



Executive Board

**Thursday, 15 October 2009 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

Item	Page No
1. MINUTES	
2. DECLARATION OF INTEREST	
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, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
3. HEALTH AND SOCIAL CARE PORTFOLIO	
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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:	15 October 2009
REPORTING OFFICER:	Strategic Director – Health & Community
SUBJECT:	Older People's Commissioning Strategy 2009-2014
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To present to Members of the Executive Board, the Draft Older People's Commissioning Strategy.

2.0 RECOMMENDATION: That: the Executive Board comment and approve the Strategy.

3.0 SUPPORTING INFORMATION

- 3.1 The new Older People's Commissioning Strategy attached at Appendix 1 builds on a previous strategy which was approved in 2004. This new strategy aims to bring the plans for older people's services up to date and clearly identify the commissioning priorities for the next five years.
- 3.2 The commissioning strategy is important for a number of reasons, it provides a commissioning context, identifies outcomes and priorities as well as key actions for the next 5 years.
- 3.3 A series of consultation events have already been undertaken with a range of commissioning staff, Voluntary Sector representatives, Independent Providers and service users and carers. The Council's Health Policy and Performance Board have also scrutinised the Strategy. In addition to these events a number of one-to-one meetings were carried out to ensure that a wide range of views were covered. The main themes of the commissioning strategy reflect the consultation that was completed.
- 3.4 The Older People's Commissioning Strategy complements a range of other policy documents both Nationally and locally to help shape services. This strategy aims to improve the commissioning cycle within older people's services to help address and improve the key areas identified in the strategy.

4.0 THE LOCAL CONTEXT

4.1 Halton’s population aged 65 and over is set to grow at a rapid rate over the next 10-15 years. In general terms, this is because of improvements in mortality. The table below highlights the projections.

	2008	2010	2015	2020	2025
People aged 65-69	5,200	5,400	7,300	7,000	7,100
People aged 70-74	4,300	4,500	4,900	6,600	6,400
People aged 75 – 79	3,300	3,400	3,700	4,100	5,700
People aged 80 – 84	2,200	2,300	2,500	2,900	3,200
People aged 85 and over	1,800	1,800	2,100	2,500	3,100
Total Population 65 and over	16,800	17,400	20,500	23,100	25,500

4.2 A thorough needs analysis has been undertaken as part of the Commissioning Strategy and it is clear that strategies need to be in place to address a range of mental health, major illness and quality of life issues.

4.3 The Council has already considered a range of strategies to address some of these areas, including Extra Care Housing and Reablement Services. This Commissioning Strategy brings together the different strands into one coherent document.

5.0 POLICY IMPLICATIONS

5.1 The White Paper “Our Health, Our Care, Our Say” published in January 2006, sets out the reforms intended to develop modern and convenient health and social care services. The White Paper acknowledges the importance of joint commissioning and ensuring quality research, data and evidence to effectively procure the right services to meet the needs of an individual.

5.2 The National Dementia Strategy “Living Well with Dementia” was published in February 2009 and the aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. The strategy identifies 17 key objectives which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

6.0 FINANCIAL IMPLICATIONS

6.1 This is a joint Commissioning Strategy with NHS Halton & St. Helens. Funding for the main major illness areas will be supported through the PCT and the remaining areas contained within existing budget allocations set by the Council and the PCT.

7.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

7.1 **Children & Young People in Halton**

None

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

Within a number of the commissioning areas the targets for services will be linked to supporting vulnerable service users to access education, training and employment opportunities. This has been identified as a Local Area Agreement target (NI150) within Mental Health and is also an important part of stroke rehabilitation.

7.3 **A Healthy Halton**

Each of the service areas covered in the strategy is expected to clearly demonstrate a positive impact on the health and well-being of service users in Halton. This includes performance towards healthier lifestyles, better access, improved accommodation, dignity and improved mental health outcomes.

7.4 **A Safer Halton**

Contracts within this report will be able to support specific Local Area Agreement targets linked to information provision, satisfaction with services and overall perception of the area that they reside.

7.5 **Halton's Urban Renewal**

None

8.0 RISK ANALYSIS

8.1 This strategy outlines the key risks and issues that commissioning faces in the next five years. If these areas are not addressed then the risk to health inequalities, economic burden, strain on frontline health and social care services would be extreme. The strategy sets out in the quality of life section a continuing shift toward improved lifestyle and an increase in preventative service provision.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 The Older People's Commissioning Strategy addresses issues of equality and diversity for a range of service users. It ensures that access to services is not restricted because of age, mental health and well-being, limiting illness. It also considers alternative and diverse methods to address the needs of older people in Halton. Two key messages from the strategy relate to maintaining the dignity of all people accessing services and ensuring that nobody is

discriminated on the grounds of age.

10.0 REASON(S) FOR DECISION

To adopt a new Older People’s Commissioning Strategy for the Borough covering the next five years.

11.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

The strategy clearly identifies the priorities that need to be considered in relation to Older People’s commissioning in the next five years. Some areas of service were not considered, however this was because they were being addressed within other linked strategies e.g. Carers strategy etc.

12.0 IMPLEMENTATION DATE

With immediate effect.

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

Document	Place of Inspection	Contact Officer
Older People’s Commissioning Strategy 2004-08	Runcorn Town Hall	Strategic Director, Health & Community
Extra Care Housing Strategy – Executive Board report 24/09/09	Municipal Building	Strategic Director, Health & Community

**JOINT COMMISSIONING
STRATEGY
FOR
OLDER PEOPLE**

2009 - 2014

DRAFT

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Executive Summary

PRINCIPLES OF THIS STRATEGY

This document sets out the overarching strategy for the commissioning, design and delivery of services to older people in Halton. The document stands alongside and complements the Corporate Plan for the Council, the Health and Community Directorate's Business Plan 2009-2012 and the NHS Halton and St Helens Commissioning Strategic Plan.

The Strategy outlines the vision, aims and fundamental values and principles underpinning the design and delivery of services to Older People and identifies the local and national drivers and influences that impact on its delivery. It outlines the commissioning intentions relating to older people's services and will reference a range of specific strategies and documents that support in more detail particular workstreams.

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 Carers and to demonstrate value for money.

This document covers older people's commissioning within Halton, however it needs to be considered and developed within our current priorities. The sections that follow are not exhaustive, but have been identified through stakeholder and service user feedback, as well as being both nationally and locally acknowledged as priority areas for older people's services.

It is also important to acknowledge that this strategy gives a clear overview and aims to set the direction of travel for commissioning over the next three years, this will be achieved through the initial action plan that forms part of this document. The action plan will be reviewed and updated on an annual basis through the Older People's Local Implementation Team, this will be described in the Governance Arrangements below.

The Older People's Local Implementation Team's has dignity at the heart of developments in the future and this strategy aims to use the dignity agenda when considering the commissioning intentions of services in Halton. The dignity challenge states:

- Have a zero tolerance to all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation

Objectives for the next five years

There are five key areas that make up the priority areas that will see commissioning investment for the next five years. Each of these areas will be addressed in more detail in the full document and are summarised later in this section. The financial investment within commissioning will focus on:

- The Development of Assessment, Care and Treatment Service (ACTS)
- Redesign of dementia services to ensure a shift from bed based investment to a greater proportion of community or prevention services
- Development of Psychological support for stroke survivors
- Increased specialist training linked to major illness and mental health (e.g. Stroke, depression, dementia etc.)
- Redesign of low-level information provision for older people’s services
- Commissioning of additional extra care units

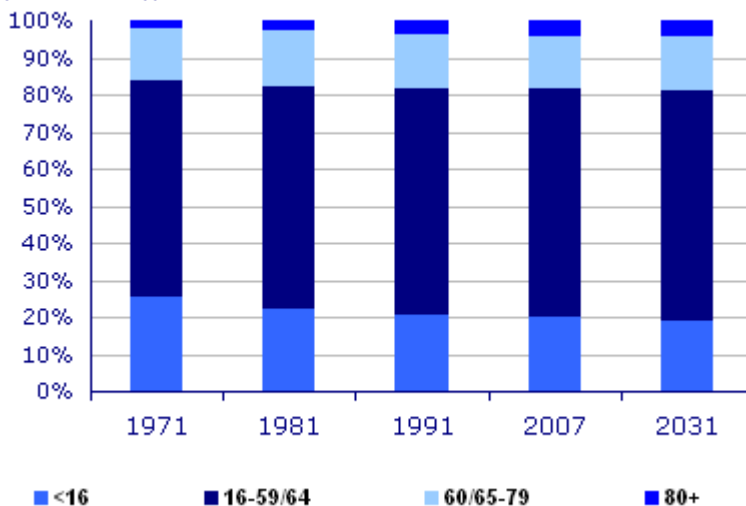
A number of additional commissioning priorities will emerge throughout the life of this strategy and many will only become apparent once completion of reviews and evaluation of existing services. Any newly commissioned, redesigned or continued service will have at it’s heart all of the messages from the Dignity agenda. This will ensure that all services will be in a position to offer the highest level of quality for Older People in Halton.

The Issue facing older people

Ageing Population

The percentage of the population aged under 16 has been declining since 1995 and this coupled with an ageing population has for the first time ever, seen the under 16 population drop below the percentage of the population of state pensionable age. Average growth in the population aged over state pensionable age between 1981 to 2007 was less than one per cent per year, however, between 2006 and 2007 the growth rate was nearly 2 per cent.

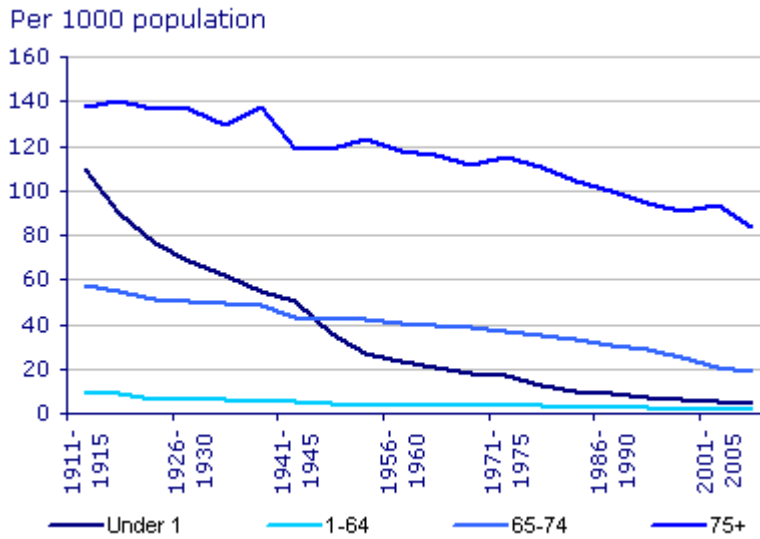
Population share, per cent



This growth is partly due to the number of women born in the immediate post World War Two baby boom who reached state pensionable age in 2007. These women were born in 1947, the men born in the same year will state pensionable age in 2012.

The fastest growing age group in the population are those aged 80 years and over who currently constitute 4.5 per cent of the total population. This age group has

increased from 2.8 per cent to 4.5 per cent between 1981 and 2007 and this trend is expected to continue over the coming decade. The reasons attributed to this increase include improvements in mortality at older ages over the second half of the 20th century.



The mortality rate in England and Wales for the population aged over 75 has fallen from 137 deaths per thousand in 1911 –1915, to 83 deaths per thousand in 2006 – 2007. The mortality rate for the population aged between 65 and 74 has declined by two thirds over the same period, from 57 to 19 deaths per thousand.

Although Halton is below the national mortality rate in the above age groups the trends are the same and the older population in Halton is expected to increase as follows.

Halton population aged 65 and over, in five year age bands, projected to 2025.

	2008	2010	2015	2020	2025
People aged 65-69	5,200	5,400	7,300	7,000	7,100
People aged 70-74	4,300	4,500	4,900	6,600	6,400
People aged 75 – 79	3,300	3,400	3,700	4,100	5,700
People aged 80 – 84	2,200	2,300	2,500	2,900	3,200
People aged 85 and over	1,800	1,800	2,100	2,500	3,100
Total Population 65 and over	16,800	17,400	20,500	23,100	25,500

- **Older People’s Mental Health –**

Most older people in the UK have good mental health and well-being, but a significant minority have mental health symptoms that impact adversely upon their quality of life, increasing feelings of isolation or exclusion.

Truly person centred services and health promotion activities, by necessity, span a wide range of teams and services and we need to provide a vision for partnership working across Primary Care, Social Care and Specialist Services, Local Authority Housing, Statutory, Independent and Not for Profit sectors.

Most importantly, we need to explore working in partnership with the people who are experiencing our services – the clients, their family and carers. If our services are not known, used and trusted by our local population, we have failed.

- **Detection of Major Illnesses –**

Life expectancy at birth is a major indicator of overall health and whether the local population die younger than England as a whole. Life Expectancy is a key Government target: The national Public Service Agreement (PSA) for improving the health of the population aims:

- To increase the life expectancy at birth in England to 78.6 years for men and to 82.5 years for women by 2010 and;
- Reduce the inequalities in life expectancy at birth by 10% between the lowest fifth of local authority districts and the average for England by 2010.

Halton is a Local Authority district that experiences some of the poorest health, and thus are required to meet differential 'stretched' mortality targets to narrow the inequalities gap. An indicator of whether we are achieving this is to look at the gap between local life expectancy at birth and national figures. Life expectancy for both Males and Females has improved in Halton between 1991-1993 and 2004-2006 with Males living on average an extra 2.4 years and females living an extra 0.6 years.

- **Accommodation based services –**

Within the Joint older people's commissioning strategy we need to consider the accommodation needs of Older People. This relates to a range of provision including nursing, residential, extra-care housing, sheltered accommodation, registered social landlord and privately owned properties. As well as considering the mix of people supported to live in their own home compared to residential, we also need to consider an individuals needs in relation to being able to access services in the community and ensuring that no matter where older people live they are not subjected to social isolation, which could lead to a range of health and wellbeing problems.

Halton has a population of 118,208 and approximately 22,000 people over 60 of these 22,000 in excess of 8,100 are living alone, this represents 37% of people over 60. (*Source :Housing Needs Survey 2005*)

- **Quality of life –**

As life expectancy increases, the quality of life of older people is becoming a key policy concern both at a National and local level. However, there has been little research investigating the specific experiences, life circumstances and needs of older people.

One of the key issues to emerge is the importance of social groups, activities and networks in promoting and enhancing quality of life among older people. Also ensuring that older people are supported to remain engaged and an active part of society is vital to help maintain a high quality of life.

- **Personalisation –**

Personalisation means thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

IMPLEMENTATION PLAN –

The implementation plan for the first year of this strategy is available through the Older People's Commissioning Manager for Halton or via the Older People's Local Implementation Team who will be accountable for the plan, this includes the refresh of the strategy and the development of a year 2 implementation plan.

SECTION ONE: COMMISSIONING IN CONTEXT

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 Urban Renewal**
- **Employment learning and skills in Halton**
- **Children & Young people in Halton**
- **A Safer Halton**

WHAT IS COMMISSIONING?

The audit commission's definition of commissioning states that it is:

"The process of specifying, securing and monitoring services to meet individual's needs both short and long term".

As such, it covers what might be viewed as the purchasing of services as well as a more strategic approach to shaping the market for complex health needs right through to early intervention and prevention services. Simply put, purchasing is the process by which services are obtained to meet the needs of service users and carers. However we must also consider the definition of procurement:

Procurement relates to the process of securing services and products that best meet the needs of service users and the local community for the time the specific needs exists. The corporate procurement strategy includes the expectation that the procurement of services will be based in three principles. Purchasing a service via a contract to meet the current need. Maintaining effective and up to date procurement procedures and ensuring that procurement meets the borough's key corporate objectives.

If commissioning is seen as providing strategic direction, then contracting can be defined as:

The management of the legal arrangements between the local authority and service provider agencies, which lay down the standards of the service, costs and the monitoring arrangements. As such it provides a quality assurance service to the local authority.

Strategic commissioning essentially integrates all the components of the commissioning process, described within four main functions:

- Information gathering (needs analysis and mapping of resources)

- Establishing policy and strategy for the investment and dis-investments of services
- Developing good service practice
- Research and evaluation.

This commissioning strategy will outline the six key priorities that have emerged from recent consultation, through the Joint Strategic Needs Assessment and through the Halton & St Helens NHS Commissioning Strategic Plan.

The aim of this strategy will be to outline the priorities clearly so that we can develop true Joint commissioning processes between all areas of the Local Authority, the Hospital Trusts, Halton & St Helens NHS, the voluntary sector, independent sector and service users and carers. The final point becoming ever more important as more people look to direct payments or individualised budgets as their preferred method of managing their life after retirement.

A MODEL OF COMMISSIONING

The Government White Paper, 'Our Health, Our Care, Our Say: Improving Community Health and Care Services' clearly outlines the importance of delivering change through joint commissioning with Primary Care Trusts, Local Authorities and Practice Based Commissioning clusters.

This will be the key vehicle for shaping services around needs and choices and ensuring a balance of provision from low (prevention) to high level (specialist Treatment) support.

Practice Based Commissioning has to be an integral part of the commissioning framework so that it can react to patient needs, but also plan longer-term developments for future commissioning priorities and service provision. The White paper emphasises that there must be a focus on local areas and outcomes rather than reorganisation. All commissioning organisations and providers need to improve the evidence base and the outcomes framework to support overall performance. The culture across the system has to continue to move to one of understanding what difference the service has made, not just how often has it been delivered.

There are a number of layers or types of commissioning – all of these methods can co-exist and the challenge within the current market is to adapt a system that allows us to utilise each layer to meet the needs of the local population. It is important to ensure that this is carried out whilst clearly adhering to the principles of World class commissioning as illustrated in fig 1

- Regional Procurement
- Local Central Commissioning – joint agency
- Local in-house commissioning – single agency
- Local neighbourhood commissioning – 'community pot' e.g Working Neighbourhood Fund etc.
- Local neighbourhood commissioning – e.g. Practice Based Commissioning
- Personal commissioning

One of the driving forces at the local neighbourhood level is inequality of opportunity across service user or patient groups. It is clear that the drive to continue to develop and implement a clear prevention strategy, which is strongly supported in the White Paper, includes taking account of a wider group of citizens outside of traditional

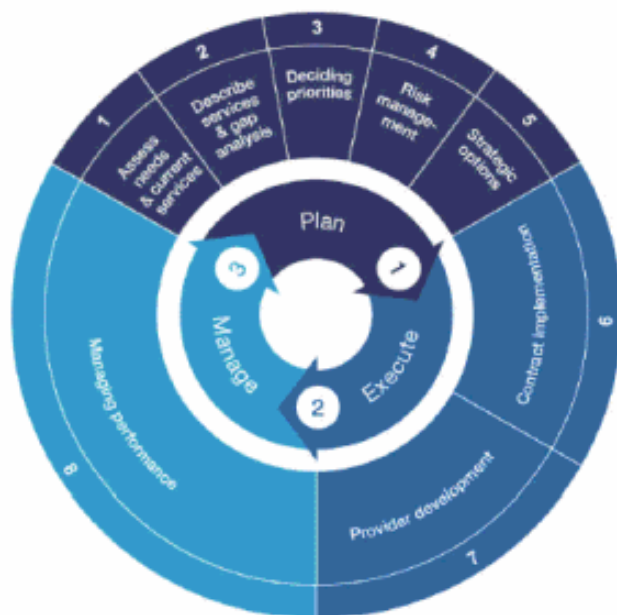
social services. It begins to take account of the full needs of Older People, understanding that there is a need for access to health and acute services, but also that people want to access leisure, cultural and sporting activities. Older People still want to contribute to the economy through both paid and voluntary work and can offer huge knowledge, experience and are often highly skilled and motivated. Therefore commissioners need to adapt their individual plans and strategies and ensure that they are linked across health and social care and that all providers understand how they are contributing to all aims and objectives across the sector.

We will need to improve and work with those in Public Health to map incidence and need. The Joint Strategic Needs Assessment has already identified some of the obvious 'hotspots' that need to be addressed. This evidence will be linked to the Halton & St Helens NHS commissioning strategic plan that outlines seven priorities:

- Reducing harm from tobacco
- Reducing harm from alcohol
- Reducing harm from obesity
- Early detection of major illness (diabetes, heart disease, cancer, stroke etc.)
- Early detection of depression
- Quality of planned services (elective care)
- Quality of unplanned services (urgent care)

Fig 1

Commissioning cycle



1. **Assessing needs:** through a systematic process, understanding of the health and health care needs of the PCT's resident population.
2. **Reviewing services and gap analysis:** reviewing the services currently provided and based on the needs, defining the gaps (or over provision).
3. **Risk management:** understanding the key health and health care risks facing the PCT and deciding on a strategy to manage it.
4. **Deciding priorities:** given a list of desirable actions, using available evidence of cost effectiveness and based on a robust and defensible ethical framework, prioritise areas for purchase.
5. **Strategic options:** bring together all the available information into a single strategic commissioning plan that outlines how the PCTs will deliver its core objectives (including those of the SHA and DH).
6. **Contract implementation:** put those strategic plans into action through contracting.
7. **Provider development** (including care pathway re-design and demand management): support provider improvements or introduce new providers to deliver the services required (including setting up demand management systems and designing new care pathways). This includes supporting providers in decommissioning of services where appropriate.
8. **Managing provider performance:** monitor and manage the performance of providers against their contracts, especially against KPIs.

PARTNERSHIPS – MAKING A DIFFERENCE

Commissioners need to be responsive and, therefore, to enter into a more mature relationship with all providers. We must seek to maximise all the opportunities available by working with all service providers and partners to develop the highest quality of care.

This must include positive partnerships and working closely with voluntary, independent, community and faith groups across Halton. This approach will allow improved outcomes and a clearer understanding of each other's priorities and future direction.

These partnerships impact on a number of areas of commissioning from working with providers to assess the current capacity and quality of service, as well as identifying gaps in service. By using this level of intelligence we are able to understand what we need to commission more of and what needs to be decommissioned. This can and should go further by ensuring that every older person and carer in the borough has some method of having their voice heard so that we can get the true feelings and ideas of Halton residents. This will be described in more detail in section 3 – Consultation.

When developing meaningful partnerships we have to ensure that we consider both the strategic and operational implications. From a strategic point of view we have to ensure that all partners know all of the organisational objectives and how they link and which workstreams can be carried out jointly. Within Halton we can now operate within the remit of the section 75 partnership agreement that sets out to describe the lead commissioning agreements between the Local Authority and Halton & St Helens NHS as illustrated below:

“Each Partner retains Statutory responsibility for their functions carried out under the Commissioning Agreement. The vehicle for the delivery of such functions will be the LA ASC&H Commissioning Division for Older People, Learning Disabilities, Physical and Sensory Disabilities, Drugs and Alcohol and HIV aids. It will be the PCT Commissioning Division for Mental Health Services. Appendix 2 illustrates.

The lead arrangements for each partnership commissioning area are as follows:

<i>Commissioning Area</i>	<i>Lead Organisation</i>
<i>Mental Health</i>	<i>Halton and St Helens PCT</i>
<i>Older People (inc Intermediate Care and older people's mental health)</i>	<i>Local Authority</i>
<i>Alcohol and Substance Misuse*</i>	<i>Local Authority</i>
<i>Adult Learning Disability</i>	<i>Local Authority</i>
<i>Physical Disability</i>	<i>Local Authority</i>
<i>*The PCT will develop a joint PCT/LA role to support the commissioning of health outcomes for alcohol services</i>	

When we consider operational partnerships there are a number of elements to achieving success. Firstly the Local Authority, as lead commissioner for Older people's services, must demonstrate that the elements described under 1.1 earlier in this document are all working effectively to allow delivery of world-class commissioning.

COMMISSIONING OUTCOMES

The White Paper, 'Our Health, Our Care, Our Say: Improving Health and Care Services' consolidates the approach taken in the Green Paper 'Independence, Wellbeing and Choice' of theming together seven outcomes. These are:

1. Improved health and emotional wellbeing – health inequalities need to be addressed and are one of the main objectives of the Halton Health Partnership
2. Improved quality of life – people will be given the most appropriate support to help them remain independent and able to live at home.
3. Making a positive contribution – people will be able to influence decisions that affect their lives as a member of their community and carers and volunteers will be able to support them
4. Choice and control – those with additional needs and who most dependent will have more control and a range of options wherever possible
5. Freedom from discrimination – those with additional needs will be protected and will be free from abuse and discrimination
6. Economic wellbeing – More people will move into socially inclusive engagement and employment
7. Personal dignity – the dignity of people with additional needs and those at the end of their lives will be promoted.

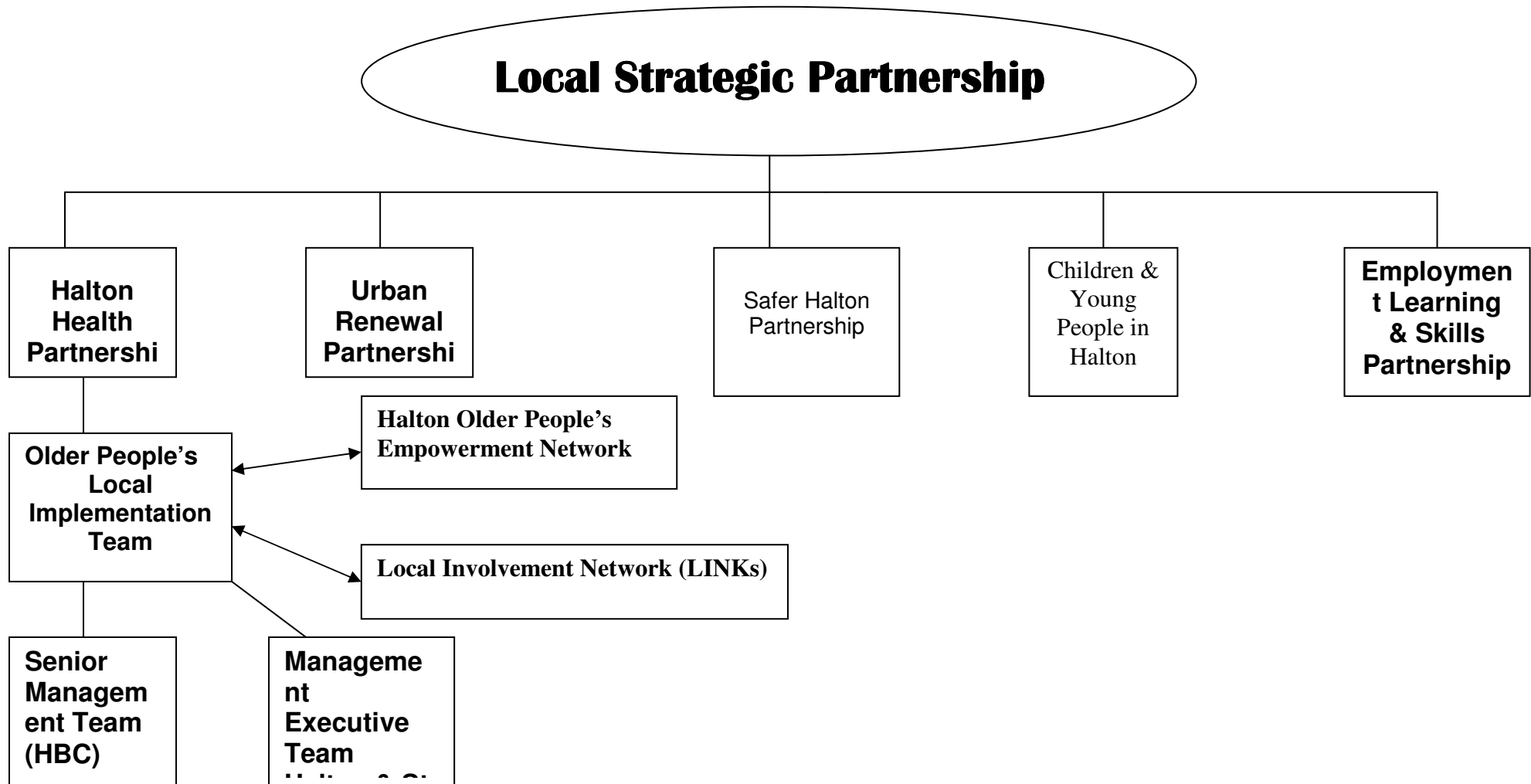
In order to achieve each outcome we need to develop a clear action plan that will identify the following:

- How we are going to commission strategically
- How we are going to commission locally
- How we are going to assist personal commissioning, and
- What we will 'decommission'

This action plan will be presented in section 7 of this strategy.

GOVERNANCE ARRANGEMENTS

The Older People's commissioning strategy is a joint document that sits across the Local Authority and NHS Halton & St Helens. This creates a range of complexities relating to the overall governance and implementation of the strategy.



The strategy sits alongside a number of key local and National documents as follows.

NATIONAL DRIVERS

White Paper: Our Health, Our Care, Our Say

The White Paper, published in January 2006, sets out the reforms intended to develop modern and convenient health and social care services. The White Paper acknowledges the importance of joint commissioning and ensuring quality research, data and evidence to effectively procure the right services to meet the needs of an individual.

Personalisation

On 17th January 2008, the Department of Health issued a Local Authority Circular entitled "Transforming Social Care". The Circular sets out information to support the transformation of social care signalled in ... *Independence, Well-being and Choice* and re-enforced in ... *Our Health, our care, our say: a new direction for community services*.

Living well with dementia: A National Dementia Strategy (Feb. 2009)

The aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. The strategy identifies 17 key objectives which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia. This strategy should be a catalyst for a change in the way that people with dementia are viewed and cared for England.

Framework for a fairer future – The Equality Bill (White Paper June 2008)

The above White Paper sets out some key messages relating to Equality, the vision for the paper is:

'Promoting equity is essential for individuals to fulfil their potential, for the creation of a cohesive society and for a strong economy. A substantial body of equality legislation has been introduced over the last four decades, protecting millions of people from discrimination and promoting greater equality. But the legislation has become complex and hard to understand. The Bill will de-clutter and strengthen the law.'

Specifically in relation to age discrimination the Bill will contain powers to outlaw unjustifiable age discrimination by those providing goods, facilities and services in the future. To allow businesses and public authorities to prepare, and to make sure the law does not prevent justified differences in treatment for different age groups.

More information is available at:

<http://www.equalityhumanrights.com/your-rights/age/>

THE LOCAL CONTEXT

The challenges and opportunities facing Halton has led to the identification of a number of priorities for the Borough (outlined in the Community Strategy 2006-2011) over the medium term with the overall aim of making it a better place to live and work. These include:-

- Improving health
- Improving the skills base in the borough
- Improving educational attainment across the borough
- Creating employment opportunities for all
- Tackling worklessness
- Tackling the low wage economy
- Improving environmental assets and how the borough looks
- Creating prosperity and equality of opportunity
- Reducing crime and anti-social behaviour
- Improving amenities for all age groups
- Furthering economic and urban regeneration
- Tackling contaminated land
- Creating opportunities/facilities/amenities for children and young people
- Supporting an ageing population
- Minimising waste/increasing recycling/bringing efficiencies in waste disposal
- Increasing focus on community engagement
- Running services efficiently

The Community Strategy provides an overarching framework through which the corporate, strategic and operational plans of all the partners can contribute. Halton's Local Area Agreement (LAA) 2008-11 builds on this overarching framework and provides a mechanism by which key elements of the strategy can be delivered over the next three years. It is an agreement between Central Government and the local authority and its partners about the priorities for the local area, expressed in a set of targets taken from a National Indicator set of 198 targets. The purpose of the LAA is to take the joint thinking of the Partnership enshrined in the Community Strategy, and make it happen through joint planning and delivery. Hence the five strategic themes detailed in the Community Strategy are mirrored in the LAA.

Advancing Well Strategy (2008-2011)

The 'Advancing Well' Strategy aims to promote more independent living and reduce the social isolation often experienced by older people by working closely with all providers of services for older people. The success of the strategy will depend on positive joint action internally, between the various departments of the Council, and externally with other public and private organisations and with local voluntary and community sector groups. To do this, Halton is committed to providing strong community representation for its older people and a network of services through local partnerships. This involves close links with various organisations, such as, transport, job centres, colleges, health facilities, sport and other leisure facilities, housing and other organisations involved in the delivery of services for older people.

The Strategy will help to develop radical new approaches to the way in which we deliver services for older people. These involve promoting health, well-being, quality of life, equality and independence. Such diversity of approach lies at the very heart of all the Councils strategies.

Commissioning Strategy for Carers (Due Sept 09)

It is important that Carers have access to services based on recognition of their rights as individuals, choice in their daily lives and real opportunities to have a life of their own outside of the caring role.

The Joint Commissioning Strategy has been developed via ongoing consultations and contributions from stakeholders who provide services to carers as well as carers themselves. We have listened to what carers have told us about the help and support that they need and have responded by addressing the issues throughout the Strategy.

This Strategy is written as a practical document, including an action plan, to support services in Halton move towards a more focussed way of commissioning services over the next three years

We are committed to working jointly and in partnership with the voluntary sector within Halton, providing where possible an integrated response based on services which meet assessed needs and which are designed to improve lives and give new opportunities.

We are proud of what we have achieved for Carers within Halton since the production of the last Carers Strategy, but we also recognise the need for continual improvement and Halton Borough Council and Halton and St Helens Primary Care Trust, together with their partners have made a pledge to continually improve services and the quality of life for carers

We recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community and we believe that this Strategy demonstrates our commitment to recognising, valuing and working with local carers.

Local Area Agreement

The Local Area Agreement (LAA) is the framework used to deliver Halton's vision as mentioned earlier. The LAA is a target based process that focuses on the five agreed priorities.

- **A Healthy Halton**
- **Halton Urban Renewal**
- **Employment learning and skills in Halton**
- **Children & Young people in Halton**
- **A Safer Halton**

There are a range of specific targets contained within the Local Area Agreement that are appropriate for Older people's services and are covered in Appendix 1

Local Involvement Network (LINK)

The Halton LINK has been established as part of a new government initiative for local communities to have a stronger voice in the way their health and social care services are planned and run. Halton Voluntary Action has been appointed to act as the 'LINK Host' for the Halton LINK.

In July 2006, the Department of Health published plans to strengthen the ability for local communities to influence the care they get through LINKs. Until now, one of the ways the NHS has listened to patients has been through Patient and Public Involvement in Health Forums (PPIF), but they ceased in March 2008.

Halton LINK will build on the work of the previous forums but membership will be open to everyone who lives in Halton, or anyone who uses health or social care services in Halton. The LINK will cover all publicly funded health and social care services in the area, no matter who provides them.

Commissioning Strategic Plan

This document was produced in 2008 by NHS Halton & St Helens and clearly outlines the need to change, the key priorities and the investment required to make a difference within the health inequalities in Halton. The Commissioning Strategic Plan offers three key areas that Halton and St Helens suffer with:

- Economic Deprivation (within the worst 10%)
- Worklessness (21% with 11% of these people receiving incapacity benefits)
- Smoking, obesity and alcohol and drug misuse.

Each of these factors is a significant determinant of health. Taken together they largely explain why our population has comparatively poor health and significantly lower life expectancy, in particular due to high levels of heart disease and cancer. Our Joint Strategic Needs Assessment clearly shows the unequal impact these issues have within our local population and in comparison to the average health experience of the people of England. The vision is to improve the health of our local population and based upon this vision, six ambitions have been identified:

- Supporting a healthy start in life
- Reducing poor health resulting from preventable causes
- Supporting people with long term conditions
- Providing services to meet the needs of vulnerable people
- Making sure our local population has excellent access to services and facilities
- Playing our part in strengthening local communities

SECTION TWO : OLDER PEOPLE'S MENTAL HEALTH

INTRODUCTION

Most older people in the UK have good mental health and well-being, but a significant minority have mental health symptoms that impact adversely upon their quality of life, increasing feelings of isolation or exclusion.

Truly person centred services and health promotion activities, by necessity, span a wide range of teams and services and we need to provide a vision for partnership working across Primary Care, Social Care and Specialist Services, Local Authority Housing, Statutory, Independent and Not for Profit sectors.

Most importantly, we need to explore working in partnership with the people who are experiencing our services – the clients, their family and carers. If our services are not known, used and trusted by our local population, we have failed.

The number of people aged 65 years and over is expected to rise by nearly 60% in the next 25 years - from 9.6 million in 2005 to over 15 million in 2031. The percentage of the total population who are over 65 is predicted to rise from 16% to nearly 20% in 2031 and 26.6% in 2071 and the biggest growth in relative terms will be amongst the oldest old¹

Everybody's Business suggested that mental health problems in older adults affect 40% of older people visiting their GP, 50% of General Hospital Inpatients and 60% of care home residents.

These mental health problems include depression, anxiety, delirium, dementia, schizophrenia, bipolar disorder and substance misuse.

Everybody's Business estimated that 60% of people over the age of 65 suffer from long-standing physical illnesses and, for them, mental health problems, particularly depression and dementia, are more common and have a worse outcome.

DEPRESSION¹

It is believed that 25% of people over the age of 65 living in the community have symptoms of depression serious enough to warrant intervention, but only a third of them discuss it with their GPs, and only half of those get treatment, primarily medication. Symptoms of depression increase with age, affecting 40% of people aged 85 and over.

DEMENTIA²

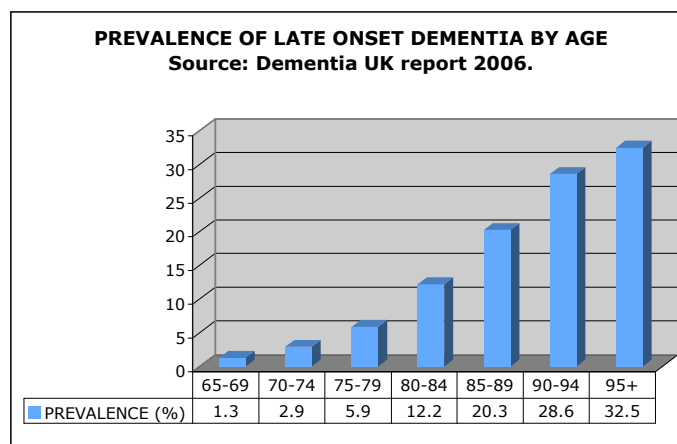
Dementia UK estimate that we currently have 700,000 people in the UK with dementia, of which 15,000 have Early Onset Dementia and 11,500 are from black and minority ethnic groups.

¹ Help the Aged Demographic Statistics 2006.

² Source: Dementia UK Report 2006

We expect the number of people with dementia to increase to 940,000 in the next 15 years and to 1,735,087 over the next 45 years. These are increases of 38% and 154% respectively. Almost two thirds of people with dementia have Alzheimer’s and a quarter have Vascular dementia or Mixed dementia.

The prevalence of both early onset and late onset dementia increases with age, approximately doubling every five years.



The severity of dementia increases with age: 13% of people aged over 65 have severe dementia but this increases to 23% for people over the age of 95. 60,000 deaths each year are directly attributed to Dementia

Approximately 56% of people in institutions aged 65 to 69 have dementia. This rises to 65% in those aged 95 and over.

80% of people living in Elderly Mentally Infirm Homes have dementia.
67% of people living in nursing homes have dementia
52% of people living in residential care homes have dementia

There are currently 1,061 people over 65 diagnosed with dementia in Halton. This is expected to increase to 1,683 by 2025.

The table below outlines the current level of people diagnosed with dementia in each of the four local areas, the projected number for 2025 and the estimated costs to each of the local economies.

	2008	Cost to economy	2025	Cost to economy
Halton	1061	£25,766,385.00	1613	£39,171,705.00
Knowsley	1424	£34,581,840.00	1908	£46,335,780.00
St Helens	1891	£45,922,935.00	2774	£67,366,590.00
Warrington	1983	£48,157,155.00	3142	£76,303,470.00
Total	6359	£154,428,315.00	9437	£229,177,545.00

The natural history of dementia, for example, means that a substantial proportion of those affected will develop challenging behaviour, including symptoms such as

depression, hallucinations and delusions. For the system as a whole to work for people with dementia and their carers, these services need to be effective and available. This means services in the community that work for older people with both functional and organic disorders and therefore a mixture of both.

50% of people with dementia suffer from depression³

17% of Older People with depression will develop dementia (alzheimer's)⁴

20% to 30% of people who have had a stroke will develop dementia (multiple infarct dementia)⁵

70% of people who have had a stroke will develop depression during recovery

LOCAL DEMENTIA STRATEGY (due for publication Oct 2009)

Halton and St Helens Boroughs and Halton and St Helens NHS have drawn up a Joint Commissioning Strategy for dementia to address the objectives of the National Dementia Strategy (NDS) with a view to achieving the best possible local health and social care services for people with dementia and their carers.

The commissioning strategy is structured around the four thematic areas of the NDS: 'Raising Awareness', 'Early Diagnosis and Support', 'Living Well with Dementia' and 'Delivering the NDS'. In addition, it addresses key issues raised in a review in 2009 by the Halton Scrutiny Committee of services for younger adults with dementia.

There is currently a 'Cycle of Stigma' that prevents people seeking help and services from offering help. The strategy proposes a number of commissioning actions that are intended to break this cycle through a public health programme, a public information programme, and the provision of information to relevant groups of employers. These commissioning actions are not repeated in this document, but ensuring implementation will be the responsibility of the Older People's Commissioning Manager and the Older People's Local Implementation Team. This will be assisted by joint work with Children's Services to ensure that non-stigmatising information is included in school curricula and through community engagement activities.

Currently only a small percentage of people with dementia ever receive a diagnosis and when they do it is usually in the latter stages of the illness. The commissioning of an Assessment Care and Treatment Services (ACTS) is proposed for each of the boroughs which will ensure that early and high quality assessment and support is available to all. This will include access to counselling and to a Dementia Care Advisor who will provide an enduring point of contact through time.

The 'Living Well with Dementia' set of objectives is focussed on improving current services such as home care, carer support, intermediate care, residential care and end of life care to ensure that they meet the needs of people with dementia and the needs of their carers. Current services have been mapped and evaluated against these six objectives and actions that will help to guide commissioning developments for each area of service have been defined.

³ Blazer, 1980

⁴ old age psychiatry; Rodda J, 2008

⁵ Telemichi et al, 1992

KEY FINDINGS FROM NEEDS ANALYSIS

Using the Improving Access to Psychological therapies workforce tool, this provides an estimation of mental health morbidity for each PCT locality. It applies national data to establish the weekly prevalence of common mental health problems in Halton and St Helens. Using these figures the tools applies a number of assumptions concerning the impact of deprivation and the likely presentation and detection of common mental illnesses and provides an adjusted weekly prevalence for a number of disorders.

The assumptions are:

- Only 50% of people suffering from depression and/or anxiety will actually present in Primary Care.
- Only 50% of people presenting in Primary Care will actually be detected as having depression and/or anxiety
- The index of deprivation applied is specific to those with common mental health problems.
- Mixed anxiety and depression consists of 4 groups: -
 - Those treated as though they have depression
 - Those treated as though they have an anxiety disorder.
 - Those treated as though they have both anxiety and depression
 - Those with Post Traumatic Stress Disorder (PTSD) who form 22% of total with Mixed Anxiety and Depression
- The proportions of severity of depression are: -
 - Mild – 20%
 - Moderate – 40%
 - Severe – 40%

When we consider the above set of data we can clearly identify a range of gaps that we need to address. Only half of people present in primary care so specific work is required to reduce the stigma attached to mental health and support more people to visit their GP.

Detection and diagnosis rates are low and targeted training around all forms of mental health, particularly dementia is required to give GPs the support and expertise required to quickly and effectively help people in Halton.

Mental health can be particularly challenging for Older People as their circumstances can change significantly. Retirement, bereavement, loss of health, loss of mobility and isolation are all factors that have a huge impact on an individuals mental health and wellbeing and all of these areas need to be considered as we develop services now and in the future.

COMMISSIONING INTENTIONS

Halton is in the process of developing a range of specific workstreams that will begin to address some of the issues that have been raised above. The main developments are the completion and implementation of a local Halton & St Helens dementia strategy and an updated Older People's Mental Health Strategy. The aim of these documents is to clearly define the direction of travel and the commissioning priorities for the next three years.

The following are some of the main commissioning intentions from the two strategy documents:

- Development of Assessment, Care and Treatment Service (ACTS)
- Review existing provision of bereavement services in Halton
- Continue to work with adult mental health services to deliver consistent and efficient services for Older People in Halton
- Develop peer network service for Dementia.

PLANNED INVESTMENT

- Investment has already been agreed to continue to support the low-level dementia reading group.
- In addition the Working Neighbourhood Fund has agreed to commission a peer support network for people diagnosed with dementia. This will see an initial two-year pilot, which will incorporate a partnership between Age Concern and the Alzheimers Society.
- Business plans and service specifications have been developed for the Assessment, Care and Treatment Service and funding decisions will be made before September 2009.
- Investment is available from both the Local Authority and NHS Halton & St Helens to fund a training programme relating to dementia.

SECTION THREE : DETECTION OF MAJOR ILLNESSES

INTRODUCTION

Life expectancy at birth is a major indicator of overall health and whether the local population die younger than England as a whole. Life Expectancy is a key Government target: The national Public Service Agreement (PSA) for improving the health of the population aims:

- To increase the life expectancy at birth in England to 78.6 years for men and to 82.5 years for women by 2010 and;
- Reduce the inequalities in life expectancy at birth by 10% between the lowest fifth of local authority districts and the average for England by 2010.

Halton is a Local Authority district that experiences some of the poorest health, and thus are required to meet differential 'stretched' mortality targets to narrow the inequalities gap. An indicator of whether we are achieving this is to look at the gap between local life expectancy at birth and national figures. Life expectancy for both Males and Females has improved in Halton between 1991-1993 and 2004-2006 with Males living on average an extra 2.4 years and females living an extra 0.6 years.

The gap between England life expectancy and local life expectancy in 2004-06 shows a different picture with neither males nor females closing the gap (3.02 years and 3.15 years difference between Halton and England life expectancy respectively for males and females). Halton females have the third worst life expectancy in the country and males have the 6th worst life expectancy in the country.

Trends in Life Expectancy, 3 Year Rolling Averages

	Males	Females
Halton	74.3	78.4
St Helens	75.3	80.2
National	77.3	81.6

KEY FINDINGS FROM NEEDS ANALYSIS

A significant factor that contributes to the above figures is the early detection of major illness (Cardiovascular Disease, diabetes, respiratory, Cancer and Stroke). The NHS Halton & St Helens Commissioning Strategic plan outlines the Case for change and the vision / actions that are required to move forward the health inequalities agenda that is one of the top priorities in the borough.

The case for change outlines some of the key headlines for Halton and St Helens:

- Cancer mortality is 20% higher than the national average
- Cardiovascular Disease is 25% higher and Coronary Heart Disease 29%

- The three above account for 200 excess deaths compared to the National average.
- The success of current screening programmes for Breast, Cytology, Bowel cancer and Cardiovascular Disease demonstrates the value of early detection of ill health, both in terms of reducing mortality rates and in reducing the costs of treatment.
- The current total investment in early detection across Halton & St Helens is approximately £1.5m (this is <0.3% of total expenditure); this is disproportionate to the total spent on planned and urgent care. More investment is required upstream to reduce the costs of expensive treatments.
- In order to reduce the cancer mortality rates we need to extend the existing cancer screening programmes by lowering the age ranges and widening out to include other tumour groups.
- Stroke costs the NHS and the economy about £7 Billion per year: £2.8 Billion in direct costs to the NHS, £2.4 Billion of informal care costs (e.g. the costs of home nursing borne by patients' families) and £1.8 billion in income lost to productivity and disability. Outcomes in the UK compare poorly internationally, despite our services being among the most expensive with unnecessarily long lengths of stay and high levels of avoidable disability and mortality.

COMMISSIONING INTENTIONS

As mentioned in the key findings detection of major illnesses is an agreed element of the commissioning strategic plan. This document is the responsibility of NHS Halton & St Helens as the lead organisation on delivering an improvement against a number of targets. However, there is a need to work across all stakeholders and all services within the borough to support continued improvement. The following are some of the areas that will begin to address the health inequalities:

- **Leadership:** it is proposed that an executive director provides leadership supported by a bespoke project management team to oversee the commissioning, implementation and performance management of these programmes.
- **Screening / access to diagnostics and management plans:** the development of systematic health checks will involve inviting people for the following diagnostic tests in order to assess risk for major illness such as respiratory disease (COPD) Cardiovascular disease and diabetes. The tests provided will be; blood pressure test, full blood test (liver function, cholesterol), screening spirometry and CVD risk assessment.
- **Workforce development:** in order to develop a social marketing unit at the PCT, it has been estimated that a total of 10 whole time equivalent posts will be required. It is the intention for this to be a shared resource across the Primary Care Trust in order to deliver the objectives of this strategic plan.
- **Stroke services:** we need to redesign stroke services to ensure that we get the best out of the resources we currently use, and this should mean targeted

local investment. On the back of the National Stroke Strategy, Halton has completed a mapping exercise of existing local service provision to identify needs and gaps. This mapping exercise clearly identified three areas that needed more investment.

- **Communication support**
- **Psychological therapies**
- **Early supported discharge**

PLANNED INVESTMENT

- **Early detection services** – plan to increase the funding from current levels £1.5m to £5.7m in 2012/13.
- **Social Marketing** – the development of a social marketing team at the Primary Care Trust will be supported by significant investment reaching £1.5m by 2013. This intelligence will be used to inform robust strategies for improving the health of our local population across all priority areas.
- **Personalised risk management programmes** - biggest investment will be funding personal risk management programmes offered to patients as a result of their screening / diagnostic tests, this will include investment in leisure and lifestyle capacity, total investment will reach £9.5 million by 2013.

Early detection services investment plan

Investment	2008/09	2009/10	2010/11	2011/12	2012/13
Social Marketing Team	0.0	0.5	0.5	0.5	0.5
Social Marketing schemes	0.0	0.5	0.8	1.0	1.0
Screening management team	0.0	0.2	0.2	0.2	0.2
Screening (BP,FBT,Screening spiro,CVD risk)	0.0	0.8	1.8	3.4	3.4
Diagnostic test (Spiro, Echo, ECG)	0.0	0.1	0.3	0.5	0.5
Cancer screening (national programme)	0.0	0.8	0.9	1.0	1.1
Personalised plan management	0.0	0.1	0.1	0.1	0.1
Personalised risk mgt programme	0.0	1.8	4.6	9.5	9.5
Prescribing costs	0.0	0.8	1.5	2.2	2.7
Sub-Total	0.0	5.6	10.7	18.4	19.0
Benefits					
Reduced acute admissions	0.0	-0.3	-0.8	-1.0	-1.0
Total	0.0	5.3	9.9	17.4	18.0

- **Stroke** investment will be £85,000 in Halton over each of the three years beginning 2008/09. This local investment will be targeted on the three areas as mentioned in commissioning intentions.

SECTION FOUR : ACCOMMODATION

INTRODUCTION

Within the Joint older people's commissioning strategy we need to consider the accommodation needs of Older People. This relates to a range of provision including nursing, residential, extra-care housing, sheltered accommodation, registered social landlord and privately owned properties. As well as considering the mix of people supported to live in their own home compared to residential, we also need to consider an individuals needs in relation to being able to access services in the community and ensuring that no matter where older people live they are not subjected to social isolation, which could lead to a range of health and wellbeing problems.

Halton has a population of 118,208 and approximately 22,000 people over 60 of these 22,000 in excess of 8,100 are living alone, this represents 37% of people over 60. (*Source :Housing Needs Survey 2005*)

In addition to this the Joint Strategic Needs Assessment found that 48% of older person households contained a household member with a disability or limiting long term illness. Couple households were more likely to contain someone with a disability/limiting long-term illness (57%) than single person older households (43%). Not only is there a correlation between disability and limiting long-term illness with deprivation but also this relationship is stronger than for social isolation. There is thus an emerging picture of multiple negative effects on an older people's health and well being combined with deprivation. This means that the individuals' capacity to improve their health and well being is mitigated by the lack of economic and social resources to draw upon.

In the 2001 Census, 12.48% of people in Halton aged 65 and over were without central heating. The age group with the highest percentage are people aged 85 and over at 15.25%. These percentages are of particular concern given the concentration of people without central heating in areas of deprivation. It will be important for older people to be targeted as part of wider fuel poverty strategy given the combined effect of this age group being highly susceptible to the cold with rising fuels and limited financial resources.

Whilst the Housing Needs Survey collated information on household income, savings and benefits received, not all respondents were willing to answer questions relating to finances. Over half (58%) of older person households have less than £5,000 savings, rising to 67% of singles and falling to 46% of couples. Almost a fifth of couples and only 8% of singles have significant savings of over £30,000. Given the correlation between older people living in areas of deprivation and faced with increased risks to their health, this means they are also less likely to cope with unplanned events. Again early intervention, which prevents a problem escalating, will be key.

KEY FINDINGS FROM NEEDS ANALYSIS

EXTRA CARE HOUSING

The aim of the strategy for commissioning extra care services is to ensure that older people in Halton have access to a wider choice of care and support options that include extra care housing and service provision. The objectives for achieving this are:

- To meet the quantified projected need for extra care provision in Halton.
- To provide extra care housing models that are most appropriate to the Halton context.
- To make best use of existing resources in the borough
- To access capital funding through a combination of grants and other sources to enable the provision of new and or remodelled housing provision for extra care
- To work with partners and stakeholders to ensure a cohesive contribution to achieving the aims of the strategy and to ensure that it remains aligned to wider older people's strategy for the borough.

Halton currently has one extra care housing scheme providing 40 flats (37 one bed flats and three two beds) for a range of needs; the targets set for the service are 30% low dependency, 40% moderate dependency and 30% high dependency residents. The scheme has a lounge, restaurant, buggy store, therapy space, laundry, assisted bathing facilities and hairdressing room. It is owned by ECHG and managed by Halton Adult Services. Halton Adult Services also provide the care services.

Comparison of extra care units with other Boroughs

In comparing the number of extra care units with a sample of local authorities in the North West (using the same comparator authorities used in developing the Halton domiciliary care strategy), Halton has a similar number of units in proportion to the older population as Blackpool, but a significantly lower number than Warrington and Blackburn. See the table below. Information in this table includes extra care villages. It does not break down the figures into high, medium or low support needs or tenure.

Authority	Extra Care Units	Population (65+)*	Population (all)	% of people 65+	% of all people
Warrington	475	29,700	193,600	1.60%	0.25%
Blackpool	59	27,400	145,000	0.22%	0.04%
Blackburn	220	18,000	142,200	1.22%	0.15%
St Helens	318	29,300	177,800	1.09%	0.18%
Halton	40	16,500	118,900	0.24%	0.03%

RESIDENTIAL AND NURSING ACCOMMODATION

Key findings from needs analysis

The factors that impact on future demand for residential and nursing care includes:

- Long term funding for social care
- The Personalisation Agenda
- The Government's dementia care strategy
- Change of government
- Economic downturn, for example on recruitment problems in the sector, or the impact of rising unemployment on the communities and individuals ability to cope
- Assistive technology in the community and within care homes
- Breakthroughs in medical treatment of dementia
- The extent of funding and development of extra care housing
- Primary care commissioning and PCT funding of continuing care
- Demography

Older people aged 65 and over in local authority residential care, independent sector residential care, and nursing care.

	2008	2010	2015	2020	2025
Total number of older people in residential and nursing care during the year, purchased or provided by the CSSR	563	584	688	775	855

Source : (POPPI Tool)

The figures in the table above are an estimation based on population and trend data, they take into account the expected rise in the older population and the increases in how long people live. However one of the key priorities for Halton is the continued support for people to remain independent in their own homes.

The last five years has seen a dramatic reduction in the number of older people who have moved into residential or nursing care in Halton and although there will be increasing pressures over the next fifteen years we can still anticipate rates below the National average. The continued development of Intermediate Care, Telecare, early intervention and prevention services will play an important role in reducing the level of increase in residential placements and support older people to remain independent in their own home.

Reclassified Description	2004/05	2005/06	2006/07	2007/08	2008/09
Community Care - SP	1.81%	1.46%	2.51%	2.01%	2.36%
Direct Payments	1.01%	1.00%	1.38%	1.79%	1.88%
Domiciliary Care	10.60%	11.74%	12.12%	13.67%	12.88%
Early Intervention/Prevention			3.57%	5.16%	6.99%
In-House Reablement & Intermediate Care	13.34%	12.92%	14.07%	14.26%	15.30%
Joint Equipment Service		0.70%	1.06%	0.81%	2.24%
Older Peoples Team & Hospital Team	8.52%	8.93%	8.55%	8.71%	10.40%
Residential & Nursing	64.72%	63.26%	56.75%	53.58%	47.96%
Total	100%	100%	100%	100%	100%

The table above clearly demonstrates the shift in investment over the last five years in Halton. A 16% reduction in residential and nursing and more investment in community and prevention services. This trend is set to continue over the next three years.

COMMISSIONING INTENTIONS – extra care housing

- Current core need has been identified for 166 units of extra care housing provision. This will increase by an additional 48 units by 2017. In addition there is a current need for 11 units of extra care provision for older people with learning disabilities.
- Initially, the response to this need will be the development of four additional extra care schemes each providing forty to fifty units by 2013. There will be some take up by couples, which will increase the numbers of people benefiting from the service.
- Some of the places in the extra care services will be designated for low to medium support and the services will also be appropriate for older people with learning disabilities.
- Needs assessments should be revisited annually to update the analysis and will be undertaken through the Joint Strategic Needs Assessment.

- There is an equal demand for services in the two main centres of Halton, Runcorn and Widnes. It is proposed that as far as possible, depending on available sites, that the services should be located equally between the two towns.
- The location of individual schemes must be appropriate to the needs of older people.

All of the above commissioning intentions are subject to successful funding bids and availability of appropriate resources.

COMMISSIONING INTENTIONS – Residential care housing

The residential care strategy lays out a direction for commissioning residential and nursing care homes places for Halton citizens that is:

- Based on local, regional and national research
- Informed by consultations with key stakeholders
- Develop dignity in care workstream to support improvement in service quality
- Founded on values and effective working relationships with providers
- Designed to meet known forecast future demands
- Assessed related to service users presenting needs and their levels of dependency
- Flexible and outcome focused in its approach to procurement and contracting
- Joint with the PCT
- Offers a fair price to service providers within the resources available to the council
- Review the changes that have taken place in a number of residential homes linked to their re-registration to cover EMI nursing provision.

PLANNED INVESTMENT

Funding for extra care housing will be identified as business plans are progressed. In addition the development of extra care will be dependent on positive partnership working with providers, registered social landlords etc.

SECTION FIVE : QUALITY OF LIFE

INTRODUCTION

As life expectancy increases, the quality of life of older people is becoming a key policy concern both at a National and local level. However, there has been little research investigating the specific experiences, life circumstances and needs of older people.

One of the key issues to emerge is the importance of social groups, activities and networks in promoting and enhancing quality of life among older people. Also ensuring that older people are supported to remain engaged and an active part of society is vital to help maintain a high quality of life.

This is an important aspect of this strategy and each of the previous sections plays a part in ensuring people's maintained quality of life, but also all service areas should make sure that they do not reduce quality because of an individual's circumstances. For example if an older person moves into a residential home, but still wants to visit a local social group, leisure activity, church etc. they should still be encouraged and actively supported to do this. Too often an individuals health need becomes the priority at the expense of any aspirational or well-being requirements.

To achieve this we need to consider information provision, prevention, re-ablement and personalisation.

KEY FINDINGS FROM NEEDS ANALYSIS

Quality of life is often the most difficult area to collect meaningful evidence to support any case for change, but at the same time can be the most powerful in supporting an individual to remain independent and maintain the best possible quality of life. We often use case studies to tell the story rather than rely on data that can be difficult to quantify. Also when considering people's needs to maintain their own personal quality of life they are hugely diverse. One person might need support to visit a relative in hospital, whereas another might want to go for a pint each afternoon to the local pub.

Although this begins to present challenges to commissioners it also offers opportunities to be creative and look for ways to develop partnership working as well as learn from best practice in other areas.

INFORMATION PROVISION

'You don't know what you don't know' a quote from an older person attending the Older People's conference 2007. Although an obvious statement it clearly demonstrates the starting point when we consider low-level services that support an improved well-being or quality of life. Information is a vital component to ensure that local people have access to the services and facilities that they need and that they are receiving consistent quality.

In Halton there are already a range of services that support older people and their carers to get the information that they require.

- Sure Start to Later Life
- Halton Direct Link

- Age Concern Information service
- Age Concern Outreach service
- Community Bridge builders
- Reach for the Stars
- Health Trainers

Each of the above offers something different for an individual service user and it is clear that we already have in place a range of excellent services that offer a high quality to anyone accessing them, however there is still a need to develop a more co-ordinated approach to information, prevention and low-level support services. If we can implement a strategy to achieve this over the next two years we will be in a strong position to start shifting the resources required from high-level crisis intervention to moderate or low-level preventative services.

A review of the services above as part of an overall review of information provision will take place before the end of 2009/10 and will be supported by the development of a communication strategy for older people's services in Halton.

INTERGENERATIONAL WORK

Halton has only relatively recently embarked on a thematic focus of intergenerational activity, since April 2009. The approach is centred around positive activity to generate positive perceptions; building on what unites young and old, not what is problematic or divides.

We have already identified several catalysts of activity to generate and build community relations to support broader social capital across Halton.

The development of the first intergenerational conference clearly demonstrated the diversity of people within the local community who would like to be involved in intergenerational work in the future. Almost 200 local people attended the event across a range of ages, this has given us a base to start developing local engagement in planning future workstreams. By adopting an approach that utilises community development networks, voluntary sector; statutory organisations and community groups the spread of involvement will be diverse and far reaching. Future plans set out to utilise a community development approach to bring together a wide range of existing services to deliver creative activity and inspire community involvement and participation to generate social capital.

PREVENTION

Recent government publications clarify the intended direction that Local Government, National Health Services, Independent and voluntary sectors are expected to embark on. They also identify how this direction could be achieved within the current constraints of the local economy.

Local service users in Halton have an expectation that they should receive the highest quality services that are designed around local needs as well as being flexible enough to meet the aspirations of users and carers. In addition service users should always have a choice – even in essential services. This level of service provision should always be the aim of all commissioners and providers within Health, social care, independent and voluntary sector.

To achieve the aims and ambitions of the local population is not just the responsibility of the Local Authority as they are not the only provider of such services. There has to be a strong emphasis on partnership working and developing robust agreements that support and enhance the ability of staff and services to work quickly and effectively to address the needs of individual service users. There has to be within these agreements clear demonstrations on how we are going to achieve our aspirations, not a list of obstacles that will prevent development.

Partnership commissioning has been at the heart of ensuring that effective partnerships are in place to support the modernisation agenda. This can be clearly demonstrated through the development of the Section 75 Partnership Agreement that clearly identifies the processes and protocols expected from commissioning in all organisations. The agreement is important as it covers Halton & St Helens NHS, Halton Borough Council and St Helens Council.

In Halton we can draw on a significant service provision in relation to citizenship, inclusion and engagement and preventive low-level services.

Citizenship, inclusion and engagement

- **Halton OPEN (Older People's Empowerment Network)** – an autonomous group of older people who meet to discuss the latest agenda for local service users and community. The group has an elected board of 15 members and has a wider membership of 654 that it consults with. There are also two members of Halton OPEN that sit on the Older People's Local Implementation Team and regularly feedback issues directly from the public.
- **Participation groups** – six groups offering primarily social interaction, but also offering older people an opportunity to feed into Halton OPEN and the Older People's Implementation Team. There are currently six participation groups that are supported by Age Concern, Windmill Hill, Halton Lodge, Hale Village, St George's Court, Castlefields and Bridgewater
- **Dignity Champions** – Newly formed and supported through the Older People's Local Implementation Team the Dignity Champions will report on the Dignity in Care agenda as part of the Local Area Agreement.
- **Area Forums** – available to all residents in Halton
- **Residents meetings** – Castlefields, Brookvale, Neighbourhood Management Areas, Halton Brook
- **Mental Health forum** – Peer network group for mental health service users that feeds directly into the Mental Health Local Implementation Team.
- **Halton Carers Forum** – direct support group for carers in Halton
- **Local Involvement Networks (LINKS)**

Prevention and minimum intervention

- **Befriending service** – a volunteer led service delivered through Age Concern that offers a regular visit to some of the most isolated older people in the borough. The service currently has in excess of 60 volunteers all carrying out a weekly or fortnightly visit.
- **Telefriending service** – A volunteer led service delivered through Age Concern that offers a regular phone call to older people who have some degree of social isolation or who are waiting until a befriending volunteer can be recruited. The service has three volunteers that support fifteen older people.

- **Home Safety checks** – The service is delivered through Age Concern and offers a comprehensive check into an older persons home. The service identifies risks in the area of fire, crime and falls and works with key stakeholders to make appropriate referrals. The service completes in excess of 300 checks per year.
- **Helping hand service** – A pilot service was delivered through Age Concern in 2008/09 offering low-level practical jobs for older people. The service is supported by volunteers and in the first year completed 200 small jobs. The service plans to expand during 2009/10 linked to the newly developed handyperson service.
- **Traders Register** – The register is available to all older people in the borough through Age Concern. It has a range of over 40 local traders registered and allows service users to access traders that are insured, must supply references and have been quality tested to give extra piece of mind. The service averages 100 enquiries per month.
- **Shopping service** – The service is provided through Red Cross and offers shopping for older people with limited mobility who have no other means of accessing their food requirements. The service is currently supporting 22 long-term clients and has capacity to support another 10 short-term clients.
- **Information service** – A signposting and low-level casework service that offers information to older people on any topic they require. The service has in excess of 500 enquiries per month and there has been a change into more people with higher needs or requiring some form of low-level advocacy.
- **Sure Start to Later Life** – A service delivered through Halton Borough Council, working in partnership. Four information officers offer a range of support to older people who have completed a low-level self-assessment of their needs.
- **Reach for the Stars** – Delivered through the Halton & St Helens Primary Care Trust the service offers volunteers who support older people into social activities. The service is designed to help people build confidence and access services that meet their short and long term needs. The service supports in excess of 350 older people per year.
- **Complimentary Therapies** – weekly community sessions that supports in excess of 200 older people each year.
- **Fresh Start** – is a weight management programme that is offered through the Healthy Living Programme via Halton & St Helens Primary Care Trust,
- **Fit to Dance** – the service offers three sessions at the Brindley, Ditton Community Centre and Murdishaw Community Centre. The service has supported 119 older people from April 2008 – Dec 2008.
- **Dance activities** – 14 additional dance groups accessible to Older People (8 in Runcorn, 6 in Widnes)
- **Recipe for Health** – A healthy eating programme delivered through the Healthy Living programme
- **Warden services** – Community based service offered through Halton Borough Council and linked to Intermediate Care.
- **Telecare** – Initial pilot service took place in 2006/07; the service has expanded dramatically and now has received mainstream funding.
- **Mens Health programme** – a pilot service that targets men accessing healthcare at an earlier point. The service is aimed at men who are 40+ and in its first year has already supported 95 men through health checks and 10 week taster sessions.
- **Arts** – a range of projects supporting the arts including: painting, camera group, 5 craft groups, cake decorating, and pottery.

- **Dementia reading group** – a pilot service that carries out poetry readings for people diagnosed with dementia. The service is carried out in two venues, one in the community and one within a residential care setting.

RE-ENABLEMENT AND INTERMEDIATE CARE

As commissioners we have to look toward prevention far more than treatment or crisis management. The population projections linked to health and lifestyle concerns point to major financial shortfalls for Health and social care in the future. The details in the section above show some of the targeted low-level work that is already being delivered in Halton, however it is important to acknowledge that alongside these services we must maintain and improve our higher level re-enablement services.

By ensuring that re-enablement, prevention and information work together we will be able to support all of an individuals needs and not just their priority health or social care need. Below is a menu of services already available in Halton.

Intensive time limited interventions

- **Intermediate Care Gold service**
- **Intermediate Care sub-acute unit**
- **Home from Hospital scheme** – service delivered by Red Cross and offers service users up to six weeks support for a range of low-level tasks once the service user has left Hospital.
- **Re-ablement service**
- **Dorset Gardens (Extra Care Housing)**
- **Sheltered housing**
- **Intermediate Care beds OakMeadow**
- **Rapid Access and Rehabilitation Service (RARS)** – aims to design a programme of activities to help people to live as independently as possible.
- **APEX falls exercise programme** – time limited exercise programme to support the mobility of people who have suffered or at risk of a fall.
- **Weight Management groups** – 13 separate weight programmes, some private and some provided through health (Runcorn x8, Widnes x5)

COMMISSIONING INTENTIONS

Halton is in the process of developing a range of specific workstreams that will begin to address some of the issues that have been raised above.

- Develop and implement prevention strategy
- Complete a communication strategy for older people's services
- Review existing information services to inform commissioning priorities and direction for the future.
- Develop outcome framework to collate evidence data for low-level services.

PLANNED INVESTMENT

Joint investment has been agreed through the Vulnerable Adults Taskforce for the next three years. This investment will be used to initially develop and then implement the prevention agenda. This work will be supported by external evaluation, the role of

this evaluation will be to demonstrate the impact and outcomes that have been experienced by the service user, the carer, the service, the Local Authority and NHS Halton & St Helens.

SECTION SIX : PERSONALISATION

Personalisation means thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives and goes well beyond simply giving personal budgets to people eligible for council or health funding. Personalisation means addressing the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need.

The Government approach to personalisation can be summarised as “the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and their services they receive”. This approach is one element of a wider cross-government strategy on independent living.

The Government is clear that everyone who receives social care support in any setting, regardless of their level of need, will have choice and control over how this support is delivered. The intention is that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

This means a common assessment of individual social care needs, emphasising the importance of self-assessment. The role of social workers will focus on advocacy and brokerage rather than assessment and gate keeping. This is a move from the model where the individual receives the care determined by a professional, to one where the individual is firmly at the centre, identifying what is important to them in delivering the care they need to be as independent as possible. This is called a ‘a person centred planning’ approach.

In the future, all individuals who are eligible for publicly-funded adult social care will have a personal budget. The budget will be clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and well-being. Having an understanding of what is available will enable people to use resources flexibly and innovatively, no longer simply choosing from an existing menu, but shaping their own menu of support.

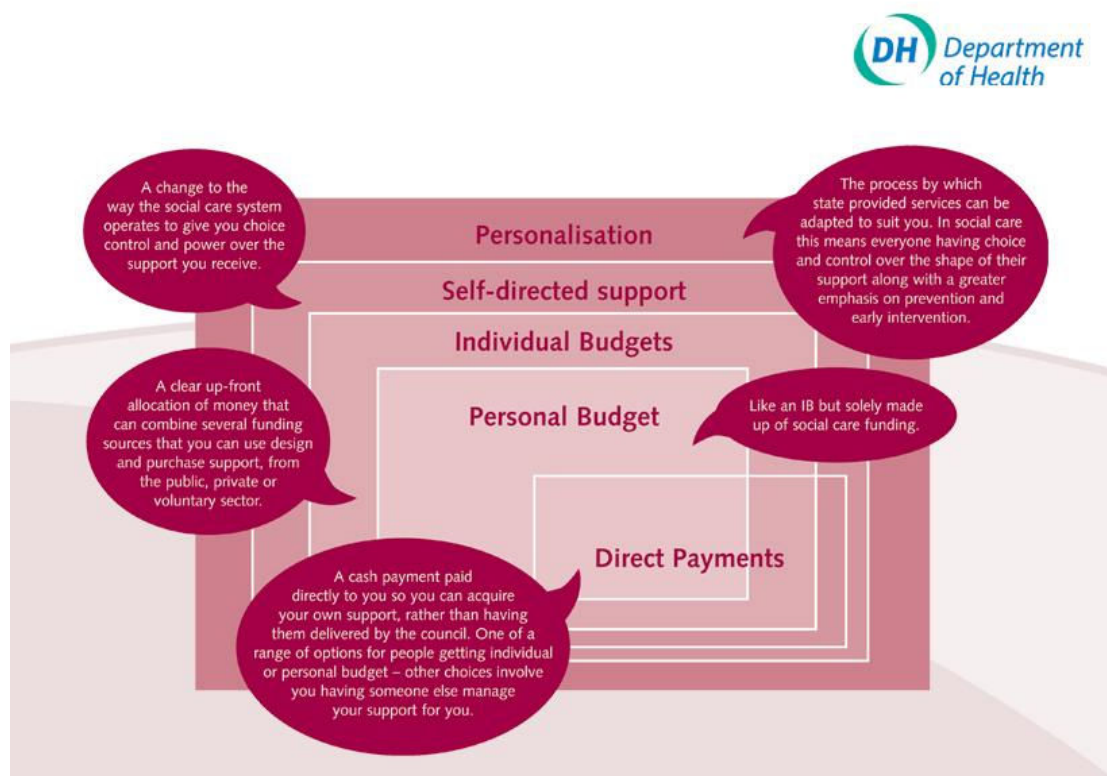
Progress to date

The Government has provided a Social Care Reform Grant to support the implementation of Personalisation.

A “Transforming Adult Social Care Change Board” (TASC) has been established to oversee the strategic planning and implementation of personalisation in Adult Social Care. This is chaired by the Strategic Director, Health & Community. Representatives from Corporate Services, NHS Halton & St Helens, users of social care services and

their carers all sit on the Board. In addition a Self Directed Support Group oversees dedicated work streams on Finance, Workforce, Commissioning and Outcomes.

Personalisation is a number one priority for the Department of Health. There are new targets that will accompany the Governments directives, but there is a clear expectation that by March 2011 significant change will have taken place. The Care Quality Commissioners already tracking progress on implementation. As such, Personalisation is probably one of the most significant policy developments since the implementation of the Community Care Act in 1993.



PERSONALISATION IMPLICATIONS FOR COMMISSIONING

- Ensuring the right balance of investment between different services- aggregated and disaggregated investments – as well as the appropriate balance between cost, quality and value for money to meet local needs.
- Shaping the market – so that high quality, flexible and responsive services are available for personal budget holders and self-funders
- Ensuring that people have access to information and advice to make good decisions about their care and support, however it is funded
- Finding new collaborative ways of working that support people actively to engage in the design, delivery and evaluation of services
- Developing local partnerships, particularly between health and social care, which produce a range of services for people to choose from and opportunities for social inclusion and community developments
- Commissioning prevention and well-being services – which promote the public good, but which would not be purchased by individuals, as well as some widely used services to more flexible specifications e.g. domiciliary care
- Ensuring all citizens have access to universal community services and resources such as transport and leisure activities.

SECTION SEVEN : FINANCIAL PLAN

The Older People’s commissioning strategy covers a range of service areas as outlined in each of the previous four main sections. The strategy aims to continue our shift from high-cost high-end services to delivering far more support in early intervention and prevention. By delivering this shift we will be able to continue to reduce the burden of residential care, nursing care and complex care packages in the community.

Although the strategy is ambitious in some of its proposals and there are financial implications to some of the proposed developments, it is not envisaged that there will be a requirement for any additional funding. Some of the financial requirements have already been identified within the existing Community Care Base Funding. Any developments and increased capacity will be achieved through redesign of existing services to deliver improved outcomes, at this point there is no requirement for new investment to deliver on this proposed strategy.

The following table outlines the commissioning plans and the funding implications related to the service:

SECTION TWO – OLDER PEOPLE’S MENTAL HEALTH				
Commissioning intention	Cost	Source of funding	Implications	Exit strategy
Development of Assessment, Care and Treatment service (ACTS)	To be determined	50 % NHS Halton & St Helens 25% Halton Borough Council 25% St Helens Metropolitan Borough Council	This service is linked to the dementia strategy.	Initial funding is planned for three years, it is anticipated that the service will require additional funding from 2013.
Review existing provision of bereavement services in Halton	No additional cost, any developments will involve redesign. Bereavement is part of NHS Halton & St Helens Commissioning Strategic Plan	Existing services from NHS Halton & St Helens and Halton Borough Council	Any review carried out may identify gaps in service. Funding for gaps would be delivered through redesign or if new funding was required through a separate business case, independent of this	Not applicable

			strategy.	
Continue to develop Community Mental Health Services	Approx - £379,000 per annum Halton Borough Council approx - £120,000 (this is already contained within existing budgets) NHS Halton & St Helens approx - £259,000	Halton Borough Council NHS Halton & St Helens	Any future developments will be part of a redesign	Service currently funded through base budget.
Develop Peer Network service for dementia	2009/10 - £45,000 2010/11 - £46,000	Funding from Halton Health Partnership Provider – Age Concern Mid Mersey	The service has received funding for an initial two year period and is delivered in the voluntary sector through Age Concern Mid Mersey	The service only has funding for two years, evaluation of the project has been built into the initial funding and a business case will be developed in line with commissioning priorities within the dementia strategy
Investment agreed for the dementia reading group	2009/10 - £7,500 2010/11 - £8,000	Funding agreed through the jointly funded Vulnerable Adults Taskforce. Provider – The reading group	The service has already demonstrated outstanding outcomes, however only runs one day per week. Plans for an expansion are currently being written into future Vulnerable Adults Taskforce plans.	Grant funding means that the service only has funding for two years. Options for future sustainability relating to training of residential staff are currently being developed.
Investment is available from both Local Authority and NHS Halton & St	2009/10 - £5,000 (total) 2010/11 – £10,000	Funding available through both lead statutory organisations	Training programme needs to be agreed and commissioned in line with	Gaps in training will need to be identified from 2011 to establish training

Helens to fund a training programme relating to dementia.	(total)		standing orders	requirements for the future.
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SECTION THREE – DETECTION OF MAJOR ILLNESSES				
Commissioning intention	Cost	Source of funding	Implications	Exit strategy
Early detection services	2009/10 - £1.5million 2010/11 - £3.2million 2011/12 - £5.1million 2012/13 - £5.2million	NHS Halton & St Helens	Main delivery of one of the Commissioning Strategic Plan objectives.	5 year plan through NHS Halton & St Helens
Social Marketing	2009/10 - £1million 2010/11 – £1.3million 2011/12 - £1.5million 2012/13 - £1.5million	NHS Halton & St Helens	Main delivery of one of the Commissioning Strategic Plan objectives.	5 year plan through NHS Halton & St Helens
Personalised risk Management	2009/10 - £1.9million 2010/11 - £4.7million 2011/12 - £9.6million 2012/13 - £9.6million	NHS Halton & St Helens	Main delivery of one of the Commissioning Strategic Plan objectives.	5 year plan through NHS Halton & St Helens
Prescribing costs	2009/10 - £0.8million 2010/11 - £1.5million 2011/12 - £2.2million 2012/13 - £2.7million	NHS Halton & St Helens	Main delivery of one of the Commissioning Strategic Plan objectives.	5 year plan through NHS Halton & St Helens
Stroke – commissioning of psychological support Commissioning of stroke training	2009/10 - £85,000 2010/11 - £85,000	Stroke central grant	This is only two year grant funding, evaluation will be built into the service to support future business plans to commissioning in the future.	Grant funding means that the service only has funding for two years. Options for future sustainability are currently being developed

SECTION FOUR – ACCOMMODATION				
Commissioning intention	Cost	Source of funding	Implications	Exit strategy
Develop a second extra care housing provision in the borough	To be confirmed	To be confirmed	Work will need to commence in 2010/11	Not applicable

SECTION FIVE – QUALITY OF LIFE				
Commissioning intention	Cost	Source of funding	Implications	Exit strategy
Develop and implement prevention strategy	To be determined through initial review of existing provision Financial support for development of the prevention strategy has been identified	Halton Borough Council NHS Halton & St Helens	Any changes within service provision that are identified through the prevention strategy will be achieved through service redesign, collaboration and developed partnership working.	Not Applicable
Complete a communication strategy for older people's services	To be completed through existing resources	Halton Borough Council NHS Halton & St Helens	This strategy must link to the prevention strategy as it will be an important driver in improving low-level services in Halton.	This will be a three year strategy that will require a refresh in 2013.
Review existing information services	To be completed through existing resources	Halton Borough Council NHS Halton & St Helens	Any service changes will be achieved through service redesign.	Not Applicable

SECTION EIGHT : REVIEW OF THE PREVIOUS OLDER PEOPLE'S COMMISSIONING STRATEGY

The Commissioning Strategy for Older People in Halton was published in 2004 and covered the period between 2004 – 2008. The strategy included a needs analysis and details of the current provision of service in Halton. From this data it went onto identify fifteen key recommendations that would form the basis of the implementation of the strategy. This section will look at how we have performed against some of these recommendations as well as considering some of the wider performances we have achieved over the previous four years.

Introduction

There have been a number of dimensions to the improvement journey within Halton, all of which have had to be in place to deliver sustainable improvement. These dimensions to improvement include:-

- Strategic Approach/Leadership
- Commissioning and Investment Strategy
- Meaningful Engagement
- Performance

These four key areas underpin the core outcomes contained in 'Our Health, Our Care, Our Say', and are integrated into the work undertaken by the Directorate and our partner agencies. These outcomes include: -

- Health and Well being
- Quality of Life
- Positive Contributions
- Choice and Control
- Discrimination and Harassment
- Economic Well Being
- Personal Dignity

Strategic Approach/Leadership

Joint working arrangements with NHS Halton & St Helens have developed strongly since 2005, with a whole system approach to promoting health, independence and well being. A number of new initiatives, such as a Sure Start to Later Life Scheme and links to the Bridge Building Scheme ensures people have increasing opportunities for an active and independent lifestyle. There is collaborative working with NHS Halton & St Helens in respect of services for Older People with Mental Health needs (fully integrated Community Mental Health Team, with single line management).

The development of an Advancing Well Strategy clearly recognises the impact that population ageing will have in the Borough and illustrates the need for raising the profile of Older People in the Borough. The Strategy is targeted at over 50s and is the first step in identifying the need for a major culture shift away from merely providing resource intensive high-level interventions toward low-level preventative services which promote social inclusion and positive mental health, thus reducing the need for some services.

Another element to the Advancing Well Strategy is to act as a tool that reaches across all Council Directorates as well as key partners and stakeholders. The Advancing Well Strategy has six key themes that cut across a range of service provision and aim to reflect the needs and aspirations of Older People. The six themes are: -

- **Transport** – Allowing Older People to Travel Safely and Access Services around the Borough
- **Employment & Education** - Enabling Older People to find Paid and Voluntary Work
- **Health** - Ensuring Older People are in Good Health Longer
- **Safe & Independent Living** - Supporting Older People to Live at Home in Comfort
- **Advocacy & Financial Services** – Providing Reliable and Easy Access to Financial and other Advice Relevant to Older People
- **Communication & Information** - Ensuring Older People are Involved in the Decision Making Processes relating to Local Services

The Halton Safer Homes Group is a multi-agency meeting, chaired by Cheshire Fire & Rescue Service, which works directly to implement key objectives from the Safer Halton Local Strategy Partnership. The Group has representatives from HBC, NHS Halton & St Helens, Police, Fire Service, Voluntary Sector and Community Groups.

There have been significant developments within Safeguarding Vulnerable Adults, as well as improved reporting, recording and training processes, there is also better working with Police and other organisations in ensuring relevant adherence to policies and procedures. Older People's Care Management now includes management of an Adult Protection Co-ordinator and oversight of the Older People's Community Mental Health Team employed within the 5 Boroughs Mental Health Trust.

Between 2004 and 2006, the Local Implementation Team (Older People) identified a number of prominent professionals and service users to undertake the role of 'Older People's Champion'. This role focused primarily on ensuring that the voice of Older People was heard and considered as part of the planning and implementation process. More recently the role of 'Older People's Champion' has been redefined to reflect the national agenda relating to personal dignity. 2009 has seen the appointment of a dignity co-ordinator to further improve the initial work started by the older people's champions.

Reviews of contracting and partnership arrangements have taken place and the completion of the section 75 partnership agreement along with the section 75 agreement for intermediate care clearly demonstrate the positive strides that have been made in the last four years.

There have been strong developments within Multi-Disciplinary Teams and although more still needs to be done particularly in relation to early intervention we have joint processes in place through, **Social Care in Practice, Rapid Access and Rehabilitation Service (RARS), Intermediate Care, Healthy Living Programme.**

One of the biggest areas of success over the last four years in Halton has been the reduction in placements in residential and nursing care. We saw a reduction of 36% over the period of 2003-04 – 2007-08. In addition to this reduction we have seen an increase in investment in Intermediate Care, which has resulted in positive outcomes

for service users in the community, to support many more older people to remain independent in their own homes and enjoying an improved quality of life. 2008/09 saw a joint agreement for funding between the Local Authority and Halton & St Helens NHS, this stability has subsequently allowed the service to develop and implement a Gold standard for Intermediate Care. It has also allowed for the newly opened sub-acute unit at the Halton General Hospital site in Runcorn.

Commissioning and Investment Strategy

Commissioning has developed widely rapidly and the post of joint Commissioning Manager for Older People now sits across Health and Social Care. The lead organisation for the post is the Local Authority, however it also sits within partnership commissioning in NHS Halton & St Helens. This allows the post to consider all aspects of commissioning and understand the key priorities across both organisations.

Significant commissioning achievements include:-

- Dorset Gardens Extra Care Scheme
- Dementia service
- Carers Breaks
- Sure Start to Later Life
- Lifeline and wardens development
- Meals service
- Re-tendering of domiciliary care contracts, including realignment of in house service to a short term service

In supporting this Change Strategy, a pool of change money was agreed, made up of £400k of NRF matched with £200k from both Social Care and NHS Halton & St Helens base budgets. This formed what is known as the Vulnerable Adults Taskforce Programme.

The Vulnerable Adults Taskforce Programme has been instrumental in commissioning a range of services that support well being, independence, health, leisure etc. These include the pilot Evercare service, Domiciliary Pharmacy, (both now mainstreamed by the PCT), low-level Podiatry, Telecare, Falls Service, Home Safety Checks, Traders Register, Shopping Service, Reach for the Stars. In addition the Local Authority is now working with partners to develop an outcome framework for the Local Area Agreement outcome 3 of the Healthier Communities and Older People block. This framework pulls together low-level activity across a wide range of areas, all targeted towards improving the health and well-being of local Older People.

One of the main criteria that the Vulnerable Adults Taskforce Programme is linked directly to emergency admissions, readmissions and length of stay. There have been a number of projects that have made a positive impact in this area including the Mental Health Liaison Nurse, Falls Service, Podiatry, Evercare and Telecare.

An improvement on 2005-06 is that the Community Warden and Telecare Service are fully integrated with the Falls pathway. This has effectively supported the preventative agenda and in many cases preventing the need for hospital admissions.

The Directorate has made significant advances in the use of assistive technology (e.g. door sensors to monitor wandering or fall detectors etc) to promote independence and choice.

Following the successful housing stock transfer the Lifeline and Wardens services were transferred to social care thus strengthening integration of care and support services.

Our first Extra Care Housing Scheme (in partnership with Riverside) opened on schedule in October 2006 (40 units at Dorset Gardens, Runcorn) to improve outcomes for people living independently in the Community. In-house home care are delivering the care, and developing a model of care provision, which meets the needs of an extra care facility. The Council continues to work with housing providers to develop Extra Care housing further and this is a key priority for the next five years.

There has been a particular focus on early prevention to reduce higher-level support services and signpost to non care managed support when necessary. This ensures people maintain their independence and quality of life. There has been extensive joint work in developing programmes/range of services to support vulnerable people to lead an active lifestyle and thus support the 'seven dimensions of independence'. Support has been given for programmes within the Healthy Living Programme including: -

- Reach for the Stars (programme to support older people into social activity),
- Health trainers,
- Participation groups and the Older People's Empowerment Network that allow local older people to have a voice and contribute to a number of formal bodies.
- Support for information provision through the development of Age Concern outreach information service and the Sure Start to Later Life project.

A comprehensive review of Care Management processes and systems has taken place, with all documentation redesigned to ensure need is identified consistently and risk managed appropriately.

An evaluation of the outcomes of intermediate care services was completed and led to the development of the Intermediate Care Gold service, which includes the new Intermediate Care unit at Halton Hospital. This service has consistently demonstrated an impact on reducing dependency, delays in hospitals and hospital admissions. Home care has moved to provide a 24/7 service and a specialist intensive domiciliary service for those with dementia is in operation

Joint working has been established with the Welfare Benefits Service and Fairer Charging Team thus leading to improved benefits maximisation and take up and timeliness of financial assessments.

There has been an increase in the use of Self Assessment in regards to helping individuals work out what equipment could help them remain independent. This self-assessment method has helped reduce the time it takes to get the equipment required and it has worked best for people who have less complex permanent disabilities.

Training and development remain as a key objective to support professional development. The Local Authority's Training Section has commissioned a number of events regarding Management Development. The first is a dual qualification consisting of the Institute of Leadership and Management (ILM) level 5 and the National Vocational Qualification (NVQ) in Management level 4 or 5, dependent on role within the organisation. In addition Halton Borough Council and Halton and St Helens NHS are currently attending a joint Management Development Programme, with a view to developing a joint approach across Halton.

Meaningful Engagement

The Council has a number of initiatives to enable Older People to engage in programmes to express their views with regard to service development, planning and review.

Improved engagement activities since 2005 include: -

- A consultation resulted in a change of provider for Community Meals;
- 123 responses from Older People in respect of the Advancing Well Strategy;
- Regular attendance from Halton's Older People Empowerment Network (OPEN) on the Local Implementation Team (LIT);
- More than 100 older people attended a recent annual conference
- Almost 200 people attending the first intergenerational conference in 2009.

The Older People's Empowerment Network (OPEN) is the main Older People's Group that acts as a focal point for gaining views and feeding them into key strategic planning groups like the Older People's Local Implementation Team. This was identified through the Vulnerable Adults Taskforce as an area for development (see Section on Commissioning & Investment Strategy). In addition, Older People have access to area forums, the Older People's conference and Age Concern's participation groups.

Although Halton OPEN set's it's own agenda based on the needs of local Older People they also react to local consultation topics and have offered support on: -

- Extra Care Housing
- Telecare
- Sure Start to Later Life
- Residential Care
- Carers issues
- Dementia Strategy

Each of the low-level Voluntary Services are supported to record Service User satisfaction as part of their contract or service level agreement. Questionnaires are a popular way of doing this, however we have also worked successfully to deliver the Older People's conference and the intergenerational conference, focus groups for the development of a men's health project and utilising technology for an event with Stroke Service Users and Carers, by operating an interactive question and answer session with data being illustrated as soon as the question had been answered. Service Users found this method of consultation particularly satisfying, as they were able to see that their views were being collected in a meaningful way.

One of the key themes that came directly from Older People at the 'Making a Difference' Conference in 2005, was information provision. Older People didn't know what was available or how to access it. This was mirrored in the recent intergenerational conference with over 90% of the requests for services already being available in the borough. This demonstrates that there is still much work to be completed in relation to communication and information provision.

A number of key services have been developed to help this process; Sure Start to Later Life, Reach for the Stars, Health Trainers and Age Concern Outreach information. In addition a directory of services is currently being developed to support even better information provision in the Borough.

There have been three successful Older People's conferences. Each conference is attended by in excess of 100 Older People and a range of professionals from all service areas. The conferences are an opportunity for local people to ask questions, understand progress in service delivery and contribute to future service developments. The conference was the starting place for the development of the Sure Start to Later Life project.

Halton Borough Council and Halton & St Helens NHS have undertaken a Joint Strategic Needs Assessment for Halton to identify the demographics of the borough as well as detailed analysis of the current picture in relation to performance, needs and gaps. The Joint Strategic Needs Assessment is a piece of work that needs to be completed on an annual basis. In relation to low-level services a mapping of existing services and service provision is currently being undertaken through the older people's working group that is chaired by the Operational Director, Cultural and Leisure Services. The mapping was completed during the Summer of 2009 and will now form part of the development of an early intervention strategy.

Performance

Commissioning and Investment Strategy describes some of the changes made, but have they improved outcomes? Performance for Social Care has traditionally been measured by DoH Performance Assessment Framework indicators, and below some of these are discussed. However these indicators have all significantly improved over the last 4 years supporting the achievement of a 3 star Social Services rating. Many of these are proxies for outcomes, and establish trends in performance across a system.

Rightly performance has increasingly been focussed on developing outcome measures. However we also have a journey and story to tell – this demonstrates some significant change with a dramatic increase in the number of older people supported at home alongside a decrease in long term residential and nursing placements. Standard output data is still provided and has been improved in relation to the consistency and frequency of collection, however the developments within outcome measures has seen a significant improvement in understanding the true impact of particular services. This has been demonstrated through the Vulnerable Adults Taskforce, which has begun the process of developing specific outcome data on the Mental Health Liaison Nurse service and the Falls clinic. We are currently working with partners to establish the impact of interventions in both areas on Hospital admissions, readmissions and length of stay. Although only in the initial stages it appears that both projects have made a significant impact on their key target areas.

The Council has been proactive in providing the opportunity for older people to take control of their own care. Halton is highly placed in the local authority league table for the use of direct payments. The Council is also promoting the use of telecare systems to help people live at home, in conjunction with the Halton Direct Link, 24-hour contact centre. Initiatives such as Halton Direct Link have led to an increase in the number of services accessed at a community level.

The number of adults and older people receiving Direct Payments as at 31st March 2009 (per 100,000 population) increased from 165 during 2005-06 to 283. This remains an area of very good performance and is higher than comparator Councils. (The main uptake was from older people, people with learning disabilities, people with sensory impairment, carers and black and minority ethnic groups).

The Council continued to improve on its very good performance on the number of older people helped to live at home; from 111 during 2005-06 to 144 per 1,000 of the population aged 65 and over. This was higher than agreed target of 139.

Intensive homecare also increased (from 9.7 during 2005-06 to 11.1 per 1,000 of the population aged 65 and over). The estimated number of households who purchase intensive homecare through Direct Payments also increased (from 2.28 during 2005-06 to 3 per 1,000 of the population aged 65 and over) and performance exceeded the council planned target of 2.30.

There was a slight decrease from 74 during 2005-06 to 54 per 10,000 of the population aged 65 and over in the number of Older People admitted to residential and nursing care. This was in line with the plan and remains very good performance.

Development areas

The following points demonstrate where targets have been partially achieved, but still have some attached actions that need completion.

- The Older People's Local Implementation Team has maintained a high level of stability over the last five years. Chaired through the Local Authority and with a Primary Care Trust vice chair the Board has been able to operate as a fully functional multi-agency partnership board. It has been involved in modernisation, but there are still questions raised about the full impact and position the OP LIT has. The OP LIT only has direct commissioning control over a small budget (Vulnerable Adults Taskforce) and still struggles to fully influence other areas of work. **(See action 4,5, and 6 of the action plan)**
- Halton Older People's Empowerment Network (OPEN) remains the best source of consultation within the borough. The network provides a voice to local Older People who are able to sit as executive members on the OPEN board and be involved in conference's tackling local issues. Three members of Halton OPEN currently sit on the Older People's local Implementation Team and one member sits on the Stroke Core Strategy Group.

The membership of Halton OPEN has now exceeded 600, but plans need to be developed to ensure that the full membership of the network is utilised and not just the executive committee members. **(See action 7 and 8 of the action plan)**

- The commissioning pot that is overseen by the Older People's Local Implementation Team (the Vulnerable Adults Taskforce) was fully audited in 2008. The Older People's Local Implementation Team does have some level of performance reporting mechanisms in place, but they are currently being redeveloped in line with the changes being made through the restructure of the board. **See Action 5 above.**
- In respect to links to the accommodation strategy this has been partially achieved, there is now a housing sub-group of the Older People's Local Implementation Team and this will need to be a priority when looking at Extra Care Housing, residential care, and developments in the Home Improvement Agency. It will also be vital in the current economic climate. **(See action 6 and 13 of the action plan)**
- The following strategies have been developed and are available to support this document:

Advancing Well strategy
Extra Care Housing
Transport Plan
Housing Strategy
Commissioning Strategic Plan
Carers Strategy
Intermediate Care Gold Standard
(See action 9, 10, 11, 12 and 13 of the action plan)
- The implementation of the Single Assessment Process has not been as successful as anticipated. Poor sign up and slow decision making have resulted in a deficiency in full coverage and this looks set to continue in the near future. An update and relaunch of the steering group is planned during 2009, this will include ensuring the correct membership of the meeting. **(See action 14 of the action plan)**

SECTION NINE : IMPLEMENTING THE STRATEGY

JOINT COMMISSIONING STRATEGY ACTION PLAN

No	Key Actions	Lead Responsibility	Links to local target	By When	Comments
1	To ensure service planning officers are clear in their role of supporting commissioning by provision of high quality evidence.	Older People's Commissioning Manager / Manager of Service Planning	NI7 – Environment for a thriving third sector A4H – Making a difference by providing services which meet the needs of vulnerable people A4H – Making a difference by making sure people have excellent access to services and facilities	Ongoing	Develop communication and reporting process between Commissioning and Service Planning. Ensure workplans are linked between both areas
2	Commissioning decisions are made based around the highest level of monitoring evidence that is available and that this be obtained through the contracts department and commissioners.	Older People's Commissioning Manager	NI5 – Overall satisfaction with the area. Links to all service specific NI targets.	Ongoing	Evidence reported to relevant reporting forums including the Halton health Partnership, Older People's Local Implementation Team etc.
3	There is enough capacity within the contracts team to fully support the commissioning requirements needed for effective commissioning of Older People's services.	Divisional Manager Planning & Commissioning		2010 -11	Reviewed under KPMG and Tribal review of Partnership commissioning. This will be dependent on future commissioning decisions.

4	Strengthen the Older People's local Implementation team to become more of a strategic commissioning body.	Chair Older People's Local Implementation Team	<p>NI 7 – Environment for a thriving third sector.</p> <p>NI 124 – People with a long-term condition supported to be independent and in control of their condition.</p> <p>NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.</p> <p>A4H – to ensure that no-one experiences barriers to accessing good quality care and support because of their culture, ethnicity or sexuality.</p> <p>A4H – to ensure that all older people have the opportunity to enjoy a good quality of life.</p>	<p>Initial implementation Sept 2009</p> <p>Low-level Review Sept 2010</p> <p>Strategic review to be carried out in Sept 2011</p>	New Terms of Reference in draft format at present. Need to strengthen membership as well as agreeing business priorities.
5	Improve reporting and performance frameworks of the Older People's Local Implementation Team.	Older People's Commissioning Manager	Links to internal team plan and World-Class commissioning intentions	<p>Sept 2009</p> <p>Review Sept 2010</p>	Reporting process and performance framework to be completed

6	Develop Housing sub-group of the Older People's Local Implementation Team.	Divisional Manager Planning & Commissioning	<p>NI124 – People with a long-term condition supported to be independent and in control of their condition.</p> <p>NI142 – Number of vulnerable people supported to maintain independent living</p>	<p>May 2009 set-up of meeting</p> <p>Extra care development 2010-2014</p>	The newly formed group will need to be responsible for developments within Extra Care, the refresh of the Older People's accommodation strategy and linking in with the Dignity agenda across housing.
7	Implement commissioning links between Older People's Commissioning Manager and Halton Older People's Empowerment Network (OPEN)	Older People's Commissioning Manager and Chair of Halton OPEN	<p>NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.</p> <p>A4H – To support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.</p>	Ongoing	Commissioning manager to agree a method of reporting to and from Halton OPEN to improve engagement, consultation and service user involvement in planning.
8	Carry out audit of Halton OPEN members to develop an agreed database of what people's interests are and how they want to be involved.	Older People's Commissioning Manager and Chair of Halton OPEN	NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.	End of 2009	Audit will target existing members of Halton OPEN to establish how people would like to be consulted and what where their areas of interest.

			A4H – To support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.		
9	Develop and implement a prevention strategy, which includes intergenerational initiatives.	Operational Director – Older People Operational Director – Cultural services	NI 7 – Environment for a thriving third sector. NI17 – Perceptions of anti-social behaviour NI120 – All-age all cause mortality NI124 – People with a long-term condition supported to be independent and in control of their condition NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. NI142 – Number of vulnerable people supported to maintain	End of 2009 for strategy Implementation plan Jan 2010 - 2013	Baseline audit has been completed and mapping of existing activity underway.

			<p>independent living</p> <p>A4H – to ensure that all older people have the opportunity to enjoy a good quality of life.</p>		
10	Complete development of a local stroke strategy	Head of Partnership Commissioning – NHS Halton & St Helens	<p>NI124 – People with a long-term condition supported to be independent and in control of their condition</p> <p>NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.</p> <p>A4H – Making a difference by ensuring that when people do fall ill from some of the major diseases, they get the best care and support.</p>	<p>End of 2009 for strategy</p> <p>Implementation plan Jan 2010 - 2013</p>	Mapping of service provision has been completed. Audit of existing performance against National Quality Markers is almost completed and will be repeated on an annual basis to demonstrate progress, gaps, good practice and deficiencies in service.
11	Complete the renewing of the Older People's Mental Health strategy	Older People's Commissioning Manager / Head of Partnership commissioning (NHS Halton & St Helens)	<p>NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.</p> <p>NI150 – Adults in contact</p>	Complete by March 2010	Work is underway in a number of areas to refresh the strategy, but will need to be completed after the proposed implementation of the Assessment Care and Treatment Service.

			with secondary mental health services in employment A4H – Making a difference by providing services, which meet the needs of vulnerable people.		
12	Produce a local dementia strategy	Older People's Commissioning Manager	NI124 – People with a long-term condition supported to be independent and in control of their condition NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. A4H – Making a difference by ensuring that when people do fall ill from some of the major diseases, they get the best care and support.	Strategy completed by Oct 2009 Implementation plan Jan 2010 - 2013	Project plan in place
13	Renew and update the older people's accommodation strategy.	Divisional Manager Planning & Commissioning	NI124 – People with a long-term condition supported to be independent and in control of their condition. NI142 – Number of	March 2011	

			vulnerable people supported to maintain independent living		
14	Ensure that objectives for implementation of Single Assessment Process are agreed and that the steering group takes joint ownership to oversee completion.	Single Assessment Process Co-ordinator			
15	In line with local needs projections and working in partnership with Halton & St Helens NHS, Registered Social Landlords, Private sector and Housing associations, develop business case and funding application to support Extra Care housing bid.	Divisional Manager Planning & Commissioning	NI124 – People with a long-term condition supported to be independent and in control of their condition. NI142 – Number of vulnerable people supported to maintain independent living	Ongoing Implementation 2010 - 2014	Draft plans currently being drawn up.
16	Increase and improve the effectiveness of the membership of Halton OPEN	Older People's Commissioning Manager and Chair of Halton OPEN	NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently. A4H – To support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.	Ongoing	See action points 7 & 8

17	Explore the possibility of developing, with Halton OPEN, a mystery shopping service to measure the effectiveness of existing services in Halton.	Older People's Commissioning Manager and Chair of Halton OPEN	<p>NI139 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.</p> <p>A4H – To support communities to be engaged in the design and delivery of public services and solutions to improve the health and wellbeing of all our residents.</p>	Ongoing	See action points 7 & 8
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Appendix 1 - Local Area Agreement targets specific for Older People's Services.

<i>Priority</i>	<i>Indicators</i>	<i>Baseline (2007/08 unless specified otherwise)</i>	<i>Targets 2008/09</i>	<i>Targets 2009/10</i>	<i>Targets 2010/11</i>	<i>Lead partner (in bold) & supporting partners</i>
NI 5	Overall satisfaction with the area	Place survey indicator	TBC	TBC	TBC	HBC HVA PCT Police RSLs
NI 7	Environment for a thriving third sector	Place survey indicator	TBC	TBC	TBC	HVA HBC PCT Police
NI 8	Adult participation in sport	24% (2004)	27%	29%	30%	LA PCT Vol Sector
NI 15	Serious violent crime rate	Baseline 90 crimes recorded. 2% reduction target	2%	2%	2%	Cheshire Constabulary & CDRP Partner agencies.
NI 17	Perceptions of anti-social behaviour	Baseline 35% Target 27%	25%	23%	17%	CDRP Partners / (Community Safety Team)

<i>Priority</i>	<i>Indicators</i>	<i>Baseline (2007/08 unless specified otherwise)</i>	<i>Targets 2008/09</i>	<i>Targets 2009/10</i>	<i>Targets 2010/11</i>	<i>Lead partner (in bold) & supporting partners</i>
NI 30	Re-offending rate of prolific and priority offenders.	Baseline to be set by Home Office using JTrack system,.	TBC	TBC	TBC	Cheshire Constabulary / Probation & CDRP Partner Agencies / (Community Safety Team)
NI 32	Repeat incidents of domestic violence	For introduction in APACs in 2009/10 when coverage complete	-	-	-	Cheshire Constabulary & CDRP Partner Agencies
NI 33	Arson incidents	98.734 per 10,000 population	85.681 per 10,000 population	74.533 per 10,000 population	64.931 per 10,000 population	Fire & Rescue Service, Police + PCSOs, Youth Services, HBC, Schools, Businesses
NI 39	Alcohol-harm related hospital admission rates	2339.2	2428.1	2488	2521.2	PCT Hospital Trusts Mental Health Trusts LA / DAAT Police Schools Vol sector
NI 40	Drug users in effective treatment	New Indicator	TBC	TBC	TBC	CDRP

<i>Priority</i>	<i>Indicators</i>	<i>Baseline (2007/08 unless specified otherwise)</i>	<i>Targets 2008/09</i>	<i>Targets 2009/10</i>	<i>Targets 2010/11</i>	<i>Lead partner (in bold) & supporting partners</i>
NI 120	All-age all cause mortality	Males 805 Females 607	Males 780 Females 590	Males 755 Females 574	Males 731 Females 558	PCT LA Acute Trusts
NI 123	16+ current smoking rate prevalence	N/A (not calculated in this way before)	1038	1082	1128	PCT LA Acute Trusts Schools/colleges
NI 124.	People with a long-term condition supported to be independent and in control of their condition	N/A	TBC	TBC	TBC	PCT/LA Acute trusts Vol sector
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	N/A	TBC	TBC	TBC	LA PCT Vol sector
NI 142	Number of vulnerable people supported to maintain independent living	94%	94.7%	95.3%	96%	LA PCT Cheshire Probation DAAT Vol sector Private sector

<i>Priority</i>	<i>Indicators</i>	<i>Baseline (2007/08 unless specified otherwise)</i>	<i>Targets 2008/09</i>	<i>Targets 2009/10</i>	<i>Targets 2010/11</i>	<i>Lead partner (in bold) & supporting partners</i>
NI 150	Adults in contact with secondary mental health services in employment	N/A	TBC	TBC	TBC	LA PCT Job Centre Plus
NI 153	Working age people claiming out of work benefits in the worst performing neighbourhoods					Job Centre Plus HBC
NI 154	Net additional homes provided	483 (estimate)	519	519	519	RSLs Housing Industry HBC
NI 173	People falling out of work and on to incapacity benefits					Job Centre Plus HBC
NI 175	Access to services and facilities by public transport walking and cycling					HBC Transport Operators Transport partnership
NI 175	LTP1A – Access to Whiston Hospital	29%	60%	60%	60%	

NI 175	LTP1B - Access to Warrington Hospital	0%	20%	30%	30%	
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TO: Executive Board

DATE: 15 October 2009

REPORTING OFFICER: Strategic Director – Corporate and Policy

TITLE: Property Services Review and The Way Forward

WARDS: Borough Wide

1.0 PURPOSE OF REPORT

1.1 To seek the Executive Board's approval to commence the process of market testing the Council's Property Services. The report outlines the background to the recommendation and makes a number of other associated recommendations.

2.0 RECOMMENDED: That:

- (1) a 'soft' marketing test exercise be undertaken as outlined in the report;**
- (2) caretaking and market management remain within the retained service;**
- (3) expert advice be engaged to ensure any future delivery model provides the best value to the Council; and**
- (4) work commence on identifying and developing an in-house strategic/client management function to manage both the transition and any new contract arrangements.**

3.0 SUPPORTING INFORMATION

3.1 As part of the Council's Efficiency Review, KPMG identified potential savings to the Council by changing the way it delivers its Property Services and recommended that some specialist input be brought in to examine that further. To that end the Chartered Institute of Public Finance and Accountancy Property (CIPFA) were commissioned to examine this work-stream in more detail.

3.2 CIPFA looked at the work undertaken by Property Services, relevant documentation, performance, spoke to Property Services staff, Senior Management in the Council, together with some client officers and Council Members. In addition, they spoke to a number of neighbouring authorities in relation to their methods of executing Property Services Functions. Members should note that CIPFA did not examine in any

detail non property activities such as BSF, major projects and landscape design.

- 3.3 The report concluded that the fundamental issue for Property Services is that in spite of there being no specific supporting evidence, ie performance indicators, of poor performance there was nevertheless a poor perception of the service. CIPFA'S recommended solution to resolve the problem was to outsource some elements of Property Services, these mainly being the operational elements whilst retaining an in-house strategic function along with a client/contract role. The report left open a number of areas for further consideration by the Council which included care-taking, cleaning, markets and support to Major Projects.
- 3.4 The CIPFA report examined the existing arrangements and methods of delivery. In addition to the perceived poor performance the report also concluded that there were a number of weaknesses at a corporate level in the Council's Asset Management processes. It gave a priority weighting to a number of issues to improve the Council's approach towards its use of property, particularly the need to more effectively and strategically manage its assets across the Authority. Certain issues are now being addressed by the Asset Management Working Group, including a sub-group to specifically address the items highlighted in the report. This has been recognised in the increased Council's Use of Resources Score for this area for 2008/9.
- 3.5 The report also concluded that since the departure of the Operation Director of Property Services there was no clear leadership or figurehead for the department within the Council. The other main finding was that it was clear the department was also under resourced given the workload demands from the Council's programmes and priorities.
- 3.6 The report considered a number of options for the delivery of the services from doing nothing, increasing internal resourcing, various types of outsourcing and strengthening the senior management of the existing department. All these options were rejected by CIPFA as not dealing with the fundamental issue of poor perception as such they recommended outsourcing as the change required to address that.
- 3.7 Within the body of the report reference is made to some specific areas and whether they should remain in-house or be outsourced. Further consideration was required before a recommendation could be made as to where they would best sit. The views of other authorities have been sought on how they addressed all areas of work and, taking advice from other areas of the Council, it is suggested that caretaking which is generally considered a central function should be retained. Markets by tradition are a Council provided service and there is little merit in outsourcing as many of the matters relating to the Market would have to be dealt with by the Council. Other authorities who have

outsourced Property Services have retained the Market Service in-house. Cleaning, which is not currently part of Property Services, is more of a facilities management function rather than a core service of the Council. Any decision about the future of Cleaning Services is not seen as a fundamental part of this review. However, there is an opportunity to clarify client/contractor relationships in future arrangements.

- 3.8 There are other areas not mentioned in the report but which could be considered for outsourcing, for example complimentary property functions currently being carried out by the Children and Young People's Directorate in support of schools and Landscape design services.
- 3.9 The activities which are recommended to remain inhouse are the Client/Contract Management and the Strategic Management function. This would provide a small core function within the Council.
- 3.10 A detailed list of the functions carried out by Property Services has been drawn up in draft following this recommendation of where the responsibilities should lie if the CIPFA model is adopted.
- 3.11 In the consultation exercise with other authorities the major issue that was stressed by all was the need to ensure that the in house team was adequately resourced in order to successfully carry out the retained functions and to effectively manage the outsourced elements. It is also recommended that as a part of this team there should be a strong, qualified and experienced property professional Client and Contract Manager, who should be involved with the specification and contract process to add clarity, protect the Council, avoid expense at a later stage in the contract and ensure delivery of a value for money service.

4.0 THE PROCUREMENT ROUTE

- 4.1 If the Board were happy to pursue the approach recommended in this report, there are several options of procuring the contract:
 - (1) Go through a full competitive tendering process through the OJEU process. The minimum timescale via this route would be in the region of 9 to 12 months. The cost of this procurement route would also be a major factor and, as such, this process may not meet the Council's targets and aspirations.
 - (2) Use the OGC framework contract. Initial enquiries about this option indicate that it may be a possibility but it is understood that legal constraints would only permit a short term solution (3-5 yrs). Also looking at the suppliers on the OGC framework it may be that several companies would be required and Property Services would be fragmented with separate contracts for Estates, Building Surveying, Property Maintenance etc.

- (3) Joint Venture with a partner such as NPS (Norfolk Property Services). This would provide a quick solution with the Council retaining an interest and benefiting from a share of any profits but without the daily management responsibility. This route has been successfully used by a couple of neighbouring authorities, both Wigan and Stockport respectively. NPS have a public sector ethos as they are wholly owned by a local authority and, as such, it is more likely that contract arrangements could be put in place which would ensure that a true partnership working arrangement is created. There are clearly other organisations who may wish to offer similar arrangements.

The timescale for proceeding down this route are likely to be much quicker than the open OJEU process, the costs of the contract process will also be far less.

- 4.2 Given that there are a number of potential procurement routes available to the Council, it is suggested that the process commence with a 'soft' market testing exercise where the Council would advertise its intention to outsource the service, specify the extent of that service, and seek proposals from interested companies. This would help understand the potential numbers interested and provide the information on the types of arrangements possible. This would help ensure that the Council achieves the best value for money solution and considers all the models available.
- 4.3 It is further proposed that the Council engage some outside support with expertise in such process to advise as to the best course of action.

5.0 STAFFING MATTERS AND TUPE

- 5.1 The Council has invested heavily in its staff and they have a valuable knowledge base which needs to be protected for the long term benefit of the Council. The majority of the Property Department's staff would prefer to stay in house but if the decision is taken to outsource the service full consultation would be required. The major concerns of staff are terms and conditions, particularly pensions which will be similar at transfer but could then be changed with three months' notice. The joint venture route is more likely to offer protection of staffs' terms and conditions, as it is probable that on the whole these will remain similar.

6.0 POLICY IMPLICATIONS

- 6.1 There are no direct policy implications associated with this report.

7.0 OTHER IMPLICATIONS

- 7.1 Maintaining an effective service through any transitional arrangements will need careful management, particularly given the extensive programmes the Council is currently running with.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 Children and Young People in Halton

The provision of an effective Property and Asset Management Service is key to the Council delivering its priorities.

8.2 Employment, Learning and Skills in Halton

The provision of an effective Property and Asset Management Service is key to the Council delivering its priorities

8.3 A Healthy Halton

The provision of an effective Property and Asset Management Service is key to the Council delivering its priorities

8.4 A Safer Halton

The provision of an effective Property and Asset Management Service is key to the Council delivering its priorities

8.5 Halton's Urban Renewal

The provision of an effective Property and Asset Management Service is key to the Council delivering its priorities

9.0 RISK ANALYSIS

- 9.1 Any departure from the current method of working carries a risk to the Council. The risks are likely to be final cost, response times, communications, local knowledge, adequacy of specification, split responsibilities, diluted financial controls and corporate governance.
- 9.2 The CIPFA report suggests that the outsourcing option should be considered as cost neutral, however, no cost modelling or business case assessments were undertaken, nor did the report contain any supporting information to suggest what the likely future cost implications will be. The soft market testing exercise would test this assertion. A strong Client side will also assist.
- 9.3 Many contracts go astray because of inadequate or poor communication, inadequate financial control and ill defined governance leading to confusion and commitments being entered into without the full implications being known or understood.

- 9.4 Existing staff have built up a wealth of local knowledge, which needs to be retained, to ensure the smooth running of the current Council services, this is best done by ensuring good relations through partnership working between the Council and the service provider rather than traditional adversarial contractual relationships.
- 9.5 The specification must be comprehensive, clear and concise. There must be performance measurement with incentives/penalties. Financial systems will need to allow sufficient flexibility to the service provider so that timely and efficient services can be delivered, but will also need controls and scrutiny to prevent fraud and ensure value for money.
- 9.6 There must be a commitment from across the Council that any work or service which could be procured through a new outsourced arrangement is procured via that arrangement otherwise problems will soon occur.
- 9.7 With careful management these risks can be managed. However, an external provider will at best deliver the services they are contracted for. If the Council wishes to vary the range and scope of services there will be a price variation.
- 9.8 Outsourcing in itself offers no guarantee of improved perception, improved service, and lower costs.
- 9.9 Given these risks, it is suggested that external expertise be engaged to work with and advise the Council through the process.

10.0 EQUALITY AND DIVERSITY ISSUES

- 10.1 Any staffing issues arising out of this will be dealt with through existing HR procedures.

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

- 11.1 There are no background papers under the meaning of the act.

REPORT TO: Executive Board

DATE: 15th October 2009

REPORTING OFFICER: Strategic Director - Environment

SUBJECT: Amendment to Capital Programme to reflect Growth Fund Capital Award.

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

- 1.1 To inform Members of the award of capital funding from DCLG's Growth Fund and request amendment of the Halton Capital Programme to facilitate internal accountancy procedures and comply with the Council's Constitution.

2.0 RECOMMENDATION: That the Board

- (1) **note the funding allocation from DCLG's Growth Fund, and;**
- (2) **recommend that the Council amend the Capital Programme to reflect the Growth Fund award and facilitate Halton's position as the 'Responsible Authority' for the Growth Point Partnership.**

3.0 SUPPORTING INFORMATION

- 3.1. This report summarises the award of monies from the Growth Fund and requests that Executive Board recommend that Council amends the Capital Programme to reflect the receipt of the capital element of the award.
- 3.2. As previously reported to Members on the 13th December 2007 and 6th March 2008, Halton, together with St.Helens and Warrington submitted expressions of interest in being awarded Growth Point Status in October 2007. DCLG subsequently conferred this status, jointly on the 3 authorities in July 2008, and after the preparation and submission of a bid document (the Programme of Development) we were successful in securing an award of monies from the Growth Fund.
- 3.3. Details of Growth Point Status, the Growth Point Partnership Board, bids submitted, monies awarded and ongoing work and actions are contained in a separate report to this meeting.

3.4. The Growth Fund and Programme of Development

- 3.5. In total the national Growth Fund for the initial 2 years of the programme is £100m. Our 'Mid-Mersey' Programme of Development identified approximately £14m of potential projects for this initial period and resulted in an allocation of approximately £4.2m. Given that we are one of 20 new growth points bidding for funding, this allocation should broadly be considered a success. However, in July 2009, DCLG informed all Growth Points that, in order to fund the Governments Housing Pledge, there would be a reduction in capital grant to Growth Points next financial year. For Mid Mersey this will mean a reduction in notified grant of £999,289, giving a revised total allocation of funding to our Growth Point of £3.2 million. A summary of the revised funding allocation is as follows

	Initial 'Start Up' Allocation	Revised DCLG Allocation [July 2009]		
		2009/10	2010/11	Total;
Capital		£1,450,124	£1,302,980	£2,753,104
Revenue	£150,000	£123,180	£164,241	£287,421
		£1,573,304	£1,467,221	£3,040,525
Total	£ 150,000	£1,573,304	£1,467,221	£3,190,525

3.6. Initial priorities for future action / funding

On the 2nd February, the Growth Point Partnership Board considered a report setting out the details of the financial allocation and recommending priorities for immediate action and funding support.

3.7. Initial priorities for capital funding during 2009/10 include:

Project	Cost	Reason
Affordable Housing Subsidy	£1,000,000	Identified in PoD as the key priority for the early years of our GP programme. A Housing Thematic Group is being established to make recommendations to the Board on how this should be administered.
General Capital Improvement fund	£ 450,124	General fund for Capital works. An Infrastructure Thematic Group is being established to make recommendations to the Board on how this should be administered.

NB: Revenue priorities are contained in the Growth Point Initial Progress report being presented to this Board.

- 3.8. Executive Board members are asked to support the initial priorities and delegate approval of detailed expenditure to the Growth Point Board.
- 3.9. Halton has agreed to act as 'responsible authority' for the Growth Point Partnership Board and as 'responsible authority' will receive and

manage (in accordance with HBC standing orders) funding in respect of the Growth Point.

3.10. Accounting Arrangements

As the 'Responsible Authority', Halton will handle the financial arrangements on behalf of the Growth Point Partnership Board and this will be done in line with the Council's Constitution and Standing Orders. As the Growth Fund includes a Capital Award, the Council's Capital Programme needs to be amended to reflect this. Members are asked to recommend to Council that the Capital Programme is amended accordingly.

4.0 POLICY IMPLICATIONS

No implications arise from the amendment to the Capital Programme to reflect the Growth Fund award.

5.0 OTHER IMPLICATIONS

5.1 No other implications.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

No implications arise from the amendment to the Capital Programme to reflect the Growth Fund award.

6.2 Employment, Learning and Skills in Halton

No implications arise from the amendment to the Capital Programme to reflect the Growth Fund award..

6.3 A Healthy Halton

No implications arise from the amendment to the Capital Programme to reflect the Growth Fund award.

6.4 A Safer Halton

No implications arise from the amendment to the Capital Programme to reflect the Growth Fund award..

6.5 Halton's Urban Renewal

No implications arise from the amendment to the Capital Programme to reflect the Growth Fund award..

7.0 RISK ANALYSIS

Halton is the 'responsible authority' for the Mid-Mersey Growth Point Partnership Board and as such will be accountable for financial procedures relating to the receipt and dispersal of Growth Fund monies.

8.0 EQUALITY AND DIVERSITY ISSUES

There are no equality and diversity issues contained in the report.

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

Document	Place of Inspection	Contact Officer
The Housing Green Paper (July 2007)	Rutland House	Alasdair Cross
Merseyside Expression of Interest (Halton & St.Helens)	Rutland House	Alasdair Cross
Warrington Expression of Interest	Rutland House	Alasdair Cross
Mid-Mersey Letter to GONW 9 th January 2008	Rutland House	Richard Tully
Mid-Mersey Letter to GONW 14 th January 2008	Rutland House	Richard Tully
Mid-Mersey Letter to GONW 31 st January 2008	Rutland House	Richard Tully
GONW Letter conferring Growth Point Status 8 th August	Rutland House	Richard Tully
Mid-Mersey Community Infrastructure Bid	Rutland House	Richard Tully
Mid-Mersey Programme of Development	Rutland House	Richard Tully
DCLG Assessment Pro-forma	Rutland House	Richard Tully
DCLG Growth Fund allocation announcement - 8 th December 2008	Rutland House	Richard Tully
Growth Point Partnership Board Committee pack 2 nd September 2008	Rutland House	Richard Tully
Growth Point Partnership Board Committee pack 20 th October 2008	Rutland House	Richard Tully
Growth Point Partnership Board Committee pack 2 nd February 2009	Rutland House	Richard Tully
Growth Point Partnership Board Committee pack 20 th August 2009	Rutland House	Richard Tully

REPORT TO: Executive Board

DATE: 15th October 2009

REPORTING OFFICER: Strategic Director - Environment

SUBJECT: Regional Spatial Strategy Partial Review
Consultation Response

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

- 1.1 The draft submitted North West Plan Partial Review (NWPPR) is a partial revision of the Regional Spatial Strategy (RSS) for the North West published in September 2008.
- 1.2 The draft submission document contains two new policies (L6 and L7) proposed for inclusion in the RSS that deal with the accommodation needs for Gypsy & Traveller, and Travelling Showpeople communities. There is also a revision to an existing RSS policy (Policy RT2) covering specific matters on Regional Car Parking Standards.
- 1.3 4NW, who have prepared the NWPPR, have placed the draft on consultation until 19th October 2009. This report outlines the proposed formal response to the consultation.
- 1.4 The Executive Board, 19th March 2009, previously approved a response to an earlier consultation on pitch provision for Gypsies and Travellers. At this earlier stage 60 additional pitches by 2016 was proposed as the Halton target. This has now been reduced to 45 additional pitches.

2.0 RECOMMENDATION: That

- (1) The content of this report be agreed as the formal response from this Council to the consultation being run by 4NW on the North West Plan Partial Review.
- (2) The Council continues to strongly object to the proposals in draft policy L6 for Halton to provide 45 additional pitches for Gypsies and Travellers by 2016, rising to 58 by 2021.
- (3) The Council supports draft policy L7 detailing the Scale and Distribution of Travelling Showpeople Plot Provision.
- (4) The Council generally supports the principles of the proposed revisions to Regional Parking Standards (Policy RT2) and suggests some minor amendments to the draft text in the interests of policy clarity.

3.0 SUPPORTING INFORMATION

- 3.1 4NW, formerly the North West Regional Assembly (NWRA), is the designated regional planning body for North West of England. They have been tasked by the government to prepare, monitor and review the Regional Spatial Strategy (RSS) in partnership with others. The RSS is a regional plan that has to be taken into account when decisions are being made about planning applications. It provides a spatial framework for development in the region and for other regional strategies, and it promotes the sustainable development of the North West.
- 3.2 Currently a Partial Review of the RSS is underway due to the need to complete unfinished policy work within the RSS in response to recommendations of the RSS Examination in Public Panel. This Partial Review covers three key subject areas:
- New Draft Policy L6 - Gypsies and Travellers;
 - New Draft Policy L7 - Travelling Show People; and
 - Revised Policy RT2 - Car Parking Standards.
- 3.3 This consultation is open until 19th October 2009.
- 3.4 This document is accompanied by a Technical Appendix (Appendix A) that provides the specific details to be raised with 4NW in responding to their consultation. This report should be read in conjunction with the Submitted Draft North West Plan Partial Review document (see Appendix B) and the consultation response form, provided to allow stakeholders to respond in a consistent format.
- 3.5 Following this consultation, an independent panel will conduct an Examination in Public (expected March 2010) into key issues arising from the consultation. The Panel will report to the Secretary of State, who may consult on suggested amendments for further comment before finally publishing the policies within a revised Regional Spatial Strategy in winter 2010.

4.0 POLICY IMPLICATIONS

- 4.1 **Draft Policy L6 –Gypsy and Traveller Pitch Provision**
- 4.2 A key Government objective is providing decent homes for all. For Gypsies and Travellers this means ensuring that sufficient, suitable pitch provision is made throughout the region to meet the needs of these communities. Draft Policy L6 specifically deals with the scale and distribution of Gypsy and Traveller pitch provision across the North West Region. Table 7.2 in Policy L6 shows the pitch provision to be achieved by each individual North West authority by 2016. Halton is grouped with the Cheshire Sub-regional Partnership. The policy makes a distinction between permanent and transit pitches.
- 4.3 Draft Policy L6 indicates that Halton should provide by 2016 an **additional** minimum of 45 permanent pitches. The policy also indicates

that a further 3% compound increase on an annual basis should be achieved to 2021 and for Halton this would be a further 13 permanent pitches. The policy therefore suggests that by 2021 Halton should provide a **total** of 98 permanent pitches (existing provision plus additional requirement).

- 4.4 The policy indicates that 5 additional transit pitches should be provided by Halton by 2016. However, as Halton's new site at Warrington Road provided 10 transit pitches, Halton will already have met and exceeded its allocated apportionment for transit pitches under the draft policy.

4.3 **Existing Provision in Halton**

- 4.4 The Council currently provides 23 pitches at Riverview Residential Caravan Site in Widnes. A new local authority run site was opened in January 2009 in Warrington Road, Runcorn, next to the existing private site. This new site provides 4 permanent pitches and 10 transit pitches. There are two private sites in Runcorn at Windmill Street and Warrington Road; these two sites provide 13 pitches. In total there are 40 permanent pitches and 10 transit pitches currently provided in Halton.

4.3 **The Grounds for Objection**

- 4.4 The Council has previously objected to draft Policy L6 on the grounds that the policy does not follow the evidence produced in support of the policy. It is recommended that the Council continues to object to draft Policy L6 on the same grounds as were approved in the Executive Board report of 19th March 2009 and these are reproduced in Appendix A.
- 4.5 In Policy L6 the Halton apportionment figure has been given as 45 pitches. This represents 24% of the sub-regional apportionment (190 pitches for the Cheshire Sub-regional Partnership). This represents nearly one quarter of the requirement, yet Halton is the smallest of these partners in terms of geographical area and has little land available to accommodate further provision. There are practical considerations in terms of trying to find appropriate sites upon which to locate such high numbers of pitches. The Council has just completed a site search exercise in relation to the new Runcorn site in Warrington Road. There were no alternative sites identified that would provide acceptable locations.
- 4.6 4NW should redistribute pitch provision to ensure a more even provision between Councils, particularly to those areas with little or no existing provision (Ellesmere Port and Neston - now part of Cheshire West and Chester -, Knowsley, Liverpool and Wirral), and should also focus on those Councils with no Council owned sites.

4.7 **Draft Policy L7 –Accommodation for Travelling Showpeople**

- 4.8 Draft Policy L7 deals with accommodation for Travelling Showpeople. A key Government objective is providing decent homes for all. For Travelling Showpeople this means ensuring that sufficient, suitable

provision is made throughout the region to meet the needs of the community.

4.9 It is recommended that the Council supports the principles of Draft Policy L7, Scale and Distribution of Travelling Showpeople Plot Provision on the basis that a network of sites is required across the region.

4.10 At the present time there is no provision for Travelling Showpeople made in Halton. The available evidence indicates that there is no demand from these communities and that Warrington is the favoured location for the Travelling Showpeople communities due to the proximity to the strategic road network.

4.11 Draft Policy L7 gives a target figure for Halton of 0 additional plots required in Halton.

4.12 **Revised Policy RT2 – Managing Travel Demand**

4.13 This section of the consultation deals with the revision of an existing RSS Policy. As such there is only an opportunity to comment on the specific minor revisions rather than the whole policy.

4.14 It is recommended that support is generally given for the principles of the proposed Regional Parking Standards (RPS) and the amendments reflecting previous comments made by this authority during earlier stages of consultation are welcomed. The document is concise and quite easy to understand. However, in the interests of policy clarity, the Council ought to raise several issues on the draft and these issues are covered in Appendix A.

5.0 OTHER IMPLICATIONS

5.1 The main implication here is the future scenario should Draft Policy L6 and the figure of 45 additional permanent pitches becomes a Regional Spatial Strategy policy. If this happens, Halton will be expected to make provision to deliver this figure through the Halton Core Strategy and Site Allocation DPD (Development Plan Document) Local Development Framework documents. 4NW have indicated that they will challenge any authority that fails to deliver the figures contained in the final policy at the public examination of their development plan documents (DPDs). This could lead to the Inspector deciding that the plans were unsound, leaving that authority without an up-to-date development plan.

5.2 There would be financial implications if the increased figure became policy as sites would have to be found to provide the pitches. There are practical considerations in terms of trying to find appropriate sites upon which to locate such high numbers of pitches. The Council has just completed a site search exercise in relation to the new Runcorn site in

Warrington Road. There were no alternative sites identified that would provide acceptable locations.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The overarching aim of the consultation is to ensure that the Gypsy and Traveller / Travelling Showpeople communities in each area have access to decent accommodation and the families can reach school and health care services.

6.2 Employment, Learning and Skills in Halton

There are no direct implications for this priority.

6.3 A Healthy Halton

Ensuring that the Gypsy and Traveller / Travelling Showpeople communities have access to decent accommodation will contribute to the good health and welfare of these groups.

6.4 A Safer Halton

Addressing accommodation issues for the Gypsy and Traveller community / Travelling Showpeople communities and making proper provision will reduce the nuisance that arises from unauthorised encampments and development. Car parking standards will ensure that vehicular parking is properly dealt with in new development, leading to less risk posed by unsuitable parking.

6.5 Halton's Urban Renewal

There are no direct implications for this priority.

7.0 RISK ANALYSIS

The key risk may be that 4NW do not accept the Council's representation and interpretation of the evidence. This may lead to the 45 additional pitches figure becoming a Regional Spatial Strategy policy (58 additional permanent pitches to 2021). If this happens, Halton will be expected to make provision to deliver this figure through the Halton Core Strategy and Site Allocation DPD (Development Plan Document) Local Development Framework documents. 4NW have indicated that they will challenge any authority that fails to deliver the figures contained in the final policy at the public examination of their development plan documents (DPDs). This could lead to the Inspector deciding that the plans were unsound, leaving that authority without an up-to-date development plan.

8.0 EQUALITY AND DIVERSITY ISSUES

Since 1999 Gypsies and Irish Travellers have been recognised in English Law as ethnic groups and protected under the Race Relations Act. Recent legislation and guidance from the government has indicated a commitment to taking steps to resolve some of the long standing accommodation issues for members of the Gypsy and Traveller communities. This legislation has an overarching aim of ensuring that members of Gypsy and Traveller communities have equal access to decent and appropriate accommodation options akin to each and every other member of society. Following the Housing Act 2004, local authorities have been preparing to develop and implement strategies to respond to the accommodation needs of the Gypsy and Traveller communities.

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

Document	Place of Inspection	Contact Officer
Submitted Draft North West Plan Partial Review Document July 2009	Rutland House	Tim Gibbs
Cheshire Partnership Area Gypsy and Traveller Accommodation and Related Services Assessment	Rutland House	Tim Gibbs
North West Regional Gypsy and Traveller Accommodation and Related Services Assessment Executive Summary	Rutland House	Tim Gibbs
4NW Consultation Forum on draft Gypsy and Travellers and Travelling Showpeople policies. A consultation report by CAG Consultants January 2009 incorporating the Notes of meeting held on Friday 19 th December 2008	Rutland House	Tim Gibbs
4NW Technical Note on how the Interim Draft Policy Figures for Gypsy and Travellers, and Travelling Showpeople (North West Regional Spatial Strategy Partial Review) were derived (February 2009)	Rutland House	Tim Gibbs

Appendix A: Technical Appendix

Specific Details to be Given in Responding to the 4NW Submitted Draft Plan Partial Review Consultation for Draft Policy L6 and Revised Policy RT2

- 1.1 **Draft Policy L6 –Gypsy and Traveller Pitch Provision**
- 1.2 **Summary of Draft Policy L6**
- 1.3 A key Government objective is providing decent homes for all. For Gypsies and Travellers this means ensuring that sufficient, suitable pitch provision is made throughout the region to meet the needs of these communities. Draft Policy L6 specifically deals with the scale and distribution of Gypsy and Traveller pitch provision across the North West Region. Table 7.2 in Policy L6 shows the pitch provision to be achieved by each individual North West authority by 2016. Halton is grouped with the Cheshire Sub-regional Partnership. This policy has a policy start date of 2007; therefore all accommodation provision since made from 2007 will be counted towards policy targets for pitch numbers. The policy makes a distinction between permanent and transit pitches.
- 1.4 Permanent Pitches
- 1.5 Draft Policy L6 indicates that Halton should provide by 2016 an **additional** minimum of 45 permanent pitches. The policy also indicates that a further 3% compound increase on an annual basis should be achieved to 2021 and for Halton this would be a further 13 permanent pitches. The policy therefore suggests that by 2021 Halton should provide a **total** of 98 permanent pitches (existing provision plus additional requirement).
- 1.6 Transit Pitches
- 1.7 The policy indicates that 5 additional transit pitches should be provided by Halton by 2016. However, as Halton's new site at Warrington Road provided 10 transit pitches, Halton will already have met and exceeded its allocated apportionment for transit pitches under the draft policy.
- 1.8 **Existing Provision in Halton**
- 1.9 The Council currently provides 23 pitches at Riverview Residential Caravan Site in Widnes. A new local authority run site was opened in January 2009 in Warrington Road, Runcorn, next to the existing private site. This new site provides 4 permanent pitches and 10 transit pitches. There are two private sites in Runcorn at Windmill Street and Warrington Road; these two sites provide 13 pitches. In total there are 40 permanent pitches and 10 transit pitches currently provided in Halton.
- 1.10 **Review of the Evidence Base Underpinning Draft Policy L6**
- 1.11 All sub-regions in the North West were surveyed by the Salford Housing and Urban Studies Unit (SHUSU) of the University of Salford who prepared Gypsy and Traveller Accommodation Assessments (GTAA's). The study for the Cheshire Partnership Area was undertaken in May 2007. A GTAA study for the whole North West was also published in May

2007 by SHUSU. In comparing the two studies, there is a difference in total identified need for the Cheshire Partnership area. In the Cheshire Study (table 37 page 125) total need is identified as 113 – 155. However, in the Regional Study the figure for the Cheshire Partnership area is shown as 140 – 177 (table ii, page 8 of the Executive Summary). It is not clear why the figures between the studies differ as the Regional Study indicates that figures are drawn from the Cheshire Study.

- 1.12 The figure of 190 contained in Draft Policy L6 for the Cheshire Sub regional Partnership has been apportioned, by no scientific method, to all those authorities in the Cheshire Partnership. This results in the following apportionments (Table 1):

Table 1: Comparison of Sub-Regional Proposals with Cheshire Evidence

LA	Cheshire GTAA Study		NWPPR Proposals	
	Permanent	Transit	Permanent	Transit
Cheshire East	37-54		60	10
Cheshire West	31-45		45	10
Halton	28-32		45	5
Warrington	6-9		10	5
St Helens	11-15		30	5
Total	113-155		25-37	190

1.13 The Cheshire Partnership GTAA

- 1.14 The Cheshire Partnership study concludes that the need for Halton will be 28 to 32 pitches from 2006 to 2016 (table 37 page 125). These pitch figures arise from the following sources: 3 from concealed households (adults / families living with extended family / other families), 3-6 from unauthorised encampment, 1-2 from household formation (young person approaching family age), 1 from bricks and mortar (householder wanting to move back into a caravan) and 20 from the Riverview waiting list (an issue considered in more detail in paragraph 1.19).

1.15 *Shortcomings with the Cheshire Partnership GTAA Evidence*

- 1.16 In terms of the families in bricks and mortar in Halton, and the implied need arising from the fact that a proportion “may” want to live on a site, there are serious economic consequences to building controversial developments on the off chance that there might be a demand. Most (although not all) Travellers go into bricks and mortar when they are too old or ill to continue travelling.

1.17 *Turnover of Pitches*

- 1.18 The study suggests that 10 pitches will become free and can be re-let and therefore this figure of 10 has been deducted from overall needs. The figures quoted for each authority in table 7.2 of Draft Policy L6 do not take account of estimated vacancy rates and re-lets (contributing to supply) on existing sites during the period. The Cheshire GTAA assessed this as 10 for Halton, and therefore 10 should be subtracted from any target set for Halton.

1.19 *Waiting Lists*

1.20 With the exception of Congleton, only Halton made available a site waiting list (for the Riverview Site) for the Cheshire GTAA study. It is important to note that only local authority sites tend to have waiting lists and the only local authority sites in the Cheshire Partnership area are in Halton, St Helens and Congleton. This lack of consistency with the evidence skews need artificially towards Halton. In the Cheshire GTAA 20 of Halton's predicted need arose from the use of an unmanaged waiting list. As a result of the RSS Partial Review stakeholder consultation closing in March 2009 the Council reviewed the Riverview Site list by speaking to those on it. The revised list has 10 names on it and these represent the current people asking for a pitch, claiming not to have a permanent pitch elsewhere and who would take one today if available. The Council has offered to make this list available to 4NW on a confidential basis to allow the evidence base to be updated with current information. The evidence should be updated to a revised waiting list figure of 10.

1.21 **The Council's Objection to Draft Policy L6**

1.22 The Council has previously objected to draft Policy L6 on the grounds that the policy does not follow the evidence produced in support of the policy. Halton already makes a significant contribution to Gypsy and Traveller accommodation needs when compared to pitch availability in surrounding districts and in terms of the Borough's geographic size. It is recommended that the Council continues to object to draft Policy L6 on the same grounds.

1.23 In Policy L6 the Halton apportionment figure has been given as 45 pitches. This represents 24% of the sub-regional apportionment. This represents nearly one quarter of the requirement, yet Halton is the smallest of these partners in terms of geographical area and has little land available to accommodate further provision. Some account should also therefore be taken of provision in the context of the geographical size of Councils (see Table 2), which would result in neighbouring authorities' targets being increased relative to Halton. There is little land available in Halton upon which to accommodate such large numbers of pitches. Halton requires the remaining deliverable and developable sites in the Borough for house building and employment land provision to fulfil the apportionments in RSS and deliver Growth Point. This is evidenced by the Halton Strategic Housing Land Availability Assessment and Joint Employment Land Study. Therefore, there are difficulties in practical terms, of trying to find appropriate sites upon which to locate such high numbers of additional pitches. The Council has just completed a site search exercise in relation to the new Runcorn site in Warrington Road. There were no alternative sites identified that would provide acceptable locations.

Table 2: Geographical Size of Cheshire Partnership Authorities

LA Name	Hectares	Additional Permanent Pitches
Halton	9033	45
St Helens	13638	30
Warrington	18237	10
Cheshire West and Chester	94,115	45
Cheshire East	116,638	60

- 1.24 Some attempt should be made to redistribute the assessed need for pitches to ensure a more even provision between Councils, particularly to those areas with little or no existing provision (Ellesmere Port and Neston - now part of Cheshire West and Chester -, Knowsley, Liverpool and Wirral), and should also focus on those Councils with no Council owned sites. The “need where it is seen to arise” problem is greatest for those LAs that have sites. DCLG (Department for Communities and Local Government) advice to regional planning bodies, contained in “Preparing Regional Spatial Strategy reviews on Gypsies and Travellers by regional planning bodies” page 51, advises that equity considerations suggest that pitch requirements might be dispersed from Authorities with existing provision to those with little or no provision.
- 1.25 For the above reasons, the Council does not feel that the evidence produced to support Draft Policy L6 substantiates the pitch provision figures for Halton. Greatest provision should be made in the areas highlighted by the Gypsy and Traveller communities and those authorities currently offering no local authority run sites. For Draft Policy L6, the figures resulting from the Partnership GTAA study should be used as the starting point for the RSS pitch targets and then proportioned in line with geographic area, existing provision levels, and the wishes of the Gypsy and Traveller community. The Cheshire Study identified that the Gypsy and Traveller community had suggested locations in Middlewich, Ellesmere Port, Winsford, Nantwich, Sandbach and the outskirts of Chester as locations of choice. Liverpool also appears to be a location of choice. In a note of a meeting held with Gypsies and Travellers on 19th December 2008 it was reported (Consultation Report, January 2009, CAG Consultants) that “many people still want to be in Liverpool but are being pushed out into Runcorn”. This statement would indicate that a greater proportion of pitch provision should be in the Merseyside Partnership area (Knowsley, Liverpool, Sefton and Wirral).

1.26 Revised Policy RT2 – Managing Travel Demand

The revision to Policy RT2 concerns proposed changes to the wording of the last bullet point of the current policy; a new Table 8.1; additional supporting text; and a completely revised appendix. Table 8.1 in the current published RSS (pages 73 and 74) will be replaced by the new proposed Table 8.1. The supporting text proposed in the consultation document will replace paragraph 8.8 on page 73 of the published RSS. Appendix RT(d) in the published RSS will be replaced by the proposed Appendix 1 included in the consultation document. It is important to understand that only these specific aspects of the proposed changes to Policy RT2 can be commented upon during the current consultation.

1.27 It is recommended that support is generally given for the principles of the proposed Regional Parking Standards (RPS) and the amendments reflecting previous comments made by this authority during earlier stages of consultation are welcomed. The document is concise and quite easy to understand. However, in the interests of policy clarity, the Council ought to raise several issues on this draft as follows:

1.28 *Supporting Text (page 15)*

Paragraph 30 – Heavy Goods Vehicles (HGV) are referenced in the supporting text however HGV parking standards are not included in the Table 8.1.

1.29 *Table 8.1 (page 16)*

Class A1 (retail warehouse) - the definition of this use is unclear - for some types of retail, this may lead to insufficient parking. DIY stores, for example - do have lower parking demand than the usual non food retail - but the provision of only half as many spaces may result in problems, especially at busy periods such as bank holidays.

1.30 Class C2 (nursing home/sheltered accommodation) - the standard seems incorrect as it results in more parking as an area becomes more urban.

1.31 Class C3 (dwelling houses) - comment box should quote 'large' garage for cycle storage as per Manual for Streets.

1.32 Class D1 (schools) - it would be helpful to have some further guidance on applying the difference between primary and secondary; places of worship - concerns that the standard is too generous, leading to too much parking being provided (or required) especially for areas B&C.

1.33 For clarity - is petrol filling station parking provision 'at the pump' - if not the standard seems very generous, if shops are to be considered separately.

1.34 *Accessibility Questionnaire (page 25)*

Note 6 on the Accessibility Questionnaire (page 27) - it is considered that account should also be taken of the estimated modal split and

required demand management measures put forward as part of the Transport Assessment process, when determining appropriate parking levels, provided those measures can be appropriately conditioned and enforced.

1.35 Any proposals to produce an electronic calculator version of the guidance, and/ or supporting case studies of how the approach would work in practice would be welcomed.

1.36 *Reduction in Parking Standards in relation to Local Accessibility Rating (page 28).*

It would be helpful to know, under what circumstances the maximum standards for dwelling parking can be reduced, if the accessibility questionnaire is not to be applied. For example - even in some area type C's in Halton only 1.5 spaces are provided per 2 bed apartment and this seems to work well.

1.37 *Residential Parking (page 29)*

The comment in Appendix 1 (viii) regarding a reduction in standards for unallocated parking is welcomed - this generally works well, but only for larger apartment schemes where there is always likely to be a proportion of residents away from home. Some of our members have noted problems with abuse of parking bays by non residents, however. The later comment regarding garage spaces being counted, should quote 'large' garages as per Manual for Streets.



4

NW

Submitted Draft North West Plan Partial Review

July 2009

Regional Leaders Board

Introduction

The draft submitted North West Plan Partial Review (NWPPR) is a partial revision of the Regional Spatial Strategy (RSS) for the North West published in September 2008. This draft submission document contains two new policies (L6 and L7) proposed for inclusion in the RSS that deal with the accommodation needs for Gypsy & Traveller, and Travelling Showpeople communities, and a revision to an existing RSS policy (Policy RT2) covering specific matters on Regional Car Parking Standards.

Readers of this consultation document should understand that the wording for policies L6 and L7, including the supporting paragraphs, will be new text to add to the current published RSS. The revision to Policy RT2 concerns proposed changes to the wording of the last bullet point of the current policy; a new **Table 8.1**; additional supporting text; and a completely revised appendix. **Table 8.1** in the current published RSS (pages 73 and 74) will be replaced by the new proposed **Table 8.1**. The supporting text proposed in this consultation document will replace paragraph 8.8 on page 73 of the published RSS. Appendix RT (d) in the published RSS will be replaced by the proposed Appendix 1 included in this consultation document.

It is important to understand that you can comment on all of the policy and supporting text content for the proposed draft policies L6 and L7. However, you can only comment on the following aspects of the proposed changes to Policy RT2:

- The changes to the last bullet in Policy RT2 (the changes have been set out in a separate text box that follows full text for the current policy);

- The supporting text in paragraphs 28 to 31 of this consultation document which will replace the existing paragraph 8.8 in the published RSS;
- The proposed replacement **Table 8.1**; and
- Appendix 1 of this consultation document which will replace Appendix RT (d) in the published RSS.

This consultation document is accompanied by the following publications:

- Pre Submission Consultation Statement.
- Draft Revision Matters.
- Consultation Documents Availability Statement.
- Sustainability Appraisal \ Strategic Environmental Assessment Report (incorporating Habitats Regulation Assessment, Health Impact Assessment and Equality Impact Assessment).
- Non Technical Summary Report of the Sustainability Appraisal \ Strategic Environmental Assessment.

All documents can be viewed on the Partial Review website at:

<http://www.northwestplanpartialreview.org.uk/>

Responses to the consultation should be sent on the official Response Form to the following address:

Postal Address:

Panel Secretariat
RSS Partial Review Panel Secretary
C/O City Tower
Piccadilly Plaza
Manchester
M1 4BE

Email: panelsecretary@gonw.gsi.gov.uk

Accommodation for Gypsies & Travellers¹

1. A key Government objective is providing decent homes for all. For Gypsies & Travellers this means ensuring that sufficient, suitable pitch provision is made throughout the region to meet the needs of these communities.
2. The identification of sites at a local level should be carried out in line with the existing national and regional policies. Sites should be identified which support the development of inclusive mixed communities and fit with principles of sustainable development where they have access to facilities and services. In order to facilitate such an approach, policies should not repeat existing regional and national guidance.

DRAFT POLICY L6 Scale & Distribution of Gypsy & Travellers Pitch Provision

To contribute to housing provision in the North West as a whole, provision will be made for **at least 825 net additional residential pitches for Gypsies & Travellers over the period 2007 to 2016**. In doing so Local Authorities should: ensure there is no net loss in existing levels of provision; and distinguish between permanent residential and transit pitches to deliver the distribution of pitches contained in **Table 7.2**.

Local Authorities should work together to establish a network of transit pitches. Provision should be made for at least an additional 270 transit pitches by 2016, distributed as set out in **Table 7.2**.

Beyond 2016 provision will be made across the region for an annual 3% compound increase in the level of overall residential pitch provision, equivalent to **at least 295 additional pitches between 2016 and 2021**. Where Local Development Documents look beyond 2016 provision will be made for the same proportion of the regional requirement as in **Table 7.2** for 2007-16. A co-ordinated review of sub-regional Gypsy & Traveller Accommodation Assessments (GTAA's) should be undertaken in 2013 to provide the evidence base for a subsequent review of this policy.

The provision of temporary accommodation in connection with festivals and other similar annual events is an important requirement, but should not be regarded as formal transit provision to meet the requirements identified in **Table 7.2**.

Local Planning Authorities should take account of the specific needs of different groups of Gypsies & Travellers. In doing so, they should work with housing and other professionals, site managers, local Gypsies & Travellers and settled communities, to achieve levels of provision required by 2016, as soon as possible across a range of sites and tenures through:

- the development management process, particularly when opportunities present themselves in respect of new major developments; and
- the identification of sufficient sites in Local Development Documents.

Sites should be identified having regard to: Circular 01/2006 and PPS3, the spatial priorities in RDF1 and RDF2, and relevant principles set out in the DP policies and policies EM5, L1 and L5.

The preparation of joint or co-ordinated Local Development Documents between two or more districts, to identify suitable locations for pitches is encouraged, and where they are produced provision can be redistributed across the areas concerned.

¹ For the purposes of this policy – Gypsies & Travellers means: persons of nomadic habit of life who on grounds only of their own or their family's or dependants' educational or health needs or old age have ceased to travel temporarily or permanently, but excluding members of an organised group of travelling showpeople or circus people travelling together as such.

Table 7.2 Scale & Distribution of Gypsy & Traveller Pitch Provision

District	Current Authorised Provision in 2007	Minimum Additional Permanent Residential Pitches Required 2007-2016	Proposed Provision of Permanent Residential Pitches at 2016	Minimum Additional Transit Residential Pitches Required 2007-2016
Cumbria Sub-regional Partnership				
Eden (outside of Lake District National Park)	44	15	59	10
Carlisle	30	35	65	10
Allerdale (outside of Lake District National Park)	0	15	15	5
Copeland (outside of Lake District National Park)	0	0	0	5
Barrow in Furness	17	0	17	5
South Lakeland (outside of Lake District National Park)	0	10	10	5
Lake District National Park	0	0	0	0
Cheshire Sub-regional Partnership				
Cheshire East	101	60	161	10
Cheshire West & Chester	68	45	113	10
Halton	36	45	81	5
Warrington	25	10	35	5
St.Helens	70	30	100	5
Lancashire Sub-regional Partnership				
Blackburn with Darwen	48	45	93	5
Hyndburn	104	10	114	5
Burnley	0	15	15	5
Pendle	0	15	15	5
Blackpool	51	0	51	5
Fylde	2	15	17	5
Wyre	0	15	15	5
Lancaster	142	40	182	5
Chorley	0	10	10	5
Preston	12	20	32	5
South Ribble	0	10	10	5
Ribble Valley	4	10	14	5

Table 7.2 Scale & Distribution of Gypsy & Traveller Pitch Provision (cont'd)

District	Current Authorised Provision in 2007	Minimum Additional Permanent Residential Pitches Required 2007-2016	Proposed Provision of Permanent Residential Pitches at 2016	Minimum Additional Transit Residential Pitches Required 2007-2016
Lancashire Sub-regional Partnership				
Rossendale	0	10	10	5
West Lancashire	8	15	23	10
Merseyside Sub-regional Partnership				
Knowsley	0	10	10	5
Liverpool	14	15	29	5
Sefton	16	15	31	5
Wirral	0	10	10	5
Greater Manchester Sub-regional Partnership				
Bolton	26	30	56	10
Bury	17	35	52	10
Wigan	34	30	64	10
Salford	31	30	61	10
Manchester	16	50	66	10
Oldham	0	15	15	10
Rochdale	27	40	67	10
Tameside	0	10	10	10
Stockport	0	25	25	10
Trafford	83	15	98	10
NW Total	1,026	825	1,851	270

Supporting Text

- There is an urgent need to address the shortage of accommodation suitable for Gypsies & Travellers. This shortage creates additional problems for the Gypsy & Traveller community in terms of access to health, education, employment and other opportunities. It can also create tensions over the use of pitches without planning permission. This is a national issue, and one that has been evident for

some time in the North West. Recent legislation and guidance² from the Government has indicated a commitment to taking steps to resolve some of the long standing accommodation issues for members of the Gypsy & Traveller communities. The overarching aim is to ensure that members of the Gypsy & Traveller communities have equal access to decent and appropriate accommodation options akin to each and every other member of society.

² Housing Act 2004 and ODPM Circular 01/2006 "Planning for Gypsy and Traveller Caravan Sites".

4. Using the evidence from regional and sub-regional Gypsy & Traveller Accommodation Assessments (GTAA's)³, the level of provision to be made reflects the needs of those currently resident in the North West on pitches/sites without planning permission, anticipated natural growth and net movements between pitches and other forms of accommodation.
5. Accommodation for Gypsies & Travellers is currently concentrated in particular parts of the region⁴. In light of feedback from the Options Consultation stage, the distribution of additional pitches in Draft Policy L6 seeks to balance providing additional pitches in those parts of the region where most Gypsies and Travellers currently live with broadening the choice available to families by providing some pitches in most parts of the North West. This will assist delivery by ensuring most areas contribute to provision⁵. To achieve this and ensure that new sites can be viably developed and managed, new provision of at least 10 pitches is proposed in the majority of areas. Delivery of the required pitches by 2016 will provide for the existing backlog. The 3% compound increase in provision will ensure that accommodation will be available to meet continuing needs after 2016⁶.
6. Although nomadism and travelling is currently restricted to a certain extent, this remains an important feature of Gypsy & Traveller identity and way of life, even if only to visit fairs or visit family. Some Gypsies & Travellers are still highly mobile without a permanent base, and others travel for significant parts of the year from a winter base. More Gypsies & Travellers might travel if it were possible to find places to stop without the threat of constant eviction. Currently the worst living conditions are commonly experienced by Gypsies & Travellers living on unauthorised encampments, who do not have easy access to water or toilet facilities, as well as difficulties in accessing education and health services. National policy is clear that there should be provision in order for Gypsies & Travellers who chose to travel to do so without resorting to stopping illegally or inappropriately.
7. It is clear that travelling and resulting unauthorised encampments are complex phenomena. In order to assist Gypsies & Travellers in maintaining their cultural practices, the development of sites need to accommodate the diversity of travelling. It is important to note that the provision of an inappropriate form of transit accommodation may fail to reduce unauthorised encampment. It is therefore important that flexibility is built into the provision of feasible and appropriate options for transit accommodation by working across districts, with private landowners and key Gypsy & Traveller groups. There are two fundamental aspects here:
 - Larger pitches on residential sites provide the potential to meet the needs of short-term visitors.

³ The GTAA's in the region are:

- "North West Regional Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- "Cheshire Partnership Area Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- "Lancashire Sub-regional Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- "Merseyside Gypsy and Traveller Accommodation Needs Assessment" SHUSU, February 2008
- "Ribble Valley Gypsy and Traveller Accommodation Needs Assessment" SHUSU, March 2008
- "Cumbria Gypsy and Traveller Accommodation Needs Assessment" SHUSU, May 2008
- "Gypsy and Traveller Accommodation and Service Delivery Needs in Greater Manchester – 2007/8" arc⁴, 2008

⁴ Gypsy and Traveller accommodation needs are identified in GTAA's on a 'need where it is seen to arise' basis. However, the results of these apportionments should not necessarily be assumed to imply that those needs should actually be met to the identified degree in these specific localities. This distribution reflects the current uneven distribution of pitch provision and the Gypsy and Traveller population across the region.

Because of the historical inequalities in pitch provision, Gypsies and Travellers have constrained choices as to where and how they would choose to live if they had real choice. Over time, this has inevitably meant that Gypsies and Travellers have generally moved to areas they see as offering the best life chances; for example, an authority which provides a site; an authority which is perceived as having more private authorised sites than others; or, an authority that is attractive in some other way (slower enforcement, transport links, friends and family resident, etc.). Therefore, there is a tendency, when the need for additional accommodation is assessed in GTAA's, for the needs assessment to further compound these inequalities in site provision. For example, authorities which already provide Gypsy and Traveller accommodation (publicly or privately) are assessed as having greater need for additional pitch provision than authorities with little or no pitch provision. This is compounded further the longer-term the assessment is made (i.e. to 2016).

⁵ In line with the Government guidance in "Preparing Regional Spatial Strategy Reviews on Gypsies and Travellers by Regional Planning Bodies" Communities & Local Government 2007, the approach to the distribution has taken account of a number of factors including: sustainability, equity and choice, social inclusion, environmental protection, and the need for flexibility of provision.

⁶ The 3% annual growth figure is based on the findings of the various sub-regional GTAA's:

- Page 120 – "Cheshire Partnership Area Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- Page 119 – "Lancashire Sub-regional Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- Page 102 – "Merseyside Gypsy and Traveller Accommodation Needs Assessment" SHUSU, February 2008
- Page 62 – "Ribble Valley Gypsy and Traveller Accommodation Needs Assessment" SHUSU, March 2008
- Page 116 – "Cumbria Gypsy and Traveller Accommodation Needs Assessment" SHUSU, May 2008
- Page 41 – "Gypsy and Traveller Accommodation and Service Delivery Needs in Greater Manchester – 2007/8" arc⁴, 2008

- Variety in transit provision is needed to cater for the variety of needs. This might include
 - formal transit sites;
 - less-equipped 'tolerated' stopping places used on a regular basis; or
 - temporary sites with temporary facilities available during an event, family gathering or for part of the year.
8. Subject to the need for a range of sites, the more specific location and design of pitches is a matter for Local Planning Authorities to address by setting clear and appropriate policies in Local Development Documents. In doing so they should also take account of Circular 01/2006 – which provides Government policy with regard to the location of provision, and the further guidance on the site layout, and design and management⁷. Policies should also recognise the cultural and ethnic diversity of Gypsy & Traveller communities found in different parts of the region – it may not be appropriate to provide all of a district's provision on one site or in one locality. There is some flexibility to reflect local circumstances, which enables two or more Local Planning Authorities to jointly work together, to address provision in their combined area. Those involved in Gypsy & Traveller site design and management (both permanent residential and transit) should approach this in a creative and innovative manner. Preferences and aspirations of Gypsies & Travellers should be taken into consideration. This should be done through Local Planning Authorities proactively engaging and communicating with members of the local Gypsy & Traveller and 'settled' communities. Important things to consider are set out below:
- Location to local services and transport networks ensuring schools, shops, health and other community facilities are within reasonable travelling distance, and can be reached by foot, cycle or public transport.
 - Location in relation to employment opportunities and business operational patterns.
 - Ability to co-exist with existing Gypsy & Traveller and 'settled' communities.
 - Ensuring the site is served (or can be served) by adequate electricity, water and sewerage connections.
 - Ensuring there would be no significant adverse effect on the amenity of nearby residents or operations of adjoining land uses.
- Ensuring the siting and landscaping ensure that any impact upon the character and appearance of the countryside is minimised including impacts on wildlife, biodiversity, nature conservation, and how the development can be assimilated into its surroundings.
 - Ensuring the development is not in an area at high risk of flooding, including functional floodplains.
 - That the provision of a settled base will reduce the need for long distance travelling.
 - Ensuring easy and safe access to the road network.
 - Need to avoid overcrowding and "doubling up" by ensuring adequate pitch size which allows for:
 - space for short term visitors;
 - facilities;
 - amenity blocks;
 - mixture of accommodation (chalet, trailer etc);
 - utility of outside space (driveways, gardens etc);
 - homes for life principles; and
 - health and safety.
 - Health and related support issues.
 - Tenure mix.
 - Management.
9. It is recognised that sites need to be situated in places which meet the current working patterns of Gypsies & Travellers and these may include countryside locations. However, issues of sustainability are important and decisions about the acceptability of particular sites need to take into account access to essential services and the impact on the settled community in the vicinity in order to promote co-existence between potential residents and the local community.
10. In line with Circular 01/2006, where Gypsies & Travellers want to run their business from the same site where their caravans are located, Local Planning Authorities should identify sites suitable for mixed residential and business uses with regard to the safety and amenity of occupants and their children, and neighbouring residents. If this is not possible, they should consider the scope for identifying separate sites for residential and for business purposes in close proximity to one another.

⁷ "Designing Gypsy and Traveller Sites – Good Practice Guide", Department for Communities and Local Government, May 2008.

11. Circular 01/2006 makes it clear that where there is a demonstrated need identified in a needs assessment and a lack of affordable land to meet that Gypsy & Traveller need, Local Planning Authorities in rural areas should include 'rural exception sites policies' allocated specifically to address that need in the same ways as rural exception sites for housing (as defined in Planning Policy Statement 3: Housing). Mixed uses should not be allocated on these sites.
12. Circular 01/06 identifies that the presence of Green Belt may constrain and limit opportunities for identifying Gypsy & Traveller sites in some areas. New Gypsy & Traveller sites in the Green Belt are normally defined as inappropriate development as defined in Planning Policy Guidance Note 2: Green Belts. All other alternatives should be explored before Green Belt locations are considered. If there is an identified need for a Gypsy & Traveller site in an area and no suitable sites outside the Green Belt boundary exist, in exceptional circumstances, limited alterations or sites inset in the Green Belt could be considered. Such proposals should be brought forward through the local development plan making process and specifically allocated as a Gypsy & Traveller site only.
13. It is recognised that some Gypsies & Travellers may prefer to buy and manage their own sites, often living in relatively small family groups. Private sector provision of sites should be encouraged. There is, however, still a role for provision of public sites and sites directly managed by local authorities or registered social landlords to help meet the needs of those who cannot develop their own sites or prefer to rent, as well as transit sites and emergency stopping places⁸.

⁸ Circular 01/2006 states "The Government recognises that many Gypsies and Travellers wish to find and buy their own sites to develop and manage. However, there will remain a requirement for public site provision above the current levels. Such sites are needed for Gypsies and Travellers who are unable to buy and develop their own sites, or prefer to rent, and to provide transit sites and emergency stopping places where Gypsies and Travellers may legally stop in the course of travelling."

Accommodation for Travelling Showpeople⁹

14. A key Government objective is providing decent homes for all. For Travelling Showpeople this means ensuring that sufficient, suitable provision is made throughout the region to meet the needs of the community.
15. The identification of sites at a local level should be carried out in line with the existing national and regional policies. Sites should be identified which support the development of inclusive mixed communities and fit with principles of sustainable development, where they have access to facilities and services. In order to facilitate such an approach, policies should not repeat existing regional and national guidance.

DRAFT POLICY L7 Scale & Distribution of Travelling Showpeople Plot Provision

To contribute to housing provision in the North West as a whole, provision will be made for **at least 285 net additional plots for Travelling Showpeople over the period 2007 to 2016**. In doing so Local Planning Authorities should ensure there is no net loss in existing levels of provision and deliver the distribution of plots contained in **Table 7.3**.

Beyond 2016 provision will be made across the region for an annual 3% compound increase in the level of overall residential pitch provision, equivalent to **at least 122 additional plots between 2016 and 2021**. Where Local Development Documents look beyond 2016 provision will be made for the same proportion of the regional requirement as in **Table 7.3** for 2007-16. A co-ordinated review of sub-regional Gypsy & Traveller Accommodation Assessments should be undertaken by 2013 to provide the evidence base for a subsequent review of this policy.

The provision of temporary accommodation (including tolerated stopping places) in connection with festivals and other similar annual events is an important requirement, but should not be regarded as formal provision to meet the requirements identified in **Table 7.3**.

Local Planning Authorities should take account of the specific needs of different groups of Travelling Showpeople. In doing so they should work with housing and other professionals, site managers, local Travelling Showpeople and settled communities, to achieve levels of provision required by 2016, as soon as possible across a range of sites and tenures through:

- the development management process, particularly when opportunities present themselves in respect of new major developments; and
- the preparation of Local Development Documents.

Sites should be identified having regard to: Circular 04/2007 and PPS3, the spatial priorities in RDF1 and RDF2, and relevant principles set out in the DP policies and policies EM5, L1 and L5.

The preparation of joint or co-ordinated Local Development Documents between two or more districts, to identify suitable locations for plots is encouraged and where they are produced provision can be redistributed across the areas concerned.

⁹ For the purposes of this policy "Members of a group organised for the purposes of holding fairs, circuses or shows (whether or not travelling together as such). This includes such persons who on the grounds of their own or their family's or dependants' more localised pattern of trading, educational or health needs or old age have ceased to travel temporarily or permanently, but excludes Gypsies and Travellers as defined in ODPM Circular 1/2006".

Table 7.3 Scale & Distribution of Travelling Showpeople Plot Provision

District	Current Authorised Provision in 2007	Minimum Additional Plots Required 2007-2016	Proposed Provision of Plots at 2016
Cumbria Sub-regional Partnership			
Eden (outside of Lake District National Park)	0	0	0
Carlisle	9	5	14
Allerdale (outside of Lake District National Park)	24	10	34
Copeland (outside of Lake District National Park)	0	0	0
Barrow in Furness	0	0	0
South Lakeland (outside of Lake District National Park)	5	5	10
Lake District National Park	0	0	0
Cheshire Sub-regional Partnership			
Cheshire East	6	10	16
Cheshire West & Chester	13	10	23
Halton	0	0	0
Warrington	3	10	13
St.Helens	0	5	5
Lancashire Sub-regional Partnership			
Blackburn with Darwen	0	5	5
Hyndburn	18	0	18
Burnley	0	0	0
Pendle	0	0	0
Blackpool	0	10	10
Fylde	2	10	12
Wyre	0	10	10
Lancaster	0	5	5
Chorley	0	10	10
Preston	0	10	10
South Ribble	0	10	10
Ribble Valley	0	0	0

Table 7.3 Scale & Distribution of Travelling Showpeople Plot Provision (cont'd)

District	Current Authorised Provision in 2007	Minimum Additional Plots Required 2007-2016	Proposed Provision of Plots at 2016
Lancashire Sub-regional Partnership			
Rossendale	0	0	0
West Lancashire	8	5	13
Merseyside Sub-regional Partnership			
Knowsley	0	0	0
Liverpool	0	0	0
Sefton	0	0	0
Wirral	0	0	0
Greater Manchester Sub-regional Partnership			
Bolton	88	40	128
Bury	20	10	30
Wigan	36	20	56
Salford	99	20	119
Manchester	75	20	95
Oldham	0	10	10
Rochdale	0	5	5
Tameside	38	10	48
Stockport	0	10	10
Trafford	0	10	10
NW Total	444	285	729

Supporting Text

16. In Circular 04/2007¹⁰ the Government recognises that Travelling Showpeople are often self-employed business people who travel the country (often with their families), holding fairs. Many have done so for generations. Although their work is of a mobile nature, Travelling Showpeople nevertheless require secure, permanent bases for the storage of their equipment and more particularly for residential

purposes. Such bases are most occupied during the winter, when many Travelling Showpeople will return there with their caravans, vehicles and fairground equipment. For this reason, these sites traditionally have been referred to as "Yards" (or "winter quarters"), with individual pitches generally referred to by Travelling Showpeople as "Plots". However, increasingly Travelling Showpeople's quarters are occupied by some members of the family

¹⁰ CLG Circular 04/2007 "Planning for Travelling Showpeople"

permanently. Older family members may stay on site for most of the year and there are plainly advantages in children living there all year to benefit from uninterrupted education.

17. There is an urgent need to address the shortage of accommodation suitable for Travelling Showpeople. This shortage creates additional problems for the Travelling Showpeople community in terms of access to health, education, employment and other opportunities. It can also create tensions over the use of plots without planning permission. This is a national issue, and one that has been evident for some time in the North West. Recent legislation and guidance from the Government has indicated a commitment to taking steps to resolve some of the long standing accommodation issues for the Travelling Showpeople community. The overarching aim is to ensure that the Travelling Showpeople community have equal access to decent and appropriate accommodation options akin to each and every other member of society.
18. Using the evidence from regional and sub-regional Gypsy & Traveller Accommodation Assessments (GTAA's)¹¹ and surveys of Travelling Showpeople¹², the level of provision to be made reflects the needs of those currently resident in the North West and anticipated natural growth.
19. Accommodation for Travelling Showpeople is currently concentrated in particular parts of the region¹³. In light of feedback from the Options Consultation stage, the distribution of additional plots in Draft Policy L7 seeks to balance providing additional plots in those parts of the region where most Travelling Showpeople currently live, with broadening the choice available to families by providing more plots in areas where Travelling Showpeople need to live in relation to where they currently work and yet where previously little provision has been made. However, the distribution of additional plots remains to a significant degree concentrated in parts of the region where Travelling Showpeople currently reside. Delivery of the required plots by 2016 will provide for the existing backlog. The 3% compound increase in provision will ensure that accommodation will be available to meet continuing needs after 2016¹⁴.
20. Members of the Showmen's Guild have indicated that a significant number of Travelling Showpeople work in the various sub-regions (particularly parts of Cheshire and Lancashire) but currently live in other sub-regions in the North West (particularly Greater Manchester – many of whose sites (yards) suffer from overcrowding problems) due to a lack of appropriate accommodation options in other areas. In addition there is a strong desire for some

¹¹ The GTAA's in the region are:

- "North West Regional Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- "Cheshire Partnership Area Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- "Lancashire Sub-Regional Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- "Merseyside Gypsy and Traveller Accommodation Needs Assessment" SHUSU, February 2008
- "Ribble Valley Gypsy and Traveller Accommodation Needs Assessment" SHUSU, March 2008
- "Cumbria Gypsy and Traveller Accommodation Needs Assessment" SHUSU, May 2008
- "Gypsy and Traveller Accommodation and Service Delivery Needs in Greater Manchester – 2007/8" arc⁴, 2008

¹² "The Accommodation Situation of Showmen in the Northwest" The Showmen's Guild, Lancashire Section, June 2007 and "The North West's Travelling Showpeople's Current Base Location, Preferred Base Locations and Operating Patterns" 4NW, 2008 – produced with assistance from The Showmen's Guild, Lancashire Section.

¹³ Travelling Showpeople accommodation needs are identified in GTAA's on a '**need where it is seen to arise**' basis. However, the results of these apportionments should not necessarily be assumed to imply that those needs should actually be met to the identified degree in these specific localities. This distribution reflects the current uneven distribution of plot provision and the Travelling Showpeople population across the region.

Because of the historical inequalities in plot provision, Travelling Showpeople have constrained choices as to where and how they would choose to live if they had real choice. Over time, this has inevitably meant that Travelling Showpeople have generally moved to areas they see as offering the best life chances; for example, an authority which provides a site; an authority which is perceived as having more private authorised sites than others; or, an authority that is attractive in some other way (slower enforcement, transport links, friends and family resident, etc). Therefore, there is a tendency, when the need for additional accommodation is assessed in GTAA's, for the needs assessment to further compound these inequalities in site provision. For example, areas which already provide Travelling Showpeople accommodation are assessed as having greater need for additional plot provision than areas with little or no plot provision. This is compounded further the longer-term the assessment is made (i.e. to 2016).

¹⁴ The 3% annual growth figure is based on the findings of the various sub-regional GTAA's:

- Page 120 – "Cheshire Partnership Area Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- Page 119 – "Lancashire Sub-Regional Gypsy and Traveller Accommodation and Related Services Assessment" SHUSU, May 2007
- Page 102 – "Merseyside Gypsy and Traveller Accommodation Needs Assessment" SHUSU, February 2008
- Page 62 – "Ribble Valley Gypsy and Traveller Accommodation Needs Assessment" SHUSU, March 2008
- Page 116 – "Cumbria Gypsy and Traveller Accommodation Needs Assessment" SHUSU, May 2008
- Page 41 – "Gypsy and Traveller Accommodation and Service Delivery Needs in Greater Manchester – 2007/8" arc⁴, 2008

households to live in and around the areas which offer them the greatest opportunities to work¹⁵. During the working season (mainly from March through to November), Travelling Showpeople will stay on legal fairground sites when working, but require secure places to stay whilst travelling with large fairground equipment for up to three or four days between one fair's end and the next fair's start date. In response to this an informal network of temporary accommodation (including tolerated stopping places) has developed with some landowners in parts of the region. The only other option is the expense of having to return to the Travelling Showpeople's own permanent base that may be many miles away. The logistics related to travelling long distances to and from permanent bases every few days and the cost and inconvenience in terms of sustainability, time, money, stress, fuel and pollution make a short stay near the next fairground location much more attractive to Travelling Showpeople.

21. The nature of Travelling Showpeople's sites is unusual in planning terms. The sites (yards) often combine residential, storage and maintenance uses. Typically a site (yard) comprises areas set aside for the Travelling Showpeople's accommodation and areas where vehicles and fairground equipment can be stored, repaired and occasionally tested. The area of land set aside for accommodation by one family unit and the area of land set aside for the storage and maintenance of their equipment would collectively form a plot. This means that the sites (yards) do not fit easily into existing land-use planning categories. The requirement for sites to be suitable both for accommodation and business uses is very important to the Travelling Showpeople's way of life as they find the principle of site-splitting unacceptable¹⁶.
22. The location and design of plots/yards is a matter for Local Planning Authorities to address by setting clear and appropriate policies in Local Development Documents. In doing so they should also take account of Circular 04/2007 – which provides Government policy with regard to the location of provision, and the guidance the Showman's Guild has produced on the design of sites¹⁷. Policies should also recognise the diversity of Travelling Showpeople communities found in different parts of the region – it may not be appropriate to provide all of a district's provision on one site or in one locality. There is some flexibility to reflect local

circumstances, which enables two or more Local Planning Authorities to jointly work together, to address provision in their combined area. Those involved in Travelling Showpeople site design and management should approach this in a creative and innovative manner. Preferences and aspirations of Travelling Showpeople should be taken into consideration. This should be done through Local Planning Authorities proactively engaging and communicating with members of the local Travelling Showpeople, the Showman's Guild and 'settled' communities. Important things to consider include:

- Location to local services and transport networks ensuring schools, shops, health and other community facilities are within reasonable travelling distance, and can be reached by foot, cycle or public transport.
- Location in relation to employment opportunities and business operational patterns.
- Ability to co-exist with existing settled communities.
- Ensuring the site is served (or can be served) by adequate electricity, water and sewerage connections.
- Ensuring there would be no significant adverse effect on the amenity of nearby residents or operations of adjoining land uses.
- Ensuring the siting and landscaping ensure that any impact upon the character and appearance of the countryside is minimised including impacts on wildlife, biodiversity, nature conservation, and how the development can be assimilated into its surroundings.
- Ensuring the development is not in an area at high risk of flooding, including functional floodplains.
- That the provision of a settled base will reduce the need for long distance travelling.
- Ensuring easy and safe access for large vehicles and equipment to the road network.
- Need to avoid overcrowding and "doubling up" by ensuring adequate plot/yard size which allows for:
 - adequate space to allow residential, storage and maintenance uses;
 - space for short term visitors;

¹⁵ See page 19 of "The Accommodation Situation of Showmen in the Northwest" The Showmen's Guild, Lancashire Section, June 2007

¹⁶ CLG Circular 04/2007 "Planning for Travelling Showpeople"

¹⁷ "Travelling Showpeople's Sites – A Planning Focus Model Standard Package" Showman's Guild of Great Britain, September 2007 (see <http://www.showmensguild.co.uk/index10.html>) and "Best Practice Advice on Provision of Showmens Permanent Parking Sites", Lancashire, Cheshire & North Wales Section of Showmen's Guild of Great Britain, June 2008 (see <http://www.theshowmensguild.com/downloads/Best%20Practice%20Guide%20for%20Showmens%20Sites.pdf>)

- facilities;
 - amenity blocks;
 - mixture of accommodation (chalet, trailer etc);
 - utility of outside space (driveways, gardens etc);
 - homes for life principles; and
 - health and safety.
- Health and related support issues.
 - Tenure mix.
 - Management.
23. It is recognised that sites (yards) need to be situated in places which meet the current working patterns of Travelling Showpeople and these may include countryside locations. However, issues of sustainability are important and decisions about the acceptability of particular sites need to take into account access to essential services and the impact on the settled community in the vicinity in order to promote co-existence between potential residents and the local community. Where there is a demonstrated need identified in a needs assessment and a lack of affordable land to meet that Travelling Showpeople need, Local Planning Authorities should
- include 'rural exception sites policies' allocated specifically to address that need in the same ways as rural exception sites for housing.
24. Circular 04/2007 confirms that new Travelling Showpeople sites in the Green Belt are normally defined as inappropriate development as defined in Planning Policy Guidance Note 2: Green Belts. All other alternatives should be explored before Green Belt locations are considered. If there is an identified need for a Travelling Showpeople site in an area and no suitable sites outside the Green Belt boundary exist, in exceptional circumstances, limited alterations or sites inset in the Green Belt could be considered. Such proposals should be brought forward through the local development plan making process and specifically allocated as a Travelling Showpeople site only.
25. It is recognised that many Travelling Showpeople would prefer to buy and manage their own sites, often living in relatively small family groups. Private sector provision of sites should be encouraged. However there may also be a role for provision of public sector owned sites and/or sites directly managed by local authorities or registered social landlords to help meet the needs of those who cannot develop their own sites or prefer to rent.

Regional Parking Standards

26. The existing RSS Policy RT2 is set out below.

POLICY RT2 Managing Travel Demand

The Regional Planning Body, local authorities, and other highway and transport authorities should develop a co-ordinated approach to managing travel demand. Early consultation with the Highways Agency will be required for any proposal that may affect the trunk road network. In particular, efforts should be aimed at reducing the proportion of car-borne commuting and education trips made during peak periods and tackling the most congested parts of the motorway network including M6, M56, M60 and M62. In rural areas, the focus should be on major tourist areas where visitor pressure is threatening the local environment and quality of life. Measures to discourage car use should consider improvements to and promotion of public transport, walking and cycling.

Plans and strategies will need to be specific to the nature and scale of the problems identified, set clear objectives and specify what is being proposed, why it is necessary and what the impacts will be. They should:

- Ensure that major new developments are located where there is good access to public transport, backed by effective provision for pedestrians and cyclists to minimise the need to travel by private car;
- Seek to reduce private car use through the introduction of 'smarter choices' (see examples in paragraph 8.6) and other incentives to change travel behaviour which should be developed alongside public transport, cycling and pedestrian network and service improvements;
- Consider the effective reallocation of road space in favour of public transport, pedestrians and cyclists alongside parking charges, enforcement and provision and other fiscal measures, including road user charging;
- Make greater use of on-street parking controls and enforcement;
- Incorporate maximum parking standards that are in line with, or more restrictive than, Table 8.1, and define standards for additional land use categories and areas where more restrictive standards should be applied. Parking for disabled people and for cycles and two-wheel motorised vehicles are the only situations where minimum standards will be applicable.

27. It is proposed that the wording of the final bullet point in the current policy in RSS (as set out above) should be changed to:

- Incorporate maximum parking standards that are in line with, or more restrictive than, **Table 8.1**, and define areas where more restrictive standards should be applied based on the approach outlined in Appendix 1. Parking for disabled people, motorcycles and cycles are the only situations where minimum standards will be applicable.

This would be accompanied by a revised **Table 8.1**; the additional supporting text in paragraphs 28 to 31 below, which would replace paragraph 8.8 in the published RSS; and Appendix 1, which would replace Appendix RT (d) in the published RSS.

Supporting Text

28. The North West Parking Standards as set out in **Table 8.1** provides the framework for the identification at a local level of the upper limit of parking provision within new developments across the region. The numerical standards included in the table have been benchmarked against existing practice at both a local level within the North West and a regional level across the rest of the country. However, it must be noted that parking standards are only a single tool within the wider spatial planning policy and development management process undertaken by local planning policy and highway authorities. In order to control parking provision, the standards must be intrinsically linked with a range of other measures and issues within the wider context of the spatial planning process, or their value and impact in delivering sustainable development will be limited.

29. The parking standards are based on a combined assessment of broad development location and local accessibility. This approach is designed to allow for varying levels of accessibility to be taken into account, both at a local level and across the region as a whole. Standards should be more restrictive in those areas that have the highest levels of public transport accessibility and development density and, where appropriate, in environmentally sensitive areas such as the Lake District National Park. In determining the quantity of parking provided at an individual site, a two staged approach has been developed. The first stage is to review the location of the proposed development in relation to the region's settlement patterns and allocate it to one of the three Area Accessibility Categories in order to determine the maximum amount of parking that would normally be permitted at a development. The three Area Accessibility Categories have been developed to broadly group different areas according to their general levels of accessibility rather than implementing uniform standards across the whole region. It will be the responsibility of each of the five sub-regions to decide how all areas within their boundaries will be divided into the three Area Accessibility Categories. The sub-regions are not necessarily required to categorise areas into each of the three accessibility categories and may instead choose to separate particular areas so that they satisfy one or even two of the three categories. Evidence to support the categorisation of areas will be required in Local Development Frameworks and will need to be justified in any Public Inquiry or Examination in Public. Further advice on the Area Accessibility Categories is provided in Appendix 1. The second stage will require the five sub-regions to produce a questionnaire that adheres to the example provided in Appendix 1 and broadly assess the accessibility of proposed developments. Sub-regions must ensure that the accessibility questionnaire considers the quality and quantity of a wide range of transport located within the immediate vicinity of the proposed development. The questionnaire will enable any development site to be scored in relation to its current levels of accessibility by other modes of transport. This assessment provides a basis for calculating a reduction in the maximum number of spaces that would normally be permitted as a consequence of the potential for the site to be reached by modes other than the private car.
- The questionnaire and further advice is provided in Appendix 1.
30. Standards for the provision of parking spaces for bicycles, motorcycles, Heavy Goods Vehicles (HGVs) and coaches have been developed and are included within the table. Cycling standards should take into account local variations as well as travel planning and any cycle network proposals in order to encourage cycling both for the specific development but also within the wider area. In all cases, the design of cycle parking areas should minimise conflicts between cycles and motor vehicles, with adequate space provided to allow for the manoeuvring of cycles. For developments that cater for a range of cycle users (e.g. staff and visitors), consideration should be given to providing a range of cycle parking allowing for both long and short stays. For office and retail developments, cycle parking should be located as close as possible to the main entrance of the building, covered by natural surveillance, CCTV and adequate lighting. For residential developments, cycle parking should be located within a covered and secure enclosure. Along with motorcycles, cycling should be encouraged as an alternative to private car travel and parking should be provided at a level to assist in this. Both HGV and coach parking should be developed on a case by case basis through discussions between local authorities and developers, taking into account land use classes, local circumstances and operational requirements.
31. Disabled parking standards as detailed in the revised **Table 8.1**, have been derived from national Government guidance¹⁸. When setting parking standards, the developer should consider within their proposals whether developments are likely to have higher levels of use by disabled drivers, possibly due to development type and location. Furthermore, local authorities should assess whether there are any specific circumstances within their areas that indicate generally higher levels provision for disabled parking would be locally appropriate. The involvement of local disabled and elderly groups may be particularly useful in such an assessment and the monitoring of implementation. The disabled standards set out in the table should be taken as the minimum number of spaces and should be included as part of the overall parking provision of a development.

¹⁸ "Traffic Advisory Leaflet 05/95 Parking for Disabled People", DfT.

Draft Policy – North West Regional Parking Standards – Proposed Revised Table 8.1

Class	Broad Land Use	Specific Land Use	Area Type A	Area Type B	Area Type C	Apply Accessibility Questionnaire?	
			All areas are Gross Floor Area unless otherwise stated				
A1	Shops	Food Retail	1 space per 16 sqm	1 space per 15 sqm	1 space per 14 sqm	Y	
		Non-food Retail	1 space per 22 sqm	1 space per 21 sqm	1 space per 20 sqm	Y	
		Retail warehouses	1 space per 60 sqm	1 space per 45 sqm	1 space per 40 sqm	Y	
A2	Financial and Professional Services	Banks/Building societies, betting offices, estate and employment agencies, professional and financial services	1 space per 35 sqm	1 space per 32 sqm	1 space per 30 sqm	Y	
A3	Restaurants and Cafes	Restaurants, Cafes/Snack Bars, fast food & drive through	1 space per 8 sqm of public floor area	1 space per 6 sqm of public floor area	1 space per 5 sqm of public floor area	Y	
A4	Drinking Establishments	Public Houses/Wine Bars/Other Drinking Establishments	1 space per 8 sqm of public floor area	1 space per 6 sqm of public floor area	1 space per 5 sqm of public floor area	Y	
B1	Business	Office, Business Parks, Research and Development	1 space per 40 sqm	1 space per 32 sqm	1 space per 30 sqm	Y	
		Call Centres	1 space per 40 sqm (starting point for discussions)	1 space per 32 sqm (starting point for discussions)	1 space per 30 sqm (starting point for discussions)	Y	

	Disabled Parking		Bicycles	Motorcycle	Coaches		Comments	Considerations	
	Up to 200 bays	Over 200 bays			Parking (Minimum)	Drop Off (Minimum)		Parking Management and Design	Sustainable Travel
			All areas are Gross Floor Area unless otherwise stated						See Guidance on Transport Assessment for Travel Plan thresholds
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 140 sqm (minimum of 2 spaces)	1 space per 350 sqm (minimum of 2 spaces)	-	-	Smaller food and non-food facilities (say under 500sqm) may require significantly less parking due to serving local needs – each application to be judged on its merits	a) Charging should be considered for all major retail developments including out-of-town	a) Travel Plans covering staff, shoppers and deliveries
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 200 sqm (minimum of 2 spaces)	1 space per 500 sqm (minimum of 2 spaces)	-	-	Includes hairdressers, undertakers, travel agents, post offices, pet shops, etc (say under 500sqm) may require significantly less parking due to serving local needs – each application to be judged on its merits	b) On-street parking controls should be considered c) Provision for parent & child spaces should be considered	b) Home delivery services (potentially a network with other retailers)
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 200 sqm (minimum of 2 spaces)	1 space per 500 sqm (minimum of 2 spaces)	-	-			
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 200 sqm (minimum of 2 spaces)	1 space per 500 sqm (minimum of 2 spaces)	-	-		a) Charging should be considered for all major retail developments including out-of-town b) On-street parking controls should be considered	Whenever possible new facilities should consider travel plan measures for staff, even when numbers are small. Incentives for public transport use can be particularly important for some staff and reduce the demand for all day parking
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 50 sqm (minimum of 2 spaces)	1 space per 125 sqm (minimum of 2 spaces)	Negotiated on a case-by-case basis	Negotiated on a case-by-case basis		c) Secure deliveries should be considered d) Parking standards should also be considered in the light of the parking management in the immediate surroundings, particularly when in town centre locations. There are genuine operational requirements in some of these activities	
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 50 sqm (minimum of 2 spaces)	1 space per 125 sqm (minimum of 2 spaces)	Negotiated on a case-by-case basis	Negotiated on a case-by-case basis			
	Individual bays for each disabled employee plus 2 bays or 5% of total capacity whichever is greater	6 bays plus 2% of total capacity	1 space per 300 sqm (minimum of 2 spaces)	1 space per 750 sqm (minimum of 2 spaces)	-	-	Provision at business parks may enable some sharing of spaces between development plots; this should be taken into account within proposals	a) Locations which are not accessible by a range of modes of transport should be resisted	Even small office developments may be able to provide facilities for cyclists and incentives for staff to use public transport as part of a travel plan. A range of travel plan measures should be identified and secured as part of the grant of planning permission
	Individual bays for each disabled employee plus 2 bays or 5% of total capacity whichever is greater	6 bays plus 2% of total capacity	1 space per 300 sqm (minimum of 2 spaces)	1 space per 750 sqm (minimum of 2 spaces)	-	-	Use as a starting point with each application judged on its own merits. A less strict standard may often be appropriate but local authorities must be mindful of change of use issues	b) Parking provision should reflect a comprehensive approach to the accessibility of the site	

Draft Policy – North West Regional Parking Standards – Proposed Revised Table 8.1 (cont'd)

Class	Broad Land Use	Specific Land Use	Area Type A	Area Type B	Area Type C	Apply Accessibility Questionnaire?		
			All areas are Gross Floor Area unless otherwise stated					
B2	General Industry	General Industry	1 space per 60 sqm	1 space per 48 sqm	1 space per 45 sqm	Y		
B8	Storage and distribution	Storage and distribution	1 space per 100 sqm	1 space per 100 sqm	1 space per 100 sqm	Y		
C1	Hotels	Hotels, boarding and guesthouses	1 space per bedroom including staff parking provision	1 space per bedroom including staff parking provision	1 space per bedroom including staff parking provision	Y		
C2	Residential Institutions	Residential care homes/Nursing Homes	1 per 4 beds	1 per 5 beds	1 per 5 beds	Y		
		Sheltered accommodation	1 space 2 beds	1 space 3 beds	1 space 3 beds	Y		
C3	Dwelling houses	Dwelling houses	1 bedroom	0.5 to 1	1	1	N	
		2 to 3 bedrooms	1.5	2	2	2	N	
		4+ bedrooms	2	3	3	3	N	

	Disabled Parking		Bicycles	Motorcycle	Coaches		Comments	Considerations	
	Up to 200 bays	Over 200 bays			Parking (Minimum)	Drop Off (Minimum)		Parking Management and Design	Sustainable Travel
			All areas are Gross Floor Area unless otherwise stated						See Guidance on Transport Assessment for Travel Plan thresholds
	Individual bays for each disabled employee plus 2 bays or 5% of total capacity whichever is greater	6 bays plus 2% of total capacity	1 space per 450 sqm (minimum of 2 spaces)	1 space per 1000 sqm (minimum of 2 spaces)	-	-	Includes general industry in residential areas	a) Locations which are not accessible by a range of modes of transport should be resisted b) Parking provision should reflect a comprehensive approach to the accessibility of the site	A range of travel plan measures should be identified and secured as part of the grant of planning permission
	Individual bays for each disabled employee plus 2 bays or 5% of total capacity whichever is greater	6 bays plus 2% of total capacity	1 space per 850 sqm (minimum of 2 spaces)	1 space per 2000 sqm (minimum of 2 spaces)	-	-	1 space per 100 sqm suggested by EIP Panel Report		Staff numbers likely to be small limiting scope for travel plan measures
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 10 guest rooms (minimum of 2 spaces)	1 space per 25 guest rooms (minimum of 2 spaces)	Negotiated on a case-by-case basis	1 (hotels only)	The inclusion of ancillary uses such as conference centres and publicly available leisure centres should initially be treated as additional to the general hotel use. However, assessments should be made of potential efficiencies in parking provision, making allowances, for example, for conference delegates staying in the hotel	Parking provision must reflect accessibility	Travel plan measures, such as offering incentives to use public transport should be included. There are different types of hotel users – rural locations are likely to remain car dependent, but information and encouragement of alternatives can still be part of a travel plan
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 40 beds (minimum of 2)	1 space per 100 beds (minimum of 2)	-	-	These standards should cater for all users of the development, not just residents	Parking requirements must reflect the likely proportion of disabled residents and visitor	Organisations should be encouraged to consider alternatives to the car through travel plan measures.
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 20 beds (minimum of 2)	1 space per 50 beds (minimum of 2)	-	-	These standards should cater for all users of the development, not just residents		
	Negotiated on a case-by-case basis	Negotiated on a case-by-case basis	1 (allocated) 1 (communal)	-	-	-	Cycle parking need not be provided if garages are available		All residential development with more than 80 dwellings should include a travel plan which offers a range of incentives to use alternatives to the car
2 (allocated) 1 (communal)			-	-	-				
4 (allocated) 2 (communal)			-	-	-				

Draft Policy – North West Regional Parking Standards – Proposed Revised Table 8.1 (cont'd)

Class	Broad Land Use	Specific Land Use	Area Type A	Area Type B	Area Type C	Apply Accessibility Questionnaire?	
			All areas are Gross Floor Area unless otherwise stated				
D1	Non-residential institutions	Clinics and health centres (excludes hospitals)	1 space per 2 staff plus 3 per consulting room	1 space per 2 staff plus 4 per consulting room	1 space per 2 staff plus 4 per consulting room	Y	
		Creches, day nurseries and day centres	1 per member of staff	1 per member of staff	1 per member of staff	Y	
		Schools (Primary and Secondary)	1 space per classroom	2 spaces per classroom	2 spaces per classroom	Y	
		Art galleries, museums, libraries	1 space per 40 sqm	1 space per 25 sqm	1 space per 20 sqm	Y	
		Halls and places of worship	1 space per 10 sqm	1 space per 6 sqm	1 space per 5 sqm	Y	
		Higher and Further Education	1 space per 2 staff	1 space per 2 staff +1 space per 15 students	1 space per 2 staff +1 space per 10 students	Y	
D2	Assembly and leisure	Cinemas, bingo and casinos, conference centres, music and concert halls	1 per 10 seats	1 per 6 seats	1 per 5 seats	Y	
		General leisure: Dance halls (but not night clubs), swimming baths, skating rinks and gymnasiums	1 space per 25 sqm	1 space per 23 sqm	1 space per 22 sqm	Y	

Disabled Parking		Bicycles	Motorcycle	Coaches		Comments	Considerations	
Up to 200 bays	Over 200 bays			Parking (Minimum)	Drop Off (Minimum)		Parking Management and Design	Sustainable Travel
		All areas are Gross Floor Area unless otherwise stated		See Guidance on Transport Assessment for Travel Plan thresholds				
3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	2 spaces per consulting room (minimum)	1 space per 2 consulting rooms (minimum)	-	-		Priority must be given to operational needs and people with mobility problems	Every effort should be made to encourage travel planning, and using community resources to provide travel for vulnerable people
3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 space per 4 staff and 1 per 200 sqm for visitors (minimum of 2 spaces)	1 space per 10 staff (minimum of 2 spaces)	Negotiated on a case-by-case basis	Negotiated on a case-by-case basis	Drop-off spaces to be determined on a case-by-case basis. Day care centres may require spaces for attendees (1 space per 4 attendees)		
Case-by-case basis	Case-by-case basis	1 space per 5 staff plus 1 space per 3 students	1 space per 10 staff	Negotiated on a case-by-case basis (based on demand for school buses)	1	<p>a) Classrooms include any teaching space within a school including such things as gyms, science rooms, drama studies, etc</p> <p>b) These standards are the starting point but account should be taken of variations between primary and secondary schools and those with Sixth Forms</p> <p>c) Account must also be taken of previous provision at any schools that may be replaced by the new facilities</p> <p>d) Drop-off spaces to be determined on a case-by-case basis</p>	Walking, cycling and use of public transport should be encouraged by pupils and staff	All new schools should have a travel plan which encourages sustainable travel. Travel plans should include travel by staff as well as pupils
3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 per 200 sqm, (minimum of 2 spaces)	1 per 500 sqm, (minimum of 2 spaces)	Negotiated on a case-by-case basis	1			
3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 per 50 sqm, (minimum of 2 spaces)	1 per 125 sqm, (minimum of 2 spaces)	-	-		Need to consider the times at which these developments are used. Where evenings predominate account will need to be taken of the location and whether parking needs can be met by sharing with surrounding uses that do not have evening uses, or clash with residential parking	Support should be given to the development of travel plans, but respecting the voluntary nature of some activities this may be difficult to achieve
Case-by-case basis	Case-by-case basis	1 space per 5 staff plus 1 space per 3 students	1 space per 12 staff plus 1 space per 10 students	Negotiated on a case-by-case basis	1		Walking, cycling and use of public transport should be encouraged by pupils and staff	Travel plans are essential
3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 per 20 seats (minimum of 2 spaces)	1 per 50 seats (minimum of 2 spaces)	Negotiated on a case-by-case basis	1		These facilities should only be provided where there is a choice of mode of transport	Travel plans should be part of the means of managing demand for parking
3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 per 20 seats (minimum of 2 spaces)	1 per 50 seats (minimum of 2 spaces)	Negotiated on a case-by-case basis	1			

Draft Policy – North West Regional Parking Standards – Proposed Revised Table 8.1 (cont'd)

Class	Broad Land Use	Specific Land Use	Area Type A	Area Type B	Area Type C	Apply Accessibility Questionnaire?	
			All areas are Gross Floor Area unless otherwise stated				
-	Miscellaneous/ Sui Generis (Examples)	Theatres	1 per 10 seats	1 per 6 seats	1 per 5 seats	Y	
		Motor car showrooms	1 space per 60 sqm internal showroom	1 space per 52 sqm internal showroom	1 space per 50 sqm internal showroom	N	
		Petrol Filling Stations	1 space per pump	1 space per pump	1 space per pump	N	

Note: if coach drop-off spaces are provided off the public highway, they may be used as coach parking spaces.

Note: Local Authorities to define local coach standards, taking account of locally available coach parking and pick-up/set-down facilities.

	Disabled Parking		Bicycles	Motorcycle	Coaches		Comments	Considerations	
	Up to 200 bays	Over 200 bays			Parking (Minimum)	Drop Off (Minimum)		Parking Management and Design	Sustainable Travel
			All areas are Gross Floor Area unless otherwise stated						See Guidance on Transport Assessment for Travel Plan thresholds
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 per 20 seats (minimum of 2 spaces)	1 per 50 seats (minimum of 2 spaces)	Negotiated on a case-by-case basis	1		These facilities should only be provided where there is a choice of mode of transport	Travel plans should be part of the means of managing demand for parking
	3 bays or 6% of total capacity whichever is greater	4 bays plus 4% of total capacity	1 per 5 staff	Minimum of two spaces	-	-	Excludes operational spaces such as MOT spaces, external sales areas and storage		
	1 space minimum	-	1 per 5 staff	Minimum of two spaces	-	-	Ancillary retail units should be assessed separately		

Appendix 1

Area Accessibility Categories

I. The three Area Accessibility Categories below relate to Policy RDF1 – Spatial Priorities and broadly group different areas according to their general levels of accessibility. It is accepted that, in comparison, accessibility in areas within Manchester and Liverpool city centres, for example, are significantly higher than in the centres of regional towns and cities. The proposed parking standards do not attempt to categorise every individual location in

the region. Each of the five sub-regions, while implementing standards, will divide all areas within their boundaries into the Area Accessibility Categories. Therefore, sub-regions will need to decide on the boundaries between different areas such as where the city centres finish and where the suburbs and wider urban areas begin. 4NW will undertake further work to develop a suitable framework for determining whether sub-regional Accessibility Questionnaires adhere to the questionnaire provided by the region.

Area Accessibility Category	Locations
A	<ul style="list-style-type: none"> • City and town centres in metropolitan areas • Regional town and city centres
B	<ul style="list-style-type: none"> • Non-metropolitan key service centre town centres • District or local centres in metropolitan areas • District or local centres in regional towns and cities
C	<ul style="list-style-type: none"> • All other areas

II. **Area Accessibility Category A** includes the main metropolitan city centres (i.e. Liverpool and Manchester), the town centres in metropolitan areas (e.g. Bolton and Stockport town centres) and regional town and city centres (e.g. Crewe town centre and Preston city centre).

III. **Area Accessibility Category B** includes the town centres within non-metropolitan Key Service Centres; together with District or local centres in metropolitan areas and in regional towns and cities (i.e. not the main town or city centres but those serving local areas and neighbourhoods).

IV. **Area Accessibility Category C** includes all other development areas within the settlement hierarchy, ranging from the urban area and suburbs in metropolitan areas and those in regional towns and cities, to villages and rural and remote rural areas.

Accessibility Questionnaire

Mode	Criteria	Variation	Possible Scores	Actual Score
Walk	Quality of provision for pedestrians	Good: <ul style="list-style-type: none"> • Footways greater than 2m wide • Choice of access points to the site for pedestrians enabling travel from the site in three or more directions (with more than 60° between them) • All pedestrian routes well maintained, with high quality surfaces, provision of street furniture and good quality lighting 	3	
		Moderate: <ul style="list-style-type: none"> • Footways defined (with kerbs) but of minimum 2m width • At least two pedestrian accesses to the site giving access in different directions – at least 90° between them • Footways maintained to a reasonable standard • Street lighting present 	2	
		Poor: <ul style="list-style-type: none"> • No footways adjacent to site • Pedestrians immediately on to an area where traffic has priority • Access only available at one point • Little or no street lighting 	0	
Cycle	Quality of provision for cyclists	Good: <ul style="list-style-type: none"> • Cycle parking provided, including some which is sheltered and/or secure • Dedicated facilities for cycles – including cycle lanes, advance stop lines within 100m from the site • Good choice of access points to the site and excellent permeability giving route choices to, from and within the site • Part or all of the site available only to pedestrians and cyclists with traffic movements restricted • Design and maintenance of surrounding area to high standards, sympathetic to needs of cyclists 	3	
		Moderate: <ul style="list-style-type: none"> • Limited ability to park a bike • Shared space, but low traffic flows making this a satisfactory situation • Road surfaces of an adequate standard for cyclists • Some choice of accesses to the site – with reasonable permeability for cyclists giving at least two directions of access 	2	
		Poor: <ul style="list-style-type: none"> • No parking facilities for cyclists on the site • All space shared with vehicular traffic • Access on to a busy street/road where traffic dominates • Only one practical access point for cyclists • Restrictions on movement caused by one way streets 	0	
Bus	Walking distance to nearest bus stop from main entrance to building	<100m	3	
		<400m	2	
		>400m	0	
	Quality of bus stop (if within 800m walking distance)	Good: <ul style="list-style-type: none"> • Clearly marked stop with adequate space on footway • Raised kerbs to allow easier access to the bus • Clear written information or real time information available • Shelter and seating available in waiting area • Well lit • Other security measures (e.g. CCTV to increase sense of personal security) 	2	

Accessibility Questionnaire (cont'd)

Mode	Criteria	Variation	Possible Scores	Actual Score
Bus (cont'd)	Quality of bus stop (if within 800m walking distance) (cont'd)	Moderate: <ul style="list-style-type: none"> Clearly marked stop on footway providing adequate width Written information about services available Shelter and seating available Adequate lighting 	1	
		Poor: <ul style="list-style-type: none"> Positioned on footway of 2m width or less Marked only by pole and flag Little or no information about services No sheltered waiting facilities Environment affected by volumes of traffic Little or no street lighting 	0	
	Bus frequency of principal service from nearest bus stop (if within 800m walking distances)	15mins or less	4	
		30mins or less	2	
		60mins or less	1	
		>60mins	0	
	Distance to nearest bus station/major interchange (10 or more routes)	<200m	5	
		<400m	3	
		<800m	2	
		>800m	0	
	Number of bus services stopping within 400m walking distance of main entrance to building	6 or more	5	
		2 to 5	3	
		1	1	
		0	0	
Tram	Walking distance to nearest tram stop	<200m	4	
		<400m	3	
		<800m	2	
		>800m	1	
		No tram system	0	
Train	Number of railway stations within 1,200m walking distance	2+	3	
		1	2	
		0	0	
	Walking distance to nearest railway station	<400m	4	
		<800m	3	
		<1,200m	2	
		>1,200m	0	
	Train	Quality of nearest railway station (if within 1,200m walking distance of the site)	Good: <ul style="list-style-type: none"> Extensive waiting areas on platforms, including enclosed and heated space Toilets Excellent information about services including real time information Ability to change platforms and make connecting trains to different destinations Ticket office/ticket machines Staff available at all times CCTV and other security measures to provide sense of personal security Retail facilities – refreshments and range of other shops Fully accessible with lifts and ramps Interchange to bus/tram and taxi from immediate surroundings 	3

Mode	Criteria	Variation	Possible Scores	Actual Score
Train (cont'd)	Quality of nearest railway station (if within 1,200m walking distance of the site) (cont'd)	Moderate: <ul style="list-style-type: none"> Reasonable waiting areas on platforms and in enclosed spaces Toilets Good information about services including real time information Ticket office Staff available Some refreshments/newsagents Lifts Taxi rank outside 	2	
		Poor: <ul style="list-style-type: none"> Limited waiting areas – not enclosed No toilets Information limited to timetable displays and recorded announcements No facilities to purchase tickets No staff present or only limited presence Limited assistance for those with luggage or disabilities No lifts – requirement to negotiate steps and stairs 	0	
	Number of services per hour per direction (arrivals and departures) from nearest station (if within 1,200m walking distance of site)	>10	5	
		5 to 10	3	
		3 to 4	2	
		1 to 2	1	
		0	0	
Total				

Notes:

- Walking distances are taken as the actual, 'on the ground', distances that people need to walk, taking account of footway and site layouts. These are not the direct, 'crow fly' distances.
- The questionnaire should be completed with information gathered through a site visit and should not be solely reliant on a desktop study of the site and surrounding area.
- Smaller sites which have no main building entrance more than 50m walking distance from a pedestrian access to the site, the point from which the level of access is assessed should be the main building entrance closest to the centre of the site. For sites with main building entrances further than 50m walking distance from a pedestrian access, the site may need to be split into plots or individual land uses as part of the assessment.
- The information used in the completion of the questionnaire should form part of the usual content of a Transport Assessment/Statement, therefore, adequate justification for the scoring should be clear within the document.
- The completed questionnaire should be appended to the Transport Assessment/Statement.
- On submission of the Transport Assessment/Statement, local highway authorities should undertake a review of the completed questionnaire and form an opinion of its accuracy.

Reduction in Parking Standards in relation to Local Accessibility Rating

V. The final score obtained from the Accessibility Questionnaire will be used to identify whether the site is rated low, moderate, high or very high for local accessibility. This score will then be used to identify a **revised maximum standard** for the proposed land

use and Area Accessibility Category. The range of scores, together with the proposed percentage reductions in maximum parking provision are shown in the table below. It should be noted that reductions in parking standards would only apply to general use spaces and not to the provision of disabled parking spaces.

Accessibility Rating	Points from Questionnaire	% Reduction in Parking Provision
Low	0 to 11	No Reduction
Moderate	12 to 21	5 to 10%
High	22 to 31	10 to 25%
Very High	32 to 47	At least 25%

VI. Where a development only achieves a 'low' accessibility rating, an adequate justification should be provided of the suitability of the chosen location for the type of development proposed. It is important that clear evidence is provided to show that a sequential approach has been taken in identifying an appropriate development site, as set out in the Regional Spatial Strategy. Robust proposals should be identified by developers, and secured by local authorities, to increase the provision of access by alternative modes of transport, and manage access by car, as an integral part of the development.

Residential Parking

VII. Parking provision for new residential developments should be based primarily on the broad Area Accessibility Categories. A simplified approach is therefore proposed with the recommendation of the following standards in the diagram below:

Bedrooms	Area Accessibility		
	A	B	C
1	0.5 to 1	1	1
2 to 3	1.5	2	2
4+	2	3	3

VIII. In addition to these standards, the following principles are proposed:

- Allocated parking can be defined as parking within the curtilage of a plot or communal parking specifically reserved for the use of one residential property. Unallocated parking is provided on a communal basis, where no one property is given specific rights to reserve a space or could be provided on-street.
- The standards are proposed on the basis of allocated or within curtilage provision. Where some or all spaces for residential developments are provided on an unallocated basis, a reduction in the overall provision may be appropriate.
- The standards for Area Accessibility Categories A and B are maxima, setting out the greatest level of provision within those locations.
- The Category C standards are advisory. Some developments may put forward car parking provision very much lower than these advisory levels. If these proposals are to be granted planning permission with significant lower car parking provision, within Category C areas, the provision for and investment in alternative modes and mechanisms to reduce the need to own cars will be significant.
- Garage spaces are not included within the space provision. However, if development provides them and their long term use for the storage of a vehicle is protected by appropriate planning conditions it may be appropriate to include them.
- Consideration should be given to the reduction in provision at locations with very high accessibility within Area Accessibility Category A. In some locations, zero provision may be appropriate but subject to provision for operational needs such as deliveries, decorators, cleaners etc. Where such proposals are taken forward, they should be implemented in parallel with other sustainable travel measures including residential travel plans, access to car clubs etc. In addition, management and enforcement of unauthorised parking should be considered to avoid subsequent design and environmental issues.

Exclusions from the Standards Table

IX. A number of broad and specific land uses have not been included within the standards table for a number of reasons as set out below.

- The majority of these land uses are not generally covered by local parking standards.
- No requests for guidance on these land uses came from stakeholder consultation when developing the standards.

- Many of these land uses will not generate significant demand for parking.

- Many of these land uses are relatively rare and therefore parking standards would be infrequently used.

X. Please note that the following land uses have not been included in the standards table:

A5 – Hot Food Take-aways

- Take-aways only require very short-stay car parking within close proximity to the development. The standards for A3 should be used as a starting point but the standards should be determined on a case by case basis. It may be appropriate to undertake an assessment of parking demand in the local area to determine whether there is potential to share the parking facilities of surrounding developments.

C2 – Boarding Schools, Residential Colleges and Training Centres

- These land uses can vary significantly in their trip generation patterns due to a number of factors, including whether they are focused on providing education for school pupils or adults, but also whether they are entirely residential or only partly so. The land uses are relatively rare, so the development of a regional standard is not required. Any parking demand should be assessed on the basis of anticipated travel patterns and modal share. The boarding schools should use non-residential school parking standards as the starting point for discussions between local authorities and developers.

C2A – Secure Residential Units

- These uses are relatively rare and specialised. The level of parking provision should be based on staff and visitor requirements which must be assessed for each development.

D1 – Law Courts

- These uses are generally located within town and city centres where minimal specific provision would be required (within the exception of operational parking).

D2 – Outdoor Leisure

- The range and variety of outdoor leisure facilities is significant, including such disparate uses as football pitches, country parks, tennis courts and golf courses. As the land use covers such a wide range of facilities and activities, a single parking standard would be inappropriate and the provision of individual standards within a regional policy would not be sufficiently comprehensive to cover all potential land uses. It should therefore be recommended that local

authorities develop parking standards for the more common outdoor leisure land uses within their area.

Miscellaneous – Amusement Arcades, Night Clubs, Launderettes

- These land uses are unlikely to generate significant vehicular trips and tend to be located within town or local centres where other publicly available parking is provided. Night clubs are likely to require taxi rank facilities.

XI. C2 Hospitals, D2 Arenas and Stadia as well as Airports, Ports and Event land uses have not been included in the table although they generate significant transport and traffic related issues, sometimes on a regionally or nationally important scale. However, the provision of single standards for each land use could be misleading and could ignore the complex and extensive range of issues that surround these land uses. It is therefore suggested that parking for these uses is negotiated on a case by case basis with discussions informed by detailed master plans, transport assessments and travel plans.

C2 – Hospitals

- A regional parking standard for hospitals could potentially be misleading for local authorities and hospitals trusts and would not provide any satisfactory solutions to the considerable problems that presently exist at hospital sites. In today's society hospital sites are multi-occupancy developments, which cater for more than just the district general hospital. Therefore to provide a single car parking standard, based on beds or daily outpatients, would not provide a true reflection of the complex range of uses on such sites. Therefore car parking at each hospital site should be assessed on a case-by-case basis through negotiation between the local authorities, health trusts and staff and patient groups. Parking levels and management should be defined as part of a comprehensive and enforceable Travel Plan for the whole hospital site.

Airports

- Developments within airport sites are also complex with a significant range of parking related issues. In addition to the airport operation itself, there are often hotels, conference centres, business parks and a wide range of other ancillary uses on the site. Airports should consult with a wide range of stakeholders, including local authorities and the Highways Agency in order to determine the level of car parking, as well as other transport-related issues to be resolved in the long term. The issue of car parking should be addressed in airport

master plans and surface access strategies which set out their long term development plans and strategies.

Ports

- In general, car parking at ports has two main uses, for staff (both ferry and freight ports) and for ferry passengers. In determining staff parking levels, it may be appropriate to use standards relating to warehousing and offices as a starting point. Car parking for ferry uses can be analysed in two parts: firstly parking for vehicles waiting to drive on to ferries; and secondly vehicles dropping off foot passengers. The first of these uses is operational parking and requirements are dependant purely on operational demand. The second use could be negotiated on a case-by-case basis, again depending on demand. Parking for HGV should be treated in a similar manner, as operational demand dictates the level of provision required.

Arena and Stadia

- Over the past few years there have been a number of high profile stadium developments within the North West and parking has often been a significant issue during the planning stages. However, these new stadiums are located in significantly different areas with vastly different levels of accessibility; these include Reebok Stadium Bolton (out of town), JJB Stadium Wigan (edge of town centre), City of Manchester Stadium (regeneration area) and soon to be developed Liverpool FC Stadium (inner city). Furthermore, such developments are relatively rare, particularly within local authority areas, so such a standard would be used relatively infrequently. Appropriate car parking for arenas and stadia should therefore be negotiated on a case by case basis taking into account the following:
 - The geographical and settlement location including parking issues in the surrounding area;
 - The parking and transport facilities operated at the development being replaced;
 - Potential improvements to transport and accessibility;
 - Size of the facility and the range and type of events proposed to be held there;
 - Seasonality and frequency of use;
 - Existing parking provision;
 - Attached mix of uses and any ancillary uses (hotel, training, facilities etc); and
 - Parking for coaches.

Events

- Parking standards generally do not cover provision for major events and these already tend to be negotiated on a case by case basis. In many cases transport issues surrounding events tend to be traffic management related rather than specific to car parking. Furthermore, established major events already tend to have management systems that include formal consultation and negotiation with local authorities, highway authorities and the Highways Agency, through which traffic and parking matters are dealt with. Whether they are large annual events or smaller and more frequent, such land uses can vary significantly in their trip generation and car parking requirements, so a single standard would be unlikely to cater for all types of events.

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