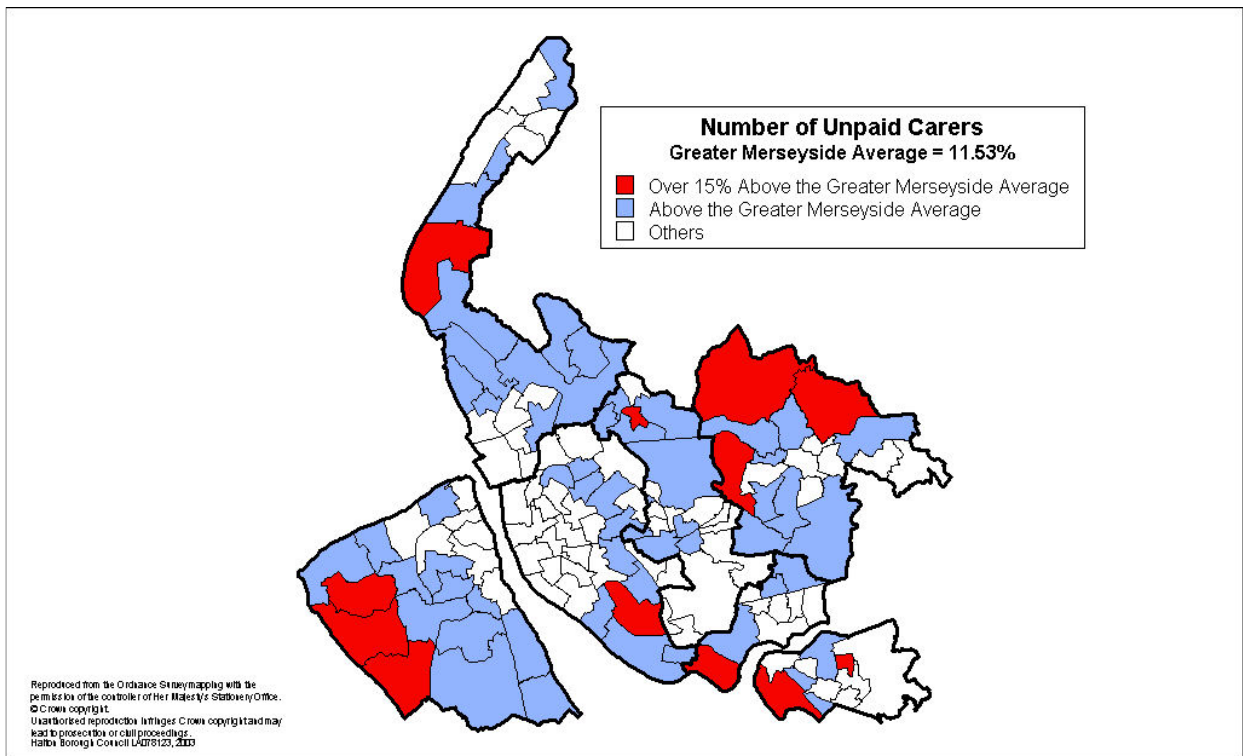
**Greater Merseyside Average**                      **11.53**  
**North West Average**                              **10.77**  
**England Average**                                      **10.03**

The percentage of people in Halton who provide unpaid care to others, usually a close relative, is 11.4%. This means that 13,528 people are providing care for someone for more than 50 hours every week. This figure ranks 5<sup>th</sup> highest in Greater Merseyside and 8<sup>th</sup> highest in the Northwest. The Wards with the highest numbers of unpaid carers are Windmill Hill, Hale, Heath and Beechwood where the figures are above 13%.

Map 3 - Number of Unpaid Carers in Halton



Map 4 - Wards over 15% above the Greater Merseyside Average



Recent consultation with carers includes a pilot study undertaken by the Occupational Therapy division of the University of Liverpool School of Health Sciences 'Informal Carers' Experiences of an Intermediate Care Service'. The study focussed on 4 male carers' experiences of Intermediate Care from the Rapid Access Response Service (RARS) in Halton. It recommended that a full-scale study should take place to review carers' experiences further.

## TRANSITION

In January 2007 CSCI published a report Growing Up Matters Better Transition planning for young people with complex needs. The report outlined six key prerequisites for successful transition.

The Borough Council employs a Transitions Co-ordinator and has a Transitions Protocol in place. Children and Young Peoples Directorate and the Health and Community Directorate are developing a joint Transition Strategy to incorporate the priorities highlighted in Growing up matters.

**Table 6: Number of children with physical or sensory disabilities in Education in Halton by school year**

Year	PSD
13	1
12	3
11	9
10	7
9	5
8	9
7	8
6	4
5	3
4	8
3	2
Average	4.8

The number of children with physical and sensory disabilities appears likely to stay fairly similar over time and they represent only a small proportion of the overall referral numbers for PSD services.

Entering the world of work is part of the process by which young people develop adult roles and responsibilities and ultimately independence and autonomy. The more young people and their families are supported in achieving this, the less demand there will be for traditional service provision.

A range of initiatives could be employed to divert young people from entering traditional services, such as:

- Embarking on a project to get young people in transition on ILF. This would enable this group to attract additional funding and promote more individual support packages.
- Promoting and prioritising Direct Payments and Individual Budgets for the transition population to offer choice and control over when and how support is accessed.
- Implementation of the Person Centred Planning agenda. This would clearly identify wishes and hopes and vocational aspirations.
- Explore with Economic Regeneration Service the feasibility and resource implications of providing a Transitions Employment Support Programme.
- Expanding voluntary work opportunities.

- Offering increased work experience/supported employment placements in the Borough Council. Many young people identify vocational interests in areas of work that the Council directly provides, eg, gardening, catering, etc.
- Explore with Economic Regeneration Service the feasibility and resource implications of developing social enterprise activity for young people.

## HOUSING

The point has already been made above concerning the dearth of accessible housing for PSD clients in Halton. This must be seen, as suggested above, as a corporate responsibility to be taken seriously given the very high health and deprivation indices in the borough.

The issue in respect of accessible housing is further explored in the Housing Needs and Market Assessment Report (2006) – Appendix 1 provides a summary of the main points. During the survey, respondents were asked whether their house had been built or adapted to meet the needs of a disabled person. In total 35% (1396) indicated that their home had been so adapted (i.e. 65% had not). However, there were large differences according to the type of disability. The figures are as follows:

Disability	% Adapted
• wheelchair user	94%
• walking difficulty	35%
• other physical disability	8%
• sensory disability	9%
• physical and sensory disability	50%

It is not surprising, reading these figures, that a **major problem** for the ILT team is the very high level of demand for equipment and adaptations for houses and flats. This is manifestly an area for urgent action in the near future.

## Unmet Need

A database will be established to record all unmet needs and service deficits formally identified through the assessment process. These will be presented to Resources Panel and quarterly reports produced for Management Teams, Service Development Officers and Commissioning Managers with a view to meeting those needs in the future through reviewing or revising services or the commissioning of new services.



**CONCLUSION: SECTION TWO**

The development of services needs to be informed by a comprehensive set of data indicating met and unmet service need and performance against national performance indicators and targets.

The small numbers of black and ethnic minority people in Halton means there are no large groups for which services can be targeted. The focus, therefore, needs to be on strong individual assessments, creative packages of care that can meet specific individual identity and heritage needs, and developing services that acknowledge and value diversity, ie, person centred planning.

Transition arrangements, will need to have the process developed and tightened up to ensure this is a positive experience for all Young People and their Families. Early identification of needs and PSD involvement for complex cases would assist a smooth transition.

## **SECTION THREE: CONSULTATION**

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### **INTRODUCTION**

In order to develop services that meet the needs of those who use those services, we need to consult with service users and other stakeholders to identify whether those needs are being met. This consultation process then informs the future commissioning of services. On-going consultation takes place with physically disabled people in Halton and specific consultation exercises have been conducted in recent years, as detailed below.

### **PSS USER SURVEY 2003/04**

The national PSS User Survey for 2003/04 was conducted via questionnaire with a sample group of adults aged 18-64 with physical and sensory disabilities in receipt of community based services at that time. Clients who were receiving respite or carers break services at that time could not be sampled, nor could those in receipt of equipment as a stand alone service from the Independent Living Team or any service users with a learning disability. Service users who were in hospital during the time of the survey were not eligible to be included in the sample. Locally, this resulted in a final sample group of 238 service users in Halton.

The survey was administered between January-March 2004. The total number of respondents within Halton amounted to 173 (out of 238), which gave a response rate of 72.6%.

A summary of the findings for Halton is outlined below with comparisons made to Halton's CIPFA comparator group of 15 similar Local Authorities:

- 58% of respondents knew about Direct Payments, 31% had not been told and 10% were unsure as to whether they had been told about Direct Payments by their social or care worker. Compared to Halton's comparator group, Halton ranked 2<sup>nd</sup> for this question.
- 19% of respondents used Direct Payments, however, as the survey responses were anonymised, in some cases the validity of responses could not be checked. Compared to the comparator group, Halton ranked 8<sup>th</sup> for this question.
- Of those using Direct Payments, 73% felt that they had been very well supported in the use of them. Compared to the comparator group, Halton ranked 2<sup>nd</sup> for this question.
- The number of people answering 'Always' to the question "Do you feel that your opinions and preferences are taken into account when decisions are taken about what services are provided to you?" as a % of people answering 'Always', 'Usually', 'Sometimes' or 'Never' was 42%. This provided a figure for the performance indicator PAF D58. Compared to the comparator group Halton had the highest satisfaction levels.
- 33% of respondents did not know how to make a complaint about social services in Halton while 5% did not feel that they could make a complaint if they needed to. Compared to the comparator group, Halton ranked 3<sup>rd</sup> for this question.
- 81% of respondents strongly agreed or agreed with the statement "My life would be a lot worse if I didn't have help from Social Services or Direct Payments". Compared to the comparator group, Halton ranked joint 9<sup>th</sup> for this question.
- 11% of respondents felt that Social Services did not provide them with all the information they needed.

- 84% of respondents felt that they could easily contact social services if they needed to. Compared to the comparator group, Halton ranked joint 6<sup>th</sup> for this question.
- 44% of respondents felt that care workers always came at times that suited them. This question can be compared to 2002/03 user survey of elderly home care users when the same question was put to them – 55% of respondents at that time felt that care workers always came at suitable times. This may be due to different expectations of care by service users of different ages. 29% of respondents did not have a care worker or personal assistant, which may demonstrate the use of more flexible services. Compared to the comparator group, Halton ranked joint 6<sup>th</sup> for this question.
- 57% of respondents felt that they were extremely or very satisfied with the help they received from Social Services. Compared to the comparator group, Halton ranked 3<sup>rd</sup> for this question.

Two non-statutory questions were asked:

- 'Would you like to be involved in the Physical and Sensory Disability Local Implementation Team service improvements and decisions being made?' to which 39 respondents said that they did wish to be involved (permission for their details to be passed on was obtained and their details forwarded).
- 'Would you like to be involved in the review of Transport services?' to which 34 respondents said that they did wish to be involved.

Permission for the above respondents' details to be passed on was obtained and their details subsequently forwarded.

## **STAKEHOLDER AWAY DAY 2005**

A stakeholder day was held in April 2005, facilitated by LCS Limited and hosted by Halton Borough Council and Halton PCT. The purpose of the day was to consult with stakeholders and work together on how the vision in the Government's consultation Green Paper 'Independence, Well-being and Choice' might be achieved and to inform this Commissioning Strategy.

The day was attended by 38 people representing a cross-section of people with an interest in services for the physically disabled and included service users and carers, Vision Support, Halton Voluntary Action, Independent Living Centre staff, Independent Living Team staff, Social Care staff, Halton Voice of the Disabled, Deafness Support Network, Bridgewater Day Centre staff, Supported Employment staff, North Cheshire Hospital staff and Halton PCT staff.

There was a general agreement amongst attendees that the society in which people would want to live in 5 years time was one where disabled people would be able to lead more independent lives. This would mean a wide change in public attitudes towards disability from one where disabled people are defined by their impairment, eg, arthritic, epileptic, which is known as the medical model of disability, to one where there is an acceptance that society needs to make adjustments so that disabled people are able to take up the same opportunities and make the same choices as everyone else, known as the social model of disability.

Attendees recognised that it would take time to move to a society-wide acceptance of the social model and it would also need a realisation at every level that supporting disabled people to lead independent lives was not just a health and social services responsibility but part of a wider agenda to improve social inclusion. To achieve this agenda, people felt it would be necessary to take a holistic approach to support disabled people where all services seamlessly worked

together, pooled their funding, rationalised red tape and communicated more effectively. It was also felt that disabled people ought to be able to influence decisions at every level in service planning, design and development and in monitoring the results.

Service users have identified the most important issues for them as being:

- Action which will change attitudes towards disability
- Promotion of independence
- More inclusion
- Support which enhances their dignity
- Effective and flexible transport
- Better access to all community facilities
- More flexible access to rehabilitation services
- Accessible and useful information, advice and support
- Supported representation at all levels of decision making
- More IT enabled choice and control of their care packages
- Faster provision of equipment and adaptations

Much of the above is reflected in the social model of disability, which understands that people are not disabled but are disabled by their environment.

People appreciated the outreach service with its one-to-one support and the carers' breaks. Transport services were praised for being of high quality but concerns were raised about reliability and availability and the knock-on effect this has on the quality of life for disabled people.

Aligned to transport difficulties was a similar problem around getting around the community in wheelchairs. A lack of wide doorways, lifts, suitable toilet and changing facilities in public places as well as dropped kerbs and ramps were cited as affecting the quality of life for disabled people. For many these restrictions mean that they are reliant on day care and facilities provided by specialist services and are unable to take up opportunities for mainstream leisure and socialisation.

The lack of suitable housing for disabled people and the waiting lists for adaptations were a big issue for attendees, staff and service users alike. It was felt that the process needed to be streamlined to cut bureaucracy and waiting times.

Whilst funding, sharing resources and the effects of short-term funding were recognised as challenges, people felt that some changes could be made quite easily and that 'the simple things were often the biggest problem'. Ideas for improvements suggested on the day included:

- Re-use of existing resources in new and creative way, ie, through partnerships.
- Rationalising the differences in building regulations between the Planning Department and Social Services.
- Widening the existing Physical and Sensory Disability Local Implementation Team to include more service users and carers.
- Setting up a Council-wide access team to improve inclusivity and quality.
- Recognition and rewarding of good practice by a system of awards and introducing financial incentives for services to improve their access for disabled people.
- Having a more responsive rehabilitation service, for periods of rehabilitation to be longer and for rehabilitation teams to be integrated across services. People felt that the current focus of rehab was short and did not respond to the changing and long-term needs of disabled people.
- Extend day-time service hours which are not restricted to 9am-5pm.

To make a more influential contribution to effect change, the following suggestions were made on the day:

- Increase the representation of disabled people at higher levels within organisations. For example, having a Champion for disabled people's issues at senior levels of key organisations whose role would be to make sure the implications and advantages to disabled people of major decisions were taken into account and to advocate for the social model of disability.
- Increase the representation of disabled people at all levels of decision making, to be involved at the beginning of discussions and projects and to be actively listened to.
- Deliver disability awareness training to Members and senior managers within the Borough Council and PCT, which does not emphasise medical conditions but promotes the social model of disability and active, holistic thinking about service developments.
- Increased support for disability groups to function and advocate for their membership.

### **'How We Are Doing" Consultation 2006**

This major consultation over two days gained feedback from service users and staff using the framework of the National Standards for Adult Services. Many points raised in these two days have already been covered, but there were some notable additions:

- Some concern over 'transition' services (college → adulthood, 64+ → old age)
- Absolute necessity to have a **needs led** rather than service led assessment
- Adult service provision (18-64) was seen to be less than that available to older people
- Need to deal with the psychological effects of disability, as well as the physical side.

### **Housing Needs Survey 2005**

This survey was the result of a randomly selected sample of 2321 people responding to a question about whether care and support was required, and whether it was being received. The following needs were identified from those respondents requiring support. The list is written in descending order:

- Claiming welfare benefit/managing finances
- Help with personal care
- Someone to act for you
- Looking after your home
- Accessing training/employment
- Establishing personal safety/security
- Establishing social contact/activities.
- 

The first two items accounted for more than 55% of responses. In addition, the survey found that 25% of wheelchair users indicated that they received insufficient care and support, see Appendix 1.

### **Manager/Practitioner Consultation November 2006**

This consultation formed part of a workshop organised to develop material and ideas for the production of this Commissioning Strategy. The following points were made :

- As regards caseloads, there is a preponderance of high levels of dependency and support which tend to block new work, for example, supporting clients through a major adaptation process, or helping to maintain habitable standards, whilst continuing to provide person centred care.
- Whilst some cases are straightforward, many are complex in relation for example to:
  - degenerative neurological conditions

- alcohol/drug related physical disability
- homeless people who are physically disabled
- some parts of the system have high waiting lists (ILT waiting list for OT assessment was 281 on 1 April 2006)
- There is a particular need concerning the provision of very high levels of personal care to a defined small group
- Adaptations are difficult where there is not space for hoists for example.
- Houses used for adult placements are not wheelchair adapted
- There is a need to continue to increase direct payments for respite purposes, and so minimise the few remaining residential admissions for this purpose
- **Transport** and access to it was seen by the group as the key to other improvements in people's lives
- It was important not to underestimate the camaraderie and support between disabled people themselves.

In addition, the group identified a list of needs overall which it is worth repeating in full, in order to compare with those from the service users and the Housing Needs Survey. It is as follows:

- **accessibility**
  - houses
  - community facilities
  - transport
- **worthwhile activity** (employment integrated in community, other valued integrated activity)
- **more focused** personal care/support and rehabilitation – helping the client to move to the most independent state possible
- **psychological rehab** - need to work through this as well as physical rehab – hence need for greater counselling input
- **palliative support** – recognition that some people's conditions will deteriorate rapidly
- identify the areas of **corporate responsibility** – housing, public places, general access, attitudes, culture, thinking about the bigger picture
- develop an **accessible homes** register
- more **spontaneity and flexibility** in services.

Many of the themes are now familiar, and do not need repeating, but it is important that so many issues (corporate responsibility, accessible housing and public places, psychological rehab) are reaffirmed as important. But there are two items on the list which merit further attention, namely:

- worthwhile activity
- more focussed personal care/rehab.

Both of these, voiced by service managers, point to the need to tighten up on the content of what is offered to PSD clients. There needs to be a serious examination of any activity or regime which 'passes the time' all the time (endless bingo sessions, meaningless, devalued social activities etc). Further, because of the pressure of referrals and what has already been said about a dependent population in need of ongoing support, more emphasis needs to be put on 'active rehab' and resources need to be found, and diverted for that purpose. Such programmes do not have to happen in institutions (day centres etc) but in people's homes or in community facilities. The case studies provided by service managers, and an analysis of the contracts types and individual costs suggest that there is a three way split in the client group (the age of which is biased toward the 50-64 age group, ie the age of stroke, heart problems etc). This split appears to be as follows:

- highly disabled, often younger people with extensive care packages
- dependent, though less needs, people who hang on the system because there is nowhere else to go

- low dependency people, some of whom only use the service for a short time, but whose resource use level is low.

This may be a way of beginning to understand the dynamics in the PSD client group, but the managers' call for more worthwhile activity and focused rehab is a call not to be missed.

## **SERVICE USER COMMITTEE**

A Service User Committee is in place at Bridgewater, providing the service users with a means of raising issues with centre management and to provide feedback on centre services and activities on a regular basis. The use of service user funds (eg, the comforts fund) is determined by the Committee and needs to be authorised by 3 Committee members.

A number of arrangements exist to obtain service user feedback at Bridgewater, including the annual review for each service user, the fully elected and constituted Service User Committee, the Building Improvement Programme. It is evident that these arrangements provide some useful information and have 'shaped' the care provision. The current arrangements do not include feedback from other stakeholders such as carers and family members. However, there are a number of ways in which carers have a voice in Halton, eg, through the Carers Umbrella Group, Carers Strategy Group, specific consultation events, the Carer Development Officer, the carer Information Centres.

It is recognised that current feedback/consultation arrangements may not be obtaining the right level of feedback on all relevant issues and from all relevant parties, which may result in the services being provided not meeting the needs of all service users. To address this, a questionnaire will be devised and added to the annual review process to provide a better response rate. The questionnaire will be given out a week before the annual review.

**CONCLUSION: SECTION THREE**

The needs outlined in this consultation sub section can largely be grouped under the following headings:

- (1) **Improved Services/Availability of Basic Requirements**
  - access in the home
  - worthwhile, valued activity
  - more focussed personal care/rehab
  - faster equipment/adaptations (assessment and delivery)
  - transport (availability and access)
  - advice which is available and can be understood
  - financial advice (including benefits advice)
  - advocacy and support in the public arena.
  
- (2) **Reduction of Barriers Which Separate**
  - accessible housing
  - better access to community facilities
  - safety and security
  - valued social contact
  - IT enabled choice and control of care packages.
  
- (3) **Improved Service/Corporate Attitudes and Style**
  - all items concerned with
    - dignity
    - respect
    - independence
    - access
    - control.

The picture emerges of Halton PSD clients and services as one of a largely middle aged group, often living in high areas of deprivation and with generally poor health status. Importantly, self-esteem and confidence are generally low so the psychological/social side of rehabilitation is as important as the physical side. Certain service areas jump out as needing attention:

Mainly PSD	<ul style="list-style-type: none"> <li>• more focused rehab</li> <li>• more focused worthwhile activity</li> <li>• faster access to equipment and adaptations</li> <li>• access to psychological support</li> </ul>
Corporate	<ul style="list-style-type: none"> <li>• improved accessible housing</li> <li>• a real attempt to deal with transport</li> <li>• raising the profile of PSD services generally</li> <li>• access to public places</li> </ul>
In partnership with health	<ul style="list-style-type: none"> <li>• greater emphasis on healthy lifestyles</li> <li>• measures to increase social participation and reduce isolation</li> </ul>



## **SECTION FOUR: CURRENT PROVISION OF SERVICES**

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### **INTRODUCTION**

Halton's approach to services for disabled adults is to support more people in their own homes and communities and less people in hospital and care homes. The information below represents a snapshot of current service provision.

Physical and Sensory Disability Services are made up of 2 arms - Care Management & Assessment and Provider Services. Care Management & Assessment assess needs and Provider Services are then commissioned to meet those identified needs. Both Assessment and Provider services rely heavily upon a shared approach and in particular the strong partnerships that exist with Health Services, private and voluntary sectors. The whole system is based on inter-dependency with other agencies and organisations and partnerships that involve service users and carers, and increasingly looking to Single Assessment across services.

Much of our work is set down within statutory requirements, eg, the NHS and Community Care Act 1990.

### **CARE MANAGEMENT, ASSESSMENT AND PROVISION**

#### **Assessment & Care Management**

The service provides an assessment and care management function through its social work (or fieldwork) team for adults with a physical and/or sensory disability aged 18-64, those of all ages with a visual impairment and those who care for them. The service provides, monitors and reviews care packages and offers a range of services to support re-enablement, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton whenever possible.

Eligibility for services is established through 'Fair Access' to Care Services, implemented in April 2003 and reviewed annually, which determines the Council's eligibility threshold. The FACS approach requires Councils to prioritise their support to individuals in a hierarchical way. However, whilst services to those at greatest risk are a priority, it is essential that our investments enable agencies within the community to develop preventive, promotional and enabling services.

In Halton, the current policy is that people are eligible for support if there needs are critical or substantial:

#### Critical

- Life is or will be threatened
- Significant health problems have developed or will develop
- There is or will be little or no choice and control over vital aspects of the immediate environment
- Serious abuse or neglect has occurred or will occur
- There is or will be an inability to carry out vital personal care or domestic routines
- Vital involvement in work, education or learning cannot or will not be sustained
- Vital social support systems and relationships cannot or will not be sustained
- Vital family and other social roles and responsibilities cannot or will not be undertaken

#### Substantial

- There is or will be only partial choice and control over the immediate environment
- Abuse or neglect has occurred or will occur
- There is or will be an inability to carry out the majority of personal care or domestic routines

An indication of the level of activity is given by looking at the data on completed assessments and reviews. As has been mentioned, assessments were carried out on 169 individuals during 2005-6. In the age range 18-64, the breakdown between physical disability and visual impairment was as follows:

• Physical disability	62
• Visual impairment	29
Total	91

Apart from the assessments, a total of 721 reviews were carried out during the year, which suggest a service working very hard with complex, long term cases, with potentially problematic capacity problems.

Around 78-80 people are supported contractually in day care. Another 250 people are supported at one time or another during the year in residential care and there are 60-90 cases for support at home and personal care.

Most of the contracts for PSD are let via the PSD team, the main ones being:

- Deafness Support Network
- Vision Support
- Verna Care
- Sankey Care
- Medico Nursing
- Lifeway Community.

An analysis of the contract periods suggests the following patterns. In any give period there are about 200 contractual episodes. Of these 124 (or 62%) are worth less than £200 per month (£2400 per annum), and of these 67 (or 33%) are worth less than £100 per month. These figures are balanced by larger care packages including one which costs around £85k per annum. The impression is however, of a large number of small scale interventions which may be important to keep under review.

### **Independent Living Team**

Physical and Sensory Disability Services focus on adults aged 18-64 years old, however, the Independent Living Team is responsible for assessing children, adults and older people, resident in Halton, who have a permanent and substantial disability. The team also provides assessments to people with similar needs who have learning disabilities, mental health problems, frail older people and support to carers. This Team incorporates the provision of Occupational Therapy services, the Independent Living Centre, the prescribing of equipment through Halton Equipment Store and the carrying out of major and minor adaptations to homes to assist independent living.

In April 2006 the following people for waiting for assessment by:

- **Occupational Therapist**  
There were 281 on the waiting of whom  
28 (11%) are children  
125 (44%) are aged 18-64  
128 (45%) are age 65+.
- **Community Care Worker waiting list**  
There were 454 on this waiting list

0 children  
150 aged 18-64  
304 aged 65+

The team works within the whole system of health and community services and has established links with Halton Primary Care Trust, North Cheshire Hospital Trust and other outlying hospitals e.g. Aintree & Walton, Whiston & St Helens, Royal Liverpool, Broadgreen, Countess of Chester etc.,

The team uses a rehabilitative approach to service delivery. During their assessments they will consider if there are alternative ways of carrying out everyday tasks to enable service users to improve or retain their best level of independence, to live independently at home or in a care home, in their community and enjoy fulfilled, healthy and active lives.

If an alternative method does not work then the team may provide equipment, (via Halton Integrated Community Equipment Service) or recommend adaptations to the user's home. The Independent Living Team work closely with all other teams within the directorate to ensure that all needs are considered.

Some of the issues faced by the PSD team appear to belong to the ILT as well. In particular there is an issue about capacity. In 2005 – 2006 those receiving minor adaptations numbered 619, and major adaptations 63, The ILT states that there are 1980 cases either open or pending review. In addition, as already mentioned, the OT waiting list was 281 and the CCW waiting list was 454 in April 2006.

On the surface, these numbers are unmanageable and it may have something to do with the comments, already reported from the November workshop, concerning a culture of continuing need and dependence amongst Halton residents, which makes it difficult to close cases and move on, because there are not other support networks available.

The high caseload may also highlight another theme of this report – ie the dearth of adapted and accessible housing in Halton, and the difficulty of adapting in often narrow cramped space, both inside the house and in the immediate environment.

A further complication may well be the considerable strain on running an all age service, with growing pressure from older people sometimes in more acute need than younger referrals.

It is important to understand some of these problems, and to act as appropriate in particular in respect of:

- consider caseload review mechanisms to sharpen closure, and reduce the log-jam
- put pressure on corporately to improve accessibility generally within the existing housing stock
- consider re-investing from some current services into a more focussed rehabilitation programme.

### Equipment

Without the right equipment, eg, grab rails, and adaptations to support independent living people often repeatedly go in and out of hospital. The equipment contract is currently provided by Halton and St Helens PCT and is provided through Halton Integrated Community Equipment Store (HICES). The amount of equipment being issued continues to increase year on year as the population ages. This service will be reviewed alongside that of St Helens to determine how to increase capacity to meet the growing demand.

## Adaptations

Key to supporting people to live at home is the ability to have the home improved to enable someone to cope with their changed circumstances. There are a number of services which assist people to remain in their own homes such as the Care and Repair Agency, the Vulnerable Tenants Scheme and the Handyperson Scheme. The Care and Repair Agency also assists homeowners with obtaining renovation and Disabled Facilities Grants and carrying out adaptations. Common adaptations are level access showers, ramps, door widening, stair lifts, etc.

A contract for minor adaptations has been awarded.

Service users want the whole process for the prescribing of equipment and carrying out of adaptations to be streamlined to cut bureaucracy and waiting times. Temporary adapted accommodation is needed for people to move into whilst their homes are being adapted as there have been instances where families have had to be split up and expensive respite facilities used whilst work has been done on their homes.

An Adaptations review is underway within the Council and a Project Group set up to review the processes, practices and procedures involved in the provision of minor and major adaptations.

## Independent Living Centre

Halton's Independent Living Centre is a resource centre for anyone who wants to know more about equipment for independent living. The Centre houses permanent displays of basic and specialist equipment that assist with independence and caring and holds regular open days for equipment demonstrations.

The Centre provides an Occupational Therapy service, which gives free impartial assessment, information and advice on the purchase of a range of equipment. A wheelchair service is also available via referral from a GP, Consultant or a health care professional.

## **PROVIDER SERVICES**

Provider services are commissioned to meet assessed needs. These services are an essential component of services to manage demand, reduce dependency and fill gaps in the market. They also support a large number of Carers by offering a break.

## **Bridgewater Day Centre**

Bridgewater provides a community day care service for adults and older people as well as an Outreach service and an Adult Placement Scheme. While gaining in personal confidence and undertaking rehabilitative skills programmes, which are subject to guidance from occupational therapists, psychotherapists and speech therapists, users at Bridgewater can opt to pursue social, leisure and educational activities. Service Users feel particularly supported by the comradeship of meeting with their peers, generally in group settings, as they report that this is beneficial in dealing with the "psychological" difficulties presented to some by disability.

**Table 7: Snapshot of attendance at Bridgewater taken during October 2006.**

Service	Daily		Weekly		Monthly	
	Places	Taken	Places	Taken	Places	Taken
Bridgewater Day Centre	40 per day (5 days pw)	Range from 21 to 31 per day	200	Range from 132 to 149	800	558
Outreach Service	-	M = 1 T = 0 W = 1 Th = 1 F = 2	-	5	-	12
Adult Placement Service	M = 20 T = 15 W = 21 Th = 21 F = 18	M = 16 T = 12 W = 14 Th = 18 F = 14	95	74	380	296
Community Day Care	T = 75 W = 40 Th = 40 F = 20	T = 56 W = 33 Th = 32 F = 17	175	138	700	552

**Explanatory Notes:**

- Bridgewater has 86 service users who use the Centre. Only 1 service user attends the Centre 5 days per week.
- The Outreach Service supports service users enabling them to access a variety of community activities and facilities with one to one, experienced support. Since October 2006 this service has been offered to those over age 65.

**Table 8: Number of service users utilising Bridgewater Day Centre**

No. of Days Attendance	No. of People Using Service
1	31
2	39
3	13
4	2
5	1
Total	86

Currently 50 of the people attending Bridgewater are aged 65 years of age. Within this group, the majority (66%) have become disabled by means of some aspect of chronic ill health. The other third of under 65s tend to be the younger set that have either been disabled as children (and often passed through the Special Education system) or have become disabled after some traumatic accident (commonly a severe head injury). Also, of particular note are the numbers of users from BME groups who attend the centre. Although low in number, they make up over 3% of the entire group, which is more than the average population in Halton.

An elected, constituted Service User Committee is in place at Bridgewater, providing service users with a means of raising issues with centre management and to provide feedback on centre services and activities. The Committee determine how service user funds (eg, the comforts fund) should be spent and they have funded many items within and around the Centre and elsewhere.

Halton has one day centre for physically disabled adults (Bridgewater). SCOPE have day service provision based at Frodsham Business Centre, however, eligibility has recently been changed and only those in residential care can attend. The Supporting People team have one unit within SCOPE at 11 Daresbury Court, Runcorn. Other authorities originally placed all service users here but one person from Halton has recently become a tenant.

An updated analysis of the current needs of people within day services is required to inform the continued modernisation of day services.

Traditionally opportunities have been service-led, not needs-led, resulting in a narrow band of activities and life-styles for people that use services. This has resulted in limited informed choice being exercised by users of services, which in turn has led to limited service delivery. *Person-centred planning must be at the heart of service development and services must be able to respond to demands made through this process.*

Halton Borough Council has been reviewing day services provided to local disabled people, of all ages, and seeking ways to improve accessibility into a range of activities provided at local community centres. This review, supported by the newly formed Community Bridge Building service which aims to promote social inclusion for all adults and older people by helping them access mainstream services, will ensure that all community venues can be accessed and used by all adults within the borough.

### **Outreach Service**

The Outreach Service has capacity to support up to 14 service users enabling them to access a variety of community activities and facilities with one to one, experienced support. The service is offered to adults with physical disabilities between the ages of 19-65 years and has been extended to a small number of people aged over 65. Users of this service are contemplating independence in the future, others are independent but wish to increase their community involvement, and others are building up their skills in preparation for transferring to Direct Payments.

### **Adult Placement Scheme**

Adult Placement is a direct alternative to traditional residential and day care for some and is provided by individuals and families in the community. The Service has also provided respite weeks for one or two young people with acquired brain injuries very successfully and can be a suitable venue for some people with hearing loss. The number of placements is limited by the numbers of carers available and the regulations, which limit the number of service users to be supported by one carer to three at any one time. There are restrictions to some people with physical disabilities accessing this service as carers homes are generally not be suitably adapted.

There is potential to develop the role of Adult Placement Service to support some people with a wider range of needs through day, short stay and long stay placements in a cost effective way.

### **Rehabilitation**

The Visual Impairment Rehabilitation Services is a generic; all age service. It has a high referral rate and is unable to provide long-term intensive rehabilitation on the scale needed. Of the 169 individuals assessed in 2005-6:

- 78 were aged 65+
- 49 were aged 51-64
- 37 were aged 31-50
- 5 were aged 18-30.

A Service Level Agreement is in place with Vision Support who provide a wide range of support to visually impaired people in Halton, including a resource centre, network of support workers, information and benefit advice, counselling, specialist equipment, adaptive technology training and Braille/large print transcription.

A Service Level Agreement is also in place with the Deafness Support Network who provide services to children and adults who are deaf, hearing impaired or deaf/blind in Halton and with Guide Dogs for the Blind, provide mobility training to visually impaired people. However, there is no low vision service in Halton, therefore, service users attend a clinic in St Helens.

### **Community Bridge Building Service**

This is a new generic service in Halton for all adults over the age of 18, which supports the national and local modernisation agendas for day services and enhances social inclusion for people with a range of disabilities. This Service aims to:

- Modernise day service provision in line with the requirements of government legislation, guidance and good practice.
- promote enhanced social inclusion and greater engagement in mainstream services for people with disabilities
- Challenge stigma and discrimination by raising profiles in service areas and the community
- Enhancing the capacity of mainstream services to promote full social inclusion of people with disabilities

### **HEALTH**

GPs and Primary Care teams have a key role in providing health care for people with physical disabilities. They are responsible for making sure that physically disabled people can access the full range of health services to meet their ordinary health needs, eg, health screening and immunisations, as well as their additional needs through referral to specialist services.

Primary Care Trusts are the lead NHS organisation for assessing need, planning and securing all health services and improving health. They are expected to work in partnership with local communities and lead the NHS contribution to joint work with local government and other partners. They can use their discretion in commissioning care to:

- Re-shape how local health services are delivered to reduce waiting times, increase responsiveness and improve clinical outcomes.
- Ensure a focus on prevention as well as treatment.
- Forge local partnerships to more effectively address health inequalities.
- Ensure an appropriate balance between investment in primary and community services as well as acute services.

Halton and St Helen's Primary Care Trust is responsible for creating a Local Delivery Plan that describes how the PCT will use its resources to deliver on national and local priorities for health and service improvements in Halton.

A range of community health services is available to physically disabled people in Halton, including speech and language therapy, physiotherapy and occupational therapy and the provision of wheelchairs.

Halton and St Helens PCT fund the Independent Living Centre and jointly fund with the Borough Council, the Halton Equipment Store that administers, stores and dispenses equipment to assist independent living.

The Borough Council have a Physical Activity Co-ordinator and have produced a Physical Activity Strategy that makes the links between physical activity and health gains.

## TRANSPORT

Currently coaches are used to transport people to and from day services. Some people spend over an hour on the coach yet live only 10 minutes from the centre. The special transport services in Halton are in some cases the only current option for some disabled people and these were praised by users for being of high quality, but there were concerns raised around reliability and availability and the knock on effect this has on the quality of life for disabled people. Buses often arrive late, have to be booked at least one day in advance and may take a longer route because of the need to pick up others on the way.

Through consultation, service users have identified the following needs:

- Transport which can be ordered the same day so they do not need to plan ahead and are able to take part in spontaneous activities. Users said if they had this freedom, their quality of life would be vastly improved.
- Accessible and affordable transport which is available 24 hours a day, 7 days a week.
- Bus routes, which go to where people are and need to be and which link to shops, leisure, education and health facilities.
- One point of contact for transport.

## ACCESSIBLE ENVIRONMENT

The Shop Mobility scheme is widely appreciated by service users, as is the help and advice offered by the Halton Disability Service.

Users and carers have expressed concerns about the problems of getting around the community in wheelchairs. A lack of wide doorways, lifts, suitable toilet and changing facilities in public places as well as dropped kerbs, ramps were all cited as affecting the quality of life for disabled people. For many, these restrictions mean that they are reliant upon day care and facilities provided by specialist services and are unable to take up opportunities for mainstream leisure and socialisation. Users want effective and sufficient services they can access in the community.

## EMPLOYMENT

Management responsibility for the Council's Supported Employment Service rests with the Enterprise and Employment Division of the Economic Regeneration Service. This has enabled the service to be integrated with the Council's enterprise and employment services that have provided better access to main stream employment and enterprise opportunities for people with disabilities.

**Table 9: Number of new supported employment placements of people with a physical or sensory disability during the period 1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006:**

Education & Training	Voluntary Work	Supported Permitted Work	Full-time or Part-time Work
18	19	11	7



**Table 10: Number of PSD clients being supported in training or work placements as at 31<sup>st</sup> March 2006 regardless of their start date was:**

Education & Training	Voluntary Work	Supported Permitted Work	Full-time or Part-time Work
33	34	21	26

A revised strategy will be developed for Employment opportunities in 2007. This will encompass Paid Employment/Voluntary work opportunities through Supported Employment and Bridge Building.

### **ADULT LEARNING**

Halton Borough Council's Adult Learning Team delivers adult community learning in excess of 60 venues throughout each academic year and is the main provider of adult education in the borough. During the 2006/7 academic year, the following individuals have been supported onto an adult learning class:

- 22 people with visual impairments
- 32 people with hearing impairment
- 114 people with mobility issues
- 29 people with other physical problems
- 57 people with other medical conditions (e.g. epilepsy, asthma, diabetes)
- 6 people with emotional/behavioural issues
- 7 people with mental health issues
- 13 people with multiple disabilities
- 20 people with 'other' disabilities

The Learning & Skills Council funds the adult learning provision and this continues to be reduced year on year in favour of qualification-bearing courses. Course fees are payable and a Fee Remission Policy is in place for those individuals in receipt of benefits.

Any learners identifying themselves as having additional needs receive advice from a member of the team during the enrolment process. In some cases, the adult learning courses will not be suitable for some individuals.

### **SUPPORTING PEOPLE**

The Supporting People programme provides essential housing related support services for over 1.2 million vulnerable people across England. It enables people to live more independently in their homes than would otherwise be possible, providing them with greater choice about how they live. It can also help to prevent social exclusion and the need to go into institutionalised type care settings.

A grant is paid by the Office of the Deputy Prime Minister (ODPM) to 150 Administering Authorities (top tier and unitary authorities) who then contract with service providers to deliver housing related support services (this does not include care services) to vulnerable people. A Commissioning Body (a partnership of local housing, social services, health and probation services) sits above the Administering Authority and plays a key role in advising and approving decisions on priorities, de-commissioning of services and the local 5 year Supporting People Strategy.

There are 108 Supporting People services operating in Halton with capacity to offer housing related support in 2,074 homes. There is also low provision of supported accommodation for

people with mental health problems, people with a physical/sensory disability and for people with drug problems.

The Supporting People Strategy for the 5 year period from 2005 has identified support for disabled people as its second priority for expansion. Halton is working on the development of registers detailing adapted social housing stock in order to match up people to appropriate rented accommodation.

## **HOUSING**

The Council's Housing Strategy 2005-2008 shows there are no designated accommodation based units for people with physical disabilities and because of this service users who would normally live in the borough live outside of the borough. Out of area placements are made to Hillside in the Huyton area of Liverpool and Callands Court in Warrington.

There is also an identified need for the provision of 3 units of accommodation for visually impaired people.

The council has identified 577 units of supported housing in Halton with an additional 2,777 units identified as suitable for people with additional needs. In addition, there are 1,422 units designated for older people and 10 units providing very sheltered/extra care and 182 units identified for cross-authority referrals. It is also estimated that 28 disabled people out of a total of 1,423 people with other needs use the floating support services that are available.

There are a number of services which assist people to remain in their own homes such as the Care and Repair Agency, the Vulnerable Tenants Scheme and the Handyperson Scheme. The Care and Repair Agency also assists homeowners with obtaining renovation and Disabled Facilities Grants and carrying out adaptations.

## **CARERS**

Halton has a Carers Strategy and Action Plan 2006-2008 for carers across all services. The Borough has 2 Carers Centres, one in Runcorn and one in Widnes, which are open 5 days a week from Monday to Friday, and a dedicated full-time Service Development Officer for Carers.

An updated Carer Information Pack has been produced and provides details of local support services available to all of Halton's carers. Carers Grant, available to the Directorate, has paid for the development of a Carers Breaks service. A wide range of Carers Breaks were provided during the last year by voluntary organisations and teams within Social Care.

Services available to support carers in their caring role include:

- Day Care – away from the home, to allow the carer some time at home away from caring.
- Night sitting services – to help the carer to get a good night's sleep.
- Evening or day sitting services – to allow the carer to go out or to do something for themselves (eg, meet friends, go to the cinema or an evening class or do some shopping).
- Carers Breaks Scheme – free daytime care at weekends for older people.
- Short Term Breaks – for the person being cared for, in a range of places (eg, activity breaks, family based care, residential care, Bridgewater Day Centre).
- The voluntary sector and Halton's Carers Centres also provided breaks for carers in the form of holidays, day trips and pamper sessions

Between April 2006-March 2007 Physical and Sensory Disability Team supported 62 carers to receive a break from their caring role. Of these, 2 carers received support more than once. Thirty three carers received the funding via a Direct Payment. A further 10 service users

received the funding via a Direct Payment to enable the carer to remain at home and allow the cared for person to receive respite in an appropriate format. Bridgewater Day Centre, Halton's Carers Centres and the voluntary sector provided breaks to a further 241 carers.

The expenditure on providing breaks to carers of individuals with a Physical and Sensory Disability in 2006/07 was:

- PSD Team £30,032
- Bridgewater Day Centre, voluntary sector and the Carers Centres spent an additional £23,482.

## **SUMMARY OF MAIN PROVIDERS**

### **Block Contracts**

Fieldworkers are currently utilising block purchased Domiciliary Care agencies, eg, Sankey HC, Medico, Carewatch and Verna. However, there are no block purchased specialist domiciliary agencies specifically for PSD clients.

### **Spot Purchase**

In addition to block contracts, Fieldworkers are accessing validated Domiciliary Care agencies on a spot purchase basis, eg, Allied Medicare, PSS, Lifeways.

There is currently no specific bed based respite facility for physical and sensory disabled clients within Halton. Fieldworkers are able to pursue spot purchases from older people's establishments subject to CSCI variations.

Younger people with respite needs are offered services in out of area facilities on a spot purchase basis. These are predominantly Hillside Younger Persons Unit (Huyton) and Callands Court NH (Warrington). Disability specific resources are also spot purchased in out of area resources.

SCOPE have 5 establishments providing residential care provision which have been utilised by teams:

- 10 Coronation Dive, Widnes
- 1-3 Edward Street, Widnes
- 102-108 Warrington Road
- 1-3 The Hollies
- 8-11 Harbour Close, Runcorn

SCOPE also has a day service provision based at Frodsham Business Centre. Service provision has recently been changed and only those in residential care can attend. The Supporting People team have one unit within SCOPE at 11 Daresbury Court, Runcorn.

### **In-House Services**

- Day care provision from Bridgewater Day Centre, which covers 18 years, and over.
- The Adult Placement Service, which is predominantly an older person's resource. There is currently one physically disabled client using the service.
- The Adult Placement service currently has a placement available for respite provision. Last year 2 people with an acquired brain injury were able to utilise the service.
- Intermediate care beds are based in older people's establishments.

Intermediate Care is currently provided by the Council's Home Care team for short term intervention. There are, however, several service users who utilise this service whose needs are of a long-term nature and cannot be transferred to the Independent Sector due to the complexity of their cases.

The Bridgewater Outreach Service is specifically designed for physically disabled service users to enable them to access and integrate into the community and to promote their independence. It is a small-scale service and does not provide any personal care. Previous difficulties have been around service provision when workers have been on leave or off sick. More recently, however, extra hours have been funded which should reduce these incidents.

### **Halton and St Helens PCT**

Halton and St Helens PCT fund the Independent Living Centre and jointly fund the Halton Equipment Store with the Council, which is responsible for the prescribing of home equipment to assist independent living.

### **Voluntary Sector**

Service Level Agreements are in place with Vision Support who provide a rehabilitation service, with the Deafness Support Network who provide services to children and adults who are deaf, hearing impaired or deaf/blind in Halton and with Guide Dogs for the Blind to provide mobility training to visually impaired people. However, there is no low vision service in Halton, therefore, service users attend a clinic in St Helens.

Crossroads Caring for carers provide a sitting and home care service (at no charge to the service user) to allow the carer short periods of respite. There is currently a waiting list for this service. There is no age limit on this service. They also have lottery funding for palliative care hours.

## **CONCLUSION: SECTION FOUR**

Many of the services accessed by disabled people in Halton are designed for older people and there are few dedicated services for those with physical disabilities. For example:

- The Rapid Access Rehabilitation Service is only for service users who are 55 years and over.
- Provision from Bridgewater Day Centre covers those aged 18 years and over but there are a significant number of service users who are aged over 65 years. The challenge is to make the service appropriate for the younger service users who feel it is an older people's service. Difficulties are in providing a range of meaningful, community based daytime opportunities linked to leisure, education and employment.
- The Adult Placement Service is predominantly an older person's resource with only one physically disabled service user accessing the service at the moment.
- There is only residential respite provision for disabled people in an older peoples' home and for those with brain injuries the only facility is within the family placement service and this is only suitable for those who are more able.
- Intermediate Care beds are based in older people's establishments and referrals have to be age appropriate, which prohibits a significant amount of physically disabled service users from using them.

There are only community based rehabilitation or intermediate care services for those with visual impairments or those needing home care. This means that inappropriate and expensive residential and nursing placements have to be used.

Only one domiciliary agency specialising in complex neurological disorders has been validated by the Council in 2004 and this means re-tendering to meet needs.

### Occupation/Vacancy Levels

There is little central information available on occupancy and information included below has emerged from service plans. There is a need to collate this information centrally and use it to monitor services.

- There is currently a waiting list for Crossroads Care Attendant services.
- The Visual Impairment Rehabilitation Services works with users of all ages and not just adults and the large referral rate means it is unable to provide long term intensive rehabilitation on the scale needed.
- There is a greater demand on the equipment and adaptations budget than can be met.
- The Council's Housing Strategy 2005-2008 shows there are no designated accommodation based units for physical and sensory disability services, therefore, 75 service users who would normally live in the borough live outside of the borough. There is also an identified need for the 3 units of accommodation for visually impaired people.

**SECTION FIVE: PERFORMANCE AND FINANCE****PERFORMANCE ASSESSMENT**

Halton Borough Council is currently rated as an 'Excellent' Authority and a 2 Star Social Services Authority. A number of indicators are relevant in assessing the performance of Physical and Sensory Disability Services, which are outlined below.

Table 13: Performance Indicators

Ref.	Indicator	2005-06 Performance	2006-07 Performance	2007-08 Target
PAF D40 & BVPI 55	Clients receiving a review	80%	81%	
BVPI 195	Waiting time for new clients from (i) Contact to start of assessment (ii) Contact to end of assessment	79% 79% <b>79% Combined Result</b>	92% 75% <b>84% Combined Result</b>	
PAF E50	Assessments of adults and older people leading to provision of service	60%	67%	
BVPI 196	Waiting time for new clients from completion of assessment to provision of service	93%	92%	
BVPI 56 & PAF D54	Delivery of equipment within 7 working days	76%	92%	
PAF C51	Direct Payments	165 per 10,000 pop.	189 per 10,000 pop.	
PAF D39 & BVPI 58	% of people receiving a statement of their needs and how they will be met	99%	99%	
PAF C29	Adults and older people helped to live at home	7.10 per 1,000 pop.	7.60 per 1,000 pop.	
PAF C73	Admission to permanent residential and nursing care (adults of working age)	0.4 per 10,000 pop.	0.8 per 10,000 pop.	
<b>PAF D42</b>	<b>Carers assessments</b>	<b>38.9%</b>	<b>No longer a PAF Indicator</b>	
PAF C62	Services for Carers	6.9%	10.2%	

## **Independent Living**

The increase in disabled adults helped to live at home is dramatic and regionally, comparators are at similar levels to Halton.

Halton also has high levels of people using direct payments (8<sup>th</sup> in UK), which provide greater control over people's choice of who provides their care. Government is keen for this to move towards personalised budgets, which although powerful, does reduce efficiency due to reduced economies of purchasing activity. Halton plan to pilot this approach as an efficiency gain.

## **Residential Placements**

In 2004/05 residential placements were at an all time low. This reflects a fundamental change in culture to improved assessment and better working across social care and health services and promoting independence by supporting service users to remain living in their community. No physical and sensory disability service users have been placed into residential or nursing home care.

## **Waiting Times**

Waiting times are service measures of efficiency and effectiveness for social care, and are increasingly measured in both CSCI Self Assessment Survey (SAS) and by Health and Social Care Information Centre performance indicators, and relates to both time for assessments and for provision of service.

Targets are now about reducing waiting times for assessment and provision of service, the Government rightly having a view that all assessment should be started with 48 hours and all care should be in place within 4 weeks. Year on year the target is tightened as to how many of these are completed within these timescales. This has meant the need for additional assessment staff (social workers and community care workers) to undertake that assessment work.

In 2006/07 nearly 1,415 adults of a working age were assessed and/or reviewed.

## **Equipment**

Government have been emphasising equipment as a key service that supports independence, recognising that without the right equipment and adaptations people often repeatedly go in and out of hospital. Equipment is, therefore, seen as a good measure of how well we promote independence. Halton has surpassed local and national targets for delivery of equipment within 7 days. In 2006/07 92% of community equipment was delivered within 7 days. However, there is an expectation that this will increase year on year, putting pressure of the equipment budget.

Halton and St Helens PCT currently provides the equipment contract. Further work will need to be undertaken to predict future demand and resource pressure.

The amount of equipment issued continues to increase year on year, particularly more high cost, specialist and new catalogue items. The changes within the PCT to cease being a direct provider of services may mean that the contract will be re-tendered to a different provider. This may reduce long term costs.

## Adaptations

A significant number of complaints made to Adult and Older People's Services in 2004/05 related to adaptations to property. The majority of these complaints were about delays in procedures and the length of time taken to complete adaptations. The average length of waiting time in 2006/07 for minor adaptations from assessment to work beginning was less than 1 week.

The average length of waiting time in 2006/07 for major adaptations from application of Disabled Facilities Grant to approval of the Grant was approximately 15 weeks. Obviously putting an extension on someone's house is a major piece of work, but timescales need to continue to be reduced. Improvement in performance in this area must be an objective of any future plans to fund or provide adaptations.

## Self-assessment against Progress in Sight

Progress in Sight produced national standards of social care for visually impaired adults in October 2002. In 2003 a survey was conducted on behalf of the Association of Directors of Social Services Sensory Sub-Committee in 2003 to determine progress against the Standards. This involved Local Authorities self-assessing against the Standards.

Halton's performance is compared to the English Average Score in the Table 12 below. Overall, Halton ranked 30<sup>th</sup> of all Local Authorities in England against these Standards.

**Table 12 Halton score compared to English Average Score**

<b>Standard</b>	<b>England Average Score/10</b>	<b>Local Authority Score/10</b>
1 Involving visually impaired adults in service planning	5.83	5
2 Planning services	5.78	6
3 Commissioning services	6.28	8
4 Managing services	6.46	8
5 Managing the workforce	7.00	8
6 Resourcing services	6.40	7
7 Making services more accessible	7.00	6
8 Reaching adults with a newly diagnosed sight problem	7.34	8
9 Involving service users in developing care pathways	7.85	8
10 Supporting carers	7.55	9
11 Assessing individual needs	7.46	9
12 Agreeing the care plan	7.55	6
13 Providing emotional support	5.96	6
14 Training people for life	7.98	7
15 Equipping people for life	7.35	9
16 Achieving continuous improvements to services	6.17	8

## FINANCIAL ANALYSIS

Table 13 below shows the breakdown of the Council's Physical & Sensory Disability expenditure by service type. The 2007/08 budgets are included for comparative purposes. In recognition of the increased number of referrals for over 65's and to ensure hospital discharges were facilitated, specific grants were invested to increase capacity of community care workers, vision rehabilitation workers and occupational therapists as well as minor adaptations and equipment services. This investment is likely to be repeated in 2007/08 but is not reflected in

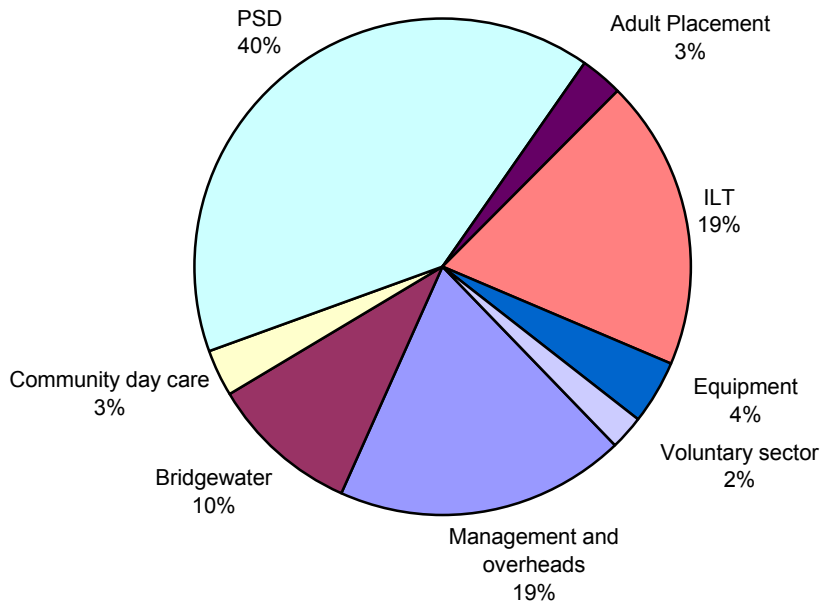


figures for this year in Table 13. These grants cease on 31<sup>st</sup> March 2008 and to date the Government has not indicated what, if any alternative monies will be available beyond this date.

**Table 13: Gross Expenditure on PSD services (£000)**

Service	2004/05	2005/06	2006/07	2007/08 Budget
Management/overheads	165	680	766	488
Community Day care	111	117	127	136
Adult Placement	56	83	108	94
Bridgewater	344	450	385	405
PSD	1,829	1,445	1,632	1,753
Independent Living Team	596	748	768	647
Equipment Service		104	166	110
Contracts with voluntary sector	104	92	90	93
<b>Total</b>	<b>3,205</b>	<b>3,615</b>	<b>4,042</b>	<b>3,726</b>

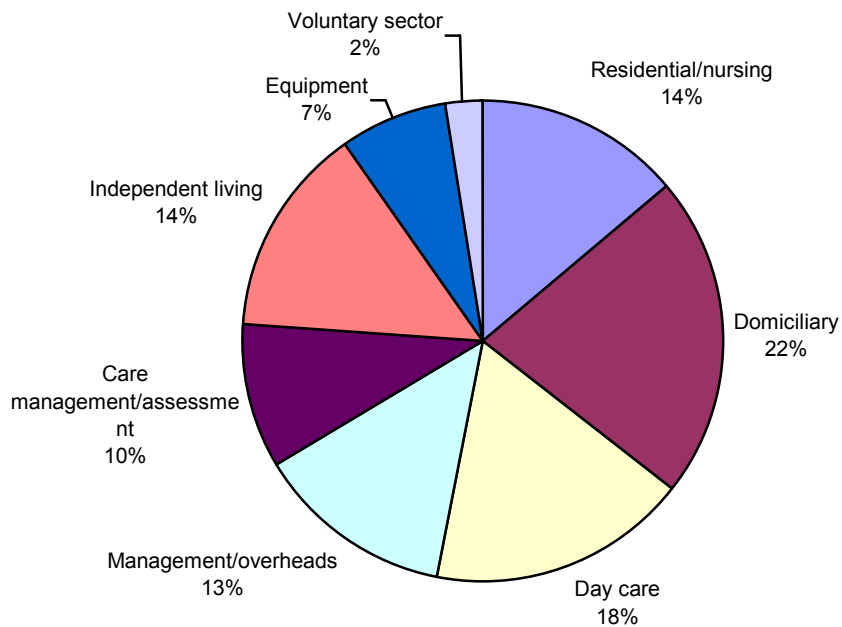
**Diagram 7: Percentage expenditure by service in 2006/07**



**Table 14: Physical and Sensory Disabilities – Budget by Activity 2007/08**

<b>Service</b>	<b>£000</b>
Residential and Nursing	514
Domiciliary care, direct payments and meals	814
Day care	653
Management /overheads	488
PSD care management and assessment	364
Independent living team	535
Equipment – including audio, visual and minor adaptations	265
Voluntary sector – audio/visual services	93
<b>Total</b>	<b>3,726</b>

**Diagram 8 : Percentage budget by activity type 2007/08**



## Community Care

Expenditure on community care in the independent sector for the last three years is shown below together with the budget for 2007/08. expenditure for Physical and Sensory Disability Services for 2004/05 and 2005/06 is shown below in Table 21.

**Table 15: Community Care expenditure 2004/05 to 2007/08**

<b>2004/05 Expenditure</b>	<b>2005/06 Expenditure</b>	<b>2006/07 Expenditure</b>	<b>2007/08 Budget</b>
£1,227,768	£1,441,308	£1,413,322	£1,346,490

The Directorate operates a policy that encourages individuals to access Independent Living Fund, which has helped reduce the budget pressure in the service. There are a small number of complex packages jointly funded with Health.

## Regional Procurement

Across the North West region, there is recognition that it is beneficial to work collaboratively on a Regional basis to commission services more cost effectively across boundaries. There are several strands of this work lead by the North West Centre of Excellence, who have launched, a project to Audit, across the Region, high cost placements. The project scope will look at variations in cost and quality, inconsistencies in charging, the need for more complete picture of clients, cost, care and contracting. It aims to provide baseline information to support service development and improved commissioning/contracting. The scope will cover Adults 18-65 with Learning and/or physical disabilities.

## Disabled Facilities Grant

Adapting properties (within owner occupied, private and council tenancies) to meet the needs of disabled people can be funded by use of Disabled Facilities Grants (DFGs). The current upper limit per grant is £25,000 per adaptation and eligibility for a DFG is means tested. Adaptation work above the grant limit is funded through the Independent Living Team budget (£111,590 for the year 2007/2008).

The ILT budget is also used to fund minor adaptations (eg, grab-rails); top up where the available grant is below the maximum, falls short of the amount required to complete work and the service user is unable to identify alternative funding; and fund adaptations for disabled service users in all service user groups and for of all ages.

The demands on this budget will increase in the future due to:

- The anticipated growth in Halton's ageing population.
- More extensive work being recommended to take advantage of new equipment/technology and assessing service users needs for the longer term rather than the immediate future.
- The drive to enable more service users to remain independent in the community.
- Service user awareness of their right to adaptations and determination to remain in the community.
- The increased cost of materials and building work.

The following options exist to manage the growing demand on this budget:

- Support to service users to move to adapted or more easily adapted properties -an Adapted Housing Register is currently being established.
- The use of prefabricated adaptations – “pods”.
- Introduction of an equity release scheme.
- Introduction of a loan/interest free loan scheme.

The Government has issued a consultation document “Disabled Facilities Grant Programme: The Governments Proposals to Improve Programme Delivery” which contains proposals for a staged increase on the upper limit to £50,000 and giving authorities powers to recover grant on future sale. The latter is a long term solution to recycle money but in the short term additional funding will be required to implement these proposals.

**CONCLUSION: SECTION FIVE**

Activities to achieve our overall objectives to promote independence, help more people to live at home and give them more choice are bearing fruit as can be seen from performance evidence. In 2006/75 92% of community equipment was delivered within 7 days and Halton also has high levels of people using direct payments, which provide greater control over people's choice of who provides their care.

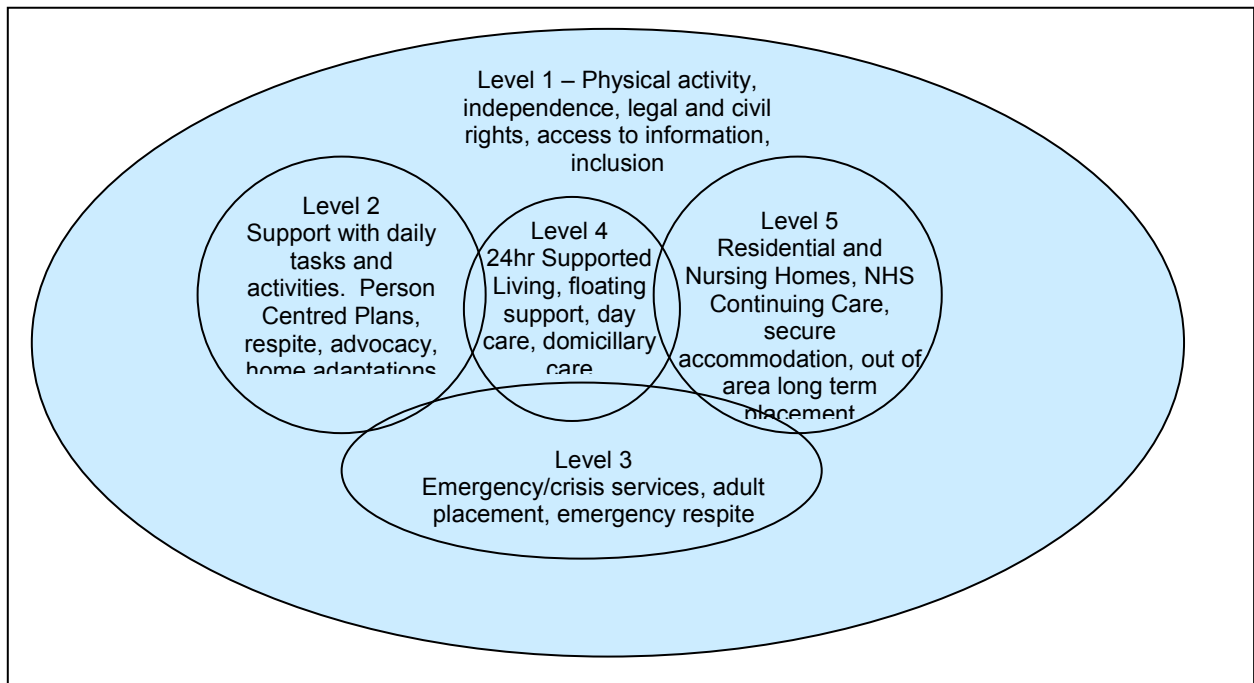
Waiting times with regard to major adaptations are lengthy and need to be reduced, however, a review of the adaptations service is underway, which aims to improve processes and practices and reduce waiting times.

A culture of continuous improvement is needed to ensure improved performance against performance indicators. Detailed financial planning will inform decisions for funding service developments and meeting future demand for services.

**SECTION SIX: IMPLEMENTING THE STRATEGY**

This Strategy in relation to the commissioning of services for physically disabled people is structured on the Peter Fletcher Associates' 5 Levels of Care outlined in Section One, which underpin the whole system approach to strategic commissioning. Most health and social care provision and financial resources are geared towards the higher dependency needs of vulnerable people in the community. Any move therefore to increase investment in citizenship and lower level support services depends to some extent on disinvestment in the higher cost services at Levels 4 and 5 or using resources more effectively.

The diagram below, first outlined in Section One, gives some examples of activities associated with each level and begins to explain how each section of the Local Authority and PCT can play their parts in providing services for people with physical disabilities which are effective, outcome focussed and which truly reflect need.



**LEVEL 1 - CITIZENSHIP**

**Information**

A full range of information needs to be provided in an accessible format to enable people with sensory impairments resident in the borough to know what services are available and to fully participate in services they access.

- All services commissioned or accessed by people with sensory impairments will be required to produce a statement of purpose for commissioners and accessible information for users.
- All written publicity, information and documentation will be produced in a format which is accessible to service users and their carers.

### **Service User and Carer Involvement**

The provision of services needs to be informed by service users and their carers both at a macro and micro level of commissioning.

- Service users and carers' views should be considered and recorded in all assessments, plans and reviews. The full implementation of person centred planning is essential in developing full user participation and services will need to be responsive to the challenges this presents.
- Service user forums should be developed for those using Physical and Sensory Disability Services. These should be supported and membership encouraged. Consultations about service improvements and developments should be referred to the forum for comment.
- An active forum for carers to articulate their views exists within the Halton Carers Umbrella Group existing in its own right and having representation on the Carers Strategy Group. The development of further carer forums and consultation events for those caring for physically disabled people should be encouraged.
- The needs of carers should be identified through carers' assessments.

### **Social Inclusion**

Strong partnership working with the whole range of organisations in the Borough is fundamental in contributing to the development of fully accessible services. Within Social Care, services provide stepping stones for disabled people towards full social inclusion. These services enable access to employment, education, community and leisure facilities, voluntary societies and self-help groups, disability arts and sports, peer support, advocacy services and community participation.

### **LEVEL 2 - PREVENTION AND MINIMUM INTERVENTION**

Halton's approach to services for disabled adults is to support more people in their own homes and communities and less people in hospital and care homes.

### **Promoting Independence**

- Care planning will be outcome focussed by taking a person centred approach and will require services which promote independence by giving service users more control over service delivery and by offering a rehabilitative approach.

### **Independent Living**

- A Direct Payment scheme operates in Halton and is available to all service user groups. As at April 2006, 55 disabled people were in receipt of Direct Payments. The take-up of direct payments will be encouraged as the most effective way of giving service users control of services and from 2008 Individualised budgets will be available to all.
- Every effort will be made to enable service users to live independently in the community. This will require a range of domiciliary support services including personal assistance services and community support services.

- Intermediate care services include the needs of physically disabled adults under 65. Short term rehabilitation services will be needed both in residential and nursing care and in the community.
- Respite care services should offer high quality care and be a positive and stimulating experience for the service user.
- The provision of special equipment and adaptations to assist independent living should be improved. A review of the adaptations service is underway within the Council and a Working Group set up to review the processes, practices and procedures involved in the provision of minor and major adaptations.
- A review of day services provided by the Physical and Sensory Disability Service will commence in January 2006. Currently, day service provision for physically disabled people of working age is primarily through Bridgewater. This review, together with the Modernisation of Daytime Opportunities Review across the Health and Community Directorate of the Council, will determine the future shape and provision of day services.
- Links with the Supported Employment service will be strengthened to encourage those who wish to work to gain access to and be supported in employment.
- The Community Bridge Builder service will promote enhanced social inclusion and greater engagement in mainstream services for people with disabilities
- Accessibility to community centres in the borough has been reviewed and the recommendations will be acted on to ensure mainstream services can be used by physically disabled people.

### **Transition**

- A joint strategy with the Children and Young People's Directorate will be in place by September 2007 and is crucial in enabling a proactive approach to young people having a positive experience of transition into adult services.

### **Advocacy**

- A generic advocacy service has been commissioned with time limited funding. Joint working with the provider will be undertaken to identify alternative funding sources and secure the future of this service.

### **LEVEL 3 - INTENSIVE TIME-LIMITED INTERVENTIONS**

- Adult Placement is a direct alternative to traditional residential and day care and is provided by 'foster' families in the community. There is considerable scope to develop this service to prevent hospital admissions and speed up transfers.

### **LEVEL 4 - COMMUNITY-BASED ONGOING LONG-TERM HEALTH & SOCIAL CARE SUPPORT**

- Alternative options to manage the growing demand on the Independent Living Team budget to top up Disabled Facilities Grants will be explored, for example:
  - Support to service users to move to adapted or more easily adapted properties and linked to an Adapted Housing Register.



- The use of prefabricated adaptations – “pods”.
- Introduction of an equity release scheme.
- Introduction of a loan/interest free loan scheme.
- Comprehensive information about housing and support options will be made available to all service users, carers, staff and other stakeholders.
- Consideration should be given to the development of Adult Placement as an option for support and accommodation. This is significantly under developed in Halton, but has proved to be a positive option in other areas.

## **LEVEL 5 - LONG-TERM CARE IN RESIDENTIAL OR NURSING HOMES AND HOSPITAL**

In April 2006 there were 13 people aged 18-64 with physical or sensory disabilities placed in permanent residential or nursing care placements. The service is successful in supporting people to remain in their own homes.

## **ADULT SOCIAL CARE OUTCOMES FRAMEWORK**

The White Paper Our Health, Our Care, Our Say requires a strategic shift to locate services in the local community and sets out seven broad outcomes for services to deliver for individuals – these were outlined in Section 1, page 10.

## **ACTION PLAN**

The action plan at the end of this section links each specific outcome to the broader outcomes set out in the white paper and also shows which of the five levels of care an action will promote. Actions are weighted towards achieving citizenship and lower levels of support - levels 1, 2 and 3, which maintain independence and prevent admission to acute or high dependency services.

## **OPTIONS FOR CHANGE**

Five over-arching options exist for the commissioning and planning of services to ensure the needs of service users are met:

- Disinvest or de-commission – Disinvestment is the process of reducing or eliminating investment in services because they no longer align with need.
- Re-configure services – Re-configuration is the process of negotiating changes to the service specification with an existing provider to ensure that they align with needs.
- Re-negotiate or end contracts – Re-negotiation is the process of improving performance in delivering the contract.
- Maintain contracts – Maintenance is the process of ensuring continuity of service provision, price and quality.
- Commission new services – Commissioning new services is the process of securing services to meet new or changed needs.

Factors affecting the decision on which of the above processes are appropriate include:

- None or poor alignment with needs.
- Poor quality services.
- Adversarial relationship.
- High cost service.
- Contract details.

Given the range of actions in the plan all of these options will be utilised as appropriate.

**PSD Joint Commissioning Strategy Action Plan**

<b>Adult Social Care Outcome</b>	<b>Service area/activity</b>	<b>Actions</b>	<b>Outcome</b>	<b>Level of Care</b>	<b>Accountable Manager</b>	<b>Timescale</b>
<b>Improved Health</b>	Rehabilitation	Develop a consistent approach to physical and psychological rehabilitation services and establish community based services and support groups.	Individuals learn strategies to help manage their condition and remain independent.	3	Divisional Managers Independent Living Services and Assessment and Care Management	December 2007
		Identify how short-term neuro-rehab can be accessed.		3		December 2007
		Ensure continuity of rehabilitation and follow up reviews.		3		December 2007
		Extend intermediate care to those aged under 65.		3		April 2008
<b>Improved Quality of Life</b>	Voluntary Sector contracts	Review contracts to identify gaps / improvements and develop action plans with agencies.	Individuals will be able to access appropriate effective services	2	Divisional Manager Assessment and Care Management	March 2008 Work topic for PPB
		Implement ongoing provider monitoring arrangements				Joint commissioning Manager Adults with Disabilities
	Deaf/Blind Strategy	Checklist/mapping exercise leading to action plan	Individuals have access to specific support.	4	Principal Manager - PSD	October 2007

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Level of Care	Accountable Manager	Timescale
<b>Improved Quality of Life</b>	Transport	Replacement programme for HBC fleet and HCT vehicles will support modernisation of day activities.	Accessible transport available and passenger journey times reduced.	4	Team Leader - Client Services (Transportation)	March 2008
		Offer travel training and improve information to enable individuals to access public transport.	Individuals are enabled to travel independently.	2	Team Leader - Client Services (Transportation)	September 2007
		Improve frequency of public transport services.	Improve accessibility in areas of the Borough across the week and Bank Holidays.	1		March 2008
		Encourage bus companies to replace remaining non-accessible vehicles.	Accessible vehicles will be available on all public transport routes at all times.	1		March 2009
	Care management	Care plans will be person centred and specify measurable outcomes for individuals.	Services will focus on enablement and be able to demonstrate achievement.	3	Principal Manager -PSD	2008
<b>Making a positive contribution</b>	Service user/carer involvement	Formalise opportunities for involvement	Service provision will be informed by service users and their carers at both micro and macro levels of commissioning.	1	Principal Manager -PSD	September 2007

Adult Social Care Outcome	Service area/activity	Actions	Outcome	Level of Care	Accountable Manager	Timescale
<b>Making a positive contribution</b>		Review access to Advocacy services	Individuals can express their views and be heard.	2	VATF Programme Manager	December 2007
			Implications of IMCA are addressed.		Divisional Manager Assessment and Care Management	December 2007
<b>Exercise choice and Control</b>	Individualised Budgets	Pilot IB's for Adults with physical disabilities as part of the In Control project work.	IB's will be made available to all who want them.	2	Divisional Manager Assessment and Care Management	Full implementation 2008
		Care managers to encourage self assessment and support planning	Individual sets the outcome they wish to achieve.			
	Independent Living Team	Self Assessment for equipment	Reduced waiting times and individual's are in control.	2	Principal Manager ILT	December 2007
	Carers Support	Ensure services are available to meet carers needs identified through assessment.	Carers will be supported to maintain their health and social networks.	2	Divisional Manager Assessment and Care Management	April 2008
	Information	Explore opportunities to promote services/support and signpost individuals appropriately.	Individuals will make informed choices.	1	Divisional Managers Independent Living Services and Assessment and Care Management	December 2007
Ensure people have full information about their condition and what this may mean for them.			1			

<b>Adult Social Care Outcome</b>	<b>Service area/activity</b>	<b>Actions</b>	<b>Outcome</b>	<b>Level of Care</b>	<b>Accountable Manager</b>	<b>Timescale</b>
<b>Exercise choice and Control</b>	Independent Living Centre	Re-establish vision/purpose	Effective use of building.		Divisional Manager Independent Living Services	April 2008
	Equipment services	Scope of HICES	Clarity around support for C&YP			December 2007
		Build capacity to expand HICES in response to aging population.	Equipment is available within time target.	2	Divisional Manager Independent Living Services	April 2008
		Direct payments for equipment	Greater choice for individuals	2		April 2008
<b>Freedom from discrimination and harassment</b>	Diversity monitoring	Record diversity data in assessment, planning and review.	Individuals' cultural and religious needs are met.	1	Principal Managers ILT and PSD	December 2007
		Training to ensure diversity is addressed in care planning / service provision.			Divisional Managers Assessment and Care Management and Independent Living Services	December 2007
<b>Economic well-being</b>	Life chances	Consider best use of Bridgewater	Available services will be designed to move people on.	3	Divisional Manager Independent Living Services	April 2008
		Ensure Management Responsibility protocol is in place for all in-house services.	Council managers working alongside agency staff will ensure care plans are followed.			October 2007
	Employment	Develop support for maintenance of existing employment skills.	Individuals can continue or return to employment.	2	Joint Commissioning Manager Adults with Disabilities/Supported	April 2008

<b>Adult Social Care Outcome</b>	<b>Service area/activity</b>	<b>Actions</b>	<b>Outcome</b>	<b>Level of Care</b>	<b>Accountable Manager</b>	<b>Timescale</b>
<b>Economic well-being</b>		Offer training to access employment		3	employment	
	Housing	Set up adapted housing register.	Housing need will be quickly matched with suitable accommodation	2	Principal Manager ILT	March 2008
	Housing	Colleagues responsible for Housing elements of local development framework to sit on PSD LIT	Need for an accessible environment compliant with both Lifetime Homes and Decent homes standards is promoted.	1	Joint Commissioning Manager Adults with Disabilities	July 2007
	Community bridge building	All aspects of PSD services to link to the Bridge Building Service and ensure appropriate referrals are made	Opportunities for social integration and employment are identified and realised.	1	All Principal Managers within PSD services	July 2007
	Cultural and Leisure services	Implement findings of accessibility review and actively promote mainstream services to people with disabilities.	Barriers that disable people will be removed.	1	Divisional manager Independent Living services	Ongoing
<b>Personal dignity and respect</b>	Adult Protection	Safe Guard Vulnerable Adults in Line with Halton's <i>no secrets</i> Inter-Agency, Policy Procedures and Guidance	Vulnerable Adults are protected from abuse and their personal dignity and respect remain intact.	1	Principal Manager PSD and all relevant agencies in line with no secrets policy.	Ongoing

<b>Adult Social Care Outcome</b>	<b>Service area/activity</b>	<b>Actions</b>	<b>Outcome</b>	<b>Accountable Manager</b>	<b>Timescale</b>
<b>Leadership</b>	Transition	Develop strategy for transition from Children's to Adult services.	Joint planning so young people experience a positive move into adulthood.	Divisional Manager Children with disabilities/Joint commissioning manager.	September 2007
	PSD/OP Care Management	Review process for Adults approaching age 65	Continuity of care management will be maintained.	Principal manager PSD	September 2007
	Primary Care Services	Develop and implement clear and robust interface agreements across AOWA, OP and Children's services	Impact of service changes will be fully assessed and consulted on.	Operational Director OP and AOWA	September 2007
		Build relationships with local clinicians to influence PBC and promote whole system working	Promote preventative services and early intervention.	Operational Director AOWA	Ongoing
<b>Commissioning and use of resources</b>	HBC Independent Living Team/North Cheshire Hospital Trust /PCT	Whole system review of Therapy services	Effective utilisation of staff. Single assessment pre-hospital discharge	To be determined	April 2008
	Independent Living Services	Whole system redesign of Equipment and Adaptations processes including safer handling.  Modernisation of Halton major adaptations service.	Streamlined working practices creating capacity to respond to demand of aging population and maximising staff skills and resources.	Divisional Manager Independent Living Services	2008/09

<b>Adult Social Care Outcome</b>	<b>Service area/activity</b>	<b>Actions</b>	<b>Outcome</b>	<b>Accountable Manager</b>	<b>Timescale</b>
<b>Commissioning and use of resources</b>	Visual Impairment Service	Determine where this service is best situated.	Integrated, effective support available.	Divisional Manager Assessment and Care Management	December 2007
	Providers	Ensure staff are appropriately trained.	Only skilled staff will provide care/support.	Divisional Manager Independent Living Services / Joint Commissioning Manager Adults with Disabilities	December 2007
		Incorporate person centred working practices into staff induction and ensure implemented.	Individuals will be in control of how and when they receive care and support.		
		Review specifications within contracts and SLA's to promote continuous improvement.	Commissioners will be able to monitor performance and know when intervention is required.	Joint Commissioning Manager Adults with Disabilities	Ongoing
	Joint Council/PCT Financial Strategy	Identify funding available over next three years and link service redesign to dis-investment / retraction	Re-focussed services within available resources.	Divisional Managers and Joint Commissioning Manager	October 2007

## REVIEW ARRANGEMENTS

This Strategy will be launched in mid 2007 and implementation and monitoring of progress will be through the Physical and Sensory Disability Local Implementation Team (PSD LIT) and service planning processes. The LIT will review annually to:

- Measure progress against actions set out in the Strategy
- Identify any barriers to achieving progress and identify solutions
- Ensure that existing service and new service proposals reflect changes in people's needs over time



## REFERENCES

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1991 Halton Census Atlas

2001 Halton Census Atlas

Index of Multiple Deprivation 2004

'Independence Matters: An overview of the performance of social care services for physically and sensory disabled people' Dec 2003 (DoH Report)

'Improving the Life Chances of Disabled People' January 2005 (ODPM Report)

DH NSF for Long-term Conditions

Carers in Halton Report

Physical & Sensory Disabilities Business Plan 2002-03

Physical & Sensory Disabilities Joint Investment Plan 2001-04

Halton Borough Council Corporate Equality Plan 2006-09

LCS Limited Stakeholder Away Day Report April 05

Our Health, Our Care, Our Say: a new direction for Community Services (DH January 2006)

A new outcomes framework for performance assessment of adult social care (CSCI 2006)

**APPENDIX 1****Adults under 60 with a physical and/or sensory disability**  
**Housing related statistics****Background**

The statistics presented in this report are calculated from the responses to the Housing Needs Survey 2005 and relate to people over the age of 15 and under the age of 60 who indicated that they have either a physical or a sensory disability or both. Some 2,321 randomly selected households across the Borough participated in the survey. The statistics presented here have been weighted from the original responses according to tenure and location to represent the Borough wide position.

**Number of people**

The findings show that 5,031 people between the ages of 16 and 59 have a physical and/or sensory disability. The majority of these (72%) are aged between 45 and 59 with 23% aged between 25 and 44 and 5% between 16 and 24.

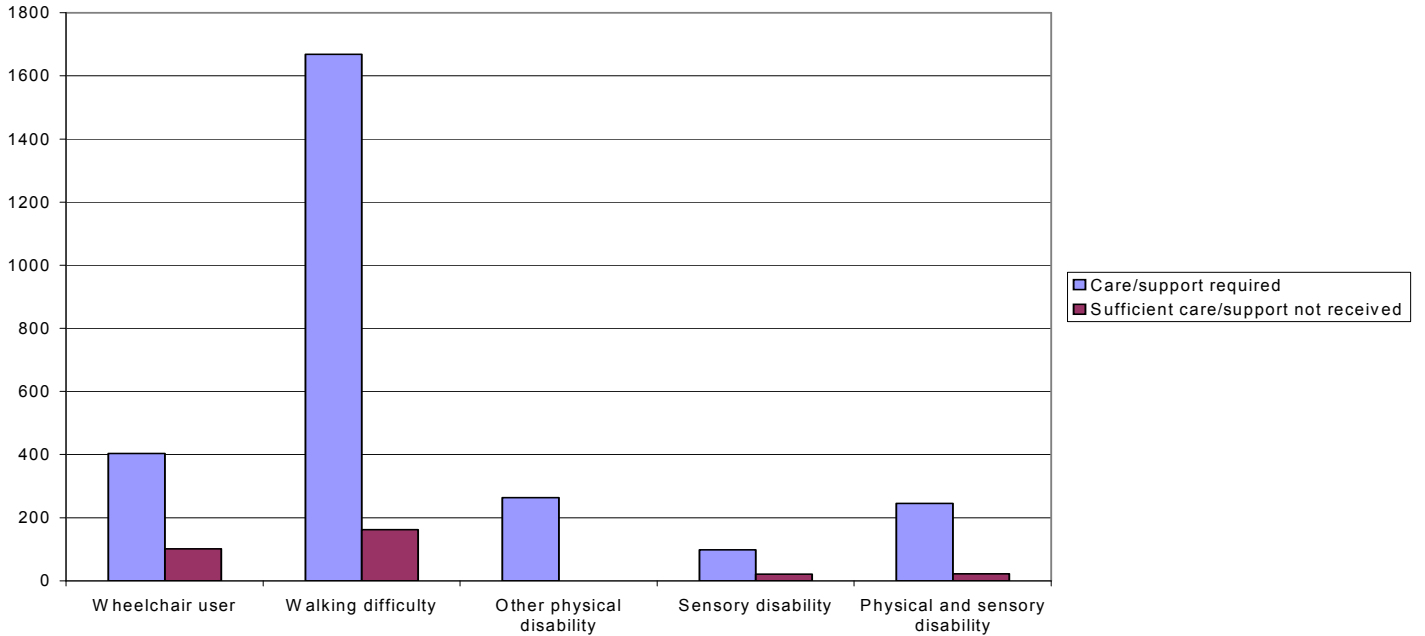
The majority (88% equating to 4,438 people) have a physical disability only with 71% of these having a walking difficulty, 9% in a wheelchair and the remaining 20% with another physical disability. 343 people have a sensory but no physical disability and 250 have both a physical and a sensory disability. The table below shows the type of disability for each age group and also indicates the number of responses on which the borough wide data is based.

	<b>16 - 24</b>		<b>25 - 44</b>		<b>45 - 59</b>		<b>Total</b>	
	<b>Weighted data</b>	No. of responses	<b>Weighted data</b>	No. of responses	<b>Weighted data</b>	No. of responses	<b>Weighted data</b>	No. of responses
<b>Physical disability only</b>								
Wheelchair user	<b>62</b>	3	<b>113</b>	6	<b>242</b>	11	<b>417</b>	20
Walking difficulty (not in wheelchair)	<b>105</b>	6	<b>521</b>	24	<b>2528</b>	113	<b>3154</b>	143
Other physical disability	<b>35</b>	2	<b>270</b>	13	<b>562</b>	25	<b>867</b>	40
<b>Total physical disability only</b>	<b>202</b>	11	<b>904</b>	43	<b>3332</b>	149	<b>4438</b>	203
<b>Sensory disability only</b>	<b>23</b>	1	<b>225</b>	9	<b>95</b>	6	<b>343</b>	16
<b>Physical and sensory disability</b>								
Wheelchair user with a sensory disability	<b>0</b>	0	<b>0</b>	0	<b>3</b>	1	<b>3</b>	1
Walking difficulty with a sensory disability	<b>0</b>	0	<b>33</b>	2	<b>195</b>	8	<b>228</b>	10
Other physical disability with a sensory disability	<b>0</b>	0	<b>0</b>	0	<b>19</b>	1	<b>19</b>	1
<b>Total physical and sensory disability</b>	<b>0</b>	0	<b>33</b>	2	<b>217</b>	10	<b>250</b>	12
<b>Total people with a physical and/or sensory disability</b>	<b>225</b>	12	<b>1162</b>	54	<b>3644</b>	165	<b>5031</b>	231

**Care and support required**

Respondents were asked to indicate whether the household member with the disability required care or support and whether they are currently receiving sufficient care or support. The results

**PSD Adults under 60. Care and support needs**

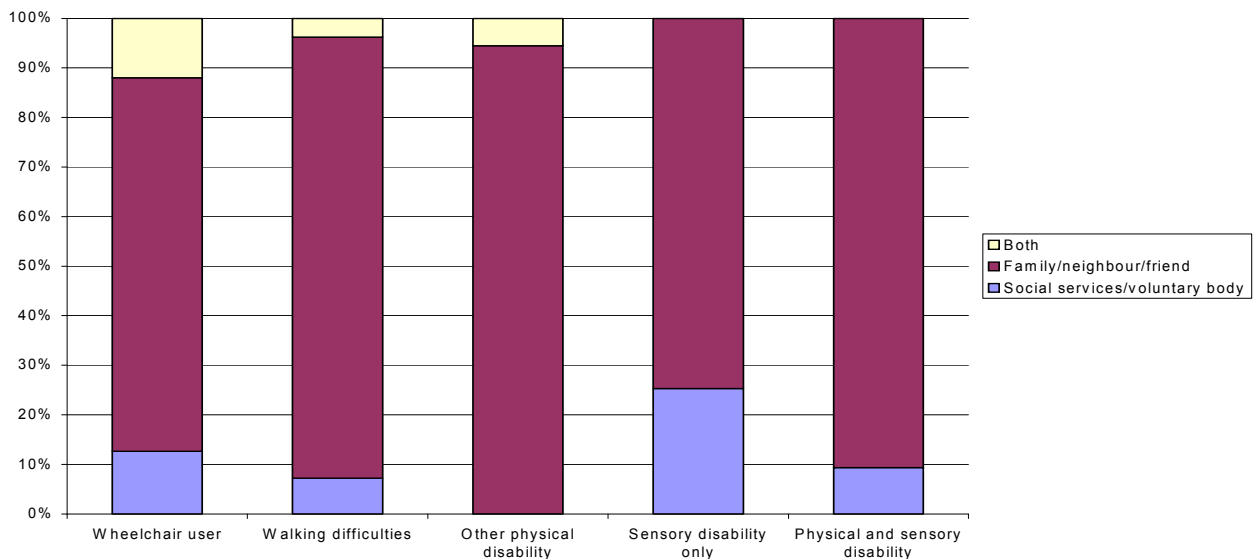


are illustrated in the chart above.

Over half (53%) of those with a physical and/or sensory disability indicated that they did, equating to 2,679 people. However, care and support is more likely to be required for people with both a physical and a sensory disability (98%, 245 people) and those in a wheelchair (97%, 404 people). In total 12% are not receiving the care or support they need. Wheelchair users are least likely to be receiving the care or support they need with 25% indicating insufficient care or support.

Where sufficient care or support is provided this is most likely to come from family, neighbours or friends rather than Social Services or a voluntary body as illustrated in the chart below. 88% of adults with a psd received care or support from family/neighbours or friends, with 8%

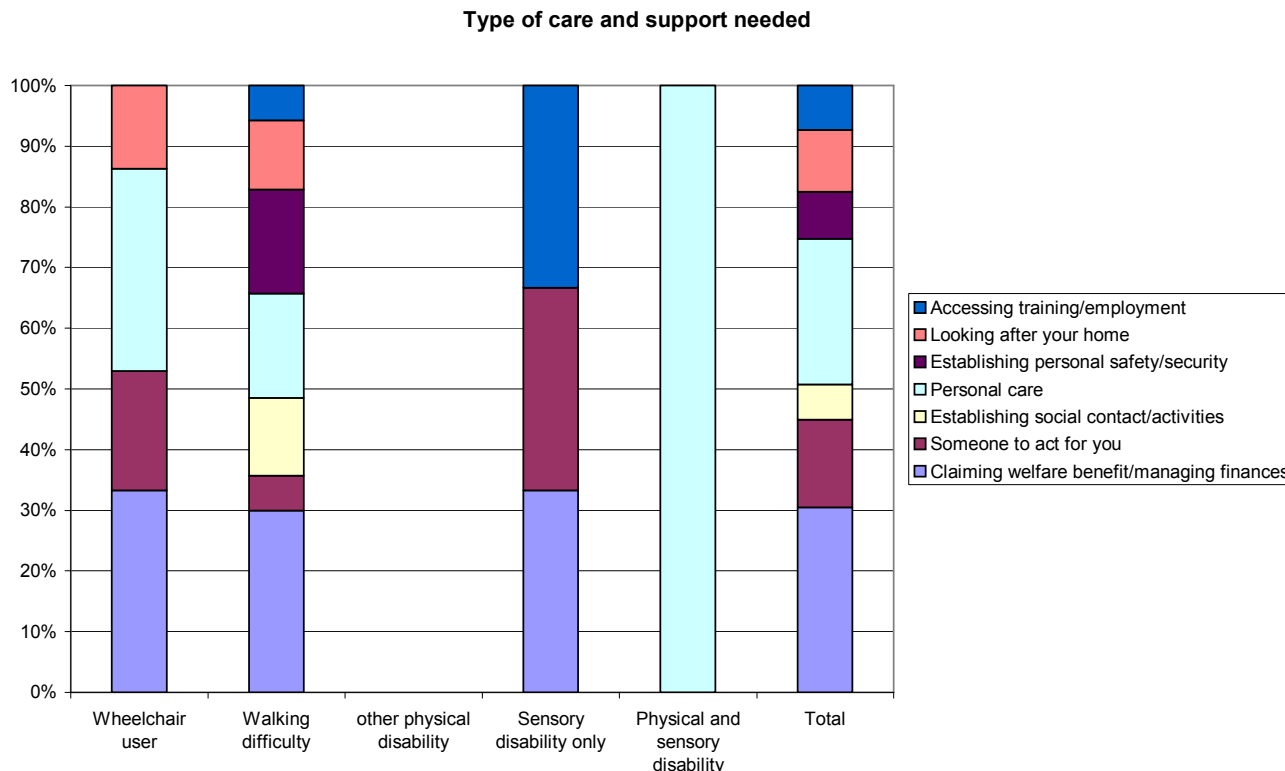
**Source of current care or support**



from Social Services or a voluntary organisation and 4% from both.

The chart below illustrates the type of care and support needed for each category.

The main types of care/support required are help to claim benefits and manage finances (141

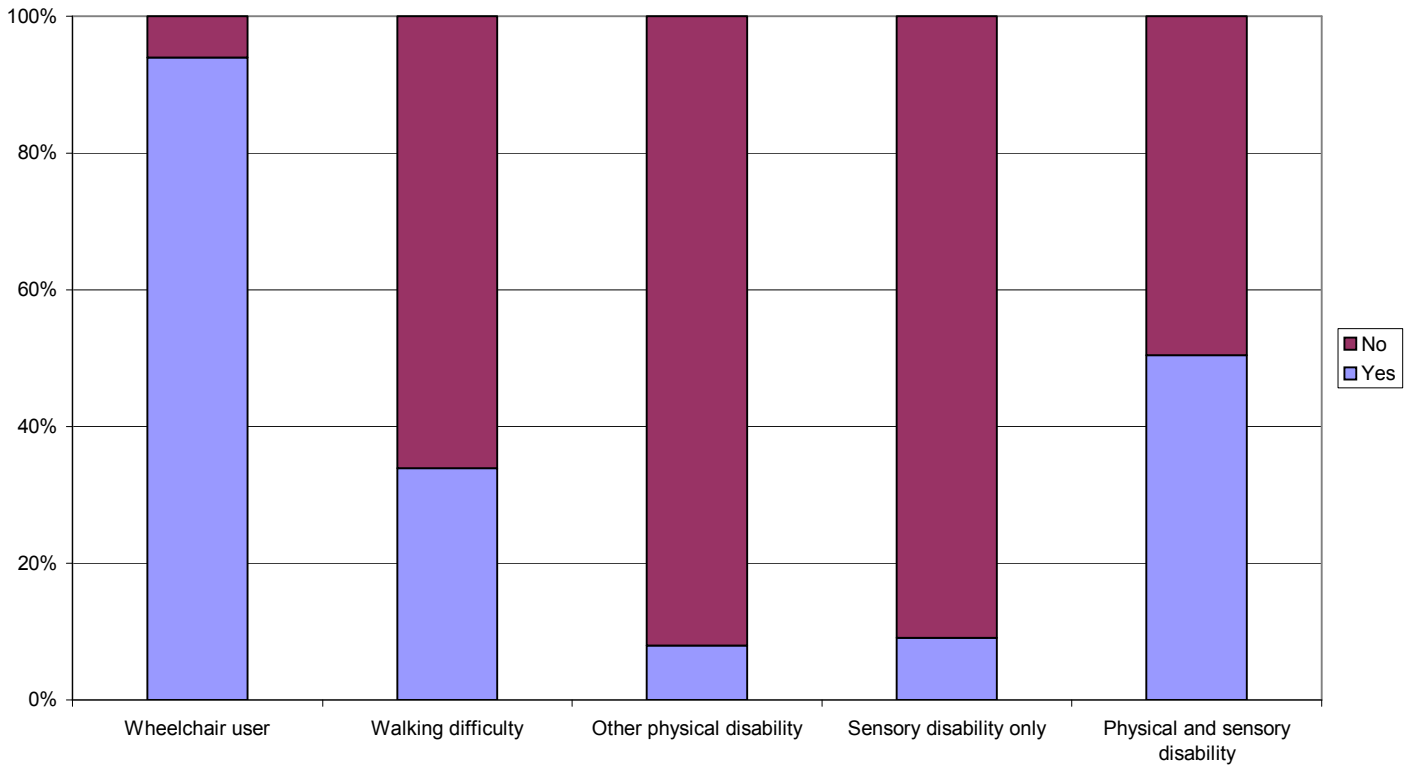


people) and help with personal care (111 people).

### Adaptations

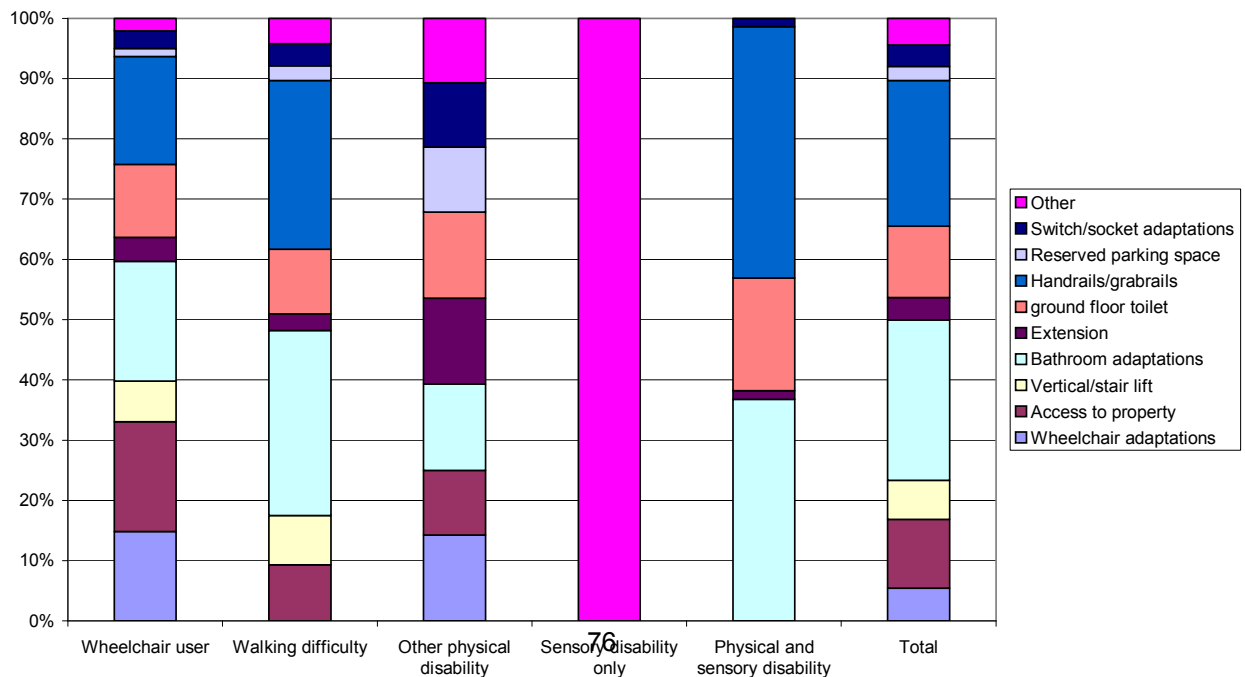
Respondents were asked whether their home has been built or adapted to meet the needs of a disabled person. In total 35% (1,396) indicated that their home had been built or adapted for a disabled person. However, there were large differences according to the type of disability as illustrated in the chart overleaf. As might be expected wheelchair users were more likely to live in adapted property (94%) and half of people with both a physical and sensory disability lived in adapted property. Only 9% of people with a sensory disability only lived in an adapted property.

Has home been built or adapted to meet the needs of a disabled resident?



Two thirds of properties (919) that have been built or adapted for a disabled person have had bathroom adaptations and 60% have had handrails or grabrails installed. Other common adaptations are provision of a ground floor toilet (30%) and alterations to provide access to the property (28%). 14% of adapted properties have been adapted for a wheelchair. The chart below illustrates the type of adaptation by type of disability.

What type of adaptations have been provided



Respondents were asked what adaptations, if any, needed to be provided to ensure that current members of the household can remain in the property now and in the next three years. Bathroom adaptations were the most commonly requested amongst adults under 60 with psd followed by handrails/grabrails and reserved parking. The following table shows the number of adaptations needed for each type of disability.

	Wheelchair user	Walking difficulty	Other physical disability	Sensory disability only	Physical and sensory disability	Total
Wheelchair adaptations	84	28	0	0	3	115
Access to property	29	115	0	0	50	194
Vertical/stair lift	34	99	0	0	0	133
Bathroom adaptations	72	453	45	0	19	589
Extension	23	52	74	0	0	149
ground floor toilet	76	112	38	0	19	245
Handrails/grab rails	0	465	85	0	0	550
Reserved parking space	33	288	21	0	78	420
Switch/socket adaptations	33	58	0	0	29	120
Other	23	43	58	23	79	226

### Financial support received

Respondents were asked to indicate what type of financial support, if any, their household received. The findings show that 69% of households containing someone with a physical and/or sensory disability aged between 16 and 59 claim Disability Allowance, 48% claim Housing Benefit and 42% claim Income Support. The numbers of claimants are shown in the table below.

	Wheelchair user	Walking difficulty	Other physical disability	Sensory disability only	Physical and sensory disability	Total
Housing Benefit	208	1263	239	88	116	1914
Income Support	160	1189	171	88	71	1679
Job seekers allowance	0	69	0	0	32	101
Working family tax credit	14	145	55	56	0	270
Pension credit	33	38	33	0	0	104
Disability Allowance	368	1649	372	131	215	2735
Council Tax Benefit	124	1165	178	0	155	1622
Other	68	398	173	72	72	783
<b>Total</b>	<b>975</b>	<b>5916</b>	<b>1221</b>	<b>435</b>	<b>661</b>	<b>9208</b>

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	19 July 2007
<b>REPORTING OFFICER:</b>	Strategic Director - Health & Community
<b>SUBJECT:</b>	Capital Programme for Adult Social Care Division within 2007/8
<b>WARD(S)</b>	Borough wide

## 1.0 PURPOSE OF REPORT

To provide detailed information in relation to the proposals to develop and improve services within Adult Social Care, through the use of capital resources.

## 2.0 RECOMMENDATIONS

- 2.1 **That the Board recommends the Council to approve the Capital Programme for Adult Social Care within 2007/8 as outlined in this report.**

## 3.0 SUPPORTING INFORMATION

### Background Overview

- 3.1 Adult Social Services departments can access a range of resources from a variety of sources to support capital developments. In the main they are from two major routes:
- Department of Health Capital grant.
  - Council Capital programme & other specific grants
- 3.2 In December 2006 the Department of Health issued guidance LASSL (2006) 2 outlining how Adult Social Services departments could access capital funding and the amount allocated. In essence, the guidance clearly states an allocation of Supported Capital Expenditure (Capital Grant) for Halton in 2007/8 of £58,000 allocated towards Adult Services (generic).
- 3.3 Other specific capital grants include the Mental Health Supported Capital expenditure (SCE) grant for 2007/8 £95,000. Since 2005/6 under DOH guidance the Mental Health SCE is no longer ring fenced. Excellent councils under CPA are able to use this grant for any capital purpose. Bearing this in mind, alternative uses of the grant have been identified for the 2007/8 grant. Additionally, a new ring-fenced capital

grant to improve care homes £150,000 was introduced by the Department of Health in 2007/8.

3.4 The table below highlights this position for Adult Social Care:

	Capital for 2007/08 (£)
Mental Health SCE	95,000
LASSL	58,000
Capital Grant – Improvement of Care Homes	150,000
<b>Total</b>	<b>303,000</b>

3.5 Mental Health SCE

The funding for 2007/8 @ £95K should be redirected to refurbishments at John Briggs House. This Council owned building will accommodate the Older Peoples team on the Ground floor and transfer the Private Sector Housing team to the upper floor in order to integrate the Independent Living Team and the care and repair agency. Connecting these services will deliver the efficiencies agreed as part of the savings proposals in 2007-08 and lead to future resource efficiencies. The works also bring some parts of the building to Disability Discrimination Act (DDA standard) and improve the door access system.

3.5.1 Capital Grant Improvement of Care Homes

Halton BC acts as an agent on behalf of the Department of Health for the new Dignity in Care Grant. This grant aims to enhance the physical environment of Care Homes as part of the Government's dignity campaign, which places dignity and respect at the heart of caring for older people. Applications have been received from private and voluntary sector nursing and residential homes for this grant of £150,000 to improve the lives of local people. These have now been prioritised. Payment will be made on completion of the work in 2007/8.

3.5.2 LASSL

a) Bredon £23,500

As part of the service redesign at Bredon, it is intended to undertake the following additional works for potential adjustments to the kitchen at Bredon Respite unit to comply with Commission for Social Care Inspection recommendations; install a door entry system and unforeseen additional items from the original specification.



b) Bridgewater £1,000

To fund kitchen improvements to enable the kitchen to be used as a resource for PSD and Older People service users to promote rehabilitation.

c) IT for Mobile Working £11,836

To fund various projects across Adult Social Care

d) DDA projects £21,664

Various projects across Adult Social Care will be undertaken to improve our DDA requirements.

**4.0 POLICY IMPLICATIONS**

4.1 There are no policy implications as a result of this report.

**5.0 OTHER IMPLICATIONS**

5.1 Provision exists to meet this expenditure within the Council's approved capital budget.

**6.0 RISK ANALYSIS**

6.1 All capital budgets will be closely managed to minimise any slippage and expend the full capital programme.

**7.0 EQUALITY & DIVERSITY ISSUES**

7.1 The proposed programme of work will help tackle housing and social care problems of those in greatest need.

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

<u>Document</u>	<u>Place of Inspection</u>	<u>Contact Officer</u>
Executive Board Report – 22 February 2007	Widnes Municipal Building	Bill Dodd Operational Director Financial Services

**REPORT TO:** Executive Board

**DATE:** 19 July 2007

**REPORTING OFFICER:** Strategic Director, Environment

**SUBJECT:** 2007 Draft Local Transport Bill

**WARDS:** All

### **1.0 PURPOSE OF THE REPORT**

1.1 The purpose of the report is to acquaint members with key changes proposed within the 2007 Draft Local Transport Bill and to advise on the intended response to the Department for Transport on the proposals.

### **2.0 RECOMMENDATION: That**

- (1) The proposed changes facilitated by the Draft local Transport Bill be noted; and
- (2) The Operational Director - Highways, Transportation and Logistics, in consultation with the Portfolio Holder for Planning, Transportation, Regeneration and Renewal, be authorised to submit comments to Government on the Draft Local Transport Bill, reflecting those contained within the report.

### **3.0 SUPPORTING INFORMATION**

- 3.1 In May 2007 the Department for Transport published its detailed plans to improve the quality of local bus services in a document entitled 'strengthening local transport delivery: The draft Local Transport Bill.
- 3.2 These proposals build on the extensive review that was carried out into bus services across the country, which is detailed in 'Putting Passengers First' (Dec.2006).
- 3.3 The draft Bill is intended to empower local authorities to develop local solutions to the local transport challenges they face, consistent with the devolutionary principles set out in the Local Government White Paper 'Strong and Prosperous Communities'
- 3.4 The draft Bill and its accompanying documents amount to over 270 pages, which detail and explain the proposals and assess their impact. The intention of this report is to highlight the key changes proposed and to provide comments on the issues it raises for Halton.
- 3.5 The key proposals fall into three areas. These being:

- Improving the quality of local bus services;
- Reforming local transport governance; and
- Taking forward local road pricing schemes.

These are now described in the following table.

<b>Improving the quality of local bus services</b>	
<b>Proposed Changes</b>	<b>Issues/Comments</b>
<p><b>Voluntary Partnership Agreements:</b> - Strengthened voluntary agreements between local authorities and multiple bus operators, which may cover minimum frequencies, timings and maximum fares.</p>	<p>Increases the flexibility and attractiveness of voluntary partnership agreements and quality partnership schemes enabling a more coherent pattern of sustainable services to be provided. They are therefore a welcome enhancement to the tools available in delivering a transport system, which meets local needs, irrespective of any decision taken on future arrangements for the City Region.</p>
<p><b>Quality Partnership Schemes:</b> -These schemes enable local authorities to enter into formal arrangements with operators under which each party commits to undertake improvements. Again the proposals extend the scope of the schemes to allow the inclusion of minimum frequencies, timings and maximum fares as appropriate.</p>	
<p><b>Quality Contract Schemes:</b> - These enable the suspension of the deregulated bus service market in an area for a specified period of time. It involves granting exclusive rights to a single operator, following a competitive bidding process. The proposals replace the significant barrier of having to prove that the implementation of the scheme is the only practicable way of achieving a policy in a bus strategy, with a series of public interest criteria. It is also proposed to replace the need to secure the Secretary of State's (SoS) approval with a new framework for scheme approval and appeals.</p>	<p>Quality contracts are probably as close as the Government will come to the re-regulation of bus services and the changes proposed should assist in their implementation. However, any improvements in the quality of commercial services required could result in increased fares (if not prevented/controlled by the agreement), and/or a deletion of the more marginal, but socially necessary services; putting increased pressure on Council budgets for support. This could pose problems for Halton, in achieving its accessibility objectives, should it wish to pursue quality contracts. The proposals therefore provide an improved mechanism for achieving a step improvement in the quality of local bus services, but without additional funding being made available to local authorities such an improvement will be difficult to materialise.</p>
<p><b>Punctuality:-</b> It is proposed to extend the powers of Traffic</p>	<p>Whilst the principle behind the changes is laudable, the</p>

<p>Commissioners (TC) to assist enforcement of bus service punctuality. The proposals will enable TCs to hold local authorities, as well as bus operators to account for their contribution to the performance of the local bus network and to receive better quality data.</p>	<p>extensive powers given to a TC could result in a local authority being issued with an Intervention Notice under the Traffic Management Act 2004, by the SoS, if the local authority does not implement the TC's recommended remedial measures. These powers therefore undermine a local authority's ability to implement locally determined transport policy through its agreed programme of works and initiatives. This particular aspect of the proposals is considered to excessive and undemocratic and therefore should be deleted.</p>
<p><b>Community Transport:</b> - Amendments to the restrictions on community transport services are proposed. Section 19 permits (issued to bodies concerned with education, religion, social welfare etc) will allow the use of vehicles with fewer than 9 seats and the issuing system will be simplified so that all permits are issued by TCs. Section 22 permits currently enable community transport organisations to register and run local bus services (picking up and setting down passengers along a registered route and to a published timetable). However, the 1985 Transport Act prevents community transport operators from paying their drivers whilst operating such services. This severely limits the ability of community transport organisations from registering and running scheduled local bus services. The new Bill seeks to remove this restraint from their operations by enabling drivers to be paid and it also allows the use of vehicles with more than 16 seats.</p>	<p>Community Transport has an important role in addressing gaps in the transport market and which particularly affect the accessibility of vulnerable groups. The changes will enable increased flexibility and opportunities for Community Transport and as such are welcome.</p>
<p><b>Taxi-buses:</b> - Currently only taxi (Hackney carriage) drivers can apply for a 'special restricted' public service vehicle operators licence to enable them to provide local bus services. Changes proposed will enable private hire vehicle licence holders to apply</p>	<p>These proposals are again welcome, as they increase the pool of resources available in the procurement of transport services, increasing opportunities and the efficiency with which services are provided.</p>

for these licences.	
<b>Reforming Local Transport Governance</b>	
<b>Proposed Changes</b>	<b>Issues/Comments</b>
<p><b>Local Reviews of transport governance arrangements:</b> - Currently, in Metropolitan areas, District Councils have responsibility for managing local roads, whilst the PTAs &amp; PTEs have responsibility for planning and implementing policies on public transport. The proposals enable the SoS to direct local authorities to review existing governance arrangements and to publish proposals for improving the effectiveness of transport in their area. The SoS could issue guidance and implement the changes through secondary legislation, which could include the establishment of new PTA/PTEs and changes to boundaries.</p>	<p>The proposal provides the means to enable City Regions and therefore address the aspirations of Halton and the Merseyside authorities for transport to be co-ordinated on a sub-regional basis. The establishment of a Liverpool City Region would enable realignment of transport policy, structures and policies. It will also provide Halton with a strong voice in the region, facilitate the delivery of key infrastructure, such as the Mersey Gateway and enable access to important funding streams such as Transport Innovation Funds (TIF). The proposed changes are considered to be essential in meeting the transport needs of the sub-region and therefore are welcomed.</p>
<p><b>Transport planning and duties:-</b> The duty on Metropolitan District Council's and PTAs (including any successor body following implementation of City Region proposals) to produce an LTP will be replaced by a requirement to produce an Integrated Transport Strategy (which incorporates the bus strategy) and implementation plan. PTAs would also be given 'well being' powers and would be required along with the District Councils to have regard for Government policy and guidance on climate change in carrying out their functions</p>	<p>Again this demonstrates the Government's commitment to facilitating City Region governance. The Bill appears to generally be deleting reference to LTPs and replacing them with 'Integrated Transport Strategies' or 'local transport policies'. Government officials have advised that these changes have been introduced to enable flexibility and do not signify the end of LTPs. However, it is clear that a fundamental review of the future of LTPs is being considered to ensure greater integration of transport considerations in the development of Local Area Agreements/ Multi Area Agreements. The specific inclusion of a reference to consideration of climate change reflects the important role that transport has in addressing this issue.</p>

<b>Taking forward local road pricing schemes</b>	
<b>Proposed Changes</b>	<b>Issues/Comments</b>
<p><b>Local freedom and flexibility:</b> Role of PTAs: The proposal enables a local road pricing scheme to be jointly made by the PTA (but note, not by itself) and local traffic authorities. Currently, only the relevant local traffic authorities could set one up.</p>	<p>This acknowledges the important role that PTAs have in Metropolitan areas in the delivery of an integrated and sustainable transport network. It provides a statutory basis for PTAs to participate in the design and implementation and to accrue scheme revenues directly.</p>
<p><b>Role of SoS:</b> Currently, a scheme must be approved by the SoS, who along with local authorities has the power to hold a public inquiry or require one to be held. A framework of accountability would replace SOS approval. The SoS's power to hold a public inquiry into a scheme would be repealed but local authorities would still be able to hold an inquiry.</p>	<p>This proposal enables the Government to distance itself from the road pricing initiative and enables it to support the development of schemes without running the risk of compromising a decision to implement the scheme. It also makes it clear that the local areas are themselves responsible for decisions on local road charging schemes.</p>
<p><b>Purpose of schemes and application of revenues:-</b> The proposals would require local authorities to use the resulting revenue from all schemes to support local transport policies at all times.</p>	<p>This proposal ensures that the revenue from schemes is fed back into transport to improve the quality of the transport system on offer.</p>
<p><b>Consistency and interoperability:-</b> The SoS can currently regulate the installation and maintenance of equipment for road pricing schemes. These powers would be extended to cover the use of such equipment so that standard data formats etc could be specified. There is also provision to require charging authorities to accept payment from specific types of road user in a specified manner.</p>	<p>It would appear that these requirements would not cover equipment on toll roads (e.g. the proposed Mersey Gateway), which would be a serious omission in ensuring compatibility and interoperability of all methods of charging for use of roads. However, the Government has just passed a European Directive, which regulates the use of technology for both road user charging and road tolling schemes. The Directive is called- 'The Road Tolling Interoperability of Road User Charging and Road Tolling Systems' Directive. The Bill therefore requires amending to reflect this.</p>

#### **4.0 POLICY IMPLICATIONS**

4.1 The recommendations made in the report have no impact on the Council's policies in themselves, but the proposals in the draft Bill, if enacted, would enable and require consideration of policies associated with transport and its delivery.

#### **5.0 RISK ANALYSIS**

5.1 There are no risks associated with the recommendations included within the report.

#### **6.0 EQUALITY AND DIVERSITY ISSUES**

6.1 There are no equality or diversity implications arising out of the recommendations.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Strengthening local delivery: The draft Local Transport Bill. Volume 1: A consultation; Volume2: The draft Bill Volume 3: Explanatory notes; Volume 4:Regulatory impact assessment	All at Rutland House	Phil Cornthwaite Tel No: 0151 471 7376