Public Document Pack

Executive Board

Thursday, 8 April 2010 2.00 p.m.
Marketing Suite, Municipal Building

David W R

Chief Executive

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

PART 1

*Please contact Angela Scott on 0151 471 7529 or
Angela.scott@halton.gov.uk for further information.
The next meeting of the Committee is on Tuesday, 18 May 2010*

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10. QUALITY AND PERFORMANCE PORTFOLIO

PART II

ITEMS CONTAINING "EXEMPT" INFORMATION FALLING WITHIN SCHEDULE 12A OF THE LOCAL GOVERNMENT ACT 1972 AND THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

In this case the Board has a discretion to exclude the press and public and, in view of the nature of the business to be transacted, it is RECOMMENDED that under Section 100A(4) of the Local Government Act 1972, having been satisfied that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 3 of Part 1 of Schedule 12A to the Act.

11. ENVIRONMENT, LEISURE AND SPORT PORTFOLIO

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

Agenda Item 3a

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Chief Executive
SUBJECT:	Byelaw on Minimum Price of Alcohol
WARDS:	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To consider a request made to the Council to introduce a byelaw on the minimum price of alcohol.

2.0 RECOMMENDATION: That

(1) the Executive Board support the introduction of a byelaw on the minimum price of alcohol;

(2) subject to the approval of Full Council the Chief Executive be authorised to take all necessary steps to introduce a byelaw on the minimum price of alcohol; and

(3) the Chief Executive be authorised to support the efforts of other local authorities and organisations in achieving a minimum price for the sale of alcohol.

3.0 SUPPORTING INFORMATION

3.1 There is currently no national legislation which imposes a minimum unit price for alcohol or makes it possible for local authorities to impose a minimum price.

3.2 The Council has been contacted by the campaigning organisation 'Our Life' with a view to introducing a byelaw to impose a minimum unit price of 50p per unit for the sale of alcohol. Other local authorities in the North West are also being approached. The attached paper provides the case for minimum pricing.

3.3 Byelaw-making powers exist in a number of statutes but this proposal relates to the 'good rule and government' powers in section 235 Local Government Act 1972. The proposal is to develop a model byelaw which would be approved by the Secretary of State and which could then be adopted by local authorities knowing that they would be confirmed by the Secretary of State.

3.4 The Board is advised that there is a risk such a byelaw is unlikely to be approved by the Secretary of State for the following reasons:

3.4.1 There are a number of tests that a byelaw must pass if it is to be valid and enforceable (let alone if it is to stand a chance of being confirmed by the Secretary of State). The relevant test for present purposes is that a byelaw must not be repugnant to the general law. A byelaw is not repugnant to the general law merely because it creates a new offence and says that something shall be unlawful which the statute or common law does not expressly say is lawful. It is repugnant if it makes unlawful that which the general law says is lawful, or, on the other hand, if it purports to do something inconsistent with the general law.

3.4.2 There is no mention in the proposal of maintaining the value of the unit cost in real terms (i.e. inflation-proofing). This is not a concept that is dealt with in byelaws but is relatively simple to achieve in statutory instruments.

3.5 However, as Our Life point out, "regardless of whether Section 235 is used and the proposed byelaw is approved, it would represent an appropriate and direct means of voicing the minimum unit price objective." In other words, the byelaw proposals may be seen as a wider campaigning device, ultimately resulting in national legislation. This was the case in respect of the anti-smoking legislation introduced a couple of years ago

4.0 POLICY IMPLICATIONS

4.1 Under the Council's Constitution making and amending byelaws is a function reserved to full Council. But this proposal falls short of actually making a byelaw and can be dealt with by the Executive Board.

4.2 The issue for the Board to consider is whether is should get involved with a campaign for changing the general law.

4.2 The proposal does not cut across the jurisdiction of the Regulatory Committee.

5.0 OTHER IMPLICATIONS

5.1 The budget implications are unclear. No request for contribution towards the costs of the campaign have been received.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

The proposal would contribute towards the Council's objectives.

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

N/a

6.3 **A Healthy Halton**

The proposal would contribute significantly towards the Council's Objectives.

6.4 **A Safer Halton**

The proposal would contribute significantly towards the Council's Objectives.

6.5 **Halton's Urban Renewal**

N/a

7.0 RISK ANALYSIS

No special risks have been identified.

8.0 EQUALITY AND DIVERSITY ISSUES

N/a

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

None under the meaning of the Act.

Alcohol:
Minimum Pricing and Licensing Powers

Expected outcomes and
recommended local actions for Merseyside

<mark>ISSUES</mark>

Janet Ubido and Paul Cordy

PROVIDING INTELLIGENCE FOR THE PUBLIC HEALTH

Alcohol:
Minimum Pricing and Licensing Powers

Expected outcomes and
recommended local actions for Merseyside

<mark>ISSUES</mark>

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Acknowledgements

Liverpool Public Health Observatory

Liverpool Public Health Observatory was founded in the autumn of 1990 as a research centre providing intelligence for public health for the five primary care trusts (PCTs) on Merseyside: Liverpool; St.Helens and Halton, Knowsley, Sefton and Wirral. It receives its core funding from these PCTs.

The Observatory is situated within the University of Liverpool's Division of Public Health. It is an independent unit. It is not part of the network of regional public health observatories that were established ten years later, in 2000.

Observatory ISSUES Series

In October 1994, Liverpool Public Health Observatory launched the ISSUES series. This was a response to the perceived need for timely reports reviewing theory and practice in areas of concern and controversy within public health. The intention is to target the audiences most closely involved with each issue covered. All ISSUES reports are sent to NHS directors of public health and chief executives within Merseyside and Cheshire. A full list of reports can be found on the Observatory website: http://tinyurl.com/yfv479u

Printed copies can be obtained by contacting Francesca Bailey at the Observatory on 0151 794 5570

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Introduction

Following the Liverpool Shadow Safer Healthier Communities Board meeting on 28th October 2009, the Board requested information on alcohol minimum pricing and utilising licensing powers, drawing upon national and regional learning. Liverpool Public Health Observatory was commissioned to do this work, resulting in a summary paper being presented to the Board on 13th January 2010. The paper sought to assist the Board's discussion and agreement on progressing alcohol minimum pricing, use of licensing powers and suggested next steps for Merseyside.

This paper details the information used for the summary paper sent to the Board. It focuses on specified recommended local actions and measurable expected outcomes, such as lives saved and reductions in hospital admissions. The paper has incorporated learning from Greater Manchester, Blackpool, Scotland, Our Life and Drink Wise NW.

Background

In his Annual Report for 2008, the Chief Medical Officer called for the introduction of minimum pricing (Donaldson, 2009). He outlined the harmful effects of alcohol, and the impact that minimum pricing could have (Box 1).

Box 1
From the annual report of the Chief Medical Officer, 2008

''The effects of passive drinking are far-reaching - much more so than those of passive smoking. They include 39,000 serious sexual assaults every year. They include the one and a quarter million instances of alcohol-related vandalism. Passive drinking leads to huge financial costs to society. Alcohol alone costs the NHS £2.7 billion per year.

Cheap alcohol is killing people and it's undermining our way of life. In my report price and access are two crucial factors affecting alcohol consumption. I recommend action taken on both but particularly on price.

Introducing a minimum price of 50 pence per unit would mean that a typical bottle of wine could be sold for no less than £4.50 and a typical six-pack of lager for no less than £6. Research has shown that this would hardly impact upon those who drink at low-risk levels. It would significantly affect those who drink at high-risk levels, helping them to reduce their own drinking and reducing the harms of passive drinking. Within 10 years of introducing this 50 pence policy, there would be major benefits. We would expect to see over 3,000 fewer deaths a year, 46,000 fewer crimes, 300,000 fewer sick days and 100,000 fewer hospital admissions. The total benefit could be as high as over £1 billion per year.

I recommend:
- *Licensing laws should take the effects of passive drinking into account*
- *There should be a national campaign focussing on passive drinking*
- ***A minimum price per unit should be introduced as a priority**.''*

[Sir Liam Donaldson, Chief Medical Officer (CMO) 2009]

The Directors of Public Health in the North West have been involved in lobbying for a 50p minimum price per unit of alcohol, most recently in a letter to the Daily Telegraph (see Appendix 1).

Alcohol affordability: In the UK, alcohol was 69.4% more affordable in 2007 than it was in 1980 (IAS, 2008). A consideration of 'affordability' takes into account the effects of income changes and price on alcohol consumption. A recent EU report noted that the affordability of alcohol increased since 1996 in all countries for which data was available, with the exception of Italy (Rabinovich et al, 2009). In 2004, increases in income accounted for 84% of the increase in alcohol affordability, and 16% was driven by changes in alcohol prices. The UK had one of the highest increases in affordability, and the 4th highest change in disposable income (50%).

Making alcohol less affordable will have a greater impact on young people than on the rest of the population (Rabinovich et al, 2009).

The EU report noted that research has found that increases in affordability are associated with increases in consumption, which in turn are significantly related to increases in fatal traffic accidents, traffic injuries and liver cirrhosis (Rabinovich et al, 2009). In summary, a 1% increase in alcohol consumption is associated with an increase of:
- 0.86% in fatal traffic accidents
- 0.61% in traffic injuries
- 0.37% in chronic liver cirrhosis

As a 50p per unit minimum price for alcohol is expected to result in a 6.9% reduction in consumption (University of Sheffield, 2008), a significant reduction in these harmful effects on health would be predicted. Full details are given in section 3.

1) Utilising licensing powers

The mandatory code of practice for licensed premises proposed by the government has recently been passed by law (the Policing and Crime Act 2009, Part 3: Alcohol misuse). Once parliamentary approval is obtained, it is planned to introduce the code in April 2010. Any premises breaching the code may lose their licence, or have tough conditions imposed on their licence. The focus of the mandatory code is on the 'on-trade' (pubs and clubs) with little regard to the 'off-trade' (corner shops and supermarkets).

The code has 5 conditions, with the first 3 planned to come into effect on 6th April 2010 as follows:
- banning irresponsible promotions, such as 'all you can drink for £10' or 'women drink free' deals, that encourage people to drink quickly or irresponsibly
- banning 'dentist's chairs' where drink is poured directly into the mouths of customers, making it impossible for them to control the amount they are drinking
- ensuring free tap water is available for customers, allowing people to space out their drinks

Premises will have further time to prepare for the remaining 2 conditions due to come in on the 1st October 2010:

- ensuring all those who sell alcohol have an age-verification policy in place, requiring them to check the ID of anyone who looks under-18
- ensuring small measures of beers, wine and spirits are made available to customers

Additionally, from 29 January 2010, local councils will gain tough new powers to make it quicker and easier for them to tackle problem premises by calling for a review to restrict or remove licenses, without having to wait for the police or local residents to complain.

(Home Office 19th January 2010)

1.1) Problems with introducing the code of practice

a) It is ineffective and unfair to focus on the on-trade – restricting promotions will drive volume into the off-trade where there is no regulation of consumption (Noctis, 2009). A 2008 consultation on the code revealed supermarket 'loss-leading' as one of the main areas for concern. The British Beer and Pub Association have labelled the code 'lop-sided and unbalanced', reporting that nearly 70% of all alcohol is sold in supermarkets while the pub trade continues to suffer (Morris 2010)

b) It is estimated that 82% of people drinking in late night venues will 'pre-load' with alcohol at home (Noctis, 2009). When prices are much higher in the on-trade, this is more likely to happen

c) On average customers will enter late night venues around two hours later when there are no drinks promotions (Noctis, 2009)

d) Drinking hand-poured less accurate measures at home will encourage larger consumption (Noctis, 2009). A recent live experiment by Drink Wise found that the average home barman will pour twice as much as a standard single measure (Drink Wise NW, 2009).

2) Action on minimum pricing

The government has not included minimum pricing in the new mandatory code as they feel that measures around minimum unit price would punish unfairly the sensible majority of moderate and responsible drinkers.

However, they do commit to developing further the evidence base in this area (Home Office, 13th May 2009) and they have made a commitment to make funding available early in 2010 for research into the crime-related effects of alcohol pricing policies (Jones, 2009).

A recent House of Commons Health Select Committee inquiry into alcohol made strong calls for minimum pricing (House of Commons Health Committee, 2010), supporting the previous recommendations of the Chief Medical Officer (see Box 1). The cross-party Select Committee report concluded that minimum pricing would target problem drinkers who rely on cheap alcohol, and that increasing the price of alcohol was the most powerful tool at the disposal of the government.

'On trade' licensees would back the introduction of a 50p per unit minimum pricing campaign for alcohol, saying that this will not only stop supermarkets from selling alcohol as a loss-leader, but also encourage people to drink in the nation's pubs which mostly sell alcohol at responsible prices (Eley, 2008).

There are difficulties in introducing minimum pricing in the off-trade – supermarkets are unable or unwilling to do so, saying they would not be allowed to do this in collaboration with other supermarkets – and would lose business if they do it on their own. Tesco have stated that they are very prepared to play an active and constructive role in discussions on minimum pricing, but that frustratingly, the industry would not be able to lead the way – government action is needed (North, 2009).

In Scotland, Greater Manchester and Blackpool, there have been attempts at action on introducing minimum pricing. There have been questions raised about the legality of imposing minimum pricing. 'Our Life'[1] is commissioning lawyers to provide a legally robust guide to the implementation of a minimum price per unit of alcohol across a local authority or city region. The advice will also cover the legality in European terms of establishing a minimum price, the legality in terms of UK competition law and legality in terms of the Licensing Act. 'Our Life' will disseminate the advice across the region as soon as it is available. The lawyers have advised 'Our Life' that local areas should postpone any implementation until guidance has been produced, although in the meantime, advocating in principle for a minimum price per unit as a course of action for the city region would be very helpful (Giles, 2009).

2.1) Scotland

The Scottish government is aiming to introduce a minimum price of 50p per unit of alcohol for the on and off-trade. This is currently being blocked by opposition parties, who say it might contravene European competition laws. Although there has been no action on minimum pricing yet, there are other changes introduced by the Licensing (Scotland) Act 2005 that came fully into force on 1st September 2009.

These include:

a) Alcohol will be displayed in separate areas within shops and supermarkets, rather than around the store
b) Irresponsible promotions such as happy hours and 'buy one get one free' offers in pubs and in clubs will be banned
c) All bars must provide customers with free tap water
d) There is now more scope for people to have a greater say in how alcohol affects their community as anyone can ask a licensing board to review the licence of any premises
e) All staff working in licensed premises have to be trained before serving alcohol, including all part time and casual staff
f) Shops, supermarkets and off-licences will only be allowed to sell alcohol between 10am and 10pm.

(Alcohol Focus Scotland, 2009)

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[1] Our Life: a movement for social change in the north west

Problems: Some loopholes in these requirements have emerged, mainly with some pubs now offering 'happy days' rather than 'happy hours'. The new rules aimed to prevent 'happy hour' offers by forcing publicans to keep drinks at the same price for a period of 72 hours. But rather than abandon their drinks offers, bars have been extending them to last for 72 hours or more (Edinburgh Evening News, 5th September 2009). It is also reported that, for example, cider is still available from outlets for as little as 90p per litre (8 units of alcohol) (The Journal, 13th September 2009).

2.2) Greater Manchester: Oldham

In Greater Manchester, they are exploring the possibility of using their city region networks to introduce minimum pricing for alcohol. So far, this has been piloted for the on-trade in the borough of Oldham, with the off-trade the next target. The City Region Board is made up of 7 strategic commissions (covering housing, the environment, health etc.), three of which have agreed to support the call for minimum pricing in the on and off-trade. As yet, the Board has no formal powers it can use regarding minimum pricing. In the meantime, the Board will continue to lobby national government and meet with licensing chairs and other bodies to build up support for the policy.

In Oldham, all 22 bars and clubs selling cut-price drinks have had their licences reviewed. They have been asked to set a minimum price for alcohol of 75p per unit (£1.88 for a pint of strong lager) – if they don't comply, they will be asked to change the way they operate – with e.g. a post office-style queuing system (not popular), only allowing the purchase of two drinks at a time, providing extra door staff, and paying for police officers to watch over the bar. Any premises refusing to co-operate could lose their licences. The scheme was featured in a recent BBC Panorama programme (Bilton, August 2009).

Panorama reported that so far, 16 bars have either accepted the proposal or a version of it and 5 are still in discussion. One bar has successfully fought the move, after complaining that it was unfair to condemn them for violence that happens elsewhere. Oldham council hope the new conditions will not be needed at all because bars will agree to stay above 75p per unit.

The council is trying to work with the law (Bilton, August 2009). In order to reduce the chances of legal challenges, the on-trade measures in Oldham are not described as minimum pricing (Irving, 2009).

Evidence on the impact of the scheme in terms of crime and disorder is expected soon, and is expected to be positive (Irving, 2009).

2.3) Blackpool

In Blackpool the NHS Trust recently produced a report on alcohol modelling, recommending that the single most effective policy, in terms of reducing alcohol related hospital admissions and their associated costs, would be to introduce a minimum price of 50p per unit of alcohol as soon as possible, and to maintain that policy for as long as possible (Gisborne et al, 2009). In addition to reduced hospital admissions, it was noted that there are likely to be considerable other savings to the health service over the medium to long term, such as in primary care, A&E, community mental health services and community drug and alcohol services.

The report looked at various treatment packages such as brief interventions, as well as pricing policies. More details of their work, including a table comparing the costs of different interventions, are included in Appendix 2. It was noted that unlike other interventions, the minimum pricing intervention produces no additional intervention cost, since the model assumes that the pricing policy is cost free to the health service (Gisborne et al, 2009). The only costs to the health service would be the time spent lobbying etc. There will be some costs to the local authority of enforcement of the policy.

Blackpool Council has recently agreed on a motion to introduce minimum pricing. The Council now has an agreement with pubs that they will keep to a minimum price of £1.50 per drink from Thursday through to Sunday evening. Pubs are happy to cooperate as long as they are all doing the same. It may not be legally possible to include supermarkets in the Blackpool scheme – the council and the NHS are looking into this (see 2.1).

3) Outcomes of introducing 50p minimum price per unit
(on and off-trade, England and Merseyside)

The University of Sheffield was recently funded by the Department of Health to carry out a study with the aim of quantifying the potential impact of policies targeting pricing and promotion of alcohol on alcohol related harm in England (University of Sheffield, 2008). They analysed the effects of a range of possible scenarios, including increasing the general price of alcohol by different percentages, banning off-trade promotions, minimum pricing ranging from 15p to 70p (on and off trade) and differential combinations of on and off trade minimum pricing (e.g. 40p off and £1 on trade).

Reductions in harm and consequent savings increase steeply the higher the minimum price per unit. The outcomes presented here focus on 40p and 50p minimum pricing for the on and off-trade.

Who would be affected?
Minimum pricing affects cheap alcohol more than would an increase in the price of all drinks by a set percentage. Minimum pricing and discount bans target cheap alcohol (i.e. only part of the market).
   • 64% of all cheap off-trade alcohol is consumed by harmful drinkers (and only 9% by moderate drinkers) (Figure 1)
   • approximately 27% of off-trade alcohol consumption is purchased for less than 30p per unit, compared to 9% in the on-trade.

Figure 1
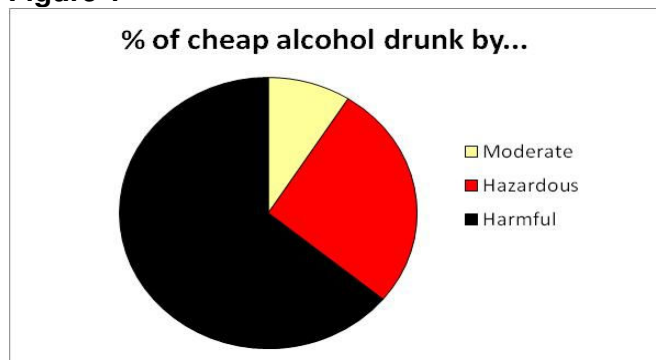
Source: University of Sheffield 2009a

A single minimum price is not likely to affect the on-trade, because prices there are already much higher than in the off-trade.

Harmful drinkers: A 50p minimum price would affect harmful drinkers more - they would consume 10.3% less alcohol (compared to a 5% reduction in consumption for moderate drinkers). The alternative policy of increasing alcohol prices by 10% would have a much smaller effect on harmful drinkers, reducing their consumption by 5%. The 50p minimum pricing policy would cost harmful drinkers £15 extra per month, with a small impact on sensible drinkers of around £1 extra per month.

In summary, the Sheffield study notes that price policies target harmful drinkers because harmful drinkers
   • buy 15 times more alcohol than a moderate drinker
   • spend 10 times as much on alcohol than a moderate drinker
   • prefer cheaper drinks, and pay 40% less per litre of pure alcohol

11-18 year olds: A 40p minimum price would be estimated to result in a 4% decrease in consumption by those aged 18 and under. A 50p minimum would lead to a 7.3% reduction.

Minimum prices targeted at particular beverages are less effective than all-product minimum prices

A total ban on off-trade discounting is estimated to reduce consumption by 23 units per year, which would give an estimated change in consumption of -2.8%. This would have a similar effect to a 40p minimum price policy for the on and off trade (-2.6%).

(University of Sheffield 2009a and 2009b)

Scotland: The Scottish government commissioned the University of Sheffield to apply their model on the effects of minimum pricing to the Scottish population. There was a need to allow for differences in drinking habits etc – but results were only slightly different to those for England (University of Sheffield, 2009b).

3.1) Consumption

The Sheffield model predicted that overall, there would be a steep increase in effectiveness as the minimum price increases, with a 40p minimum price per unit leading to an estimated 2.6% reduction in alcohol consumption, a 50p minimum price resulting in a reduction of 6.9% and a 70p minimum price giving an estimated 18.6% reduction. A 50p minimum pricing policy would be more effective than a policy of increasing alcohol prices by 10%, which would be estimated to result in a 4.4% decrease in alcohol consumption (University of Sheffield, 2008).

3.2) Spending

Estimated reductions in consumption do not match the increase in prices, so that overall, spending increases. The increase in spending becomes higher as the price increases – so that for a minimum price policy of 50p, there would be an increase in spending of £56.31 per year per person (£21.52 for a 40p minimum price policy) (University of Sheffield, 2008).

3.3) Health outcomes: Hospital admissions

North West Public Health Observatory (NWPHO) data on alcohol-related hospital admissions uses the same definitions as in the Sheffield study. This makes it possible to apply the Sheffield outcomes model to local data.

Policies targeting only cheap alcohol, or lower minimum prices such as 20p per unit, have very small effects on alcohol-attributable hospital admissions. Policy options with greater price rises begin to have larger effects. For example:

b) **in England**, a 40p minimum price gives an estimated reduction of around 40,000 admissions per annum (-5.2%), and a 50p minimum price is estimated to reduce admissions by 98,000 each year (-12.4%).

c) **in Merseyside,** there would be a reduction of an estimated 5,021 admissions each year with a 50p minimum price. Table 1 provides predictive outcomes across Merseyside (see Appendix 3 table B for Cheshire):

Table 1

Merseyside: Hospital Admissions for Alcohol-related Harm Estimated reductions in admissions with a 50p per unit alcohol minimum pricing policy				
PCT	Number of Admissions 2008/2009*	Estimated Cost (£)**	Estimated Annual Reduction in Admissions***	Estimated Saving (£)**
Halton and St Helens	7889	2.3M	978	281,664
Knowsley	4169	1.2M	517	148,896
Liverpool	13054	3.8M	1619	466,272
Sefton	6697	1.9M	830	239,040
Wirral	8686	2.5M	1077	310,176
Total	40495	11.7M	5021	1,446,048

* NWPHO 2009. NI39   http://www.nwph.net/alcohol/lape/download.htm

** based on NHS Wirral tariff (£288) for patients over 19 and less than 69 with mental health as primary diagnosis (Wirral PCT)

*** based on 2008/9 admissions - full effect per annum after 10 years of the policy, rather than 1st year effect. Applying the Sheffield model of a 12.4% reduction with a 50p minimum unit price of alcohol, on and off trade (University of Sheffield, 2008)

3.4) Health outcomes: Deaths

The NWPHO holds data on alcohol-attributable deaths for Merseyside. The Sheffield model has been applied here to Merseyside data.

As prices increase, then more deaths attributable to alcohol are avoided. For example, a move from a 40p to a 50p minimum price per unit would change the estimated avoided deaths in:

a) **England** in year 1 from 157 (-4.5%) to 406 (-11.6%). By year 10, the full effects of chronic disease risk reductions will have come into effect, so that the deaths per annum avoided are 8 times higher in year 10 compared to year 1 (3,393 deaths avoided each year in England by year 10 with a 50p minimum price).

b) **Merseyside** from 71 (11.3%) to 174 (27.8%) per annum. These are the estimated full effects after 10 years of minimum pricing, by which time chronic disease risk reductions will have come into effect, so that the deaths per annum avoided are higher in year 10 compared to year 1 (table 2) (see Appendix 3 table C for Cheshire).

Table 2

Merseyside: Deaths from alcohol attributable conditions, all ages, 2007 Estimated reductions with 40p and 50p per unit alcohol pricing policy					
Local Authority	*female deaths*	*male deaths*	*total deaths*	*40p minimum price: full effect of deaths avoided per annum (11.3%)**	*50p minimum price: full effect of deaths avoided per annum (27.8%)**
Knowsley	23.37	35.41	58.77	6.64	16.34
Liverpool	61.42	146.48	207.9	23.49	57.80
Halton	18.15	28.01	46.16	12.83	12.83
St Helens	32.91	39.37	72.28	8.17	20.09
Sefton	31.29	66.75	98.04	11.08	27.26
Wirral	42.95	98.81	141.77	16.02	39.41
Total	*210.09*	*414.83*	*624.92*	*70.62*	*173.73*

source: results from University of Sheffield study (2008) on estimated deaths avoided, applied to data on deaths from NWPHO 2009 (http://www.nwph.net/alcohol/lape/download.htm)

*the full effects of chronic disease risk reductions on deaths are modelled to take 10 years to have full effect (University of Sheffield, 2008)

*[**Note:** The Sheffield study is based on a smaller number of total deaths (12,196 in England, compared with 15,070 using NWPHO data). This is probably because their model allowed for the protective effects of consuming alcohol on CHD and type 2 diabetes. Also, their data was one year older (2006). In addition, there may have been slightly different methods used to calculate the attributable fraction (Purshouse, 2010). This means that in this respect, the figures produced for Merseyside may be overestimated – but this may be offset by allowing for differences in drinking patterns, which if higher on Merseyside compared to England, may lead to an underestimation of effects.]*

3.5) Crime outcomes

The harmful effects of crime will reduce as prices increase. A minimum price of 40p would be estimated to reduce total crimes in England by around 16,000 each year (-0.8%), and for a 50p minimum, the reduction would be 45,800 (2.4% fewer alcohol-related crimes). With a 50p minimum price, violent crimes in England would reduce by 10,300, criminal damage by 17,100 and thefts, robberies and other crimes by 18,500 (University of Sheffield, 2008).

Of the predicted reduction in crime, nearly half (43%) will be a reduction in crimes committed by 11-18 year olds (19,500 fewer crimes committed by those aged 11-18, of the 45,800 total annual crimes reduction - 50p minimum price scenario). Crime harms reduce particularly for the under 18s because they are disproportionately involved in alcohol-related crime. They are also more affected by targeting price rises at low-priced products, which is the effect of a minimum price (University of Sheffield, 2008).

3.6) Employment

Absence: a minimum price of 40p is estimated to reduce days absent from work by around 100,000 (-1.1%). For 50p, the reduction is estimated at 296,000 (-3.1%). The majority of absence reductions occur amongst hazardous and harmful drinkers (as opposed to moderate drinkers).

Unemployment: With a 40p minimum price, there would be 12,400 avoided unemployment cases each year (-11.6%), compared to 27,100 for a 50p minimum (-25.3%) (University of Sheffield, 2008).

3.7) Financial outcomes

The financial value of harm reductions becomes larger as prices are increased. There is an overall £5,418m reduction in harms over 10 years for a 40p minimum price. This figure more than doubles with a 50p minimum price, with harms reduced by £12,950m (University of Sheffield, 2008).

Healthcare costs are reduced as prices are increased. NHS costs avoided due to reduced alcohol-related illness and admissions are estimated to be £546m for the 40p minimum price, and £1,373m for the 50p minimum, over a 10 year period.

The financial value of mortality and morbidity avoided using the Health QALY measure[2] also improves as prices are increased. The value of QALY loss avoided changes from -£1,938 for the 40p minimum price, to £4,909 for the 50p minimum, over 10 years.

Reductions in morbidity and consequent health savings are likely to be underestimated. This is because hospitalisation rates are used as a proxy for the prevalence of disease, but not all people with alcohol-attributable disease will be hospitalised in any one year.

Crime costs are also estimated to reduce as prices increase. With a 40p minimum price, the costs of crime would fall by £140m over 10 years, and by £413m with a 50p minimum price.

The crime QALY is a measure of the impact of crimes on the victim's quality of life. With a 40p minimum price, this would be reduced by £196m, and a 50p minimum price would lead to an estimated reduction of £616m in the crime QALY.

Unemployment reductions form the largest component of overall harm reductions. With a 50p minimum price, just under half of overall estimated harm reductions are unemployment-related (£5,402m of the total £12,951m over 10 years). This is because minimum pricing hits harmful drinkers disproportionately and harmful drinkers are more likely to be unemployed (University of Sheffield, 2008).

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[2] Quality Adjusted Life Years – a measure that summarises improvements in quality of life and survival

(Note: these are 10 year cost savings / value of harm reductions - data on 1st year cost savings also available – see table 35, Sheffield report, University of Sheffield, 2008)

3.8) Impact on Teenage Pregnancy

The University of Sheffield study did not consider impacts on teenage pregnancy. A study in the US by Sen (2003), examined the effects of increasing beer taxes on teenage pregnancy and found that increased beer taxes have statistically significant and negative effects on abortion rates and therefore by implication pregnancy rates. Effects on birth rates are not significant – suggesting that taxes help to prevent some unwanted pregnancies that would typically be terminated with abortion, rather than resulting in a live birth. The effects would be quite small, with a 100% increase in beer taxes leading to a 7-10% decrease in teenage abortion rates.

4) Recommended action on minimum pricing for Merseyside

In the summary paper for the Safer, Healthier Communities Board (see Introduction, p.2), the Board was requested to:

4.1)   Note the findings outlined in this paper

4.2)   Endorse and introduce the discretionary local actions in Merseyside

4.3)   In line with CMO recommendations agree in principle to the introduction of a minimum price of 50p per unit in Merseyside and work closely with 'Our Life' who will inform any future policy decision by the production of legal guidance

Learning from action taken in Greater Manchester (Jones, 2009), additional recommendations are made as follows:

4.4)   *Mobilise local organisations,* with regular meetings of NHS/LA alcohol leads, local licensing chairs and other bodies such as trading standards and planning committees, to ensure all the structures are in place in anticipation of minimum pricing. Involve the local community to encourage them to back the policy

4.5)   *Continue lobbying* national government to introduce minimum pricing for alcohol in the on and off-trade, with more letters from the DsPH etc.(see Appendix 1)

4.6)   *Local action*: for the time being, carry out initiatives in smaller 'hotspot' areas, similar to the scheme in Oldham, Greater Manchester, to deter sales of cheap alcohol in the on-trade.

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Appendix 1
North West DsPH letter to the Daily Telegraph

Letters to the Editor
The Daily Telegraph
111 Buckingham Palace Road
London
SW1W 0DT

14 January 2010

Sir,

Time for decisive action on alcohol harm

As Directors of Public Health in the North West we welcome the comments from the Health Secretary (Telegraph, 14th January, Cost of cheap alcohol will double to curb binge drinking) and the report of the Health Select Committee last week on alcohol pricing.   We call on all politicians to support the proposals for a minimum unit price for alcohol.

We know that politicians will be concerned about public opinion and the impact on people's pockets. However, they should also be aware that the public are very much aware of the effect of pocket money prices on consumption. In a major survey of 30,000 people across the North West 80% thought that low prices and discounts increased consumption. Only 36% felt that information on alcohol-related harm on its own would decrease consumption.

The alcohol business continues to tell the Government that information is all that is necessary. However as the Health Secretary, the Chief Medical Officer, the World Health Organisation and the public have all recognised there is also a link between price, consumption and harm that can no longer be ignored.

A minimum price of 50p per unit of alcohol would put a stop to the 2 litre bottles of cider for £1.21 and 15-packs of lager for £5 which are fuelling extreme levels of drinking at home. However, because a minimum price per unit is not a tax you could still get a pint for £1.50 in the pub and a bottle of wine in the supermarket for around £4. That doesn't seem much when you consider that we all have to shoulder our share of a £20bn cost to society from alcohol harm.

If the politicians are brave enough to make the case then we believe public support will be forthcoming.

Sincerely,

The North West Directors of Public Health
Dr Paula Grey, Liverpool PCT
Dr Arif Rajpura, Blackpool PCT
Fiona Johnstone, Halton and St Helens PCT
Dr Diana Forrest, Knowsley PCT
Dr Frank Atherton, North Lancashire PCT

Dr Stephen Watkins, Stockport PCT
Alan Higgins, Oldham PCT
Dr Janet Atherton, Sefton PCT
Jan Hutchison, Bolton PCT
Melanie Sirotkin, Tameside and Glossop PCT
Dr Kate Ardern, Ashton, Leigh and Wigan PCT
Prof. John Ashton, Cumbria PCT
Dr Julie Higgins, Salford PCT
Dr Peter Elton, Bury PCT
Dr Ellis Friedman, East Lancashire PCT
Dr Abdul Razzaq, Trafford PCT
Maggi Morris, Central Lancashire PCT
Dr Heather Grimbaldeston, Central and Eastern Cheshire PCT
Dominic Harrison, Blackburn with Darwen PCT
Marie Armitage, Wirral PCT
David Regan, Manchester PCT

Appendix 2

The Blackpool model

In Blackpool, the NHS Trust developed a model to test and demonstrate the most effective strategies for driving down alcohol-related hospital admissions (Gisborne et al, 2009). They looked at various treatment packages, and at pricing policies. The Blackpool study did consider also including an analysis of enforcement policies such as test purchases with follow-up action. However, because of a lack of strong evidence of the impact on alcohol-related hospital admissions, this policy was not considered in their analysis.

NHS outcomes: The Blackpool model was broadly based on the study by the University of Sheffield (2008), predicting that introducing a minimum retail price of 50p per unit of alcohol sold in any retail outlet would result in the following:

- a reduction of alcohol-related hospital admissions of 111 per year (-3.6%) by year 7 (**NOTE**: this is a much smaller % reduction than in the Sheffield model)
- a saving in occupied bed costs of £222,000 per year by year 7, with a cumulative net saving of £1,474,000 over a 9 year time period
- after 9 years, a reduction in occupied bed days (OBD) of 744 per year (approximately 2 hospital beds) and a cumulative reduction by year 10 of 4,914 OBDs

(Gisborne et al, 2009)

The model only calculates cost savings through occupied bed days associated with alcohol-related hospital admissions. As noted by Gisborne et al (2009), there are likely to be considerable other savings to the health service over the medium to long term, such as in primary care, A&E, community mental health services and community drug and alcohol services.

Value for money/ cost of interventions
The Blackpool Draft report noted that the minimum pricing intervention produces no additional intervention cost, since the model assumes that the pricing policy is cost free to the health service (Gisborne et al, 2009). The only costs to the health service would be the time spent lobbying etc. There will be some costs to the local authority of enforcement of the policy.

The Blackpool model considered the relative costs and benefits of various interventions, including brief proactive interventions, reactive treatments, and combinations of interventions. Table A summarises the results. It would appear that the most effective strategy in terms of reducing admissions is to increase the use of multiple interventions (which would include a 50p per unit minimum price policy). The second most effective strategy in **reducing admissions** would be a 50p minimum price alone. The most effective strategy in terms of **reducing costs** is to implement the pricing policy alone. Increasing the Alcohol Nurse Service interventions would be reasonably effective in reducing admissions and is cost effective (Gisborne et al, 2009). The savings in occupied bed costs per year increase over time as the effects of the policy impact on the population's drinking and its subsequent health

Gisborne et al (2009) note that the policy involves changing the drinking behaviour of Blackpool's residents. They point out that the interventions are likely to work best and

for longer if supported by a wide range of social inclusion support, such as housing, employment and education.

Table A
Summary of all policy tests conducted as part of the Blackpool model:

Intervention	Annual % change in alcohol related admissions by Year 10	Cumulative change in occupied bed days after 10 years	Annual change in costs (£000s) by Year 10	Cumulative change in costs (£000s) after 10 years
1. Change nothing	0	0	0	0
2. Increase intervention and brief advice (+1000 pa)	-0.4	-329	9	161
3. Increase brief intervention (+200 pa)	-0.5	-530	59	622
4. Increase extended brief intervention (+100 pa)	-0.5	-549	41	456
5. Increase Alcohol Nurse Service interventions (+50% pa)	-1.8	-2174	-67	-251
6. Increase T3 treatments* (+100 pa)	-0.8	-1059	105	1050
7. Increase T4 treatments* (+100 pa)	-0.8	-1079	229	2153
8. Minimum Price 50p per unit**	**-3.6**	**-4914**	**-223**	**-1474**
9. Multiple interventions (2, 3, 4, 5, 8)	-6.5	-8870	-207	-989

Source: Gisborne et al, 2009 DRAFT
*reactive interventions designed to identify and treat people who are drinking at hazardous levels, with the intention of moderating or stopping their alcohol consumption
**note: based on a lower % reduction than in the Sheffield model, which predicted 12.4%

Appendix 3.
Merseyside and Cheshire – alcohol related hospital admissions and deaths

Table B
Hospital admissions for alcohol-related harm

Estimated reductions with a 50p per unit alcohol minimum pricing policy

Local authority	number of admissions 2008/9*	estimated annual reduction in admissions **
Knowsley	4169	517
Liverpool	13054	1619
St. Helens	4660	578
Sefton	6697	830
Wirral	8686	1077
Halton	3229	400
Warrington	4615	572
Cheshire	13743	1704

*NWPHO 2009. NI39. http://www.nwph.net/alcohol/lape/download.htm

** based on 2008/9 admissions - full effect per annum after 10 years of the policy, rather than 1st year effect. Applying the Sheffield model of a 12.4% reduction with a 50p minimum unit price of alcohol, on and off trade (University of Sheffield, 2008

Table C
Deaths from alcohol attributable conditions, all ages, 2007

Estimated reductions with a 50p per unit alcohol pricing policy

Local Authority	female deaths	male deaths	total deaths	deaths avoided in year 1 (11.6%)	full effect of deaths avoided by year 10 (27.8%)*
Knowsley	23.37	35.41	58.77	6.82	16.34
Liverpool	61.42	146.48	207.9	24.12	57.80
St Helens	32.91	39.37	72.28	8.38	20.09
Sefton	31.29	66.75	98.04	11.37	27.26
Wirral	42.95	98.81	141.77	16.45	39.41
Cheshire East	45.65	78.57	124.22	14.41	34.53
Halton	18.15	28.01	46.16	5.35	12.83
Warrington	27.3	44.46	71.76	8.32	19.95
Cheshire West and Chester	38.88	77.57	116.44	13.51	32.37
TOTAL Merseyside & Cheshire			937.34	108.73	260.58
England	**5043.3**	**10026.5**	**15069.78**	**1748.09**	4189.40

source: results from University of Sheffield study (2008) on estimated deaths avoided, applied to data on deaths from NWPHO 2009 (http://www.nwph.net/alcohol/lape/download.htm)

*the full effects of chronic disease risk reductions on deaths are modelled to take 10 years to have full effect (University of Sheffield, 2008)

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*[**Note:** The Sheffield study is based on a smaller number of total deaths (12,196 in England, compared with 15,070 using NWPHO data). This is probably because their model allowed for the protective effects of consuming alcohol on CHD and type 2 diabetes. Also, their data was one year older (2006). In addition, there may have been slightly different methods used to calculate the attributable fraction (Purshouse, 2010). This means that in this respect, the figures produced for Merseyside may be overestimated – but this may be offset by allowing for differences in drinking patterns, which if higher on Merseyside compared to England, may lead to an underestimation of effects.]*

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director Resources
	Strategic Director Adult and Community
SUBJECT:	Locality Working
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To consider joint recommendations from Corporate Services Policy and Performance Board and the Business Efficiency Board for the development of locality working in Halton following the end of the Neighbourhood Management pilots.

2.0 RECOMMENDATION: That

(1) the report on Locality Working in Halton be considered; and

(2) the following recommendations are adopted subject to any changes that Executive Board may wish to make:

    i. **Councillors for each Area Forum area consider the suggestions in the report on Locality Working (appended) for refreshing the way in which public meetings are conducted in order to increase attendance and engagement.**

    ii. **Area Forums are renamed to emphasis the new approach (working title Locality Area Forums)**

    iii. **each Locality Area Forum establishes a Locality Partnership Board to meet at least 3 times a year comprising local councillors and partner agencies.**

    iv. **each locality area forum conducts an annual review in consultation with partner agencies to identify priority actions for the area.**

    v. **a Locality Working Co-ordinating Group be established for the whole Borough with at least one Councillor from each area forum, and representatives of key partners to review the operation of these arrangements twice yearly**

    vi. **a sum of £45,000 is top-sliced from the combined budget of the Area Forums annually to supplement the funding for Community Development support to the forums.**

    vii. **a marketing strategy is developed for locality area forums.**

3.0 SUPPORTING INFORMATION

Corporate Services Policy and Performance Board considered the future of Neighbourhood Management after the expiry of the current funding and concluded:

> *That the Executive Board be recommended to accept Option 1 – complete closedown, and a Working Party be set up with the Business Efficiency Board to consider the future of locality working in Halton.*

This was reported to the Council's Executive Board on 3 December 2009 which resolved:

> *(1) Executive Board support the creation of a Working Group to consider how locality working should operate and be funded in Halton when Neighbourhood Management funding ceases to be available from Central Government; and*

> *(2) the Working Group receive evidence from a wide range of partners across Halton and report their findings to the Local Strategic Partnership and Executive Board*

Nominations to the working group were confirmed following the meeting of the Business Efficiency Board on 11 November 2009, and meetings have taken place on 26th November, 15th December, 13th January, 3rd March and 11th March 2010. A number of key partner agencies were invited to the January meeting to enable them to contribute their views to the review. The chair of the working group Councillor Philbin met resident representatives from the 3 neighbourhood boards accompanied by Councillors A. Lowe, E. Cargill and P. Browne. A further meeting with voluntary sector representatives took place on 11th March 2010.

The working group has considered the scope of the review, the lessons from the Neighbourhood Management pilot and options for taking forward locality working. It is also looked at whether and how any future arrangements might be supported from within existing resources. It made recommendations to roll out locality working to the whole Borough based on the current Area Forum footprint. These recommendations were endorsed by a joint meeting of the Business Efficiency Board and Corporate Services Policy and Performance Board on 18th March 2010.

4.0 RECOMMENDATIONS FROM CORPORATE SERVICES POLICY AND PERFORMANCE BOARD AND THE BUSINESS EFFICIENCY BOARD

The full report and recommendations are appended.

5.0 RESPONSE FROM PARTNERS

The report and recommendations of the joint boards on Locality Working are in the public domain and were considered by the Neighbourhood Management Board at its meeting on 23rd March 2010. There was a very strong view from the 3 representatives of registered social landlords present (Halton Housing Trust, LHT, and Riverside) that there should be a resident presence on the locality partnership boards so that residents had some direct input to strategic decision making. Similar views were expressed by resident members of the Neighbourhood Management Partnerships. Any further comments or representations from partners or residents will be reported at the Executive Board meeting.

6.0 POLICY IMPLICATIONS

The Council and its partners have made policy commitments to narrow the gap between the more deprived areas and the rest of the Borough. Locality working is one way of addressing this and would be consistent with government policy as set out in the Communities in Control White Paper

7.0 OTHER IMPLICATIONS

Whilst it is recommended that additional funding be allocated to the Community development team, this can be drawn from within the existing Area Forum budget, and so there will be no net effect on the Council budget.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 **Children and Young People in Halton**

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

8.3 **A Healthy Halton**

8.4 **A Safer Halton**

8.5 **Halton's Urban Renewal**

Locality Working should aim to support the delivery of our objectives under all of the Council's key priority areas. It will link into locality working arrangements adopted in individual service areas.

9.0 RISK ANALYSIS

There are risks relating to the government's and regulators' expectations in respect of community empowerment and addressing inequalities,

including narrowing the gap. Whilst these issues are taken into account in the above arrangements, the effect may not be sufficient to satisfy external expectations, possibly resulting in red flags or influencing future funding decisions

10.0 EQUALITY AND DIVERSITY ISSUES

There are no new issues with regard to race, gender, age, ability or sexual orientation in this report. It remains the responsibility of area forums to ensure that arrangements are made to enable everyone in the community to take part. In appropriate cases this may be achieved through separate consultation exercises that are reported to the forum.

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

Document	Place of Inspection	Contact Officer
1.0 Notes of working group meetings	Municipal Building Kingsway Widnes	Rob MacKenzie Operational Director Policy and Performance
2.0 Succession and Sustainability: the case for locality partnership working in Halton beyond March 2010.		0151 471 7416 rob.mackenzie@halton.gov.uk
3.0 Community Development Service Delivery - presentation		

LOCALITY WORKING IN HALTON

RECOMMENDATIONS OF JOINT MEETING OF BUSINESS EFFICIENCY BOARD AND CORPORATE SERVICES POLICY AND PERFORMANCE BOARD

18 MARCH 2010

. .. . ENDIX: LOCALITY WORKING
Corporate Services PPB And Business Efficiency Board

2. INTRODUCTION

From April 2006 to March 2010 Halton received a government grant to establish neighbourhood management. This funding was used to establish 3 pilots in disadvantaged parts of the Borough. In view of the impending expiry of this funding, the Council established a working party with members drawn from the Corporate Services Policy and Performance Board, and the Business Efficiency Board to consider the future of locality working in Halton.

The working party met on 5 occasions, and consulted partners, residents and voluntary sector representatives who had served on the Neighbourhood Management Board.

3. SUMMARY OF PROPOSALS FOR LOCALITY WORKING

The working group recommends that locality working should be rolled out across the whole Borough based on the current Area Forum geography, but with greater links to partners as follows:

   i. Area Forum meetings continue as now as an open public forum three times a year, with a freshened format
   ii. The public Area Forum meetings are renamed to emphasise the new approach (working title "Locality Area Forums")
   iii. Regular meetings take place between partner agencies and councillors in each area forum 3 times a year as "Locality Partnership Boards"
   iv. A Borough wide co-ordinating group of councillors (all the forum areas to be represented) to meet with senior representatives of partner organisations twice a year to review arrangements and discuss any commonly occurring issues

Each of these elements is described in more detail below:

4. LOCALITY PARTNERSHIP BOARDS

Locality Area Forum members should meet regularly with partner organisations operating at the locality level. These partnership boards could take place at the same time as the Area Forum pre-agenda meetings, so avoiding the need for additional meetings. Examples of the partners who might be expected to attend are:
• Neighbourhood police sergeant
• RSL estate manager or equivalent
• Fire service – nominated watch leader
• PCT – public health team nominee for the area
• Job Centre Plus
• HBC Children's services – locality manager
• HBC adults and older people
• HBC streetscene team leader
• Probation service (community payback)

The precise composition of these Boards will vary from one Forum area to another taking into account local factors.

The purpose of these meetings would be:

i. To co-ordinate future activity .The Council and all partner agencies should identify their own plans affecting the forum area in the forthcoming 12 months (or so). This would enable us to support one another and get better value for the public pound. For example if Job Centre Plus plan to run a particular campaign aimed at helping residents in a particular neighbourhood to find work, other partners may be able to support in a variety of ways

ii. To identify any areas for joint action that are not necessarily picked up by day to day services, but which the statistics, or local opinion identify as priorities (e.g. high rates of cancer or high rates of housing repossessions)

iii. To provide a joint response to local problems and issues as they arise – reactive and bottom up.

Through these discussions, and those in other meetings, a small number (say 3 to 5) of key priorities and actions will be agreed for the locality forum area over the coming year (or maybe longer). Partners will remain in control of their own funding streams, but the partnership boards will look for opportunities to match fund on a project by project basis.

5. PUBLIC LOCALITY AREA FORUM MEETINGS

The public locality area forum meetings will continue 3 times a year as now. Partners will continue to be welcome to attend. However, given the modest attendances at many meetings, it is time to consider if there are ways in which the meetings could be made more attractive. Some suggestions for consideration by each forum are:

i. Theme the meetings, with presentation and discussion on a single topic per meeting where possible. This could be publicised to any known groups or individuals with a particular interest in the specific theme so as to broaden attendance. This would recognise that people are more likely to attend a meeting if it concerns something in which they have a direct interest. Themes could be agreed a year in advance, in discussion with partners, and may reflect the priorities identified in the locality action plan (see above).

ii. Adopt a more informal meeting style with more opportunity for interaction outside the set piece public meeting format. For example 30 minutes could be set aside as a surgery session where residents can drop in and chat informally to councillors, officer and partners without necessarily having to go through the stress of speaking in public. This would also get some of the smaller items out of the way leaving space in the main meeting for more in depth discussions.

. .. . ENDIX: LOCALITY WORKING
Corporate Services PPB And Business Efficiency Board

- **iii.** Rotate meetings around different venues in the forum area to encourage attendance from different wards
- **iv.** Hold one meeting a year in the daytime for the benefit of those who find it difficult to attend evening meetings, and consider using the daytime meeting as an open forum for local voluntary and community groups to showcase their activities and raise awareness.
- **v.** Allow attendees to take part and ask questions without the need for three days written notice. This already happens in several area forums and is seen as successful.
- **vi.** Publicise the forum through all available means, including an annual leaflet explaining what the forum has discussed in the last year, what it has achieved, and its plans for the coming year.
- **vii.** Consult on the locality. review for the coming year (see below)
- **viii.** Look for opportunities to involve residents in delivery – current examples would be estate litter picks. Residents can be part of the solution and so feel more involved in their area.
- **ix.** Councillors will retain control of Locality Area Forum funds (through the lead officer). However, it would help to build trust and engagement if all forums receive regular reports on what proposals have been put forward, the decision made, with reasons, and reports back on the outcome (was it successful?). Most, but not all forums have some form of reporting back already. Schemes could be branded as Locality Area Forum funded (eg through inscriptions or acknowledgements) and a selection included in an annual report leaflet to all households (see publicity at (vi) above).

6. LOCALITY REVIEWS

Locality reviews will be carried out at the beginning of every year. The intention would be to allow for bottom up input via the public forums, and through approaches made by residents to ward councillors, as well as top down identification of partner plans and priorities. The review would look at public opinion, councillors and partners plans and priorities, and any other relevant information. A shared list of say 3 to 5 priorities for the coming year would be identified for all partners. This will allow councillors to influence the work of partners, as well as providing some balance to the important re-active role that forums play in addressing local concerns and problems as they arise.

7. SUPPORT FOR THE AREA FORUMS.

In addition to the current support from the Area Forum Co-ordinator (Janice Weston) and the lead officer, it is recommended that the Community Development team provide additional support for the forums. To ensure that there is adequate support, it is recommended that £45,000 is top sliced off the overall funding for Area Forums. The remaining £555,000 would be distributed amongst the 7 forums on the present per capita basis. The £45,000 would be used to backfill the loss of a

3

contribution from Neighbourhood Management funds and in addition increase the establishment by one post.

The role of the Community Development Officers will be to support the meetings of the forum and the partnership board, assist in the development of action plans, assist in the implementation of the plans and support individual projects, monitor progress with plans and projects, and secure public engagement in the activities of the forum, and the projects which it supports.

8. CLOSING THE GAP

The working group believes that deprivation exists to a greater or lesser extent in all wards, and therefore there should be no targeting of particular neighbourhoods within the area forum framework. Partners, including the Council, will target individuals in need wherever they live. This may well lead to concentrated effort in particular localities associated with specific problems, and these will be flagged up through the area partnership board, so that different initiatives by different service providers can be co-ordinated.

9. RISKS

There are risks relating to government and regulators expectations in respect of empowerment and addressing inequalities, including narrowing the gap. Whilst these issues are taken into account in the above arrangements, the effect may not be sufficient to satisfy external expectations, possibly resulting in red flags or influencing future funding decisions.

10. FINANCIAL IMPLICATIONS.

Whilst it is recommended that additional funding be allocated to the Community development team, this can be drawn from within the existing Area Forum budget, and so there will be no net effect on the Council budget.

11. RECOMMENDED: That

i. **Councillors for each Area Forum area consider the suggestions in the report for refreshing the way in which public meetings are conducted in order to increase attendance and engagement.**
ii. **Area Forums are renamed to emphasis the new approach (working title Locality Area Forums)**
iii. **Each Locality Area Forum establishes a Locality Partnership Board to meet at least 3 times a year comprising local councillors and partner agencies.**

.... ENDIX: LOCALITY WORKING
Corporate Services PPB And Business Efficiency Board

iv. **Each locality area forum conducts an annual review in consultation with partner agencies to identify priority actions for the area.**

v. **A Locality Working Co-ordinating Group be established for the whole Borough with at least one Councillor from each area forum, and representatives of key partners to review the operation of these arrangements twice yearly**

vi. **A sum of £45,000 is top-sliced from the combined budget of the Area Forums annually to supplement the funding for Community Development support to the forums.**

vii. **A marketing strategy is developed for locality area forums.**

. .. . ENDIX: LOCALITY WORKING
Corporate Services PPB And Business Efficiency Board

MEMBERSHIP OF THE WORKING PARTY

Cllr G Philbin (Chair)
Cllr P Browne
Cllr E Cargill
Cllr S Edge
Cllr R Gilligan
Cllr D Inch
Cllr E Jones
Cllr D Leadbetter
Cllr A Lowe
Cllr S Osborne

Agenda Item 4a

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director – Children & Young People
SUBJECT:	School Admission Arrangements 2011
WARDS:	Borough-wide

1.0   PURPOSE OF THE REPORT

1.1   This report fulfils the requirement under the School Standards & Framework Act 1998, the Education Act 2002, The Education & Inspections Act 2006, and associated regulations, to determine Halton Local Authority's (LA's) School Admissions Policy for LA maintained community and voluntary controlled schools, and coordinated admission schemes for all primary and secondary schools for September 2011 following statutory consultation. The LA also consulted on the admission arrangements to its maintained nursery schools for the September 2011 intake.

1.2   In addition the Government now requires Local Authorities to manage the In-Year Admissions process for children moving between schools during the academic year from September 2010 onwards and a consultation paper was issued alongside the above consultation paper seeking views on an appropriate model.

2.0   RECOMMENDATION: That

(1) the Board approves the School Admissions Policy, Admission Arrangements and co-ordinated schemes for admission to primary and secondary schools for the 2011/12 academic year; and

(2) the Board approves the adoption of the In-Year Co-ordinated Admissions Scheme as statutorily required for September 2010 onwards

3.0   SUPPORTING INFORMATION

3.1   In January 2010 Halton LA issued a statutorily required consultation paper on the proposed admission arrangements and coordinated admission schemes for the September 2011 intake (attached as Appendix 1), and its proposals for the In-Year Co-ordinated Scheme from September 2010 onwards (attached as Appendix 2). Details of the consultation were published in the local press, made available on the Council's website, and issued to the head teachers and governing

bodies of all nursery, infant, junior, primary and secondary schools, the four Diocesan Authorities responsible for voluntary aided schools in Halton, and neighbouring authorities.   Following prior consultation and agreement with the four Diocesan Authorities, the LA also facilitated an on-line admissions consultation process for all Church of England and Catholic Voluntary Aided Schools, enabling them to consult on their proposed admission arrangements for the 2011 academic year along with the LA's proposed arrangements.

3.2   The consultation ran from 4th January 2010 until 28th February 2010 and proposed no changes to the current oversubscription criteria for admission to LA maintained community and voluntary controlled primary schools, and no change to the current oversubscription criteria for admission to LA maintained community schools.

3.3   The Halton Admissions Forum met on 11th March 2010 to consider the Admissions Policy, and co-ordinated schemes, including the 2010 In-Year Scheme and approved the Policy and the co-ordinated schemes.

3.4   The LA as commissioner of school places must ensure that the admission arrangements are fair, not complex, and fully comply with all statutory requirements.   The arrangements proposed reflect those requirements.

4.0   POLICY IMPLICATIONS

4.1   The Admissions Policy has been drawn up to maximize parental preference for Halton LA maintained community and voluntary controlled schools, and responds to parental representations from the initial Building Schools for the Future consultation.   The oversubscription criteria contained within the Policy reflect the criteria which are considered good practice and acceptable by the Department for Children Schools and Families.

4.2   The continued use of catchment zones for Widnes secondary schools does not remove the right of parents to express a preference for any school. Parents must complete an application form regardless of which catchment zone they live in, where they will have the opportunity to express a preference for any school. If the school of preference is undersubscribed then all applications will be successful. If the school is oversubscribed then the oversubscription criteria will be applied and places allocated in accordance with the criteria.

5.0   OTHER IMPLICATIONS

5.1   As a result of the introduction nationally of the equal preference scheme, admissions authorities (the Local Authority for community and voluntary controlled schools and governing bodies for aided schools) have seen a significant increase in the volume of work undertaken in managing and administering the equal preference admissions process.   In real terms

the workload for admission authorities has trebled. Local Authority officers have worked collaboratively with school governors to ensure the admissions process and admissions criteria are compliant with the revised Department for Children, Schools & Families School Admissions Code of Practice, and that places are allocated in accordance with the published criteria.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The proposed policy complies with statutory requirements in ensuring that the admission arrangements are fair and do not disadvantage, either directly or indirectly, a child from a particular social or racial group, or a child with disability or special educational needs, thereby ensuring that the educational provision for children & young people in the borough is inclusive and accessible.

6.2 Employment, Learning and Skills in Halton

Educational achievement is critical to the life chances of all children and is at the heart of the Government's Every Child Matters strategy. The School Admissions Policy detailing school admission arrangements in Halton underpins the requirement to promote fair access to educational opportunity.

6.3 A Healthy Halton

The School Admissions Policy is aligned to the Council's Sustainable School Travel Policy which promotes and supports measures that encourage local communities to use environmentally sustainable forms of travel, especially walking, cycling, and public transport.

6.4 A Safer Halton

The alignment of the School Admissions Policy and the Sustainable School Travel Policy promotes the safe travel and transfer of pupils to school.

6.5 Halton's Urban Renewal

The proposed admissions policy reflects the school reorganisation programme intended to ensure that 21st century provision is in place across both the primary and secondary sectors.

7.0 RISK ANALYSIS

7.1 The admission arrangements and coordinated schemes are proposed to maximise parental preference for Halton schools. Any amendment

to the current arrangements at this time may reduce parental preference and lead to an increased number of admission appeals, adversely affecting the intake at some schools. Furthermore, any amendments may affect the LA's School Place Rationalisation Strategy currently being undertaken in both the primary and secondary sector.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The proposed admission arrangements reflect the equality and diversity requirements of the Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000, the Sex Discrimination Act 1975, the Disability Discrimination Acts 1995 and 2005, and the Equality Act 2006

9.0 REASON(S) FOR DECISION

9.1 The decision is statutorily required and any revision to the proposed arrangements may adversely affect school place planning as detailed in 7.1 above.

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

10.1 Other options considered and rejected include the allocation of places through random allocation (lottery) as this method could be seen as arbitrary and random.

11.0 IMPLEMENTATION DATE

11.1 The Policy applies for the September 2011 academic intake and will apply for 3 years unless further central or local government changes are required.

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

Document	Place of Inspection	Contact Officer
School Admissions Code of Practice	Children & Young People's Directorate	Martin West
School Standards & Framework Act 1998	Children & Young People's Directorate	Martin West
Education Act 2002	Children & Young People's Directorate	Martin West
Education & Inspections Act 2006	Children & Young People's Directorate	Martin West

CHILDREN & YOUNG PEOPLE'S DIRECTORATE

CONSULTATION DOCUMENT
ADMISSION ARRANGEMENTS FOR HALTON LOCAL AUTHORITY
NURSERY, INFANT, JUNIOR, PRIMARY & SECONDARY SCHOOLS
ACADEMIC YEAR 2011/12

1.0   INTRODUCTION

1.1   This document is intended to fulfil the statutory requirements for annual consultation by the Local Authority (LA) on school admission arrangements. Included in this document are the proposed (statutorily required) Co-ordinated Admissions Schemes for the 2011/12 academic year for primary and secondary schools, together with the LA's proposals for admission to LA maintained nursery schools.

1.2   In addition to fulfilling the above statutory requirements, Halton Borough Council's School Admissions Policy complies with the Sex Discrimination Act 1975, Race Relations Act 1976, Human Rights Act 1998, Disability Discrimination Acts 1995 & 2005, and does not discriminate on the grounds of sex, race, colour, nationality or national or ethnic origin.

1.3   Section 89(2) and (9) of the School Standards & Framework Act 1998, and the associated Regulations require admission authorities (the LA for community and voluntary controlled schools) to undertake consultations by 1 March 2010 before finalising admission arrangements by 15th April 2010 for the school year commencing in September 2011.

1.4   The LA must consult the governing bodies of schools for which it is the admissions authority and consult other admission authorities in the "relevant area" (the relevant area is currently the administrative boundary of Halton and views are sought as to whether this should be amended). All neighbouring LAs are also consulted, together with the relevant Diocesan Authorities.

2.0   NURSERY ADMISSIONS

2.1   The LA is proposing to retain the current admissions criteria for Nursery Schools i.e.
    1)   Children in Public Care – children who are subject to a care order, or are accommodated by the Local Authority

2)   Siblings – pupils with elder brothers or sisters including half brothers and sisters and unrelated children living together as part of the same household, already attending the school and expected to continue in the following year

3)   Pupils living nearest to the school defined as a straight-line distance measurement from the child's permanent residence to the school. Distance is measured by the LA using the LA's Ordnance Survey GIS address point system which measures from the address point of the child's permanent address to the address point of the school in metres.

3.0   PRIMARY ADMISSIONS

3.1   The Secretary of State for Education and Skills has defined compulsory school age under the Education Act 1996 as follows:

Child's 5th birthday   Term of Admission

1st April to 31st August   Autumn
1st September to 31st December   Spring
1st January to 31st March   Summer

3.2   In Halton, however, children will continue to be admitted to school earlier than the required admission date. This reflects the commitment of the LA to secure the best possible start for children within the Borough of Halton.

3.3   At the time of writing (October 2009) the DCSF is consulting on the admission of children below compulsory school age. In summary the DCSF are proposing that admission authorities **must** provide for the admission of all children in the September following their fourth birthday. The DCSF are also proposing that parents can request that the date their child is admitted to the school is deferred until the child reaches compulsory school age in that school year. In Halton this already happens. However, one significant amendment proposed by the DCSF is that parents can request that their child attends part-time until the child reaches compulsory school age. Furthermore the DCSF advise that admission authorities **must** accommodate these requests where it appears to be in the best interest of the child.

3.4   As recommended in the School Admissions Code the LA will allow parents to defer their child's entry to school until the child is of compulsory school age, providing the parent applies, is offered, and accepts the place within the normal admissions timetable, and the place is taken up within the same academic year. It should be noted that if a child is presently attending a nursery class they do not have automatic right to transfer to the primary school to which the nursery class is attached. Parents are required to indicate a preference for a

primary school along with all other parents. Attached as Appendix A is the proposed co-ordinated admissions scheme for all Halton LA maintained primary schools.

3.5 **Transfer from Infant to Junior School** – parents wishing their child to transfer from the infant school to the junior school will be required to complete a preference form along with those parents applying for admission to reception class. The same timetable will apply for the transfer of pupils from infant to junior as detailed for the admission of children into reception class.

4.0 SECONDARY ADMISSIONS

4.1 Children transfer from primary to secondary school in the September following their 11th birthday. Attached as Appendix B is the proposed co-ordinated admissions scheme for all Halton LA maintained secondary schools.

5.0 IN-YEAR ADMISSIONS

5.1 The DCSF have confirmed that LA's are now statutorily required to formulate an In-Year admissions scheme from September 2010 which requires every general in-year admission to all infant, junior, primary and secondary school (including VA, Trust and Academy schools) to be managed centrally by the LA. This is a significant change to the way in-year admissions are currently dealt with whereby parents contact the school direct and the school either agree or decline the request for admission. The LA is required to formulate an "In-Year Co-ordinated scheme" in relation to each school in their area and the scheme must be formulated by 1st January 2010 for implementation from September 2010. Attached as Appendix C is the proposed In-Year Scheme for 2010 and 2011 and comments are invited on this scheme.

6.0 ON-LINE ADMISSIONS

6.1 LAs are required to have on-line admissions in place and the on-line admissions portal, available on the Halton Borough Council website – www.halton.gov.uk, will continue to operate for admission to primary and secondary schools for the 2011 academic year.

7.0 HALTON ADMISSIONS FORUM

7.1 Any recommendations and responses to this consultation paper will be considered by the Halton Admissions Forum and will be included in the report to Halton Borough Council's Executive Board.

8.0 VOLUNTARY AIDED SCHOOLS – CONSULTATION ON ADMISSION ARRANGEMENTS

8.1 Regulations allow governing bodies who are the admission authority for their school not to consult in certain circumstances. To qualify for a suspension of consultation an admission authority must have consulted all appropriate bodies in one or both of the preceding years and must not be proposing to change their arrangements, including PAN and oversubscription criteria, and must not have been the subject of an objection to the Schools Adjudicator in the previous five years. However, as detailed in paragraph 3.3 above, admission authorities must allow children to attend part-time until the child reaches compulsory school age, therefore all governing bodies, as admission authorities, will need to consult on their arrangements for 2011.

8.2 Governing Bodies **must** provide details of their finalised admission arrangements and any other information requested by the LA for inclusion in the relevant Admission to School Booklet (composite prospectus).

8.3 Governing bodies should also be aware that the School Admissions Code confirms that if they have enough places they **must** offer every child who has applied a place, and **must** give first priority to Looked After Children of their faith but they should go further and give priority to all Looked After Children (Children In Care).

9.0 SCHOOL ORGANISATION

9.1 The Local Authority is continually reviewing its school place provision in both the primary and secondary sector and continues to meet with and update schools on current and anticipated provision set against pupil profiling. The LA will discuss with and consult, where appropriate, any schools where there may be an impact upon the current admission numbers.

10.0 SUMMARY

It is recommended that the Governing Body:
a) receives the report;
b) records any response to Halton's proposed admission arrangements for admission to primary and secondary schools and the proposed In-Year admission arrangements;
c) for Voluntary Aided, Trust and Academy Schools only – undertake, where appropriate, statutory consultation with the governing bodies of all voluntary aided schools in Halton, Halton LA, and any other LA within 8 kilometres of the school for secondary schools, or 3.2 kilometres for primary schools, and forward to the LA their admissions policy when determined.

Legend
● Widnes Secondary Schools

Wade Deacon High School
Saints Peter & Paul
The Bankfield

Widnes Secondary School Catchment Zones for The Bankfield and Wade Deacon

HALTON
BOROUGH COUNCIL

N

Children & Young People's Directorate

HALTON LOCAL AUTHORITY SCHEME: CO-ORDINATION OF ADMISSION ARRANGEMENTS FOR PRIMARY SCHOOLS – 2011/12 ACADEMIC YEAR CONSULTATION

1.0 This document is intended to fulfil the statutory requirements for admissions into reception classes in maintained infant and primary schools.

1.1 The DCSF School Admissions Code and associated regulations require some changes to the admission to primary school process for 2011, and schools and governing bodies must familiarise themselves with the new requirements to ensure that they comply with this scheme.

2.0 This Co-ordinated Primary Scheme applies to all those schools detailed on pages 7 and 8 of this document. Halton Borough Council (as the Local Authority - LA) is the Admission Authority for all community and voluntary controlled schools, and the Governing Body of each voluntary aided, academy, or trust school is the admission authority for the school.

3.0 The first important change the DCSF has introduced to the admissions process for the 2011 intake is that parents/carers **must** complete their home LA's preference form, therefore if a non-Halton resident is seeking admission to a Halton school, (or vice-versa) they must complete their own authority's form which will then be forwarded to the relevant authority and LAs will then share any cross border applications for consideration.

4. 0 Halton residents will be required to complete a Halton preference form and will be given the opportunity to express a preference, with reasons, for up to 3 primary schools regardless of which authority the school is in. The LA must invite applications on the preference form and the preference form must comply with mandatory provisions and the requirements of the Department for Children Schools and Families School Admissions Code. This form will also be available on-line and parents are encouraged to apply for a school place via the Halton Borough Council website at www.halton.gov.uk.

5.0 Where a Voluntary Aided School requires supporting information e.g. asking for a reference from a priest or other religious minister for a faith school, or details of baptism etc parents may be required to complete a supplementary form and VA schools **must** inform parents of their requirements within their school's published admission arrangements.

6.0 Admission authorities (the LA for community and voluntary controlled schools, and governing bodies for voluntary aided, trust and academy schools) **must** ensure that their determined admission arrangements comply with the mandatory provisions of the Code. In Halton, as statutorily required, an Equal Preference Scheme is operated. Within the equal preference scheme all preferences are considered equally against each school's published admission criteria. After all preferences have been considered if only one school named on the preference form can offer a place the maintaining LA will send out an offer of a place. If more than one school can offer a place parents will be offered a place at whichever of those schools is ranked highest on the preference form. This may not be the first preference school. If a school becomes oversubscribed then places will be allocated in accordance with the relevant oversubscription criteria.

7.0 The second important change that, at the time of writing (October 2009) is being consulted upon by the DCSF, is the admission of children below compulsory school age. In summary the DCSF are proposing that admission authorities **must** provide for the admission of all children in the September following their fourth birthday and that parents can request that the date their child is admitted to the school is deferred until the child reaches compulsory school age in that school year. In Halton this already happens. However, the DCSF are now proposing that parents can request their child attends part-time until the child reaches compulsory school age. Furthermore, the DCSF advise that Admission authorities **must** accommodate these requests where it appears to be in the best interest of the child.

7.1 As recommended in the School Admissions Code the LA will allow parents/carers to defer their child's entry to school until the child is of compulsory school age, providing the parent applies, is offered, and accepts the place within the normal admissions timetable, and the place is taken up within the same academic year. It should be noted that if a child is presently attending a nursery class/early years setting they do not have an automatic right to transfer to the primary school to which the nursery/early years setting is attached. Parents/carers are required to indicate a preference for a primary school along with all other parents/carers.

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8.0 APPLYING FOR A PRIMARY SCHOOL PLACE OR TRANSFERRING FROM INFANT TO JUNIOR SCHOOL FOR SEPTEMBER 2011

8.1 Halton LA publishes an "Admission to Primary School" booklet (a Composite Prospectus). The preference form will be contained within this booklet and the booklet will be issued to all Halton Primary Schools and will be available at Halton Direct Link Offices, Halton Libraries, on line via the council's website, and upon request from the Student Services Team. The booklet will be issued in **September 2010** and the on-line form will be available at the same time.

8.2 The preference form will seek three preferences in ranked order. The preference form must be returned to the Student Services Team within the Children & Young People's Directorate no later than **15th January 2011**. On-line forms must also be completed by this date. This closing date is now a statutorily set closing date, and will move the admissions/allocation process back in comparison to previous years.

8.3 Halton resident parents may request information (a prospectus) regarding schools in neighbouring local authorities but **must** complete their preferences on their home LA form.

8.4 The Student Services Team will load all preferences onto the database and, week beginning **Monday 31st January 2011**, will forward all application details, regardless of whether they are first, second and third preferences to all Voluntary Aided schools, Trust schools and neighbouring LAs where admission is being sought. The Admissions Committee of those governing bodies will be required to meet and determine which pupils will be admitted/declined against their admission criteria. Governing bodies must treat first, second, and third preferences equally against their admissions criteria. Voluntary Aided and Trust schools **must** notify the Student Services Team by **Monday 28th February 2011** which pupils have been offered places and which have been declined. School **must** indicate under which criteria each child has been offered/declined a place.

8.5 The LA will then undertake a final data exchange with VA and Trust schools and neighbouring LAs to ensure that all children have an allocated school on 31st March 2011.

8.6 When all preferences have been considered and allocations finalised, Halton LA will write out to all those parents/carers who have applied for a Halton LA community, voluntary controlled, voluntary aided or trust school identifying the allocated school. This notification letter will be sent on **Tuesday 26th April 2011** together with details of the appeal process if applicable. Parents/carers will be required to decline any offer of the school place within 10 school days. If the LA does not hear from the parent/carer then it is assumed the place has been accepted.

8.7 Parents will have until Friday 13th May 2011 to lodge any appeals with the LA.

8.8 The above process also applies to the transfer of children from infant to junior schools for admission into the junior school commencing September 2011.

9.0 OVERSUBSCRIPTION CRITERIA

9.1 If a Halton community or voluntary controlled school becomes oversubscribed, places will be allocated in accordance with the following criteria:

1) Children in Public Care – children who are subject to a care order, or are accommodated by the Local Authority

2) Siblings – pupils with elder brothers or sisters including half brothers and sisters and unrelated children living together as part of the same household, already attending the school and expected to continue in the following year

3) Pupils living nearest to the school measured using an Ordnance Survey address-point system which measures straight-line distances in metres from the address point of the school to the address point of the place of permanent residence of the pupil.

For admission to community and voluntary controlled schools the following notes apply:

a) Children who have a statement of special educational needs will be allocated a place at the school named in the statement. Where a child with a statement is allocated a place this will reduce the number of remaining places available to allocate within the above oversubscription criteria.

b) If oversubscription occurs within any one of the above criteria 1-3, places will be allocated on distance grounds as described within the distance criteria (3) above.

c) Where applications are received for twins, triplets etc, the LA will apply the oversubscription criteria and will oversubscribe the school if a family would otherwise be separated. Parents and schools should note that this does not apply to key stage one (infant classes) where statutory class size limits apply. If only one place is available the place will be offered to the oldest child of multiple birth.

d) The address to be used in measuring distance for the purpose of allocating school places will be the child's permanent home address. Where a child lives with parents with shared responsibility the LA will use the address of the person receiving Child Benefit for allocation

purposes. Parents may be required to submit evidence of Child Benefit upon request from the LA. It may also be necessary for the Council to carry out checks that the address given is genuine and parents may be requested to produce further documentary evidence of the child's address. The above criteria will apply without reference to the Halton Borough Council boundary.

e) Where applications are received from families of UK Service personnel and other Crown servants, school places will be allocated to children in advance of the approaching school year if accompanied by an official MOD, FCO or GCHQ letter declaring a return date with full address details and providing they would meet the criteria when they return to the UK.

f) If none of the parent's preferences can be met, in accordance with the DCSF School Admissions Code, Halton LA will allocate a school unless there are insufficient places remaining in the authority. In Halton, a place will be allocated at the nearest school to the home address measured in a straight-line distance measurement from the child's permanent residence to the school. This does not affect parent's rights to appeal for a place at the school(s) they have been refused.

10.0 LATE APPLICATIONS FOR HALTON PRIMARY SCHOOLS

Late applications for places at Halton Local Authority maintained community and voluntary controlled schools received after the closing date, but received in time for the initial allocation will be included where possible. However, as the exact date of allocation cannot be predicted, the LA cannot guarantee that any late application will be included in the initial allocation, therefore parents/carers are strongly urged to ensure their application is received by the closing date. If the late application is received after places have been allocated and the school(s) are oversubscribed, the child will be placed on the waiting list, the child's position on the waiting list being determined by the admission policy. Parents have the right of appeal if admission is refused and details on the appeals process are given in paragraph 15 below.

If parents are making a late application to a voluntary aided school the school will advise how this will be dealt with.

It will be necessary for the applicant to provide the appropriate evidence to support an exceptional case for late application.

11.0 CHANGE OF PREFERENCE

If parents decide to change their preference after the closing date they will need to complete another preference form. If places have already been allocated the LA may not be able to meet the change of preference and the child's name will be added to the waiting list as detailed in paragraph 14 below.

12.0 CHANGE OF ADDRESS

If a pupil moves house after the closing date parents/carers **must** notify the LA and request a new preference form. The preference form must be completed and returned to the LA immediately. If there is a place available at the school of preference a place will be offered. If the year group is oversubscribed then parents will be offered the right of appeal and any other preferences will be considered. The child will also be placed on the waiting list. The Local Authority will require documentary evidence to confirm a change of address.

13.0 WITHDRAWAL OF OFFER OF A SCHOOL PLACE

Halton LA reserves the right to withdraw the offer of a school place in limited circumstances. These may include where a fraudulent/intentionally misleading preference form is received claiming a false sibling or false residence.

14.0 WAITING LISTS

The LA will maintain waiting lists for oversubscribed community and voluntary controlled primary schools. The waiting list will comprise of those pupils refused admission to the school(s) of preference. This list will be maintained from the time of initial allocation until the end of the Autumn Term, at which point the waiting list will cease. If a place becomes available at an oversubscribed school, the place will be reallocated in accordance with the published over-subscription criteria detailed above. Parents should be aware that their child's place on the waiting list might alter, either up or down, dependent upon the movement of other applicants. The waiting list forms part of the co-ordinated scheme, therefore applications received up to the end of the Autumn Term will be considered within the scheme, following which any applications received after this date will be dealt with as an in-year admission and the in-year application process will be applied.

15.0 ADMISSION APPEALS

Parents who are not offered a place at any of their preferred community, voluntary controlled, voluntary aided trust or academy schools have a right of appeal to an independent appeals panel under section 94 of the School Standards & Framework Act 1998. Appeals must be submitted in writing but parents have the right to present their case to the panel in person. The Chairman of the appeal panel will be a lay-person having no connection with the LA. Other members of the panel will be suitably experienced persons.

Parents should note that the law requires that no 5, 6, or 7 year old in an infant class should be in a class of more than 30 pupils. Parents will have a right of appeal but an appeal panel can only uphold this appeal if it is satisfied that:

a) the decision was not one which a reasonable admitting authority would make in the circumstances of the case, and/or

b) that the child would have been offered a place if the admission arrangements had been properly implemented.

The decisions of independent appeals panels are binding on the LA and on the school's governing body.

Applications for admission to Aided Church schools will be referred to the Admissions Committee of the governing body of the school concerned. The LA, acting on behalf of the governors, will notify parents of the result of their application. If the application is not approved parents will be notified of their statutory right of appeal.

16.0 SCHOOLS TO WHICH THIS SCHEME APPLIES:

The LA as commissioner of school places is continually reviewing and monitoring the number of places available against projected pupil numbers and updates head teachers accordingly. It is possible that occasionally, there may be certain geographical areas within the borough where demand for places is higher than the actual number of places available, and the LA will, in discussion with the school, give consideration to admitting above a school's Published Admission Number (PAN). Admitting above a school's PAN will only be agreed between the school and the LA where it is confirmed that to do so will not affect the school in the longer term and will not have a detrimental effect on neighbouring schools and providing it does not breach infant class size legislation.

The figure in brackets denotes the school's proposed Published Admission Number for 2011 but may later as a result of the School Reorganisation Programme.

COMMUNITY AND VOLUNTARY CONTROLLED SCHOOLS TO WHICH THIS SCHEME APPLIES:

All Saints Upton C E Voluntary Controlled Primary (30)
Astmoor Primary (25)
Beechwood Primary (15)
Brookvale Primary (40)
Castleview Primary (20)
Daresbury Primary (15)
Ditton Primary (60)
Fairfield Infant (80)
Farnworth C E Voluntary Controlled Primary (56)
Gorsewood Primary (30)
Hale C E Voluntary Controlled Primary (25)
Halebank C E Voluntary Controlled Primary (15)
Hallwood Park Primary (25)

Halton Lodge Primary (30)
Hillview Primary (30)
Lunts Heath Primary (45)
Moore Primary (30)
Moorfield Primary (45)
Murdishaw West Community Primary (30)
Oakfield Community Primary (40)
Palace Fields Primary (40)
Pewithall Primary (30)
Simms Cross Primary (30)
Spinney Avenue C E Voluntary Controlled Primary (30)
The Brow Community Primary (25)
The Park Primary (20)
Victoria Road Primary (40)
West Bank Primary (30)
Westfield Primary (25)
Weston Primary (15)
Weston Point Primary (20)
Windmill Hill Primary (15)
Woodside Primary (30)

TRUST SCHOOLS TO WHICH THIS SCHEME APPLIES:

The Grange Infant (60)
The Grange Junior School (60)

VOLUNTARY AIDED SCHOOLS TO WHICH THIS SCHEME APPLIES:

CHURCH OF ENGLAND:

Runcorn All Saints' CE Aided Primary (20)
St Berteline's CE Aided Primary (43)
St Mary's CE Aided Primary (35)

CATHOLIC:

Our Lady Mother of the Saviour Catholic Primary (30)
Our Lady of Perpetual Succour Catholic Primary (30)
St Augustine's Catholic Primary (15)
St Basil's Catholic Primary (60)
St Bede's Catholic Infant (60)
St Bede's Catholic Junior (60)
St Clement's Catholic Primary (30)
St Edward's Catholic Primary (20)
St Gerard's Roman Catholic Primary & Nursery (25)
St John Fisher Catholic Primary (30)
St Martin's Catholic Primary School (30)
St Michael's Catholic Primary (35)
The Holy Spirit Catholic Primary (20)

Closing Date for applications
15th January 2011

Monday 31st January 2011
Preference details forwarded to all Voluntary Aided and Trust Schools and neighbouring LAs

Week beginning **Monday 31st January 2011** Governing bodies begin to consider all applications

Monday 28th February 2011 all VA schools and neighbouring LAs notify Halton LA of places offered/declined including criteria

31st March 2011 Final exchange of data between schools and neighbouring LAs to confirm final allocations

Tuesday 26th April 2011 offer letters sent to parents/carers

Friday 13th May 2011 appeals to be lodged with LA

Children & Young People's Directorate

HALTON LOCAL AUTHORITY SCHEME:
CO-ORDINATION OF ADMISSION ARRANGEMENTS FOR SECONDARY SCHOOLS – 2011/12 ACADEMIC YEAR CONSULTATION DOCUMENT

1.0 This document is intended to fulfil the statutory requirements for admissions into year 7 at secondary schools.

2.0 The Co-ordinated Secondary scheme applies to the following schools in Halton. The number in brackets denotes the proposed Published Admission Number for 2011, but may alter in the light of the Secondary Reorganisation Programme. Parents requesting further details should contact the LA direct.

Halton High School (180)	Academy
Saints Peter & Paul Catholic College (289)	Voluntary Aided
St Chad's Joint Faith Catholic & CE	
High School (190)	Voluntary Aided
The Bankfield (190)	Community
The Grange Trust (180)	Trust
The Heath School (240)	Community
Wade Deacon High School (300)	Community

Halton Local Authority (LA) is the Admission Authority for the three community high schools, and for the two voluntary aided schools, the trust school and the academy the Governing Body is the admission authority.

3.0 Halton residents will be given the opportunity to complete a common preference form and express a preference, with reasons, for up to 3 secondary schools using this form. The LA must invite applications on the preference form and the preference form must comply with mandatory provisions and the requirements of the DCSF School Admissions Code of Practice. This form is also available on-line and parents are encouraged to apply for a school place via the Halton Borough Council website at www.halton.gov.uk. Parents/carers should only complete one application form and preferences may include Halton schools and schools maintained by other LAs.

4.0   Admission authorities (the LA for community and voluntary controlled schools, and governing bodies for voluntary aided, trust and academy schools) **must** ensure that their determined admission arrangements comply with the mandatory provisions of the DCSF Code. All admission authorities must operate an Equal Preference Scheme. Within an equal preference scheme all preferences are considered against each school's published admission criteria. After all preferences have been considered, if only one school named on the preference form can offer a place, the LA will send out an offer of a place. If more than one school can offer a place, parents will be offered a place at whichever of those schools is ranked highest on the preference form. This may not be the first preference school. If a school becomes oversubscribed then places will be allocated in accordance with the oversubscription criteria (see paragraph 6.0).

5.0   APPLYING FOR A SECONDARY SCHOOL PLACE FOR SEPTEMBER 2011

5.1   Halton LA publishes an "Admission to Secondary School" booklet (a Composite Prospectus). The preference form will be contained within this booklet and the booklet will be issued to all year 6 pupils attending Halton Primary Schools and Halton resident pupils who attend schools in other LAs, and will be available at Halton Direct Link Offices, Halton Libraries, on line via the council's website, and from the Student Services Team. The booklet will be issued at the start of the Autumn Term, **September 2010,** and the on-line form will be available at the same time.

5.2   The preference form will seek three preferences in ranked order (regardless of which LA the school preferences are for). Halton residents whose child(ren) attend a Halton Primary School must return the form to Halton LA no later than **31st October 2010**. Halton residents whose children attend primary schools in other authorities must return the form direct to Halton LA no later than **31st October 2010.** On-line forms must also be submitted by this date.

5.3   Halton resident parents may request information (a prospectus) regarding schools in neighbouring LAs but **must** complete their preferences on the Halton form. Halton LA will work with its neighbouring authorities: Cheshire, Warrington, Liverpool, Knowsley, St Helen's, together with any other admission authority where a parent has applied for a school place.

5.4   On-Line Admissions: LAs are required to have a facility for parents to apply on-line for a secondary school place. This facility is in place for Halton residents via Halton Borough Council's website at www.halton.gov.uk and on-line applications will be dealt with along with all other applications.

5.5 Halton LA will record all preferences on the admissions database and will forward, week beginning **15th November 2010**, details of all first, second, and third preferences for admission to aided, trust and academy schools and neighbouring authorities to the relevant admission authority, for consideration in accordance with their published admission criteria.

5.6 The governing bodies of all Voluntary aided schools should note that they must treat first, second, and third preferences equally against their admission criteria and **must** notify the Student Services Team by Friday **17th December 2010** which pupils have been offered places and which have been declined and indicate under which criteria the children have been admitted/declined.

5.7 When all preferences have been considered Halton LA will notify parents of their child's allocated Halton LA community or voluntary aided school place (and if parents have requested a school in another authority the maintaining authority will notify parents). These notification letters will be sent on **1st March 2011** together with details of the appeal process if applicable.

6.0 OVERSUBSCRIPTION CRITERIA

6.1 For admission to the community secondary schools in Widnes (The Bankfield and Wade Deacon) for the September 2011 intake if a community school in Widnes becomes oversubscribed places will be allocated in accordance with the following criteria:

1) Children in Public Care – children who are subject to a care order, or are accommodated by the Local Authority

2) Children who are resident within the designated catchment zone of the school

3) Siblings - pupils with elder brothers or sisters including half brothers and sisters and unrelated children living together as part of the same household, already attending the school and expected to continue in the following year

4) Pupils living nearest to the school measured using an Ordnance Survey address-point system which measures straight line distances in metres from the address point of the school to the address point of the place of permanent residence of the pupil

Parents living within a particular catchment zone are not necessarily guaranteed a place at the school within the catchment zone. Generally there are enough places for all children living in a school's catchment zone. However, parents must still complete a preference form and express a preference (or preferences) along with all other parents. If

the school is oversubscribed then the criteria detailed above will be applied.

6.3   For admission to The Heath School in Runcorn (community school) if the school becomes oversubscribed places will be allocated in accordance with the following criteria:

1)   Children in Public Care – children who are subject to a care order, or are accommodated by the Local Authority

2)   Siblings – pupils with elder brothers or sisters including half brothers and sisters and unrelated children living together as part of the same household, already attending the school and expected to continue in the following year

3)   Pupils living nearest to the school measured using an Ordnance Survey address-point system which measures straight line distances in metres from the address point of the school to the address point of the place of child's permanent residence of the pupil.

For admission to community schools in Widnes and Runcorn the following notes apply:

a) Children who have a statement of special educational needs will be allocated a place at the school named in the statement. If this happens this will reduce the number of places available within any of the oversubscription criteria detailed above.

b) If oversubscription occurs within any one of the above criteria, places will be allocated on distance grounds as described within the distance criteria above.

c) Where applications are received for twins, triplets etc, the LA will apply the oversubscription criteria and will oversubscribe the school if a family would otherwise be separated.

d) The address to be used in measuring distance for the purpose of allocating school places will be the child's permanent address. Where a child lives with parents with shared responsibility, the LA will use the address of the person receiving Child Benefit for allocation purposes. Parents may be required to submit evidence of Child Benefit upon request from the LA. It may be necessary for the Council to carry out checks that the address given is genuine and parents may be requested to produce further documentary evidence of the child's address. The above criteria will apply without reference to the Halton Borough Council boundary.

e) Where applications are received from families of UK Service personnel and other Crown servants, school places will be allocated to

children in advance of the approaching school year if accompanied by an official MOD, FCO or GCHQ letter declaring a return date with full address details and providing they would meet the criteria when they return to the UK.

f) If none of the parent's preferences can be met, in accordance with the DCSF School Admissions Code, Halton LA will allocate a school unless there are insufficient places remaining in the authority. In Halton, a place will be allocated at the nearest school to the home address measured in a straight-line distance measurement from the child's permanent residence to the school. This does not affect the parent's rights to appeal for a place at the school(s) they have been refused.

7.1 EARLY AGE TRANSFER TO SECONDARY SCHOOL

Children of exceptional ability and maturity can be considered for transfer to secondary schools one year earlier than normal. Head teachers of primary/junior schools are invited each year to put forward the names of any pupils whom they consider are physically, intellectually, and emotionally suitable to benefit from such a transfer, and who might be educationally disadvantaged by remaining in the primary sector for a further year. However, as a first step, head teachers will discuss possible candidates with parents, the school's link adviser, and the Educational Psychologist. Parents who consider that early transfer might benefit their child should discuss this with the head teacher.

7.2 LATE APPLICATIONS FOR HALTON SECONDARY SCHOOLS

Late applications for places at Halton LA maintained community schools received after the closing date, but received in time for the initial allocation will be included where possible. However, as the exact date of allocation cannot be predicted, the LA cannot guarantee that any late application will be included in the initial allocation, therefore parents/carers are strongly urged to ensure their application is received by the closing date. If the late application is received after places have been allocated and the school(s) are oversubscribed, the child will be placed on the waiting list, the child's position on the waiting list being determined by the admission policy. Parents have the right of appeal if admission is refused and details on the appeal process are given in paragraph 8.0.

If parents are making a late application to a voluntary aided school the school will advise how this will be dealt with.

It will be necessary for the applicant to provide the appropriate evidence to support an exceptional case for late application.

7.3 CHANGE OF PREFERENCE

If parents decide to change their preference after the closing date they will need to complete another preference form. If places have already been allocated the LA may not be able to meet the change of preference and the child's name will be added to the waiting list as paragraph 7.6 below.

7.4 CHANGE OF ADDRESS

If a pupil moves house after the closing date of 31st October 2010 parents must notify the LA and request a new preference form. This form must be completed and returned to the LA immediately. If there is a place available at the school of preference a place will be offered. If the year group is oversubscribed then parents will be offered the right of appeal and any other preferences will be considered. The child will also be placed on the waiting list. The LA will require documentary evidence to confirm a change of address.

7.5 WITHDRAWAL OF OFFER OF A SCHOOL PLACE

Halton LA reserves the right to withdraw the offer of a school place in limited circumstances. These may include where a fraudulent/intentionally misleading preference form is received claiming a false sibling or false residence.

7.6 WAITING LISTS

Waiting lists will be held for oversubscribed LA Maintained Community Secondary Schools. The waiting list will comprise of those pupils refused admission to the school(s) of preference. This list will be maintained from the time of initial allocation until the end of the Autumn Term, at which point the waiting list will cease. If a place becomes available at an oversubscribed school, the place will be reallocated in accordance with the published over-subscription criteria detailed above. Parents should be aware that their child's place on the waiting list might alter, either up or down, dependent upon the movement of other applicants. The waiting list forms part of the co-ordinated scheme, therefore applications received up to the end of the Autumn Term will be considered within the scheme, following which any applications received after this date will be dealt with as an in-year admission and the in-year admission process will be applied.

8.0 ADMISSION APPEALS

Parents who are not offered a place at any of their preferred LA maintained community, voluntary aided, trust or academy schools have a right of appeal to an independent appeals panel under section 94 of

the School Standards & Framework Act 1998. Appeals must be submitted in writing but parents have the right to present their case to the panel in person. The Chairman of the appeal panel will be a lay-person having no connection with the LA. Other members of the panel will be suitably experienced persons. The decisions of independent appeals panels are binding on the LA and on the school's governing body.

Applications for admission to Aided Church schools, Trust and Academy schools will be referred to the Admissions Committee of the governing body of the school concerned. The LA, acting on behalf of the governors, will notify parents of the result of their application. If the application is not approved parents will be notified of their statutory right of appeal.

9.0   SCHOOLS WITH SIXTH FORMS

It is anticipated that there will be three schools with sixth forms in the borough for the 2011 intake: Halton High School (which will be an academy), Saints Peter & Paul Catholic College, and St Chad's Catholic and Church of England Joint Faith Voluntary Aided High School.

Each school **must** include in its consultation paper the arrangements they propose to use to allocate places in Year 12. It is not intended that the LA will co-ordinate admissions to sixth form, therefore applications must be sent to the relevant admission authority (i.e. the school) for consideration. Parents and children above compulsory school age have the right to make separate applications for more than one school.

Each school **must** set an admission number for its sixth form, and should say in its published information what the anticipated sixth form capacity will be. However, the published admission number **must** only relate to those being admitted to the school for the first time and should be based on an estimate of the minimum number of external candidates likely to be admitted. It is not necessary for children already in the school to apply formally for places in year 12, but the admission arrangements **must** give details of any entry requirements. Children in care **must** be given be given highest priority within the criteria, schools **must not** interview children or their families for entry to year 12, although meetings can be held to provide advice on options and entry requirements. Entry **must not** be dependent on attendance, behaviour record, or perceptions of attitude or motivation. Where the admission authority has not admitted up to its PAN it cannot refuse to admit applicants who have met the minimum entry. Any other applicant refused must be given the right of appeal to an independent appeal panel.

SEPTEMBER 2010 APPLICATION PROCESS COMMENCES

31ST OCTOBER 2010 CLOSING DATE FOR RECEIPT OF APPLICATIONS

15TH NOVEMBER 2010 LA PROVIDES DETAILS OF ALL 1ST 2ND AND 3RD PREFERENCES TO VA, TRUST AND ACADEMY SCHOOLS AND NEIGHBOURING LOCAL AUTHORITIES

BETWEEN 15TH NOVEMBER AND 17TH DECEMBER 2010 ADMISSION COMMITTEES MUST MEET TO CONSIDER ALL APPLICATIONS

NO LATER THAN 17TH DECEMBER 2010 VA, TRUST AND ACADEMY SCHOOLS AND NEIGHBOURING LOCAL AUTHORITIES NOTIFY THE LA OF THOSE PUPILS ALLOCATED/DECLINED AND DETAILS OF THE CRITERIA THE APPLICATION HAS BEEN AGREED/DECLINED

1ST MARCH 2011 LA WRITES OUT TO ALL PARENTS SEEKING A PLACE AT A HALTON SCHOOL WITH THE OUTCOME OF ALLOCATION

MONDAY 21ST MARCH 2011 APPEALS TO BE LODGED WITH THE LA MAINTAINING THE SCHOOL

CONSULTATION PAPER

**IN-YEAR CO-ORDINATED ADMISSIONS SCHEME
SEPTEMBER 2010 ONWARDS**

1.0   Introduction

1.1   The School Admissions Code 2009 requires all local authorities to co-ordinate all in-year admission requests for all schools from September 2010 onwards. Local Authorities are required to determine a scheme by which all schools in their area **must** operate. The scheme set out below for consultation will apply to all community, voluntary controlled, voluntary aided, trust and academy schools in Halton from September 2010 onwards.

1.2   For anyone applying for a school place during the academic year (rather than for admission to reception class or transfer from primary to secondary school) this scheme will apply. This will include children moving into the authority from another authority, moving within the authority, or seeking to move schools for other reasons.

1.3   The scheme must in law require parents to complete a common application form (a preference form) and the LA must, after considering the preferences, make a single offer of a place. All applications will be considered on an equal basis and a place will be offered, wherever possible, at the school ranked the highest on the form.

1.4   The form must enable the parent to provide the following information:

- The parent/carer's name and address
- The name, address, and date of birth of the child
- The opportunity to apply for not less than three schools, whether or not any such school is within the authority's area, and to rank those schools
- The opportunity to give reasons for the application

In addition to the statutorily required information above, Halton LA is proposing, following discussion with diocesan authorities, to also request the following information for admission to Catholic schools:

- Is the child a baptised catholic yes/no (delete as appropriate)
- If yes, in which parish were they baptised

The form will also ask the parent/carer to identify any sibling links, and the child's current school.

1.5 The scheme must identify whether it is the local authority or the governing body who are the admission authority. In Halton the local authority is the admission authority for all community and voluntary controlled schools. The governing body is the admission authority for voluntary aided schools, academies and trust schools. The Scheme does not apply to applications for Special Schools.

2.0 Applying the In-Year Scheme – Admission to Halton Schools

2.1 Parents/Carers of children who are already in a school who are seeking to move to another school for reasons other than a house move are strongly advised to meet and discuss the move with both the current school and the proposed admitting school before completing an application form. This is extremely important for children who are in the last year of primary school or who have started their particular examination courses, as moves during these times are not generally recommended.

2.2 Where a parent/carer does approach a school or the Local Authority to request an in-year admission, the parent/carer **must** be provided with an application form. The form will be available from all schools and will also be available to download from the Halton Borough Council website at www.halton.gov.uk, and from the Student Services Team, Grosvenor House, Runcorn WA7 2WD. The form must be returned to the Student Services Team at the address above.

2.3 The parent/carer will be required to complete the form, ensuring they complete all the relevant sections. Where an application is received for a Halton school it will generally be considered within ten school days. If the application is for a community or voluntary controlled school and the school is under the Published Admission Number (PAN) for that year group, the Local Authority will write to the parent/carer confirming that a place is available. This letter will be sent to the admitting school and the current school one day prior to being sent to the parent/carer for information. If the parent is moving into the authority from another authority then the admission will be agreed as the date the child moves into the authority. If the child is moving schools within the authority then the admission will be agreed from the start of the following term.

2.4 If the request is for admission to a voluntary aided school parents/carers may also be required to complete a supplementary form and should discuss this with the proposed admitting school. The Local Authority form, when completed, will then be forwarded to the relevant school for consideration by the relevant body. The request **must** be considered by the relevant body and a written response **must** be provided to the Local Authority within 5 school days. If the school is

agreeing the admission then same timescales for admission will apply as in paragraph 2.3 above. If the School is refusing admission then the reason for refusal must also be provided to the Local Authority in writing, following which the Local Authority will write to the parent advising them that the School has refused, explaining why the governing body have refused, and offering the parent the right of appeal against the decision.

2.5 If the governing body are refusing admission then the Local Authority will consider any other preferences the parent may have expressed and offer an alternative school place. However the parent may still wish to appeal for the higher ranked school.

2.6 Regardless of which school the parent/carer is offered, the parent/carer must accept the offer of the place within two weeks after the date of the offer. If no acceptance is received the offer will no longer stand.

2.7 Applications received will be considered together on the following school day thus ensuring that all applications received on one day are considered together.

2.8 Applications received during school holidays will be acknowledged in writing by the Student Services Team and the parent/carer will be advised that the application will be dealt with within 10 school days.

2.9 The School Admissions Code requires all schools to keep up-to-date lists of pupil numbers on roll and supply the Local Authority with the information when requested.

2.10 Schools **must** ensure that school based staff and any others who have contact with members of the public are aware of the in-year scheme and do not make any provisional offers of places. Only the Local Authority can write to parents/carers offering/refusing a school place either on behalf of community and voluntary controlled schools as the Local Authority is the admission authority, or on behalf of the governing body for voluntary aided, trust and academy schools.

2.11 Where no offer of a school place can be made, i.e. none of the preferences expressed on the form can be met, Halton Local Authority will offer a place at the nearest school with places available, this may, in some cases, mean that a place is offered at a voluntary aided school with a place available. This is in line with the School Admissions Code.

2.12 The Local Authority has the power to direct the admission of a child who is looked after by the Local Authority. This includes admitting the child in excess of the admission number. The allocation of places for looked after children (children in care) must be undertaken within a maximum of twenty days.

2.13 Accepting the school place – The parent/carer will be sent an acceptance slip with their offer letter and places must be accepted by the parent/carer within 10 school days. If no acceptance is received the place will be withdrawn and the parent notified in writing that this has happened.

3.0 Applying the In-Year Scheme – Admission to non-Halton schools

3.1 If an application is received from a Halton parent requesting a school place in another authority then Halton LA must notify the maintaining authority i.e. the authority where the school is situated, of the application and forward to them details of the application.

3.2 Similarly, if a request is received by Halton LA for a place in a Halton school from a non-Halton resident on their home authority's form, then the application will be considered as in section 2 above, except that the timescale will be extended to 19 days for consideration, and that Halton LA will notify the home authority of the decision as to whether to admit the child or not. The home authority will then communicate the decision to the requesting parent/carer on behalf of the maintaining LA or school's governing body.

4.0 Duties of A Governing Body Under An In-Year Scheme

4.1 This in-year scheme, in accordance with statutory regulations, requires a governing body who are the admission authority for a school:

a) to forward their maintaining authority details of any application made to the school direct, together with any supporting information provided by the parent (regardless of whether the parent who made the application resides in that authority's areas)

b) to determine or make arrangements for another body (including the maintaining authority) to determine by reference to the school's admissions criteria the order of priority in which each application for the school is ranked

c) to arrange for the governing body (or other body determined by the governing body) to notify the authority of the determination.

Governing bodies **must** comply with the above duties.

5.0 The Right of Appeal

5.1 Where a parent is refused admission to a particular school they must, in law, be given the right of appeal to an independent admission appeal panel and the Local Authority in the determination letter to parents/carers will advise parents of this right on behalf of all schools within the authority.

6.0 Fair Access Protocol

6.1 The Department for Children Schools and Families (DCSF) has confirmed that the operation of Fair Access Protocols is outside the arrangements of extended coordination so the statutory duty to comply with parental preference does not apply in those circumstances. Therefore this scheme does not apply to those children who fall under the Fair Access Protocol and those children will continue to be considered under the Protocol.

7.0 Children with a Statement for Special Educational Needs

7.1 Any applications received for the in-year admission of a child with a statement of special educational needs will be considered within the above process providing the child's statement does not name a particular school. If a school is named on the child's statement then the application will be forwarded to the LA's SEN Assessment Team for consideration and notification will be sent to the parent/carer.

8.0 Waiting Lists

8.1 If an application is received and only a lower ranked preference school can be offered, the Local Authority will maintain a waiting list for the remainder of the academic year. The waiting list will be maintained in criteria order. The waiting list will cease at the end of each academic year.

<u>Infant, Junior and Primary Schools to which this scheme applies:</u>

COMMUNITY AND VOLUNTARY CONTROLLED SCHOOLS TO WHICH THIS SCHEME APPLIES:

All Saints Upton C E Voluntary Controlled Primary (30)
Astmoor Primary (25)
Beechwood Primary (15)
Brookvale Primary (40)
Castleview Primary (20)
Daresbury Primary (15)
Ditton Primary (60)
Fairfield Infant (80)
Fairfield Junior School (80)
Farnworth C E Voluntary Controlled Primary (56)
Gorsewood Primary (30)
Hale C E Voluntary Controlled Primary (25)
Halebank C E Voluntary Controlled Primary (15)
Hallwood Park Primary (25)
Halton Lodge Primary (30)
Hillview Primary (30)
Lunts Heath Primary (45)

Moore Primary (30)
Moorfield Primary (45)
Murdishaw West Community Primary (30)
Oakfield Community Primary (40)
Palace Fields Primary (40)
Pewithall Primary (30)
Simms Cross Primary (40)
Spinney Avenue C E Voluntary Controlled Primary (30)
The Brow Community Primary (25)
The Park Primary (20)
Victoria Road Primary (40)
West Bank Primary (30)
Westfield Primary (25)
Weston Primary (15)
Weston Point Primary (20)
Windmill Hill Primary (15)
Woodside Primary (30)

TRUST SCHOOLS TO WHICH THIS SCHEME APPLIES:

The Grange Infant (60)
The Grange Junior (60)

VOLUNTARY AIDED SCHOOLS TO WHICH THIS SCHEME APPLIES:

CHURCH OF ENGLAND:

Runcorn All Saints' CE Aided Primary (20)
St Berteline's CE Aided Primary (43)
St Mary's CE Aided Primary (35)

CATHOLIC:

Our Lady Mother of the Saviour Catholic Primary (30)
Our Lady of Perpetual Succour Catholic Primary (30)
St Augustine's Catholic Primary (15)
St Basil's Catholic Primary (60)
St Bede's Catholic Infant (60)
St Bede's Catholic Junior (60)
St Clement's Catholic Primary (30)
St Edward's Catholic Primary (20)
St Gerard's Roman Catholic Primary & Nursery (25)
St John Fisher Catholic Primary (30)
St Martin's Catholic Primary School (30)
St Michael's Catholic Primary (35)
The Holy Spirit Catholic Primary (20)

SECONDARY SCHOOLS TO WHICH THIS SCHEME APPLIES

Halton High School (180)	Academy
Saints Peter & Paul Catholic College (289)	Voluntary Aided
St Chad's Joint Faith Catholic & CE	
High School (190)	Voluntary Aided
The Bankfield (190)	Community
The Grange Trust (180)	Trust
The Heath School (240)	Community
Wade Deacon High School (300)	Community

HALTON
BOROUGH COUNCIL

In-Year School Admissions Form

Child's Surname: _____

Child's Forenames: _____

Child's date of birth: _____   Is your child in the care of a Local Authority? **Yes   No**   (please circle)

If YES which Local Authority?   _____

Does your child have a Statement of Special Educational Needs or are his/her needs being assessed with a view to a Statement being issued: **Yes   No**   (please circle)

Current address: _____

_____ Post Code: _____

Telephone number: _____

How long have you lived at this address? _____ years _____months

Previous address if you have lived at your current address for less than 1 year:

_____ Post Code: _____

How long has your child lived at this address? _____ years _____ months

Child's previous address if they have lived at your current address for less than 1 year:

_____ Post Code:_____

If you are moving address please state address you are moving to:

_____ Post Code _____

Removal date: _____   Have you exchanged contracts? **Yes   No** (please circle)

Date contracts were/will be exchanged: _____

School currently or last attended
School your child currently attends: _____

If your child is currently **not** attending school, name the school he/she last attended:

School name: _____

Address of School:_____

Date your child last attended the above school: _____

Reason for leaving: _____

IYA/1

Has your child been permanently excluded from his/her school?   **Yes   No (please circle)**

Brothers and sisters of school age:

Name	Date of birth	School attending	Preferred school

Preferred schools and reasons for requesting a place at the preferred school:

Please complete the following section stating your three preferred schools in order of preference. You may, if you wish, give the reasons for requesting a place at the preferred school.

(If any of your preferred schools are Church of England or Catholic aided schools you may be required to provide further information or complete a supplementary form in addition to this form)

First Preference School - _____

Reasons for preference: _____

_____

Second Preference School - _____

Reasons for preference: _____

_____

Third Preference School - _____

Reasons for preference: _____

_____

If you are applying for a catholic school please provide the following:

Is the child a baptised catholic: Yes   No   (please circle)

If yes, in which Catholic Parish were they baptised: ………………………………………………………………………….

Signed: _____ (parent/carer)   Date: _____

Name (please print): _____ Relationship to child: _____

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE TO:

Student Services Team, Halton Borough Council, Children & Young People's Directorate, Grosvenor House, Runcorn WA7 2WD

If you have any queries please contact the Team on 01928 704367/704377

IYA/1

REPORT TO: Executive Board

DATE: 8 April 2010

REPORTING OFFICER: Strategic Director – Children and Young People

SUBJECT: Primary SEN Unit Review

WARD(S)   Borough wide

1.0   PURPOSE OF THE REPORT

1.1   This report summarises the response to the statutory consultation undertaken on Primary Special Unit Provision in Halton. An outline of the decision making process is also included.

2.0   RECOMMENDATION: That

        (1) to receive the report on the proposals for Primary SEN Unit provision.

        (2) to approve the proposals, in line with the response to the formal consultation, within the statutory timescale of two months from the end of the representation period (deadline 24th April 2010).

3.0   SUPPORTING INFORMATION

3.1   The review of SEN units resulted in a set of proposals designed to provide flexible provision within mainstream schools that allow pupils to spend as much time as possible learning alongside their peers, depending on their individual needs.

        Approval was given by Executive Board on 6th November 2008 to commence consultation on the provision of SEN units within mainstream primary schools. Consultation took place in March 2009. The feedback from the initial consultation led to revised proposals with a second round of consultation in June 2009 after approval to commence consultation on the revised proposals was given by the Executive Board on 4th June 2009.

        The following was proposed:
- Assessment: Reception and KS1   14 places
  (*Cognition & Learning and SLCN*)
- Autistic Spectrum Disorder (ASD) KS1 & KS2   28 places
- Speech, Language and Communication Needs (SLCN)   20 places
- Social Emotional & Behavioural Difficulties (SEBD)   14 places
- Complex Learning Needs *(Cognition & Learning)* – KS2   10 places
- Profound Hearing Impairment (HI)   6 places

3.2   The majority of those who responded to the first stage of informal

consultation supported the proposed change in provision.

3.3   The following people were consulted as part of the SEN consultation:

- Headteachers and Chairs of Governors of all secondary schools;
- Headteachers and Chair of Governors of all special schools;
- Secondary SENCOs;
- Staff and pupils;
- Parent/carers of pupils currently attending SEN unit provision;
- Trade Unions;
- Diocesan Authorities;
- Neighbouring Local Authorities;
- Voluntary Agencies;
- Parent Partnership Service;
- Halton and St Helen's Primary Care Trust; and
- All schools nursery, infant, junior, primary and special schools.

3.4   Public consultation meetings in Widnes and Runcorn took place on:
4th March 2009, 11th March 2009
12th March 2009, 18th March 2009 and
8th June 2009, 10th June 2009
11th June 2009, 16th June 2009

3.5   On 19th November 2009 Executive Board approval was given to undertake statutory consultation on the Primary SEN Unit proposals.

A copy of the statutory notice and proposal is attached at **Appendix A** and **Appendix B**.

The statutory notice was published on the 14th January 2010. Public consultation meetings were held on 25th, 26th 27th and 28th January 2010. The representation period ended on 25th February 2010.

There have been 137 responses to the formal consultation with 135 responses in support of the proposals published in the statutory notice.

Of the 2 responses not in favour, the reasons given where:
1. That mainstream resourced provision for ASD pupils was not a helpful addition to our provision and wanted the LA to provide an Autism Specific School.

However, the LA already has Special School provision for children with Autism 2-19yrs and considered the resource base provision attached to a mainstream school a supportive addition to current provision to enable access to a continuum of provision in order to meet the continuum of need.

2. Did not agree that children with Moderate Learning Difficulties should be in mainstream even with support.

In line with the development of inclusive schools and the more specific

diagnosis of pupil needs, the majority of pupils, through Quality First teaching, adapting teaching strategies to learning styles with curriculum differentiation, can have their needs met within local mainstream schools.

3.6   The Decision maker (Executive Board) must decide the proposals within two months of the end of the representation period otherwise the decision must be referred to the Adjudicator for a decision. **Appendix C** details the issues the Decision maker needs to consider.

The Decision maker can decide to:
- Reject the proposals;
- Approve the proposals;
- Approve the proposals with a modification;
- Approve the proposals subject to them meeting a specific condition.
- Conditional approval can only be granted in a limited number of circumstances related specifically to Academy provision or changes in admission arrangements relating to another school. A date by which the conditions should be met must be set.

The reason for the decision must be given whether it is approved or rejected. It should also include the factors and criteria for the decision.
A copy of the decision must be sent to:
- Each objector
- The Secretary of State
- LSC
- Local C of E Diocese
- The Bishop of the RC Diocese; and
- The Office of the Schools Adjudicator.

4.0   PROPOSALS

4.1   **The Brow Primary School**
- Resourced provision to accommodate 7 pupils for assessment.
- Resourced provision to accommodate 10 pupils with speech, language and communication needs.

The Grange Infants School
Resourced provision to accommodate 7 KS1 pupils with a diagnosis of Autism, this includes pupils with a diagnosis of Aspergers Syndrome. There would also be capacity within this provision for additional outreach support for pupils in other primary schools within the borough.

The Grange Junior School
Resourced provision to accommodate 7 KS2 pupils with a diagnosis of Autism, this includes pupils with a diagnosis of Aspergers Syndrome. There would also be capacity within this provision for additional outreach support for pupils in other primary schools within the borough.

Palace Fields Primary

Resourced provision to accommodate 10 pupils with complex learning needs.

Woodside Primary

Resourced provision to accommodate 7 pupils with behaviour, emotional and social difficulties.

Weston Point Primary

Resourced provision to accommodate 7 pupils with behaviour, emotional and social difficulties.

Westfield Primary School

Resourced provision with 6 places to be made available for pupils with hearing impairment and this may include pupils with Specific Learning Difficulties.

Oakfield Primary School

- Resourced provision to accommodate 7 pupils for assessment.
- Resourced provision to accommodate 10 pupils with speech, language and communication difficulties.

Simms Cross Primary School

Resourced provision to accommodate 7 KS1 and 7 KS2 pupils with a diagnosis of Autism, this includes pupils with a diagnosis of Aspergers Syndrome. There would also be capacity within this provision for additional outreach support for pupils in other primary schools within the borough.

5.0 FINANCIAL IMPLICATIONS

5.1 The funding formula for Primary SEN provision will need to be revised to reflect the change in provision. Provision will need to be made within the Capital Programme for adaptations for schools to reflect the change in provision.

The purpose of the SEN review is to make provision fit for purpose and to meet current and future need. It was agreed, when embarking on the Primary Review that funding saved would be recycled, so that resources would be made fit for purpose. The funding for the revised provision was to be found from within the existing Budget, this would come from surplus places currently funded within existing SEN resourced provision.

The Strategy for Inclusion for Pupils with SEN Review 2008 states one of the aims is to '**agree a process to recycle the resources in under used provision** to best meet low incidence needs within the mainstream school community. To achieve this we will involve and engage with Head Teachers throughout the process.'

6.0 POLICY IMPLICATIONS

6.1 The current model represents an inefficient use of resources and this review will create a more efficient use of funding for SEN unit provision.

The Council's "Strategy for Inclusion of Pupils with SEN" provides the policy content and framework by which Halton intends to meet the Special Educational Needs of young people in the Borough.

7.0   OTHER IMPLICATIONS

A comprehensive review of the transport and access across the borough is currently being undertaken to ensure there is safe, accessible and sustainable provision to all schools following the re-organisation of the SEN Unit provision.

8.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1   **Children & Young People in Halton**

Proposals if agreed would:

- Increase the choice, diversity, inclusion and high standards in the Borough;
- Reduce the surplus capacity within units in Halton schools;
- Improve access to education facilities and equipment;
- Improve access to specialist staff, in Education and Health through Speech and Language Services;
- Develop outreach support to mainstream Primary Schools in the Borough;
- Extend access to suitable accommodation;
- Establish the supply of suitable places within a mainstream setting in the Borough; and
- Enable all pupils to have the opportunity to experience provision to match their individual need.

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

Educational attainment of children and young people will have a significant impact on their future employment, learning and skills.

8.3   **A Healthy Halton**

All pupils will have access to appropriate health provision.

8.4   **A Safer Halton**

All schools prioritise safeguarding in their provision.

8.5   **Halton's Urban Renewal**

Schools are central to urban regeneration.

9.0   RISK ANALYSIS

9.1   Provision for SEN within mainstream units does not match the needs of the Boroughs young people. The present provision for units within schools does not provide value for money due to the number of surplus places.

10.0   EQUALITY AND DIVERSITY ISSUES

10.1   Educational attainment is central to reducing inequalities and ensuring the best outcomes for all children and young people in Halton with a particular focus on vulnerable groups.

The review of SEN Unit provision must be inclusive and reflect the contribution of all schools. The review aims to increase diversity, access and choice, address under performance, and provide more integrated local services.

10.2   The right to be educated in local provision alongside their peers.

11.0   REASON(S) FOR DECISION
To enable the process to be completed within statutory timescales. Decision to proceed to implementation must be made within 2 months of the end of the formal consultation.

11.1   Mainstream Primary SEN units are not matching the present and future requirements of the Borough. At present, there are surplus places within Primary mainstream SEN units.

12.0   ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

To leave provision as it is. This would leave the Council vulnerable to challenge on the basis of need and value for money.

13.0   IMPLEMENTATION DATE

13.1   Approval to proceed with the proposals for primary SEN unit provision must be agreed within 2 months of the end of the six weeks statutory notice period (21st April 2010). Implementation in September 2011 to be in line with the implementation of the agreed Secondary resourced provision.

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

Document	Place of Inspection	Contact Officer
OFSTED Inspection of LEA – January 2004	Grosvenor House	Judith Kirk
Strategy for the Inclusion of Pupils with SEN – 2006/7	Grosvenor House	Judith Kirk
Building Schools for the Future/ Primary Capital Programme	Grosvenor House	Judith Kirk / Ann McIntyre

www.halton.gov.uk

PROPOSALS FOR CLOSURE OF EXISTING SPECIAL EDUCATIONAL NEEDS UNITS (SEN) IN HALTON PRIMARY SCHOOLS AND ESTABLISHMENT OF ALTERNATIVE SPECIAL EDUCATIONAL NEEDS UNITS IN HALTON PRIMARY SCHOOLS

Part 1:

Notice is given in accordance with Section 19 (1) of the Education and Inspections Act 2006 that Halton Borough Council, Municipal Building, Kingsway, Widnes, WA8 7QF proposes to discontinue special unit provision from 31st August 2011 from the following schools:

- **Grange Comprehensive (Community**) Latham Avenue, Runcorn, WA7 5DX - this school will enlarge and increase its age range on 1 September 2010 and be re-named as The Grange School - a 24 place Moderate Learning Difficulties Unit for Key Stage 2 pupils
- **Moore Primary School (Community),** Lindfield Close, Moore, WA4 6UG - a twelve place Moderate Learning Difficulties Unit for Key Stage 2.
- **Palace Fields Primary School (Community),** Badger Close, Runcorn, WA7 2QW - a twenty- four place Moderate Learning Difficulties Unit.
- **Weston Primary School (Community)**, Lambsickle Lane, Weston Village, Runcorn, WA7 4RA - a twelve place Infant Moderate Learning Difficulties Unit for Key Stage 1 and a twelve place Moderate Learning Difficulties Unit for Key Stage 2
- **Oakfield Community Primary School (Community),** Edinburgh Road, Widnes, WA8 8BQ - twelve places Infant Moderate Learning Difficulties Unit and a twenty- four place Moderate Learning Difficulties Unit.
- **Simms Cross Primary School (Community),** Kingsway, Widnes, WA8 7QS - twelve places Infant Moderate Learning Difficulty Unit and a twelve place Moderate Learning Difficulty Unit.

Where Resource Provision Units are changing or ceasing pupils will be supported in their mainstream primary school or will be allocated specialist provision as and when needed.

Part 2:

Notice is given in accordance with Section 19 (1) of the Education and Inspections Act 2006 that Halton Borough Council of the above address proposes to make prescribed alterations to establish resource provision units at the following schools from 1st September 2011:

- **The Brow Community Primary School (Community),** The Clough, Halton Brow, Runcorn, WA7 2HB - will provide a resource unit base with seven places Key Stage 1 for speech and language and communication needs and ten places for Key Stage 2 pupils with speech and language and communication needs.

- **Weston Point Community Primary School (Community),** Castner Avenue, Runcorn, WA7 4EQ - will provide a resource unit base for seven pupils with behavioural, emotional and social difficulties.

- **Palace Fields Primary School (Community),** Badger Close, Palace Fields, Runcorn, WA7 2QW - will provide a resource unit base for ten pupils with severe learning needs.

- **Westfield Primary School (Community),** Clayton Crescent, Runcorn, WA7 4TR - will provide resource unit provision for six pupils with hearing impairment and specific learning difficulties.

- **Woodside Primary School (Community),** Whitchurch Way, Runcorn, WA7 5YP - will provide resource unit provision for seven pupils with behavioural, emotional and social difficulties.

- **Oakfield Community Primary School (Community),** Edinburgh Road, Widnes, WA8 8BQ - will provide a resource unit base with seven places for Key Stage 1 for speech and language and Communication Needs and ten places for Key Stage 2 pupils with speech and language and communication needs.

- **Simms Cross Primary School (Community),** Kingsway, Widnes, WA8 7QS - will provide a resource unit base of seven places for KS1 pupils and seven places for KS2 pupils with a diagnosis of Autistic Spectrum Disorder (ASD). There will also be capacity for outreach support for pupils in other primary schools within Halton.

Part 3:

Notice is given in accordance with Section 19 (1) of the Education and Inspections Act 2006 that Halton Borough Council of the above address proposes to make prescribed alterations to establish special unit provision at the following school from 1 September 2010:

- Grange Comprehensive (Latham Avenue, Runcorn, WA7 5DX) -this school will enlarge and increase its age range on 1 September 2010 and be re-named as The Grange School - will provide a 24 place Moderate Learning Difficulties Unit for Key Stage 2 pupils until 31st August 2011.

Note

This Notice is an extract from the complete proposal. Copies of the complete proposal can be obtained from: Ann McIntyre, Operational Director, Children and Young People, Grosvenor House, Halton Lea, Runcorn, WA7 2WD. Telephone Number 0151 471 7543. A full copy of the proposals can be found on http://www.halton.gov.uk/bsf. Details of special unit proposals for Halton can be found in the Executive Board report on 19th November 2009 copies of which can be obtained from Ann McIntyre, Operational Director, Business Support and Commissioning 0151 471 7543 or through the Halton Borough Website www.halton.gov.uk.

Within six weeks from the date of publication of this proposal, any person may object to or make comments on the proposal by sending them to Mr M Reaney, Operational Director (Legal, Organisational Development and Human Resources) Municipal Buildings, Kingsway, Widnes, WA8 7QF.

Signed:

ME Reaney

Publication Date: 14th January 2010

Explanatory Notes:

1.   All written comments received at the above addresses will be acknowledged and comments will be submitted to the Executive Board of Halton Council in the form of a report, copies of which will be made available to the public on demand. It will not be possible to send detailed responses to individual letters. After a report has been submitted to the Executive Board, all written responses to the consultation exercise will become available for inspection by the public.

2.   The Grange nursery, infant and Junior School will close on 31st August 2010. The Grange Comprehensive will change its age range from 1st September 2010 to offer places for pupils aged 3 –16 years and become known as The Grange School. As part of the BSF Programme and PCP The Grange School will be rebuilt, however, until the rebuild is completed the school will continue to operate on a split site basis. From 1st September 2011 The Grange School will provide a resource unit base with seven places for KS1 pupils and seven places for KS2 pupils with a diagnosis of Autistic Spectrum Disorder (ASD). There will also be capacity for outreach support for pupils in other primary schools in the borough.

PROPOSALS FOR PRESCRIBED ALTERATIONS OTHER THAN FOUNDATION PROPOSALS: Information to be included in or provided in relation to proposals

In respect of a Governing Body Proposal: School and governing body's details an LEA Proposal: School and local education authority details

1. The name, address and category of the school.

> Not applicable the Local Authority is publishing the proposal as part of a borough wide review of SEN Unit provision for primary aged pupils.

In respect of an LEA Proposal: School and local education authority details

1. The name, address and category of the school and a contact address for the local education authority who are publishing the proposals.

Part 1:

Halton Borough Council, Municipal Building, Kingsway, Widnes, WA8 7QF proposes to discontinue special unit provision from 31st August 2011 from the following schools:

- **The Grange Comprehensive (Community)** Latham Avenue, Runcorn, WA7 5DX
- **Moore Primary School (Community),** Lindfield Close, Moore, WA4 6UG
- **Palace Fields Primary School (Community),** Badger Close, Runcorn, WA7 2QW
- **Weston Primary School (Community)**, Lambsickle Lane, Weston Village, Runcorn, WA7 4RA
- **Oakfield Community Primary School (Community),** Edinburgh Road, Widnes, WA8 8BQ
- **Simms Cross Primary School (Community),** Kingsway, Widnes, WA8 7QS

Part 2:

Halton Borough Council proposes to make prescribed alterations to establish resource provision units at the following schools from 1st September 2011:

- **The Brow Community Primary School (Community),** The Clough, Halton Brow, Runcorn, WA7 2HB
- **Weston Point Community Primary School (Community),** Castner Avenue, Runcorn, WA7 4EQ

- **Palace Fields Primary School (Community),** Badger Close, Palace Fields, Runcorn, WA7
- **Westfield Primary School (Community),** Clayton Crescent, Runcorn, WA7 4TR
- **Woodside Primary School (Community),** Whitchurch Way, Runcorn, WA7 5YP
- **Oakfield Community Primary School (Community),** Edinburgh Road, Widnes, WA8 8BQ
- **Simms Cross Primary School (Community),** Kingsway, Widnes, WA8 7QS

Note:

The Grange Nursery, Infant and Junior School will close on 31st August 2010. The Grange Comprehensive will change its age range from 1st September 2010 to offer places for pupils aged 3-16 years and become known as The Grange School. As part of the BSF Programme and PCP The Grange School will be rebuilt, however until the rebuild is completed the school will continue to operate on a split site basis. From 1st September 2011 The Grange School will provide a resource unit base with seven places for KS1 pupils and seven places for KS2 pupils with a diagnosis of Autistic Spectrum Disorder (ASD). There will also be capacity for outreach support for pupils in other primary school in the borough

Implementation and any proposed stages for implementation

2. The date on which the proposals are planned to be implemented, and if they are to be implemented in stages, a description of what is planned for each stage, and the number of stages intended and the dates of each stage.

Implementation: 31st August 2011 for closure and new provision to be opened on 1st September 2011.

From 1st September 2010 until 31st August 2011 The Grange School will provide a twenty four place Moderate Learning Difficulties Unit for Key Stage 2 pupils.

Objections and comments

3. A statement explaining the procedure for making representations, including —

   a) the date prescribed in accordance with paragraph 29 of Schedule 3 (GB proposals)/Schedule 5 (LA proposals) of The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 (as amended), by which objections or comments should be sent to the local education authority; and

   b) the address of the authority to which objections or comments should be sent.

a) Within six weeks from the date of publication of this proposal, any person may object to or make comments on the proposal by sending representations to Halton Borough Council

  The Notice will be published on **14ᵗʰ January 2010**

b) Any representations should be sent to:

Mr M Reaney,

Operational Director (Legal and Democratic Services)

Municipal Building

Kingsway

Widnes
WA8 7QF

Alteration description

4. A description of the proposed alteration and in the case of special school proposals, a description of the current special needs provision.

Proposed alteration of SEN unit provision

- **The Brow Community Primary School (Community),** The Clough, Halton Brow, Runcorn, WA7 2HB - will provide a resource unit base with seven places Key Stage 1 for speech and language and communication needs and ten places for Key Stage 2 pupils with speech and language and communication needs.
- **Weston Point Community Primary School (Community),** Castner Avenue, Runcorn, WA7 4EQ - will provide a resource unit base for seven pupils with behavioural, emotional and social difficulties.
- **Palace Fields Primary School (Community),** Badger Close, Palace Fields, Runcorn, WA7 2QW - will provide a resource unit base for ten pupils with severe learning needs.
- **Westfield Primary School (Community),** Clayton Crescent, Runcorn, WA7 4TR - will provide resource unit provision for six pupils with hearing impairment and specific learning difficulties.
- **Woodside Primary School (Community),** Whitchurch Way, Runcorn, WA7 5YP - will provide resource unit provision for seven pupils with behavioural, emotional and social difficulties.
- **Oakfield Community Primary School (Community),** Edinburgh Road, Widnes, WA8 8BQ - will provide a resource unit base with seven places for Key Stage 1 for speech and language and Communication Needs

> and ten places for Key Stage 2 pupils with speech and language and communication needs.
>
> - **Simms Cross Primary School (Community),** Kingsway, Widnes, WA8 7QS - will provide a resource unit base of seven places for KS1 pupils and seven places for KS2 pupils with a diagnosis of Autistic Spectrum Disorder (ASD). There will also be capacity for outreach support for pupils in other primary schools within Halton.
>
> In addition, it is proposed that from 1st September 2010 until 31st August 2011 The Grange School will provide a twenty four place Moderate Learning Difficulties Unit for Key Stage 2 pupils.

School capacity

5. (1) Where the alteration is an alteration falling within any of paragraphs 1 to 4, 8, 9 and 12-14 of Schedule 2 (GB proposals)/paragraphs 1-4, 7, 8, 18, 19 and 21 of Schedule 4 (LA proposals) to The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 (as amended), the proposals must also include —

a) details of the current capacity of the school and, where the proposals will alter the capacity of the school, the proposed capacity of the school after the alteration;

> Not applicable – falls under paragraph 5 of Schedule 4

b) details of the current number of pupils admitted to the school in each relevant age group, and where this number is to change, the proposed number of pupils to be admitted in each relevant age group in the first school year in which the proposals will have been implemented;

> Not applicable

c) where it is intended that proposals should be implemented in stages, the number of pupils to be admitted to the school in the first school year in which each stage will have been implemented;

> Not applicable

d) where the number of pupils in any relevant age group is lower than the indicated admission number for that relevant age group a statement to this effect and details of the indicated admission number in question.

4

> Not applicable

(2) Where the alteration is an alteration falling within any of paragraphs 1, 2, 9, 12 and 13 of Schedule 2 (GB proposals) /paragraphs 1, 2, 8, 18 ands 19 of Schedule 4 (LA proposals) to The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 (as amended), a statement of the number of pupils at the school at the time of the publication of the proposals.

> Not applicable

Implementation

6. Where the proposals relate to a foundation or voluntary controlled school a statement as to whether the proposals are to be implemented by the local education authority or by the governing body, and, if the proposals are to be implemented by both, a statement as to the extent to which they are to be implemented by each body.

> Not applicable

Additional Site

7. —(1) A statement as to whether any new or additional site will be required if proposals are implemented and if so the location of the site if the school is to occupy a split site.

> Not applicable

(2) Where proposals relate to a foundation or voluntary school a statement as to who will provide any additional site required, together with details of the tenure (freehold or leasehold) on which the site of the school will be held, and if the site is to be held on a lease, details of the proposed lease.

> Not Applicable

Changes in boarding arrangements

8. —(1) Where the proposals are for the introduction or removal of boarding provision, or the alteration of existing boarding provision such as is mentioned in paragraph 8 or 21 of Schedule 2 (GB proposals)/7 or 14 of Schedule 2 or 4 to The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 –

a) the number of pupils for whom it is intended that boarding provision will be made if the proposals are approved;

Not applicable

b) the arrangements for safeguarding the welfare of children at the school;

Not applicable

c) the current number of pupils for who boarding provision can be made and a description of the boarding provision

Not applicable

d) except where the proposals are to introduce boarding provision, a description of the existing boarding provision

Not applicable

2) Where the proposals are for the removal of boarding provisions or an alteration to reduce boarding provision such as is mentioned in paragraph 7 or 14 of Schedule 2 or 4 to The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 –

a) the number of pupils for whom boarding provision will be removed if the proposals are approved;

Not applicable

b) a statement as to the use to which the former boarding accommodation will be put if the proposals are approved.

Not applicable

Transfer to new site

9. Where the proposals are to transfer a school to a new site the following information …

a) the location of the proposed site (including details of whether the school is to occupy a single or split site), and including where appropriate the postal address;

Not applicable

b) the distance between the proposed and current site;

> Not applicable

c) the reason for the choice of proposed site;

> Not applicable

d) the accessibility of the proposed site or sites;

> Not applicable

e) the proposed arrangements for transport of pupils to the school on its new site

> Not applicable

f) a statement about other sustainable transport alternatives where pupils are not using transport provided, and how car use in area will be discouraged.

> Not applicable

Objectives

10. The objectives of the proposals.

> To provide flexible provision within mainstream schools that will allow pupils to spend as much time as possible learning alongside their peers, depending on their individual needs.
>
> Through these proposals pupils with a diagnosis of autistic spectrum disorder will be able to access new improved provision.
>
> The proposals will provide resourced provision for pupils with Autistic Spectrum Disorder, Speech, Language and Communication Needs, Behaviour, Emotional and Social Difficulties, Severe Learning Difficulties and Hearing Impairment in line with the locality footprint. The will enable more pupils to attend a school in their local area.
>
> Where necessary transport will be provided to access resourced provision.

Consultation

11. Evidence of the consultation before the proposals were published including—

a) a list of persons who were consulted;

b) minutes of all public consultation meetings;

c) the views of the persons consulted;

d) a statement to the effect that all applicable statutory requirements in relation to the proposals to consult were complied with; and

e) copies of all consultation documents and a statement on how these documents were made available.

a) Headteachers and Chairs of Governors of all Primary Schools

Headteachers and Chair of Governors of all Special Schools

Primary SENCOs

Staff and pupils

Parents/Carers of pupils currently attending SEN Unit provision

Trade Unions

Diocesan Authorities

Neighbouring Local Authorities

Voluntary Agencies

Parent Partnership Service

Halton and St Helen's Primary Care Trust

All schools nursery, infant, junior, primary, secondary and special schools.

b) The minutes of the public consultation meetings on the following dates are attached:

Informal consultation meetings on original proposals held 04.3.09, 11.3.09, 12.3.09, 18.3.09.

Informal consultation meetings on revised proposals held 08.6.09, 10.6.09, 11.06.09, 16.6.09.

c) In addition to the feedback received at the consultation meetings, as detailed in the notes of the meetings, written feedback was also received.

This consisted of the following responses:

There were 47 written responses to the original proposals with 36 in favour, 10 were not in full support and 1 Don't Know. There have been 11 written responses to the revised proposals of which 10 are in favour with 1 not in full support.

d) All applicable statutory requirements in relation to the proposals have been complied with.

e) Copies are attached the two Executive Board reports, two flyers sent out as part of the consultation, letters and extracts from the e-circular sent to all schools.

Project costs

12. A statement of the estimated total capital cost of the proposals and the breakdown of the costs that are to be met by the governing body, the local education authority, and any other party.

> Any additional costs will be covered by the Primary Capital Programme and through LA Capital Programme. The formula for allocation for resource provision units will be revised in line with the new provision.

13. A copy of confirmation from the Secretary of State, local education authority and the Learning and Skills Council for England (as the case may be) that funds will be made available (including costs to cover any necessary site purchase).

> Not applicable

Age range

14. Where the proposals relate to a change in age range, the current age range for the school.

> Not applicable

Early years provision

15. Where the proposals are to alter the lower age limit of a mainstream school so that it provides for pupils aged between 2 and 5 …

> Not applicable

Changes to sixth form provision

16. (1) Where the proposals are to alter the upper age limit of the school so that the school provides sixth form education or additional sixth form education, a statement of how the proposals will …

> Not applicable

(2) Where the proposals are to alter the upper age limit of the school so that the school will provide sixth form education, the proposed number of sixth form places to be provided.

> Not applicable

17. Where the proposals are to alter the upper age limit of the school so that the school ceases to provide sixth form education, a statement of the effect on the supply of 16-19 places in the area.

> Not Applicable

Special educational needs

18. Where the proposals are to establish or change provision for special educational needs …

a) a description of the proposed types of learning difficulties in respect of which education will be provided and, where provision for special educational needs already exists, the current type of provision;

The current primary special unit provision is as follows:

- **The Brow Community Primary (Community),** The Clough, Halton Brow, Runcorn, WA7 2HB – a twenty place Speech, Language and Communication Needs Unit
- **The Grange Comprehensive (Community), Latham Avenue, Runcorn WA7 5DX –** a twenty four place Moderate Learning Difficulties Unit for Key Stage 2 pupils. (see note)
- **Palace Fields Primary School (Community),** Badger Close, Runcorn, WA7 2QW - a twenty- four place Moderate Learning Difficulties Unit.
- **Woodside Primary School (Community),** Whitchurch Way, Runcorn, WA7 5YP - a fourteen place Emotional and Behavioural Difficulties Unit for Key Stage 2.
- **Weston Primary School (Community)**, Lambsickle Lane, Weston Village, Runcorn, WA7 4RA - a twelve place Infant MLD Unit for Key Stage 1 and a twelve place Moderate Learning Difficulties Unit for Key Stage 2.
- **Weston Point Primary School (Community),** Castner Avenue, Runcorn, WA7 4EQ - a seven place Emotional and Behavioural Difficulties Unit for Key Stage 2
- **Oakfield Community Primary School (Community),** Edinburgh Road, Widnes, WA8 8BQ - twelve places Infant MLD Unit and a twenty- four place Moderate Learning Difficulties Unit.
- **Simms Cross Primary School (Community),** Kingsway, Widnes, WA8 7QS - twelve places Infant MLD Unit and a twelve place Moderate Learning Difficulty Unit.
- **Westfield Primary School (Community),** Clayton Crescent, Runcorn, WA7 4TR – eight place Hearing Impairment Unit

Note:

The Grange Nursery, Infant and Junior School will close on 31st August 2010. The Grange Comprehensive will change its age range from 1st September 2010 to offer places for pupils aged 3-16 years and become known as The Grange School.

The Grange School will provide a twenty four place Moderate Learning Difficulties Unit for Key Stage 2 pupils from 1st September 2010 until 31st August 2011

The proposed primary special unit provision will be follows:

- **The Brow Community Primary School (Community),** The Clough, Halton Brow, Runcorn, WA7 2HB - will provide a resource unit base with seven places Key Stage 1 for speech and language and communication needs and ten places for Key Stage 2 pupils with speech and language and communication needs.
- **Weston Point Community Primary School (Community),** Castner Avenue, Runcorn, WA7 4EQ - will provide a resource unit base for seven pupils with behavioural, emotional and social difficulties.
- **Palace Fields Primary School (Community),** Badger Close, Palace Fields, Runcorn, WA7 2QW - will provide a resource unit base for ten pupils with severe learning needs.
- **Westfield Primary School (Community),** Clayton Crescent, Runcorn, WA7 4TR - will provide resource unit provision for six pupils with hearing impairment and specific learning difficulties.
- **Woodside Primary School (Community),** Whitchurch Way, Runcorn, WA7 5YP - will provide resource unit provision for seven pupils with behavioural, emotional and social difficulties.
- **Oakfield Community Primary School (Community),** Edinburgh Road, Widnes, WA8 8BQ - will provide a resource unit base with seven places for Key Stage 1 for speech and language and Communication Needs and ten places for pupils with speech and language and communication needs.
- **Simms Cross Primary School (Community),** Kingsway, Widnes, WA8 7QS - will provide a resource unit base of seven places for KS1 pupils and seven places for KS2 pupils with a diagnosis of Autistic Spectrum Disorder (ASD). There will also be capacity for outreach support for pupils in other primary schools within the borough.

Note:

The Grange Nursery, Infant and Junior School will close on 31st August 2010. The Grange Comprehensive will change its age range from 1st September 2010 to offer places for pupils aged 3-16 years and become known as The Grange School. As part of the BSF Programme and PCP The Grange School will be rebuilt, however until the rebuild is completed the school will continue to operate on a split site basis. From 1st September 2011 The Grange School will provide a resource unit base with seven places for KS1 pupils and seven places for KS2 pupils with a diagnosis of Autistic Spectrum Disorder (ASD). There will also be capacity for outreach support for pupils in other primary school in the borough

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b) any additional specialist features will be provided;

Not applicable

c) the proposed numbers of pupils for which the provision is to be made;

The total proposed provision is for 92 places.

d) details of how the provision will be funded

The revenue funding will be through the Dedicated Schools Budget – the school formula budget will be revised to reflect the changed provision.

e) a statement as to whether the education will be provided for children with special educational needs who are not registered pupils at the school to which the proposals relate;

In some instances pupils on roll at other mainstream schools may be placed in resourced provision to access specialist teaching and ongoing assessment.

In addition, there will be outreach support and advice from this provision for pupils registered in other mainstream schools.

f) a statement as to whether the expenses of the provision will be met from the school's delegated budget;

Each school's delegated formula budget will provide them with the resources to support the new provision.

g) the location of the provision if it is not to be established on the existing site of the school;

Not applicable

h) where the provision will replace existing educational provision for children with special educational needs, a statement as to how the local education authority believes that the new provision is likely to lead to improvement in the standard, quality and range of the educational provision for such children;

These proposals will respond to the changing needs for specialist resourced provision in mainstream schools for learners with Learning Difficulties and Disabilities and will lead to improved support for primary aged pupils.

This has involved the current Primary SEN Unit provision being re-designed to provide flexible provision within Primary mainstream schools and settings, which enables the learner to participate in mainstream learning.

When it has been shown, through assessment, that the pupil's needs cannot be met fully in a mainstream school without the support of enhanced resourced provision, this specialist resourced primary SEN provision will be considered.

Currently designated specialist resourced provision is not provided in mainstream primary schools for pupils with Autism. These proposals will lead to improved support in line with the locality footprint.

Pupils with Moderate Learning Difficulties will be supported in their mainstream primary school or will be allocated more specialist provision as and when required. A review of formula funding will reflect this support.

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i) the number of places reserved for children with special educational needs, and where this number is to change, the proposed number of such places;

The current number of special unit places in mainstream primary schools across the borough is 193.

Ongoing analysis of local need and the Local Authority specialist provision has led to the proposals. There are a significant number of unfilled places, particularly in primary SEN Units for Moderate Learning Difficulties and this has been the trend over a period of time.

The proposed number of places for specialist resourced provision in mainstream primary schools is 92 places with additional outreach support for other primary schools in the borough.

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19. Where the proposals are to discontinue provision for special educational needs

a) details of alternative provision for pupils for whom the provision is currently made;

There are currently no pupils on roll at Moore Primary and Weston Primary SEN units, therefore no pupils will be displaced

Any pupils who may be affected by the change of provision will have their needs reviewed regularly and met through the most appropriate provision in line with parental views and preference.

b) details of the **number of pupils** for whom provision is made that is recognised by the local education authority as reserved for children with special educational needs during each of the 4 school years preceding the current school year;

In total across the authority and across the sectors the following provision has been made (this data refers to pupil numbers not places).

Provision Source	2005/6 SEN2	2006/7 SEN2	2007/8 SEN2	2008/9 SEN2	2009/10 LA data
Halton Special Schools	350	306	279	246	244*
SEN Units - all	164	129	106	76	53
SEN Units -Primary	142	115	94	64	46

*244 Halton pupils – 273 pupils including pupils who live in other LAs but attend Halton Special Schools.

c) details of provision made outside the area of the local education authority for pupils whose needs will not be able to be met in the area of the authority as a result of the discontinuance of the provision.

Not applicable

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c) a statement as to how the authority believe that the proposals are likely to lead to improvement in the standard, quality and range of the educational provision for such children.

The review is designed to provide flexible provision within mainstream schools that will allow pupils to spend as much time as possible learning alongside their peers, depending on their individual needs and will ensure that Pathways for Learning for pupils with Learning Difficulties and Disabilities will be personalised for the child and their family within the locality footprint.

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20. Where the proposals will lead to alternative provision for children with special educational needs, as a result of the establishment, alteration or discontinuance of existing provision, the specific educational benefits that will flow from the proposals in terms of …

a) improved access to education and associated services including the curriculum, wider school activities, facilities and equipment with reference to the local education authority's Accessibility Strategy;

b) improved access to specialist staff, both educational and other professionals, including any external support and outreach services;

c) improved access to suitable accommodation; and

d) improved supply of suitable places.

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a) The proposals for designated resourced provision and outreach support for pupils in mainstream primary schools in both Runcorn and Widnes will allow more local access to mainstream specialist resourced provision for primary aged pupils. The facilities will be improved and provision for Autism will be in line with National Autistic Society accreditation and as outlined in the Accessibility Strategy.

b) Proposals will lead to a more inclusive education for pupils with Leaning Difficulties and Disabilities and include extended outreach support to mainstream schools.

c) Improved accommodation will be developed in line with Building Schools for the Future plans and the Primary Capital Programme.

d) The proposals will lead to an increase in more suitable specialist places in mainstream primary schools for pupils with Autistic Spectrum Disorder, Speech, Language and Communication Needs, Behaviour, Emotional and Social Difficulties, Severe Learning Difficulties and Hearing Impairment.

Sex of pupils

21. Where the proposals are to make an alteration to provide that a school which was an establishment which admitted pupils of one sex only becomes an establishment which admits pupils of both sexes …

Not applicable

22. Where the proposals are to make an alteration to a school to provide that a school which was an establishment which admitted pupils of both sexes becomes an establishment which admits pupils of one sex only …

Not Applicable

Extended services

23. If the proposed alterations affect the provision of the school's extended services, details of the current extended services the school is offering and details of any proposed change as a result of the alterations …

Not Applicable

Need or demand for additional places

24. If the proposals involve adding places—

   a) a statement and supporting evidence of the need or demand for the particular places in the area;

   b) where the school has a religious character, a statement and supporting evidence of the demand in the area for education in accordance with the tenets of the religion or religious denomination;

   c) where the school adheres to a particular philosophy, evidence of the demand for education in accordance with the philosophy in question and any associated change to the admission arrangements for the school.

Not applicable

25. If the proposals involve removing places …

    a) a statement and supporting evidence of the reasons for the removal including and assessment of the impact on parental choice.

There are a significant number of unfilled places particularly in primary SEN Units for Moderate Learning Difficulties. This has been the trend over a period of time indicating that current resourced provision in no longer fit for purpose.

The proposals for the redesigned resourced provision will be better aligned to meet the needs of pupils and families in the borough. The proposals will increase choice for pupils and parents and will provide resourced provision through all key stages enabling more pupils who need specialist resourced provision to attend a school in their local area.

    b) a statement on the local capacity to accommodate displaced pupils.

Not applicable

Expansion of successful and popular schools

25A. (1) Proposals must include a statement of whether the proposer considers that the presumption for the expansion of successful and popular schools should apply, and where the governing body consider the presumption applies, evidence to support this…

Not Applicable

FACTORS FOR CONSIDERATION   **Appendix C**

FACTORS	SEN IMPROVEMENT TEST
Improved Access to Education and associated services including the curriculum, wider school activities, facilities and equipment, with reference to the LA's accessibility Strategy	The proposals for designated resourced provision and outreach support for pupils in mainstream primary schools will lead to an increase in more suitable specialist places in mainstream primary schools for pupils with Autistic Spectrum Disorder, Speech, Language and Communication Needs, Behaviour, Emotional and Social Difficulties, Severe Learning Difficulties and Hearing Impairment. This will enable more pupils to attend a school in their local area. Provision for primary aged pupils with a diagnosis of autistic spectrum disorder and pupils with difficulties in the areas of speech, language and communication needs in both Runcorn and Widnes will allow more local access to mainstream resourced provision for these pupils. The facilities will be improved in line with NAS accreditation and as outlined in the Accessibility Strategy.
Improved access to specialist staff, both educational and other professionals, including external support and outreach services	The proposals will lead to staff development with accredited training. An increase in joint working with PCT and 5 Boroughs through pathways to diagnosis and provision. In addition, there will be outreach support and advice from each provision for pupils registered in other mainstream schools within a locality footprint.
Improved access to suitable accommodation	Improved accommodation will be developed in line with Building Schools for the Future plans and the Primary Capital Programme. Accommodation will be more fit for purpose with therapy and withdrawal rooms for use as and when appropriate. Through the BSF Programme it is aimed to further improve accessibility.
Improved supply of suitable places	These proposals will respond to the changing needs for specialist resourced provision in mainstream schools for learners with Learning Difficulties and Disabilities and will lead to improved support for primary aged pupils. The proposals will provide a continuum of provision

	from mainstream through to special school provision for pupils with these needs, The availability of suitable resourced provision would also increase choice for parents and pupils, with mainstream resourced provision able to meet the needs of those pupils who require this type of provision.
Opportunity for all providers of existing and proposed provision	The views of providers of all existing and proposed provision have been sought through the consultation.
Arrangements for Alternative Provision	Any pupils who may be affected by the change of provision will have their needs reviewed regularly and met through the most appropriate provision in line with parental views and preference.
Transport Arrangements	Transport support will continue to be available to parents/carers in line with the authority's Transport Policy.
Funding and Staffing for the Proposals	The revenue costs of the provision will be through the Dedicated Schools Budget – the school formula will be revised to reflect the changed provision and the staffing levels required. Additional costs for remodelling the current provision will be met from the Local Authority Capital Budget, LCVAP and BSF Programme.

Agenda Item 4c

REPORT TO: Executive Board

DATE: 8 April 2010

PRESENTED BY: Strategic Director – Children and Young People

SUBJECT: School Organisation – The Heath A Specialist Technology College

WARDS: Wards in Runcorn

1.0 PURPOSE OF REPORT

1.1 This report summarises the response to the statutory consultation to make a prescribed alteration to expand The Heath A Specialist Technology College from 1st September 2013 so that it can offer 1350 places with a proposed published admission number of 270. The report also seeks a decision from the Board on the proposal.

2.0 RECOMMENDATION: That the following proposals be approved:

(1) the school be enlarged, as part of the Halton BSF programme and The Heath School be rebuilt and refurbished; and

(2) the proposed capacity of the school will increase to 1350 from 1st September 2013 and the proposed admission number increased to 270.

3.0 BACKGROUND

3.1 During the consultation on future secondary provision in Halton it was agreed that The Heath specialist Technology College expand so that it once the BSF building work has been complete the school provides 270 places per year a total of 1350 11-16 places.

3.2 The aim of the proposal to expand the size of The Heath Specialist school is to:

 ➢ Ensure that there are appropriate places in Runcorn to meet projected future demand;
 ➢ Improve diversity and choice within the borough;
 ➢ Expand a popular and successful school; and
 ➢ Reduce the number of pupils choosing to access secondary education outside the borough.

3.3   The first phase of consultation commenced on commenced on 25th June 2009. The consultation proposal was widely advertised with details sent to parents of pupils at The Heath Specialist Technology College a range of other stakeholders including trade unions, and Halton Schools. Copies of the proposal were placed in the local Children's Centres and the library and the meetings were advertised in the local press, placed on the BSF website and on the electronic children and young people circular.

3.4   Consultation events were held at The Heath on 7th July 2009 for staff, governors and the public. Although only 3 responses were received they were all in support of the proposal.

3.5   Following the agreement by the Board, the statutory consultation commenced on 14th January 2010.   A copy of the published proposal is attached as Appendix A and the full copy of the proposal is available on the BSF website and is attached as Appendix B. Copies of the published proposal were sent to each of the Diocesan Authorities, the LSC, 14-19 Partnership, neighbouring Local Authorities, trade unions, Chair of Governors of Secondary schools, headteachers of all schools and the Principal of Riverside College, Notices were also placed in the local libraries, Direct Links and Children's Centres. The notice was placed on the website and placed on the electronic circular sent to all schools and children's settings.

3.6   The statutory notice was published in the paper on 14th January 2010, along with the dates of the public meetings. Letters were sent out to parents inviting them to participate in the consultation. On   19th January 2010 there were three consultation meeting; one for staff, one for governors and the third public.

3.7   At each of the meetings the authority presented an outline of the proposals, the representation process and the timescale for responses. The presentation used and minutes of the meeting were placed on the BSF website.

3.8   At the end of the four week representation period a total of 63 responses were received to the consultation.

        Governors   5
        Parent   4
        Pupils   18
        Staff   32
        Local schools   4

        All the responses were in support of the proposal to expand The Heath Specialist Technology College.

4.0   DECISION

4.1   The decision-maker (Executive Board) must decide the proposal within two months of the end of the representation period otherwise the decision must be Referred to the Adjudicator for a decision. Appendix A is a copy of the published statutory proposal. Appendix B details the consultation undertaken. Appendix C outlines the issues the decision-maker needs to consider.

4.2   The decision-maker can decide to:
• Reject the proposals;
• Approve the proposals;
• Approve the proposals with a modification (e.g. the school closure date)
• Approve the proposals subject to them meeting a specific condition. Conditional approval can only be granted in a limited number of circumstances related specifically to Academy provision or changes in admission arrangements relating to another school. A date by which the conditions should be met must be set.

4.3   The reason for the decision must be given whether it is approved or rejected it should also include the factors and criteria for the decision. A copy of the decision must be sent to:
• Each objector;
• The Secretary of State;
• LSC;
• Local C of E Diocese
• The Bishop of the RC Diocese; and
• The Office of the Schools Adjudicator.

5.0   FINANCIAL IMPLICATIONS

5.1   The Heath Specialist Technology College will be rebuilt through the Building Schools for the Future Programme.

6.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1   Children and Young People
The proposal to expand the pupil numbers at The Heath and rebuilt the school through BSF is aimed at transforming the learning environment for children and young people and ensuring there is sufficient provision within the borough.

6.2   Employment Learning and Skills in Halton

Through access to an excellent Secondary School for all pupils, standards will improve providing greater employment prospects for Halton's Children and Young People.

6.3 A Healthy Halton

Halton High is part of the BSF Programme; in developing its Secondary Schools for the future the Authority will demonstrate how it will enable schools to meet the School Sport Public Service Agreement through its Capital Investment and achieve high nutritional standards and encourage healthy living and eating.

6.4 A Safer Halton

Schools for the future will be designed to ensure that children, staff and other community users feel safe and secure on schools sites.

6.5 Halton's Urban

Through the BSF Halton schools will become a major resource for communities they serve and will be designed to offer shared community facilities, linking to other wider regeneration projects as well as being the focus for the local delivery of children's services.

7.0 RISK ANALYSIS

The expansion of The Heath is part of the diversity of provision required within Halton's BSF Programme. Without the expansion of The Heath there will be insufficient secondary places by 2018 across Runcorn.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The proposals for the re-organisation of Halton's Secondary and Secondary Special Provision seek to provide choice and diversity, promote inclusion and access.

9.0 REASON(S) FOR DECISION

9.1 To provide more choice and diversity and retain pupils within the Borough.

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

10.1 N/A

11.0 IMPLEMENTATION DATE

11.1 The decision needs to be made on 3rd December 2009 so that statutory consultation can commence on 10th December 2009.

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

Documents	Place of Inspection	Contact

Consultation Presentation	3rd Floor Chester Building – Grosvenor House, Runcorn and website www.halton.gov.uk/bsf	Ann McIntyre – Operational Director – Business Support and Commissioning
Notes of Public Meetings	3rd Floor Chester Building – Grosvenor House, Runcorn and website	Ann McIntyre – Operational Director – Business Support and Commissioning
All responses to First round of consultation	3rd Floor Chester Building – Grosvenor House, Runcorn and website	Ann McIntyre – Operational Director – Business Support and Commissioning
Published Statutory Notice	3rd Floor Chester Building – Grosvenor House, Runcorn and website	Ann McIntyre – Operational Director – Business Support and Commissioning
Full Proposal	3rd Floor Chester Building – Grosvenor House, Runcorn and website	Ann McIntyre – Operational Director – Business Support and Commissioning
Notes of meetings	3rd Floor Chester Building – Grosvenor House, Runcorn and website	Ann McIntyre – Operational Director – Business Support and Commissioning
Responses to consultation	3rd Floor Chester Building – Grosvenor House, Runcorn and website	Ann McIntyre – Operational Director – Business Support and Commissioning

www.halton.gov.uk

HALTON
BOROUGH COUNCIL

A proposal for the enlargement of The Heath School

Notice is given in accordance with section 19(1) of the Education and Inspections Act 2006 that Halton Borough Council intends to make prescribed alterations to The Heath School,(a community school) at Clifton Road, Runcorn. WA7 4SY from 1st September 2013.

It is proposed the school will be enlarged, as part of the Halton BSF programme, The Heath School will be rebuilt and refurbished.

The current capacity of the school is 1050 and the proposed capacity will be 1350. The current number of the pupils registered at the school is 1048. The current admission number is 210 and the proposed admission number is 270.

This Notice is an extract from the complete proposal. Copies of the complete proposal can be obtained from: Ann McIntyre, Operational Director, Children and Young People, Grosvenor House, Halton Lea, Runcorn, WA7 2WD. Telephone Number 0151 471 7543. A full copy of the proposals can be found on http://www.halton.gov.uk/bsf. Details of the secondary and secondary special re-organisation proposals for Halton can be found on this web site and within the Executive Board Papers dated 24th September 2009.

Within four weeks from the date of publication of this proposal, any person may object to or make comments on the proposal by sending them to Mr M Reaney, Operational Director (Legal, Organisational Development and Human Resources) Municipal Buildings, Kingsway, Widnes, WA8 7QF.

Signed:

ME Reaney

Publication Date: 14th January 2010

Explanatory Notes:

All written comments received at the above addresses will be acknowledged. On 18 March 2010, comments will be submitted to the Executive Board of Halton Borough Council in the form of a report, copies of which will be made available to the public on demand. It will not be possible to send detailed responses to individual letters. After a report has been submitted to the Executive Board, all written responses to the consultation exercise will become available for inspection by the public.

Parents will continue to have the right to express a preference. It is recommended that for each of the years up to 2013 a degree of flexibility is retained at each of the four secondary schools in Runcorn to ensure all pupils can be accommodated in advance of the completion of the BSF Programme. It is estimated that there will be a requirement for a total of at least 4074 mainstream places in Runcorn by 2018.   In order to meet this requirement it is proposed that the four secondary schools have the following Published Admission Numbers (PAN) to ensure that by 2013 there are a total of 29 forms of entry in Runcorn with a total 870 pupils in each year group.

For 2013 it is recommended, subject to approval by the Halton Admission Forum, that the Published Admission Numbers would be; Halton High - 180 (6 form entry plus sixth form); St Chad's Catholic & Church of England Joint Faith High School - 240 (8 form entry plus sixth form); The Grange School - 180 (6 form entry); The Heath School - 270 (9 form entry).

PROPOSALS FOR PRESCRIBED ALTERATIONS OTHER THAN FOUNDATION PROPOSALS: Information to be included in or provided in relation to proposals

Insert the information asked for in the expandable box below each section.

In respect of a Governing Body Proposal: School and governing body's details
   1. The name, address and category of the school for which the governing body are publishing the proposals.

In respect of an LA Proposal: School and local education authority details

   1. The name, address and category of the school and a contact address for the local education authority who are publishing the proposals.

The Local Education Authority publishing the proposal is Halton Borough Council, Kingsway, Widnes, WA8 7QF. The category of school is a Community School. The school is The Heath A Specialist Technology College, Clifton Road, Runcorn. WA7 4SY.

Implementation and any proposed stages for implementation

   2. The date on which the proposals are planned to be implemented, and if they are to be implemented in stages, a description of what is planned for each stage, and the number of stages intended and the dates of each stage.

It is proposed for the enlargement of the Heath Schools as part of the Halton BSF programme, The Heath will be rebuilt and refurbished.   It is proposed to increase the number of 11 -16 places offered by The Heath Specialist Technology College from current admission of 210 Year 7 pupils in September 2009 to 270 for Year 7 pupils once the rebuild of The Heath has been completed, this is estimated to be from September 2013 onwards.

Objections and comments

   3. A statement explaining the procedure for making representations, including—
      (a) the date by which objections or comments should be sent to the local education authority; and
      (b) the address of the authority to which objections or comments should be sent.

Part (a) The publication date of the statutory notice is 14th January 2010.   The four weeks representation period will be complete by 12th February 2010. Part (b) All comments must be put in writing to Mr M Reaney, Operational Director (Legal, Organisational Development and Human Resources) and Monitoring Officer, Municipal Building, Kingsway, Widnes, WA8 7QF.

Alteration description

   4. A description of the proposed alteration and in the case of special school proposals, a description of the current special needs provision.

It is proposed for the enlargement of the Heath Schools as part of the Halton BSF programme, The Heath will be rebuilt and refurbished. It is proposed to increase the number of 11 -16 places offered by The Heath Specialist Technology College from current admission of 210 Year 7 pupils to 270 for Year 7 pupils once the rebuild of The Heath has been completed, this is estimated to be from September 2013 onwards.

School capacity

   5.—(1) Where the alteration is an alteration falling within any of paragraphs 1 to 4, 8, 9 and 12-14 of Schedule 2 or paragraphs 1-4, 7, 8, 18, 19 and 21 of Schedule 4 to The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007, the proposals must also include—
     (a) details of the current capacity of the school and where the proposals will alter the
         capacity of the school, the proposed capacity of the school after the alteration;

The current capacity of The Heath Specialist Technology College is 210 per year group and a total of 1050. It is proposed that the expanded school will have a Published Admission Number of 270 with a total of 1350 places.

     (b) details of the current number of pupils admitted to the school in each relevant age group,
         and where this number is to change, the proposed number of pupils to be admitted in each
         relevant age group in the first school year in which the proposals will have been
         implemented;

Based on the January 2009 PLASC the pupil numbers at The Heath Specialist Technology College were as follows:
Year 7 - 209
Year 8 - 211
Year 9 - 210
Year 10 - 209
Year 11 - 209

     (c) where it is intended that proposals should be implemented in stages, the number of
         pupils to be admitted to the school in the first school year in which each stage will have
         been implemented;

It is proposed to increase the number of 11 -16 places offered by The Heath Specialist Technology College from current admission of 210 Year 7 pupils in September 2009 on an incremental basis. The Local Authority, as the Admission Authority agreed with the School an admission limit of 236 which was published for the September 2010 intake, and is consulting on a limit of 240 for the September 2011 intake, which will remain for the 2012 intake. The number of places will be further increased to 270 the proposed admission number for Year 7 pupils once the rebuild of The Heath has been completed, this is estimated to be from September 2013 onwards..

     (d) where the number of pupils in any relevant age group is lower than the indicated
         admission number for that relevant age group a statement to this effect and details of the
         indicated admission number in question.

N/A

   (2) Where the alteration is an alteration falling within any of paragraphs 1, 2, 9, 12 and 13 to 4, and 7 and 8 of Schedule 2 or paragraphs 1, 2, 8, 18 ands 19 of Schedule 4 to The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 a statement of the number of pupils at the school at the time of the publication of the proposals.

On the January 2009 PLASC at The Heath Specialist Technology College had 1048 pupils. (inc 34 Full SEN Statemented Mainstream pupils) pupils.

Implementation
   6. Where the proposals relate to a foundation or voluntary controlled school a statement as to whether the proposals are to be implemented by the local education authority or by the governing body, and, if the proposals are to be implemented by both, a statement as to the extent to which they are to be implemented by each body.

N/A

Additional Site
   7.—(1) A statement as to whether any new or additional site will be required if proposals are implemented and if so the location of the site if the school is to occupy a split site.

N/A

   (2) Where proposals relate to a foundation or voluntary school a statement as to who will provide any additional site required, together with details of the tenure (freehold or leasehold) on which the site of the school will be held, and if the site is to be held on a lease, details of the proposed lease.

N/A

Changes in boarding arrangements
   8.—(1) Where the proposals are for the introduction or removal of boarding provision, or the alteration of existing boarding provision such as is mentioned in paragraph 7 or 14 of Schedule 2 or 4 to The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 —
      (a) the number of pupils for whom it is intended that boarding provision will be made if the proposals are approved;

N/A

   (b) the arrangements for safeguarding the welfare of children at the school;

   (c) the current number of pupils for whom boarding provision can be made and a description of the boarding provision;

   (d) except where the proposals are to introduce boarding provision, a description of the existing boarding provision.

   (2) Where the proposals are for the removal of boarding provisions or an alteration to reduce boarding provision such as is mentioned in paragraph 7 or 14 of Schedule 2 or 4 to The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2007 —
      (a) the number of pupils for whom boarding provision will be removed if the proposals are approved;

N/A

   (b) a statement as to the use to which the former boarding accommodation will be put if the proposals are approved.

Transfer to new site
9. Where the proposals are to transfer a school to a new site the following information—
(a) the location of the proposed site (including details of whether the school is to occupy a single or split site), and including where appropriate the postal address;

N/A

(b) the distance between the proposed and current site;

N/A

(c) the reason for the choice of proposed site;

N/A

(d) the accessibility of the proposed site or sites;

N/A

(e) the proposed arrangements for transport of pupils to the school on its new site

N/A

(f) a statement about other sustainable transport alternatives where pupils are not using transport provided, and how car use in area will be discouraged.

N/A

Objectives
10. The objectives of the proposals.

The objectives of the proposal are to expand a popular school which is oversubscribed each year from 210 per year group to 270. This will allow more parents access to a high performing school. The Heath Specialist Technology College is also a successful school. It is one of the highest performing secondary school in Halton.

Consultation
11. Evidence of the consultation before the proposals were published including—
(a) a list of persons who were consulted;
(b) minutes of all public consultation meetings;
(c) the views of the persons consulted;
(d) a statement to the effect that all applicable statutory requirements in relation to the proposals to consult were complied with; and
(e) copies of all consultation documents and a statement on how these documents were made available.

Part (a) The following people were consulted as part of the consultation: Staff and governors
Pupils and parents
Staff and governors of all Halton Schools; Trade Unions; Elected Members, Executive Board

Trade Unions
Other Neighbouring Authorities;
Diocesan Authorities;
Health Authority;
Learning and Skills Council;

Part (b)
The minutes of all consultation meetings are available on the website. The minutes for the pre -
statutory consultation for The Heath Specialist Technology College held on 07th July 2009 are
also available. Three separate meetings were held with school staff, governors and parents.

Information was posted and distributed to schools, placed on public notices in all schools and
key information points such as Children's Centres and Direct Link and placed on the website

Project costs
   12. A statement of the estimated total capital cost of the proposals and the breakdown of the
costs that are to be met by the governing body, the local education authority, and any other
party.

The rebuild and remodelling of The Heath Specialist Technology College will be met from the
BSF Programme funding envelope.

   13. A copy of confirmation from the Secretary of State, local education authority and the
Learning and Skills Council for England (as the case may be) that funds will be made available
(including costs to cover any necessary site purchase).

OBC approval letter for the Halton BSF Scheme was received on the 13th August 2009

Age range
   14. Where the proposals relate to a change in age range, the current age range for the school.

N/A

Early years provision
   15. Where the proposals are to alter the lower age limit of a mainstream school so that it
provides for pupils aged between 2 and 5—
      (a) details of the early years provision, including the number of full-time and part-time pupils,
          the number and length of sessions in each week, and the services for disabled children
          that will be offered;

N/A

      (b) how the school will integrate the early years provision with childcare services and how
          the proposals are consistent with the integration of early years provision for childcare;

      (c) evidence of parental demand for additional provision of early years provision;

      (d) assessment of capacity, quality and sustainability of provision in schools and in
          establishments other than schools who deliver the Early Years Foundation Stage within

3 miles of the school;

(e) reasons why such schools and establishments who have spare capacity cannot make provision for any forecast increase in the number of such provision.

Changes to sixth form provision

16. (1) Where the proposals are to alter the upper age limit of the school so that the school provides sixth form education or additional sixth form education, a statement of how the proposals will—
    (a) improve the educational or training achievements;
    (b) increase participation in education or training; and
    (c) expand the range of educational or training opportunities for 16-19 year olds in the area.

N/A

(2) Where the proposals are to alter the upper age limit of the school so that the school will provide sixth form education, the proposed number of sixth form places to be provided.

17. Where the proposals are to alter the upper age limit of the school so that the school ceases to provide sixth form education, a statement of the effect on the supply of 16-19 places in the area.

Special educational needs

18. Where the proposals are to establish or change provision for special educational needs—
    (a) a description of the proposed types of learning difficulties in respect of which education will be provided and, where provision for special educational needs already exists, the current type of provision;

N/A

(b) any additional specialist features will be provided;

(c) the proposed numbers of pupils for which the provision is to be made;

(d) details of how the provision will be funded;

(e) a statement as to whether the education will be provided for children with special educational needs who are not registered pupils at the school to which the proposals relate;

(f) a statement as to whether the expenses of the provision will be met from the school's delegated budget;

>

(g) the location of the provision if it is not to be established on the existing site of the school;

>

(h) where the provision will replace existing educational provision for children with special educational needs, a statement as to how the local education authority believes that the new provision is likely to lead to improvement in the standard, quality and range of the educational provision for such children;

>

(i) the number of places reserved for children with special educational needs, and where this number is to change, the proposed number of such places.

>

19. Where the proposals are to discontinue provision for special educational needs—
(a) details of alternative provision for pupils for whom the provision is currently made;

>

(b) details of the number of pupils for whom provision is made that is recognised by the local education authority as reserved for children with special educational needs during each of the 4 school years preceding the current school year;

>

(c) details of provision made outside the area of the local education authority for pupils whose needs will not be able to be met in the area of the authority as a result of the discontinuance of the provision;

>

(d) a statement as to how the authority believe that the proposals are likely to lead to improvement in the standard, quality and range of the educational provision for such children.

>

20. Where the proposals will lead to alternative provision for children with special educational needs, as a result of the establishment, alteration or discontinuance of existing provision, the specific educational benefits that will flow from the proposals in terms of—
(a) improved access to education and associated services including the curriculum, wider school activities, facilities and equipment with reference to the local education authority's Accessibility Strategy;
(b) improved access to specialist staff, both educational and other professionals, including any external support and outreach services;
(c) improved access to suitable accommodation; and
(d) improved supply of suitable places.

> N/A

Sex of pupils

21. Where the proposals are to make an alteration to provide that a school which was an establishment which admitted pupils of one sex only becomes an establishment which admits pupils of both sexes—

    (a) details of the likely effect which the alteration will have on the balance of the
        provision of single sex education in the area;

N/A

    (b) evidence of local demand for single-sex education;

    (c) details of any transitional period which the body making the proposals wishes
        specified in a transitional exemption order (within the meaning of section 27 of the
        Sex Discrimination Act 1975).

22. Where the proposals are to make an alteration to a school to provide that a school which was an establishment which admitted pupils of both sexes becomes an establishment which admits pupils of one sex only—

    (a) details of the likely effect which the alteration will have on the balance of the provision
        of single-sex education in the area;

N/A

    (b) evidence of local demand for single-sex education.

Extended services

23. If the proposed alterations affect the provision of the school's extended services, details of the current extended services the school is offering and details of any proposed change as a result of the alterations.

N/A extended services will continue to be delivered

Need or demand for additional places

24. If the proposals involve adding places—

    (a) a statement and supporting evidence of the need or demand for the particular places
        in the area;

Parents will continue to have the right to express a preference. It is recommended that for each of the years up to 2013 a degree of flexibility is retained at each of the three secondary schools in Runcorn to ensure all pupils can be accommodated in advance of the completion of the BSF Programme. It is estimated that there will be a requirement for a total of at least 4074 mainstream places in Runcorn by 2018. In order to meet this requirement it is proposed that the four secondary schools have the following Published Admission Numbers (PAN) to ensure that by 2013 there are a total of 29 forms of entry in Runcorn with a total 870 pupils in each year group. For 2013 it is recommended, subject to approval by the Halton Admission Forum, that the Published Admission Numbers would be; Halton High - 180 (6 form entry plus sixth form); St Chad's Catholic & Church of England High School - 240 (8 form entry plus sixth form); The Grange School - 180 (6 form entry); The Heath – A Specialist Technology College - 270 (9 form

entry).

    (b) where the school has a religious character, a statement and supporting evidence of the demand in the area for education in accordance with the tenets of the religion or religious denomination;

N/A

    (c) where the school adheres to a particular philosophy, evidence of the demand for education in accordance with the philosophy in question and any associated change to the admission arrangements for the school.

N/A

25. If the proposals involve removing places—
    (a) a statement and supporting evidence of the reasons for the removal, including an assessment of the impact on parental choice;

N/A

    (b) a statement on the local capacity to accommodate displaced pupils.

N/A

Expansion of successful and popular schools
25A. (1) Proposals must include a statement of whether the proposer considers that the presumption for the expansion of successful and popular schools should apply, and where the governing body consider the presumption applies, evidence to support this.

(2) Sub-paragraph (1) applies to expansion proposals in respect of primary and secondary schools, (except for grammar schools), i.e. falling within:
    (a) (for proposals published by the governing body) paragraphs 1 and 2 of Part 1 to Schedule 2 and paragraphs 12 and 13 of Part 2 to Schedule 2; ;
    (b) (for proposals published by the LA) paragraphs 1 and 2 of Part 1 to Schedule 4. of the Prescribed Alteration regulations.

(3) Whilst not required by regulations to provide this information for any LA proposals to expand a voluntary or foundation school, it is desirable to provide this below.

This proposal is an expansion of a popular and successful school.

Additional information in the case of special schools
  26. Where the proposals relate to a special school the following information must also be provided—
    (a) information as to the numbers, age range, sex and special educational needs of the pupils (distinguishing boarding and day pupils) for whom provision is made at the school;

N/A

    (b) information on the predicted rise or fall (as the case may be) in the number of children with particular types of special educational needs requiring specific types of special educational provision;

    (c) a statement about the alternative provision for pupils who may be displaced as a result of the alteration;

(d) where the proposals would result in the school being organised to make provision for pupils with a different type or types of special educational needs with the result that the provision which would be made for pupils currently at the school would be inappropriate to their needs, details of the other schools which such pupils may attend including any interim arrangements and transport arrangements to such schools;

(e) where the proposals relate to a foundation special school a statement as to whether the proposals are to be implemented by the local education authority or by the governing body, and if the proposals are to be implemented by both, a statement as to the extent to which they are to be implemented by each body.

FACTORS FOR CONSIDERATION   **Appendix C**

FACTORS	EXPANDING SCHOOL
Complies with requirements	Published linked statutory notice put together in line with advice and support from DCSF School Organisation Unit and Halton Borough Council Legal Services. Copies sent to The Heath School Governors and staff at the School, all Secondary, Primary and Special Schools, LSC, Diocesan Authorities, Trade Unions, Children's Trust Representatives, Health Authority Representatives and Neighbouring Authorities and Schools Organisation Unit. Published in local papers, schools and other public buildings. Placed on the BSF website and the CYP e-circular.
Prior consultation	Two rounds of consultation held. First round in June 2009 and second round January 2010. All notes of the meetings and the presentation used at each public meeting are available on the bsf website. Copies of feedback forms received are also available on request.

System shaped by Parents – best schools are able to expand and spread this ethos and success	The Heath is a both a popular and successful school. The current capacity of the school is 1050 – 210 per year the school has been over subscribed for the last few years with 236 places allocated for 2010.
Boosts standards and opportunities for young people and matches school place supply as closely as possible to pupils and parents wishes	The Heath is both a popular and successful school. The school numbers have been increased to respond to parental preference and the estimated increase in pupils in Runcorn in future years.
Assists in delivering principles of Every Child Matters	As part of the BSF Programme The Heath A Specialist Technology College will be expanded and rebuilt. This will include new dining and sports facilities and more flexible , 21st century facilities to support more personalisation, better workforce spaces for staff and better facilities for teaching and learning. Technology will be maximised and access to both academic and vocational provision will be offered. Extended services and provision will be increased. The building be designed to be more accessible to pupils, parents, staff and the community. .
Ensures sufficient capacity to accommodate displaced pupils – including future demand for places	The Heath will be expanded and rebuilt as part of the BSF Programme. There will be no displaced pupils and increasing the capacity of the school will allow for increases in pupil numbers in Runcorn in future years.
Diversity	The Heath will contribute towards the diversity of provision available in Runcorn. The Heath will be a Community School offering places for pupils aged 11-16 years, The Grange will become an All Through Trust School, St Chads is now a joint faith Catholic and Church of England 11 -19 school and Halton High will become an Academy offering places for pupils aged 11 – 19 years.
Addresses surplus places, provides value for money, raises standards and meets parental choice	Expanding The Heath will help to meet parental choice in Runcorn and raise standards.

;	
Creating Additional Places Expansion of Successful and Popular Schools (strong presumption to expand popular and successful schools)	The Heath is a popular school. Annually more parents express a preference for The Heath than can be accommodated within their current capacity of 210. The proposed increased admission number is to take into consideration parental preference and the estimated increase in pupil numbers in Runcorn in future years. Performance at Key Stage 4 both at 5 A* - C and 5 A* - C with English and Maths is the second highest in the borough.
Impact on Community Community Cohesion and Race Equality	Through BSF The Heath is seeking to increase access to extended services and provision.
Considers travel and accessibility for all	In designing the new provision at The Heath care will be taken to ensure that sustainable travel is maximised and where vehicle access to the site is required this is provided to ensure the swift and safe movement of traffic.
Equal Opportunity Issues	The Heath is a mixed comprehensive with intakes from a broad socio economic background. The Heath will be designed and remodelled to be more accessible. There are no sex, race or disability issues arising from the closure.
Rural School	N/A
14-19 Curriculum and Collaboration – opportunities for students are not being reduced	In Halton 14-19 provision is being developed borough-wide. This ensures that the contribution of a range of partners is maximised. Partners include the schools, college, City Learning Centres and work based providers. Through the development of collaborative arrangements the 14-19 Partnership is seeking to extend the range of 14-19 provision offered.
Capital	The Heath will be rebuilt as part of the Building School for the Future Programme.
Views of interested parties	Extensive consultation has been undertaken. The views of all those who have responded to the consultation have been considered.

Agenda Item 4d

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director for Children's and Young People Strategic Director Environment and Economy
SUBJECT:	Commissioning of post 16 provision in Halton
WARDS:	Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To inform Executive Board of the abolition of the Learning and Skills Council (LSC) under the Apprenticeship Skills Children & Learning Bill (ASCL) and transfer of statutory duty and powers to Local Authorities from April 2010.

2.0 RECOMMENDATION: That the council

(1) **assumes responsibility for commissioning of post 16 provision with effect form 1st April 2010;**

(2) **receives LSC staff under TUPE regulations to support post 16 commissioning;**

(3) **ensures a holistic approach to planning by reporting on post 16 commissioning to the Local Strategic Partnership and Employment Learning and Skills Strategic Partnership;**

(4) **Executive Board receives a report as part of the annual commissioning cycle for post 16 education and training; and**

(5) **replaces the Strategic director for Children and Young People with Operational Director for Employment and Skills on Riverside College Governing body.**

3.0 SUPPORTING INFORMATION

PART A – TRANSITION FORM LSC TO YOUNG PEOPLE'S LEARNING AGENCY

3.1 On 1 April 2010, the LSC will be abolished, and all functions previously carried out by the LSC with respect to 16-19 education and training will transfer either to local authorities or the Young People's Learning Agency (YPLA). A number of brand-new duties and powers for local authorities will also be created

3.2 Local authorities will have the central commissioning role for all education and
training for young people aged 16-19 and up to age 25 for those with learning difficulties, and for those young people in youth custody aged 10 to 18.

3.3 Currently the Strategic Director for Children and Young People and the Lead member for Children and Young People sit on Riverside College board which is the major provider of post16 education in Halton. This will not be appropriate from April the 1st 2010 when the Council assumes its commissioning responsibility due to inherent conflict of interest

3.4 The role of the YPLA will be to support local authorities in this new commissioning role. The YPLA will ensure local commissioning decisions are made within a consistent national framework, secure national budgetary control, provide a strategic analysis service to local authorities, and support the local, sub-regional and regional infrastructure.

3.5 Diagram at annex 1 illustrates the key responsibilities for partners who are central to the commissioning process

3.6 The Apprenticeship Learning and Skills Bill received Royal Assent on the 12th of November 2009 and nationally just under a 1,000 LSC staff will transfer to local authorities in April 2010, each authority has been notified of the allocated number of staff which for Halton is five. A matching process for LSC staff has been implemented and four members of staff from the Greater Merseyside LSC have been identified for transfer to Halton, the role of post 16 director remains as a vacancy. HBC will be required to fulfil this function. A welcome meeting for the LSC staff took place on the 11th of Jan 2010, further meetings have been arranged with briefings from CYPD and Human Resources, HBC inductions have been planned and CRB Checks are underway.

3.7 The transferred LSC posts and resources will be fully funded through a special purposes grant and a contribution towards non employment costs will be made.

3.8 Two key documents have been published that will support the transition:-
   ▪ The National Commissioning framework for 2011/12, the first end to end commissioning cycle that Local Authorities will be responsible for.
   ▪ Raising Expectation Action (react) High level guide for local authorities to commissioning and funding arrangements of post 16 provision.

3.9 Implementation plans are underway including setting up systems, shadowing of LSC activity, inducting LSC transferees as part of the

transition phase to ensure that there is a thorough understanding of the HBCs duties and powers under the new legislation.

3.10 LSC staff will also transfer to the YPLA and the SFA, with a small number also transferring to Government Offices and to Regional Development Agencies. The TUPE Regulations and the Cabinet Office Protocol will apply.

3.11 The 14-19 reform programme is a substantial element of the transfer and includes:
  ▪ The changes to commissioning of 16-19 education and training (the main

    subject of the High level guide)
  ▪ The raising of the age of participation in education, training or work with Training to 17 by 2013 and 18 by 2015, through the Education and Skills act 2008
  ▪ The introduction of an entitlement for all young people to access new curriculum routes so that they are able not just to achieve adequate results but to succeed in reaching their full potential. Local authorities will be able to commission other provision outside of the four main curriculum routes under a foundation learning strand to ensure the engagement of every young person and meet the Raising of the participation age requirement. Diagram 2 at annex 2 illustrates the pathways in more detail, they are:

    o GCSE and 'A' level;
    o Diplomas (foundation, higher and advanced);
    o Apprenticeships;
    o Employment with training;
    o Foundation Learning
    (All will include functional skills and personal, learning and thinking skills)

  ▪ The further development of information, advice and guidance for young people, which local authorities now need to embed services firmly within their overall commissioning processes, linking these activities with the broader integrated support systems for young people. (Annex 2 Diagram 2)

3.12 The abolition of the LSC and creation of the YPLA and SFA are the major agency changes under the ASCL Bill, HBC will continue to develop its good working relationships with existing bodies and agencies albeit under a new architecture summarised in annex 3.

TRANSITION FROM THE LSC TO THE SKILLS FUNDING AGENCY (SFA)

3.13 On the 1st April the Skills Funding Agency will be established to take on the post-19 functions of the LSC. In addition, some functions of the LSC will pass to Regional Development Agencies and to Government Offices.

3.14 The Department for Business Innovation & Skills (BIS) has identified what it needs to do for adults in terms of skills:
- Move towards a <u>demand-led system</u> where funding flows according to the actual choices made by individuals and employers;
- Build a coherent <u>lead agency on adult skills</u>, which acts on the articulated demands of both employers and learners.

3.15 The SFA will be the lead agency, taking responsibility for funding post-19 learning in England (excluding HE). It will be at a shorter arms length from BIS, enabling a faster and more effective response to policy, while reinforcing the autonomy of the FE sector.

3.16 The SFA will route around £3.5 billion of funding to FE colleges and other providers including the Third Sector, primarily in response to customer (employer and learner) choice on programmes such as Train to Gain.

3.17 The SFA will operate through 3 customer-focused gateways:
- **National Apprenticeship Service** (NAS) – having end to end responsibility for the apprenticeship programme
- **Employer Skills Services** – a national skills service to all sizes of business in all sectors via Train to Gain and the National Employer Service
- **Learner Skills Services** – enabling access for learners through providing an adult advancement and careers service, building Skills Accounts and funding FE colleges and other providers.

3.18 The SFA will facilitate delivery of the skills of our economy needs to prosper in the future by implementing:
- A <u>National Investment Strategy</u> set by BIS to deliver national priorities as identified by the UK Commission for Employment & Skills and the Sector Skills Councils
- A <u>Regional Plan for Skills</u> set by the RDAs in conjunction with Local Authorities as part of their 'Single Integrated Regional Strategy'
- Together with statutory <u>Employment & Skills Boards</u> and <u>self organised networks</u> of colleges and providers, the RDAs will identify **strategic skills gaps** and what **investment** employers need, to develop areas of economic importance and jobs of the future in each region.

3.19 A number of government publications underpin the distribution of SFA allocations for 2010/11, including:
- Skills for Growth: the national skills strategy – underlines the importance of skills to economic recovery
- The Skills Investment Strategy 2010-11 – commits to provision being driven by employers and learners
- Skills for Growth and Partnerships for Growth: a national framework for regional and local economic development – key agencies will be responsible for producing **regional strategies for skills** (RDA, JCP, LA, SSCs, colleges and providers including HE)

3.20 The SFA's **Delivery Plan** will set out how it will fund colleges and providers to deliver the priorities in the Skills Investment Strategy. Priority statements will be developed in partnership and signed off with BIS in early 2010. Pilot 'Joint Investment Schemes' with the Sector Skills Councils in areas key to economic recovery with a cash match from employers, will be finalised as part of the 2010/11 allocation process.

3.21 Skills policy will focus resources closely on skills that underwrite economic growth and support high valued-added employment. There will be a shift of resources into Apprentices and Train to Gain; however, the Strategy re-states the commitment to prioritise provision which helps people to get into work and stay in work. Funding available nationally for the 2010-11 academic year is as follows:

3.22 SFA will publish an outline Delivery Plan in January 2010 and the full plan published at the end of the allocation process. Between December 2009 and February 2010, LSC will hold discussions with providers on planning and funding for 2010-11. (Allocations will be calculated centrally based on previous performance) LSC will then moderate draft allocations/maximum contract values at regional and divisional level. These will then be moderated at national level in March 2010 and final allocations issued. During April and May 2010, SFA will agree schedules and issue funding agreements/contracts.

3.23 Quality is measured in terms of success rates and Apprenticeship Framework completions and inspection outcomes. Funding allocations will be determined on such measures. Minimum Levels of Performance (MLP) on Train to Gain will continue.

4.0 POLICY IMPLICATIONS

FINANCIAL

Special Purpose Grant
4.1 The total administrative budget of the LSC is being divided between the various successor organisations – local authorities, the YPLA, the SFA, RDAs and Government Offices – and will include the full employment costs of the transferring staff together with an allocation for non employment costs. The DCSF will issue guidance on eligible spending and accounting and audit arrangements.

4.2 HBC will receive a Special Purpose Grant (SPG) of £246,781 per year for three years from the DCSF to enable it to carry out the new functions and, in particular, to cover the employment costs of the transferring staff and head of post 16 provision.

4.3 HBC will need to make arrangements to receive and account for the SPG. The SPG will be ring-fenced for the purposes of meeting the costs associated with the new statutory duties. The SPG will be paid in

2010/11, 2011/12 and 2012/13, with uplifts each year to cover agreed increases in employment and other costs. For 2013/14, the equivalent funding will be made available to local authorities on a non ring-fenced basis, either through Revenue Support Grant, or Area-Based Grant, or some other similar mechanism yet to be agreed. 2010/11 provision has already been agreed and confirmed to providers by the LSC

Commissioning

4.4 Each planning, commissioning and delivery cycle runs over a period in excess of two calendar years, as shown on the 16-19 Commissioning Schematic set out in diagram 3 annex 4.

4.5 The National Commissioning Framework (NCF) will cover the commissioning,
allocations and funding cycle for delivery in the 2011/12 academic year, which will be the first end-to-end commissioning cycle for which local authorities will be fully responsible. The planning process for this cycle starts in the summer of 2010.

4.6 On 1 April 2010 local authorities will take responsibility for elements of three separate commissioning cycles:

2009/10: Local authorities will become responsible for the final five months of the 2009/10 academic years, that is, for the period April 2010 to August 2010, in particular payments of participation funding to colleges, schools, and other providers.

The LSC will inform HBC of the arrangements needed to make these payments, and by the end of March 2010 will have transferred contractual responsibilities to local authorities for private and third sector providers. HBC will have a contractual responsibility for Riverside College Halton, Saints Peter and Paul Catholic College, and St Chad's Catholic and Church of England High School.

The Financial allocation will flow from the YPLA to HBC on a monthly payment profile and is required to be with providers within seven days of receipt by HBC.

2010/11: This is the transitional commissioning cycle during which local authorities will become responsible for delivering the plans and allocations made by the LSC for Halton Providers of £12,247,87 for delivery in the academic year August 2010 to July 2011.

2011/12: This will be the first cycle of the end-to-end National Commissioning
Framework (NCF), starting in the summer of 2010. The Secretary of State will write to the YPLA in October 2010 with the annual grant letter, 'Priorities for Success 6'.The YPLA will agree the Annual Statement of Priorities ('ASOP') in November 2010,leading to allocations to providers

in March 2011, for delivery in the academic year August 2011 to July 2012.

2013/14: This will be the first commissioning cycle in which local authorities will need to make statutory provision for ensuring that every young person is engaged in education or training, or work with training, to age 17.

2015/16: This will be the first commissioning cycle in which local authorities will need to make statutory provision for ensuring that every young person is engaged in education or training, or work with training, to age 18.

4.7 Once confirmed with the YPLA the funding will be received into the authority through a ring fenced grant which the authority will have a duty to provide for provision.

5.0 OTHER IMPLICATIONS

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Local authorities will have the central commissioning role for all education and
training for young people aged 16-19 and up to age 25 for those with learning difficulties, and for those young people in youth custody aged 10 to 18.

6.2 Employment, Learning and Skills in Halton

The SFA will be the lead agency, taking responsibility for funding post-19 learning in England (excluding HE). It will be at a shorter arms length from BIS, enabling a faster and more effective response to policy, while reinforcing the autonomy of the FE sector.

6.3 A Healthy Halton

Post 16 development will enhance the existing curriculum offer through the personalised learning agenda and contribute to healthy outcomes for young people.

6.4 A Safer Halton

Commissioning of post 16 provision will be underpinned by the principles for safeguarding young people.

6.5 Halton's Urban Renewal

7.0 RISK ANALYSIS

Risk Register attached at annex 7

8.0 EQUALITY AND DIVERSITY ISSUES

Equality impact assessment will be undertaken to ensure that planned commissioning has positive outcomes for vulnerable groups and narrows the gap

9.0 REASON(S) FOR DECISION

Council assumes responsibility for commissioning of post 16 provision from 1st April 2010. Through commissioning the Council will be able to ensure that a broad range of High quality 14-19 pathways is available for all young people. The strategic Director for Childrens Services will be the key commissioner of provision therefore cannot sit on Riverside College Board

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

Statutory Responsibility therefore no other options available.

11.0 IMPLEMENTATION DATE

1st April 2010

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

Document	Place of Inspection	Contact Officer
Apprenticeship, Skills, Children and Learning Act 2009	Grosvenor House	Simon Clough
REACT High Level Guide to Commissioning post 16 provision	Grosvenor House	Simon Clough
Draft National Commissioning Framework	Grosvenor House	Simon Clough
Skills for Growth: the national skills strategy	Kingsway Learning Centre	Siobhan Saunders
The Skills Investment Strategy 2010-11	Kingsway Learning Centre	Siobhan Saunders

Annex 1

Diagram 1
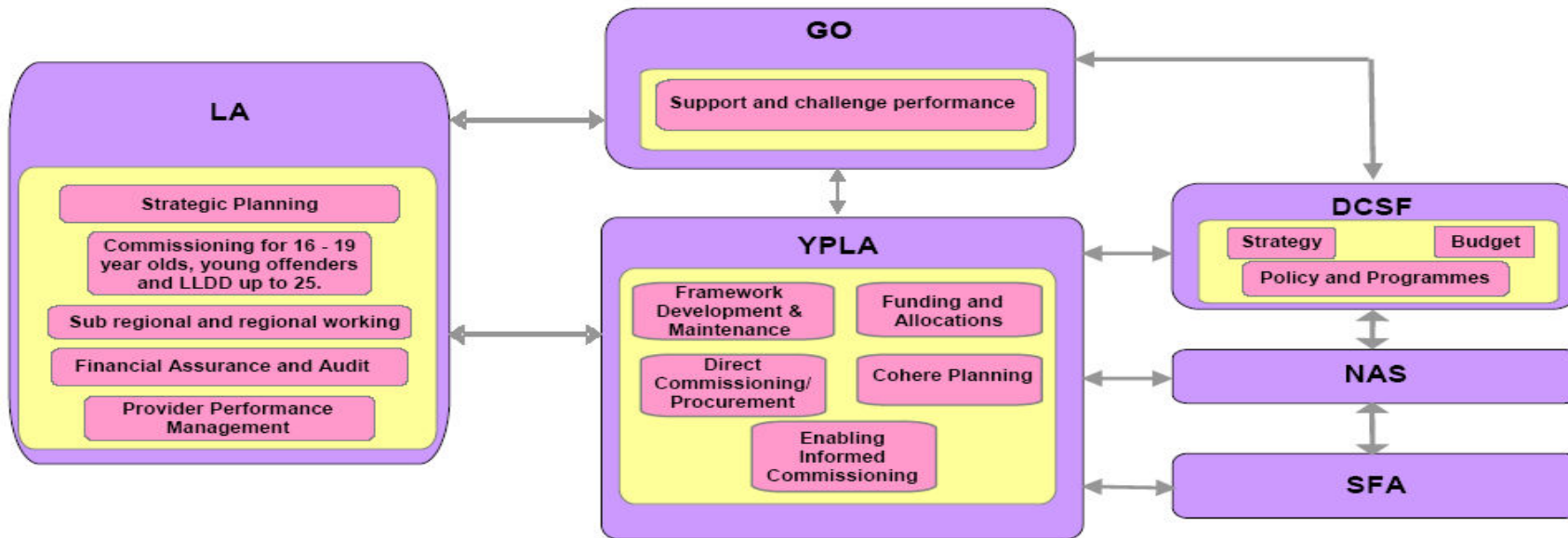
Key

LA   Local Authority
GO   Government Office
YPLA   Young Peoples Learning Agency
DCSF   Department for Children Schools and Families
NAS   National Apprenticeship Service
SFA   Skills Funding Agency

New pathways

The qualifications currently available are being brought together into a series of distinct pathways:

GCSE

Foundation or Higher Diploma

Foundation Learning Tier

CONSIDER OPTIONS 14

CONSIDER OPTIONS 16

Foundation, Higher or Advanced Diploma

GCSE / A-Level

Foundation Learning Tier

Apprenticeship

Employment with training

CONSIDER OPTIONS 18

CONSIDER OPTIONS 17

Further education

Higher education

Apprenticeship post 18

Employment

Employment with training

ANNEX 3 -The new architecture

Children's Trusts
The ASCL Act 2009 makes provision for the formal constitution of Children's Trust Boards, and adds to the lists of partners: maintained schools; CTCs; academies, and further education colleges. GFE colleges and sixth form colleges are also given a duty to promote the well-being of their local area.

14-19 Partnerships
Local 14-19 Partnerships work within the framework of Children's Trusts and are the strategic bodies that:

- agree the local long-term vision for delivering the 14-19 entitlement;
- develop and evaluate area-wide strategies for the full range of 14-19 priorities based on a robust understanding of the needs of learners and the quality of provision and services; and
- have oversight of local consortia's delivery of the local curriculum offer, including Diplomas, to ensure this fits with the longer term strategy.

It is critical that all 14-19 Partnership members are fully involved in the planning of provision and support for 14-19 learners in the local area. Participating in the 14-19 planning process will enable members of the 14-19 Partnership to shape the strategic priorities of the local authority both in the wider context of its 'Every Child Matters' role and as strategic leader of 14-19 reform.

HBC will be responsible for ensuring provision is commissioned, designed, secured, monitored, supported and challenged – around the
needs of learners. The development of the Halton Collegiate will play an important role in supporting the council to meet its responsibilities.

Local Strategic Partnerships (LSP)
LSPs are responsible for developing and driving the implementation of Community Strategies and Local Area Agreements, and, where appropriate, Multiple Area Agreements. LSPs will become more and more important as they drive Local Area Agreements (LAAs) and set out the local Sustainable Community Strategy. LSPs will need to be engaged by 14-19 Partnerships and Children's Trusts in development of strategic planning to meet the needs of young people aged 14-19, and in the development of strategic commissioning plans for 16-19 education and training. The particular focus for this engagement should be the development of community well-being and, within that, the economic development of the area.

Sub-Regional Groupings of Local Authorities
43 Sub-Regional Groupings (SRGs) have been set up across England to enable cooperation between local authorities, varying in scale from single local authorities to the 32 London boroughs. The SRGs have been set up to enable

planning and commissioning to take account of the wider travel-to-learn patterns that young people follow after the age of 16. However, all SRGs will experience some flow of learners in and out of the sub-region, and the borders of SRGs must not be allowed to artificially constrain learner choice.

The roles and functions of SRGs include:
- providing a forum for local authorities to work and plan together to build a picture of demand, which will include analysing data to understand travel-to learn patterns and cross-border learner flows, how well the current curriculum is delivering for young people and what the future curriculum entitlement will mean for learner demand;
- agreeing who will lead the commissioning dialogue with each provider in the sub-region on behalf of the whole group, ensuring that providers have a single
  commissioning conversation;
- reviewing individual local authority 16-19 commissioning plans to ensure they cohere, taking into consideration learner numbers, available budgets and other factors such as LLDD and specialist provision and to ensure this information is ready for review by the Regional Planning Group;
- considering how to deploy commissioning resources in the most cost-effective and efficient manner.

HBC will need to consider how the work of the SRG can be best informed by the work of the 14-19 Partnerships and the development of local strategic plans for 14-19 education.

Halton is part of the Merseyside SRG which has been formed to complement other collaborative arrangements, including delivery arrangements for the local area agreement. Halton will also maintain a strong dialogue with Warrington as this is a key travel to learn area for many learners.

Regional Planning Groups
From April 2010, the nine Regional Planning Groups (RPGs) will provide regional oversight of the commissioning of 16-19 learning provision, support and challenge to local authorities, and their SRGs, to help them make collaborative commissioning decisions that meet regional learning, economic development and skills priorities and are coherent across travel-to-learn patterns. The RPGs will also give assurance to the YPLA that local plans have been regionally endorsed and meet the YPLA's requirements, as set out in the National Commissioning Framework (NCF) and associated guidance.

RPGs will have a formal role in the planning process for regional activity funded by the European Social Fund and in the management of provider complaints.

Employment and Skills Boards
Employment and Skills Boards have been formed in many areas, sometimes as part of LSPs or similar arrangements, operating on a regional or sub-regional basis. Where Employment and Skills Boards operate, it is important that provision for 14-19 year olds as well as adults is a key aspect of their work.

The Young People's Learning Agency
The Apprenticeships, Skills, Children and Learning Act 2009 establishes the the YPLA as a Non-Departmental Public Body (NDPB) with funding responsibilities for education and training provision for all those aged 16-19, and for 19-25 year olds assessed for a learning difficulty and/or disability. The funding for this role will transfer from the Learning and Skills Council from April 2010. The YPLA will also assume responsibility for the funding, support and challenge of all open academies from April 2010, with these functions transferring from the Department for Children, Schools and Families.

The YPLA will principally be an enabling body, designed to support local authorities in fulfilling their new duties, individually, and in SRGs and RPGs.

The YPLA's core functions will be:
- to support and enable local authorities to plan, allocate and fund a coherent offer to all young people whilst ensuring budgetary control; and
- to provide nationally-consistent funding and commissioning frameworks.
  The YPLA will also have reserve intervention powers where local authorities fail to discharge their statutory duties.

The Skills Funding Agency
The Skills Funding Agency (SFA) will be, from April 2010, the single funding provider for adult skills in England outside of higher education. The SFA is located within the Department of Business, Innovation and Skills (BIS).
The SFA's main function will be to direct funding quickly and efficiently to further education colleges and other skills providers, encouraging them to offer innovative solutions in response to individual and employer demand.

The Skills Funding Agency will have a number of public-focused gateways:

- The **National Apprenticeship Service** (NAS) will have end-to-end responsibility for the Apprenticeship programme covering both employer and learner services (see separate section below on the NAS).
- The **Employer Skills Service** will have responsibility for delivering skills services to all types of businesses in all sectors via the National Employer Service and Train to Gain.
- The **Adult Advancement and Careers Service** (AACS) will provide the support to enable more effective choices on skills, careers, work and life.

The National Apprenticeship Service

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The National Apprenticeship Service will be housed in the SFA.

The National Apprenticeship Service (NAS) has end-to-end responsibility for apprenticeships. It is responsible for achieving the Government's expectation that every suitably qualified young person has access to an apprenticeship place in one of two chosen sectors, and for the associated target that 1 in 5 young people will be undertaking an apprenticeship by 2020.

Local authorities will need to work closely with the NAS, usually at SRG level, to identify and agree the demand from young people, using data from the apprenticeship vacancies system and the Common Application Process, as well as any other local intelligence available.

The NAS will manage the overall apprenticeship budget, and will work through the SFA to manage payments to providers, ensuring they have access to funding to meet emerging demand from young people in local areas. Training providers will then be responsible for supporting delivery of the programme, and their performance will be managed by the NAS through the SFA.

Regional Development Agencies
RDAs are the bodies responsible for producing regional economic strategies and from April 2010 they will work with regional local authority Leaders' Boards to draw up and agree integrated regional strategies which will include long-term skills strategies.

Government Offices
GOs have a performance management role for local authorities, and to carry this out have specialist staff, for example in children's services. Two members of staff will transfer to each GO from the LSC, to provide GOs with the capacity tocarry out their functions under the new arrangements.

GOs already have a key role ensuring that the priorities of the 14-19 reform programme are delivered. Responsibilities include:
- using the Children's Services Improvement Support protocol to agree priorities, share innovation and best practice and broker support for local authorities to improve outcomes;
- supporting and challenging local authorities in relation to the relevant national indicators and PSA targets, notably Level 2 and Level 3 by 19 (including narrowing the attainment gap) and 16-18 disengaged young people;
- ensuring that 14-19 priorities are reflected in local area agreement targets
- where appropriate;
- supporting and challenging local authorities to deliver 14-19 learning
- pathways, provide high quality impartial information, advice and guidance
- and deliver the 2013 entitlement;

- managing and validating processes introduced to support and measure
- progress with the reforms, including 14-19 Progress Checks, the Diploma
- Gateway and 16-19 transition planning;
- working with regional and sub-regional partners (in the context of RPGs,
- SRGs and 14-19 partnerships) to influence and inform the development of a
- 16-19 regional commissioning strategy and to oversee progress on 16-19
- transfer;
- working with national and regional partners, including the YPLA and RPGs, to develop strategic approaches to support the 14-19 reform programme and improve outcomes for young people.

Annex 4
Diagram3

16-19 Commissioning Schematic 2007 - 2017

Within the diagram:

Row labels (left): 2008/09, 2009/10, 2010/11, 2011/12, 2012/13, 2013/14, 2014/15, 2015/16, 2016/17

Column headers (timeline): 4/07, 9/07, 4/08, 9/08, 4/09, 9/09, 4/10, 9/10, 4/11, 9/11, 4/12, 9/12, 4/13, 9/13, 4/14, 9/14, 4/15, 9/15, 4/16, 9/16, 4/17

Text notes inside diagram:
2009/10: LAs complete existing delivery plans - legacy
2010/11: LAs shadow planning and allocation, then implement delivery plans - legacy
2011/12 and 2012/13: LAs implement NCF
2013/14 and 2014/15: LAs implement RPA 17
2015/16 and 2016/17: LAs implement RPA 18

Legend:
- Start (June)
- Allocations (March)
- Delivery (August to July)
- LSC
- LAs / YPLA (legacy)
- LAs / YPLA (legacy)
- LAs / YPLA (NCF)
- LAs / YPLA (RPA 17)
- LAs / YPLA (RPA 18)
- National Statement of Priorities (October): LSC, YPLA

Version 1.4 – 4 October 2009

react
Raising Expectations
Action Programme

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Annex 5
RISK REGISTER
Post 19 Commissioning
Post 16 - 1

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk when Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date
						Impact	Likelihood	Risk Score				
1	Future funding is insufficient to meet the requirement for a place in learning for every 16-18 year old.	3	3	9	• Implement an effective 14-19 commissioning strategy to influence planning and commissioning	2	3	6	S.Clough	Mar 11		Mar 10
2	**Significant changes to post 16 landscape through Presumption and Academies**	3	4	12	• Develop the function of the 14-19 partnership to plan provision to meet individual need effectively	2	4	8				
3	Improved standards of post 16 provision reverses trend resulting in significant increased demand for local provision	4	4	16	• Develop the provider base to be efficient and effective in service delivery • Map provision to influence offer and broker sub regional and regional agreements for sufficient local funding to meet demand	2	4	8				

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Post 16 - 2

Risk No	Risk Identified	Impact	Likelihood	Risk Score	Risk Control Measures	Assessment of Residual Risk when Control Measures Implemented			Responsible Person	Timescale for Review	Progress Comments	Date
1	Special purposes grant to Fund LSC staff transfer guaranteed for three years, unclear if funding will continue beyond 2013.	4	2	8	Implement progression planning to prepare for any demise in future grant funding post 2013	2	2	4	J. Kirk	Mar 11		Mar 11

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director, Children & Young People
SUBJECT:	Play Builder Project
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To recognise the significant contribution that the Playbuilder Project has made in respect of National Indicator N199.

2.0 RECOMMENDATION: That the Executive Board:

(1) **note progress, especially in respect of National Indicator N199; and**

(2) **agree proposals for 9 year 3 projects.**

3.0 SUPPORTING INFORMATION

3.1 Members received a report on the 21st May 2008 informing them of the success of the Authority in achieving Playbuilder status and confirmation of the funding awarded. This is the supplementary report referred to in the Capital Report., which went to Executive Board on 28.01.10.

3.2 Guidance received indicated that Halton must deliver 6 new/transformed playgrounds in 2008/09; and a further 8 in 2009/10 and 8 in 2010/11 making a total of 22 over the 3 years.

Capital	2008/09	299,092
	2009/10	388,469
	2010/11	437,885
	Total	1,125,446

3.3 Members received a report on the 25th September 2008 of which the Playbuilder project development process was approved and the 6 Yr 1 sites were agreed.

3.4 Members received a report on the 18th June 2009 at which the sites for year 2 were approved.

3.5 <u>Report on Year 1 Sites</u>

Five sites were completed in year 1, (the Spike Island site being deferred to year 2).

Sites completed were; Runcorn Town Hall, Gorsewood, Hale Park, Crow Wood Park, Halton Brook. Total investment in these new facilities was £793,492 (Playbuilder £299,092) (see Appendix 1).

All five sites have proven extremely popular with local children and families and considerable positive feedback has been received; this has been reflected in the results of the Tell Us 4 2009 Survey where N199 Parks & Play Areas has seen a positive increase of 9.7% in the levels of satisfaction with parks and play areas in Halton.

No	Local Authority	NI 199 - Parks and play areas		
		Tellus3 (new weighting)	Tellus4	Change (ppts)
876	Halton	42.4%	52.1%	9.7
NW	North West	44.2%	51.9%	7.7
Eng	England	46.4%	54.1%	7.7

Halton's Playbuilder programme has also received positive feedback regionally and nationally; it's partnership working with the Primary Care Trust being cited as an example of good practice in the National Play Strategy and; included in the DCSF/DCMS new publication 'Better Outcomes Through Play'. In March 2009 the Play Service Manager was invited to give a presentation at a National Play Conference on Halton's Partnership with 'Social Housing' providers in delivering the Playbuilder project.

3.6 <u>Report on Year 2 Sites</u>

Site	Area	Expected Completion Date
Hallwood Park (Roehampton	Runcorn	March 2010
Town Park (Runcorn)	Runcorn	March 2010
Milton Avenue	Widnes	March 2010
Victoria Park	Widnes	March 2010
Spike Island	Widnes	March 2010
Wellington Street	Runcorn	March 2010
Caesars Close	Runcorn	February 2010
Halton Lodge	Runcorn	April 2010

Total investment in facilities will be C£1,029.740 (£388,472 Playbuilder) (see appendix 2). Projects 1 – 6 are 'in-house' and are being built and will be maintained by landscape services. Sites 7 and 8 are projects developed in partnership with 'Social Housing providers' who will be responsible for the ongoing maintenance and up keep of the new playgrounds.

Playbuilder investment in Playgrounds in Halton in 2008-2009 was £299,092. The total investment from all sources generated or pump primed by the Playbuilder input is however, nearer to £1 million (see appendix 1).

3.7 The allocation for 2009-2010 is £388,469. The proposal is to allocate this money equally across 8 new target areas, resulting in funding of approx £48,559 per area.

3.8 The Proposals for year 3 have been considered by the Playbuilder project sub-committee. Projects, highlighted below, are recommended taking into account the following considerations;

- A partnership approach to identify areas, partners include; Landscape Services; Culture & Leisure, Housing Associations; Aiming High for Disabled Children Project; Residents Groups and the Voluntary Sector
- Following consultation with Area Forum
- A whole borough approach to provision
- Identification of major gaps in existing provision
- Targeting resources in areas of need

3.9 Proposed Sites for 2010-2011

The Proposed site for 2010-2011 are;

Site	Ward	Rationale
Upton Green	Hough Green	Recommended by Exec Board (06/2009) as a possible year 3 project
The Glen	Halton Lea	Recommended by Exec Board (06/2009) as a possible year 3 project
Tedder Square	Ditton	Community proposal as a result of local consultation partnership with HHT
Crow Wood Park	Halton View	Successful year 1 project. Extremely well received. Significant community support to extend existing provision
Caldwell Road	Kingsway	Existing, well used provision which would benefit from, refurbishment/enhancement recommended by Landscape Services
Runcorn Hill	Heath	Existing, well used provision which would benefit from, refurbishment/enhancement recommended by Landscape Services
Lambsickle Lane	Heath (Weston Point)	Existing, well used provision which would benefit from, refurbishment/enhancement recommended by Landscape Services
Hough Green Park	Hough Green	Existing, well used provision which would benefit from, refurbishment/enhancement recommended by Landscape Services
The Knoll	Halton Lea	Proposed by Riverside/Four Estates. Partnership project

		with Riverside

3.9 cont

A further element of the rationale was to, as far as was possible, to ensure a reasonable geographic distribution of sites over the 3 years of the project. (See Appendix 5, Map of Years 1, 2 and 3 sites).

4.0 POLICY IMPLICATIONS

4.1   To embed play in local policy. The successful delivery of the Playbuilder project will make a significant contribution to this process, in particular to National Indicator N199 (Satisfaction with outdoor play facilities).

5.0 OTHER IMPLICATIONS

5.1 Financial Implications.

The Playbuilder funding is a capital grant only and the investment of £1.1 million in new playspaces will have a long-term revenue implication in ensuring the necessary and appropriate maintenance and management regime of this investment.

5.2 The revenue implications for the year 3 proposals have been considered. Of the 8 sites proposed, 5 are existing sites with management/maintenance budgets in place, 2 are partnership projects with Social Housing providers, 1 site Upton will be new site, the revenue cost of which will be covered initially by the 5 year revenue injection from the PCT.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

Meeting the five outcomes

Play is a fundamental part of a healthy and happy childhood and its enjoyment is recognised by government as equally important to other outcomes for children. Because it is so fundamental it also contributes to each of the five outcomes for children specified in Every Child Matters.

Enjoying and achieving

The essence of play is enjoyment. When playing, children define their own goals and interests, decide what is success or failure and pursue those goals in their own way. Children's enjoyment through play is linked to the control and choice they are able to exercise. Giving children the chance for free, uninhibited play allows them a psychologically safe space in which to try out new roles and experiences and enhances their enjoyment of life.

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

The continuous quality improvement of play workers and opportunities for development of skills across play and youth qualifications will be explored fully through Halton's Workforce Development Plan.

6.3 A Healthy Halton

Play is crucial to health and development throughout childhood, contributing to social, physical, intellectual, cultural, emotional and psychological development. The physical activity involved in energetic play provides children and young people with a significant amount of their regular exercise and is a key element in tackling obesity.

6.4 A Safer Halton

One of the main reasons children give for not playing outdoors more is that they and their parents are afraid for their safety. Fear of strangers, traffic and bullying by other children combine to keep children in their own homes. Good play provision protects children through reducing unacceptable levels of danger, while allowing them the opportunity to challenge themselves and use their initiative. At the same time, play enables children to take risks, to think through decisions and gain increased self-confidence and greater resilience.

6.5 Halton's Urban Renewal

Halton Play Builder proposals will be consistent with Halton's Policies for Urban Renewal and are designed to enhance current play provision.

6.6 National Indicator Set

In addition to it's direct contribution to N199, Play can, and does, contribute to a range of other indicators (see Appendix 4, Abstract from 'How Children's Play Contributes to the National Indicator Set).

7.0 RISK ANALYSIS

7.1 The Play Builder programme is a three-year capital build programme with single year capital allocations/spend targets. Individual project 'risk analysis' will be carried out by project deliverer for each individual project.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A major criteria of the Play Builder programme is the requirement to 'ensure' that access and Inclusivity are a key consideration at the design stage.

The Playbuilder project is working in partnership with the Authorities Aiming High for Disabled Children project to ensure are fully accessible. Some sites (Phoenix Park, Victoria Park, Runcorn Town Hall) will have capital input from Aiming High for Disabled Children to enhance existing accessible toilet facilities (i.e. hoists).

9.0 REASON (S) FOR DECISION

9.1 To agree (8) projects to be progressed in Playbuilder Project year 3.

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

N/A

11.0 IMPLEMENTATION DATE

3-year capital programme with annual capital allowance. Implementation of year 3 projects to be completed by 31.3.11.

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

Document	Place of Inspection	Contact Officer
Play Pathfinder/Builder Application	Children & Young People Directorate	S. M. Duncan Play Services Manager
Fair Play, DCFS/DCMS	Children & Young People Directorate	S. M. Duncan Play Services Manager
Halton Play Plan 2007-2011	Children & Young People Directorate	S. M. Duncan Play Services Manager

Table Showing Value of Investment in Halton Playgrounds

Playbuilder Year 1 2008/09

Site	BLF	BFL Integrated Play	Playbuilder	HBC	WREN	Other		Total
Halton Brook			50,000.00			200,000.00	*1	250,000.00
Gorsewood			40,000.00			35,000.00	*2	75,000.00
Town Hall Park	73,400.00	33,000.00	60,000.00	33,000.00				199,400.00
Hale Park			65,000.00	15,000.00	50,000.00	30,000.00	*3	160,000.00
Crow Wood			84,092.00	25,000.00				109,092.00
Totals	73,400.00	33,000.00	299,092.00	73,000.00	50,000.00	265,000.00		793,492.00

Revenue				Total
Halton Brook	Site to be maintained for minimum of 10 yrs by Riverside Housing Trust			TBC
Gorsewood	Site to be maintained for minimum of 10 yrs by Liverpool Housing Trust			TBC
Halton /St.Helens PCT	£80K per annum for 5 yrs to support maintenance of new playgrounds			£400,000
Total				£400000 + TBC

*1 Capital Investment from Riverside Housing
*2 Capital Investment from Liverpool Housing Trust
*3 Heritage Lottery Fund

Investment in Year 1 Sites (2008-2009) During Year 2 (2009-2010)

Site	AHDC *1	Highways *2	Total
Runcorn Town Hall	3,000.00	30,000.00	33,000.00
Phoenix Park	3,000.00		3,000.00
Total	6,000.00	30,000.00	36,000.00

*1 2 x Specially designed picnic benches at each site
*2 Tucan crossing from Grange Estate to Runcorn Town Hall Park

Table Showing Value of Investment in Halton Playgrounds

Playbuilder Year 2 2009-2010

Site	Playbuilder	Big Lottery Fund	HBC Improvement Budget	WREN	Other		Total
Hallwood Park (Roehampton)	£ 48,559.00		£ 25,000.00	£ 45,000.00			£ 118,559.00
Runcorn Town Park	£ 67,118.00		£ 30,000.00	£ 50,000.00	£ 11,600.00	*2	£ 158,718.00
Runcorn Town Park					£ 50,327.00	*1	£ 50,327.00
Caesars Close	£ 48,559.00		£ -	£ -	£ -		£ 48,559.00
Halton Lodge	£ 48,559.00		£ -	£ -	£ 81,441.00	*3	£ 130,000.00
Milton Avenue	£ 48,559.00		£ 5,000.00	£ 25,000.00	£ 14,400.00	*2	£ 92,959.00
Victoria Park	£ 25,000.00		£ 5,000.00	£ -	£ 3,000.00	*3	£ 33,000.00
Wellington Street	£ 30,000.00		£ -	£ -	£ -		£ 30,000.00
Spike Island	£ 72,118.00	£ 140,500.00	£ 55,000.00	£ -	£ 100,000.00	*1	£ 367,618.00
Totals	£ 388,472.00	£ 140,500.00	£ 120,000.00	£ 120,000.00	£ 260,768.00		£ 1,029,740.00

Revenue	
Caesars Close - Site to be maintained for minimum of ten years by Cosmopolitan Housing	
Halton Lodge - Site to be maintained for minimum of ten years by Dane	

*1 106 Funds

*2 Aiming High for Disabled Children Capital

*3 Cosmopolitant Capital/Area Forum/Youth Bank

Table Showing Value of Investment in Halton Playgrounds

Playbuilder Year 3 2010-2011

Site	Playbuilder	Match Already Secured	Total
The Glen, Palacefields	£ 48,250.00		£ 48,250.00
The Knoll	£ 48,250.00		£ 48,250.00
Teddar Square, Ditton	£ 48,250.00		£ 48,250.00
Upton	£ 100,000.00	£ 55,000.00	£ 155,000.00
Runcorn Hill	£ 48,250.00		£ 48,250.00
Cauldwell Road	£ 48,250.00		£ 48,250.00
Hough Green Park	£ 48,250.00		£ 48,250.00
Crow Wood Park	£ 30,135.00		£ 30,135.00
Lambsickle Lane	£ 18,250.00		£ 18,250.00
Totals	£ 437,885.00	£ 55,000.00	£ 492,885.00

Play spaces are a high priority for families - the introduction of play spaces can engender community ownership and engagement, bring families together and can help to reduce youth crime and anti-social

Well used and maintained children's play areas add to general use of and pride in community space.

Reducing levels of car usage in the built environment, through 20 mph zones, home zones and other design, planning and engineering measures can calm traffic and reduce accidents to children

Involving children in the planning and design of routes and other measures can facilitate access to play and increase children's independence while also reducing accidents.

Playing out increases physical activity and can promote mental well being and resilience.

Good play provision offers opportunities for children to have fun and enjoy life, to develop and maintain friendships and increases their self-confidence.

Facilities for play and informal recreation are well designed through engaging with children and young people can enhance their sense of ownership and respect for their neighbourhood environment.

Well-designed play spaces and supervised free play can reduce bullying and help children's self-confidence.

Well designed play areas and staffed play provision like adventure play grounds can enable children to develop the physical skills and confidence to manage risks at play; helping to reduce accidents in parks and green spaces, schools and children's centres.

Play Space

Safer routes to and from play spaces, street play schemes and greater supervision of public space should reduce accidents involving children.

Good play opportunities promote informal learning, creativity and initiative, and can improve children's ability to concentrate.

Natural play areas add to green space and engender environmental awareness in children.

Good play provision and child-friendly public space can promote a sense of belonging, increasing mutual understanding and respect and changing perceptions of behaviour and responsibility.

Good play space can increase residents' satisfaction with their homes and with local authority services

Play services and play spaces can, and should be, fully inclusive and accessible and all neighbourhoods should have access to playable areas.

Where children - and their families - feel safe playing out they are more likely to walk or cycle to school.

Children's enjoyment of their childhoods, including play and recreation - things to do and places to go - is a key to the Every Child Matters Outcomes.

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Good play provision is at the heart of the safe, cohesive and prosperous communities where children can thrive and develop. Free, accessible play space helps children from poorer families to compensate for lack of other opportunities.

Playbuilder Projects Yr 1 – Yr 3 Sites Map

APPENDIX 5

KEY

■ Year 1 Sites
■ Year 2 Sites
■ Year 3 Sites
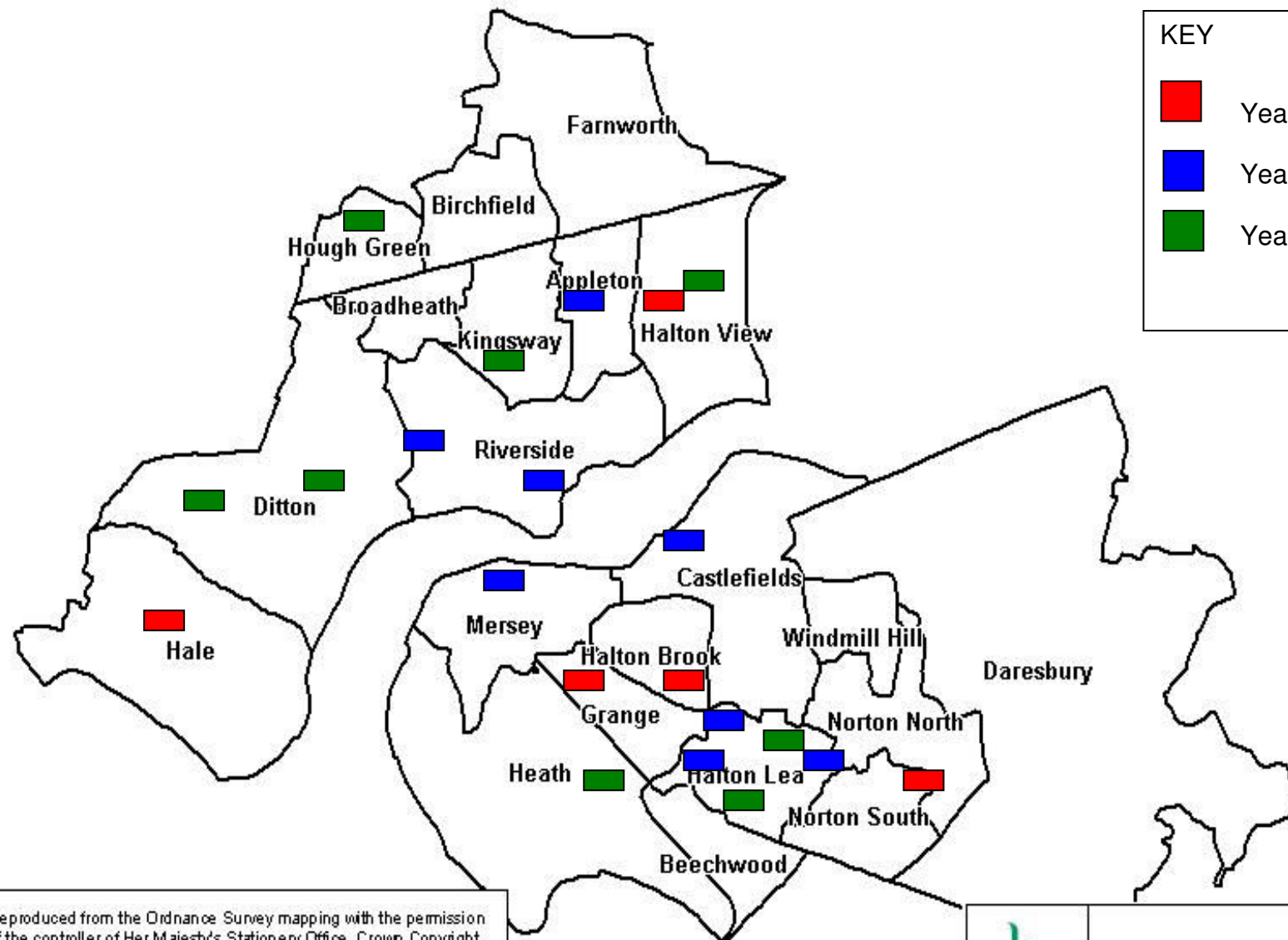
Farnworth

Birchfield

Hough Green

Broadheath

Appleton

Kingsway

Halton View

Riverside

Ditton

Castlefields

Mersey

Windmill Hill

Daresbury

Hale

Halton Brook

Grange

Norton North

Heath

Halton Lea

Beechwood

Norton South

HALTON
BOROUGH COUNCIL

Produced by Research & Intelligence team, Halton Borough Council, 2007

Agenda Item 5a

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director – Adult & Community
SUBJECT:	Prevention and Early Intervention Strategy
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present to Members of the Executive Board, a Prevention and Early Intervention Strategy.

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

3.0 SUPPORTING INFORMATION

3.1 The Prevention and Early Intervention Strategy attached at Appendix 1 is important as it aims to address some of the challenges that Health and Social Care face in the future. For example, the increase in the older population is likely to have an impact on the number of people with a long-term condition or with increased health needs. The current resources available through Health and Social Care will not be sufficient to address this challenge.

3.2 A number of National documents have been identified (see section 4 in Appendix 1) to support the shift towards prevention services and the local prevention and early intervention strategy aims to identify the direction of travel in Halton.

3.3 In addition to the rapid increase in the older population we are currently facing some of the most difficult economic challenges for some years. This will further increase the need to take a radical new approach to the services we provide.

3.4 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 and a multi-agency steering group were carried out to ensure that a wide range of views were covered. The main themes of the Prevention and Early Intervention Strategy reflect the consultation that was completed.

3.5 The Prevention and Early Intervention Strategy complements a range of other policy documents both Nationally and locally to help shape services. Therefore, the main elements of this Strategy are reflected in these documents. A list of these strategies are contained in the background papers.

4.0 POLICY IMPLICATIONS

4.1 The **Government White Paper: Our Health, Our Care, Our Say (January 2006)** outlines the overall shift from complex care to prevention and this is further evidenced in Putting **People First – Transforming Adult Social Care (2007)** and **High quality care for all (Darzi report 2008)**. These documents demonstrate the importance of prevention and how an agreed model of early intervention could work across a number of service areas.

4.2 On 17th January 2008, the **Department of Health issued a Local Authority Circular entitled 'Transforming Social Care'.** The circular sets out information to support transformation of social care and at the heart of this change is the personalisation agenda. As we develop community provision within prevention services we will need to consider the implications of personalisation for the whole community.

4.3 Locally, to support these National documents, the **Older People's Commissioning Strategy and the Advancing Well Strategy** identify the need to support Older People to maintain their independence and a high quality of life. The Learning Disability Commissioning Strategy Mid term review, The Carers Commissioning Strategy and the Joint Commissioning Strategy for People with Physical and/or Sensory Disabilities all outline the current position and needs of different service areas in the borough. These documents look at the need for a range of support services to help people achieve the best outcomes for them including information, transport, advocacy and health promotion.

4.4 The Council has already considered a range of strategies to address some of the areas of Prevention and Early Intervention, including Reablement services and Local Dementia Strategy. These have previously been submitted to the Board for their endorsement.

5.0 FINANCIAL IMPLICATIONS

5.1 This is a Joint Prevention and Early Intervention Strategy with NHS Halton & St Helens. Finance information in relation to current service provision is provided at Appendix 2. There are no financial implications of this strategy in the short-term, as the strategy outlines a long-term shift in funding priorities over the next five years. Should additional finances be required then a further report

will be submitted to the Board for its consideration.

6.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1   **Children & Young People in Halton**

The intergenerational strand of the Strategy will promote greater understanding and respect between generations, and contribute to building more cohesive communities.

6.2   **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, volunteering, training and employment opportunities.

6.3   **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.

6.4   **A Safer Halton**

Prevention and Early Intervention is focussed on community support and social inclusion, this includes the need to develop safer neighbourhoods. One example of this is the use of Telecare services, which supports people to feel safer and more supported in their own home.

6.5   **Halton's Urban Renewal**

None identified.

7.0   RISK ANALYSIS

7.1   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 the importance of a continuing shift toward improved lifestyle and an increase in preventative service provision.

8.0   EQUALITY AND DIVERSITY ISSUES

8.1   The Prevention and Early Intervention 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 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.

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

Document	Place of Inspection	Contact Officer
Older people's commissioning strategy 2009-2014	Runcorn Town Hall	Operational Director Older People Services
Learning Disability Commissioning Strategy Mid Term Review 2007	Runcorn Town Hall	Operational Director Adults of Working Age
Joint Commissioning Strategy for People with Physical and/or sensory Disabilities.	Runcorn Town Hall	Operational Director Adults of Working Age
Carers Commissioning Strategy	Runcorn Town Hall	Operational Director Adults of Working Age

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Halton Prevention and Early Intervention Strategy

2010-15

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Executive Summary

Halton Borough Council and NHS Halton and St Helens have drawn up this Joint Prevention and Early Intervention Strategy to establish a clear framework and rationale to support an increased shift to improving preventive and early intervention services in the borough. The document is a local response to the National picture and is informed by a number of National documents 'Making a strategic shift to prevention and early intervention – a guide' Department of Health (2008), 'Our health, our care, our say' (2006), 'Putting People First' (2007), 'Transforming Social Care (2008) and 'High quality care for all' ('the Darzi report', 2008).

The strategy defines the three distinct areas of prevention as:

- Primary Prevention / Promoting Wellbeing

This is aimed at people who have no particular social or health care needs. The focus is on maintaining independence, good health and promoting wellbeing. Interventions include combating ageism, providing universal access to good quality information, supporting safer neighbourhoods, promoting health and active lifestyles, delivering practical services etc.

- Secondary Prevention / Early Intervention

This is aimed at identifying people at risk and to halt or slow down any deterioration, and actively seek to improve their situation. Interventions include screening and case finding to identify individuals at risk of specific health conditions or events (such as strokes, or falls) or those that they have existing low level social care needs.

- Tertiary Prevention

This is aimed at minimising disability or deterioration from established health conditions or complex social care needs. The focus is on maximising people's functioning and independence through interventions such as rehabilitation / enablement services and joint case-management of people with complex needs.

By clearly defining prevention in this way we can begin to consider how addressing people's low-level needs and wants we can begin to shift service provision from high

cost complex care to more cost effective low-level support. The strategy is structured around a spectrum of interventions that is illustrated in figure 1 later in the document. The **'Triangle Framework'** outlines ten example interventions that can support people regardless of their health and social care needs.

Figure 1 'Triangle Framework' showing the relationship between different levels of population need and a relevant range of intervention
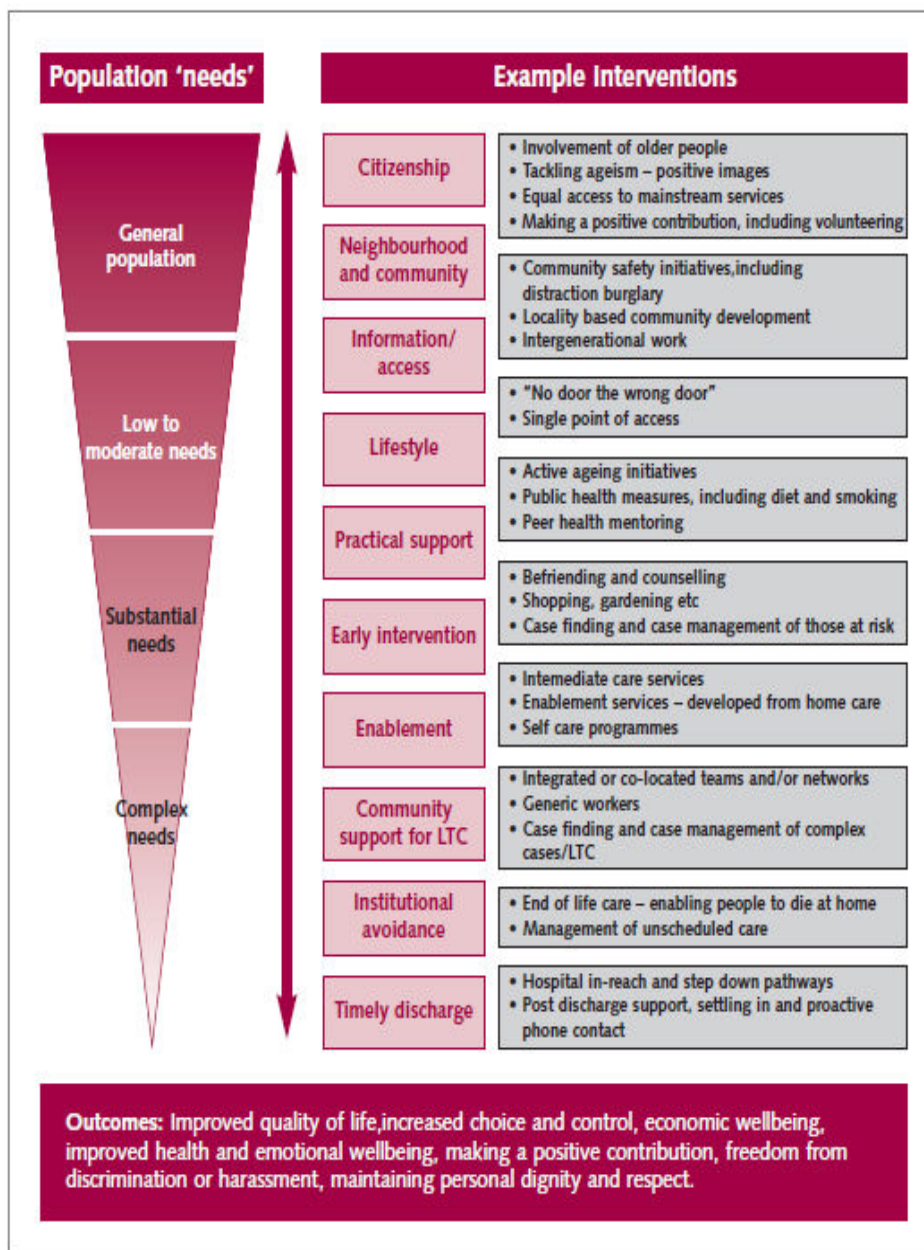
The prevention and early intervention strategy maps the current activity in Halton against one of the ten headings. The first five headings Citizenship, Neighbourhood and Community, Information / access, Lifestyle, Practical Support fall under primary

prevention. Secondary prevention includes early intervention and enablement. Tertiary prevention includes Community support for long-term conditions, institutional avoidance and timely discharge.

There is emerging evidence from the evaluation of the Partnerships for Older People Projects (POPP) that by funding more services at the top of the triangle then the greater the impact on acute services. For example the Department of Health evaluation of POPP suggests that for every £1 spent on prevention services an average of £0.73 is saved on the per month cost of emergency hospital bed days (an overall benefit to the health and social care economy of £1.73). This is the first major piece of evaluation that adds a financial element to demonstrate and further enhance the benefits enjoyed by most service users.

It is important to consider that the majority of National Evidence that is available on Prevention and Early Intervention are targeted towards the older population. This document starts the process of redressing this imbalance to support prevention and Early Intervention across all service areas.

When we consider the local context in Halton there is no shortage of low-level services, information provision on a generic or specialist level is widely available, carers support, Advocacy, practical tasks, health improvement the list is endless and the mapping that has been carried demonstrates the huge level of services that are being delivered. However, the clear gap is the co-ordination of these services. This strategy sets out to address this and consider the benefits of developing a system of improved partnerships (by further developing the Partnerships in Prevention work) and increased navigation through the system to improve an individual's service experience.

Halton Joint Commissioning Strategy for Prevention and Early Intervention

1. Introduction

This strategy has been drawn up to establish a clear commissioning framework to support the development of a coherent system for prevention and early intervention, informed by and consistent with current Department of Health guidance: '*Making a strategic shift to prevention and early intervention – a guide'* (2008). The objective is to make communities safer and more supportive, provide earlier and more appropriate support and care to enable citizens to remain independent for longer.

The strategy is also intended to be consistent with and promote the objectives of *'Our health, our care, our say'* (2006)*, Putting People First* (2007), *Transforming Social Care* (2008) and *'High quality care for all'* ('the Darzi report', 2008.)

It is a 5 year joint health and local authority strategy that is broadly based and which has been developed with a wide range of partners. The focus, in accordance with the Department of Health guidance, is on promoting the independence of all adults.

The strategy places particular emphasis on the development of 'low level' arrangements to support prevention. This reflects the fact that while there has been some significant development of earlier and lower level interventions there has been more investment and greater focus, in recent years on developing higher level, more focused and intensive interventions.

The strategy also understands and incorporates the issue of safeguarding of vulnerable adults. The document 'No Secrets' (March 2000), published by the Department of Health and Home Office under section 7 of the Local Authority Social Services Act 1970, issued guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

'No Secrets' suggests that local agencies should collaborate to achieve effective inter-agency working, through the formation of multi-agency management committees. In Halton, this forum is called the Safeguarding Adults Board. Prevention plays an important role in relation to safeguarding by supporting people to remain independent. Often the focus is on people who may be vulnerable or in vulnerable situations, these people can be at risk of harm or abuse because they are perceived as easy targets, owing to their age or disabilities; others live with few or no social contacts or in situations where they rely on others for daily support, or they lack the mental capacity to be aware of what may be happening to them. By supporting people to remain active, develop improved social networks and maintain

their own health this strategy aims to support the ethos of safeguarding in the borough.

The Strategy also adds value to the Dignity in Care campaign which was launched by the Department of Health in November 2006 and aims to end tolerance of care services that do not respect people's dignity by:

- Raising awareness and stimulating a national debate around Dignity in Care
- Inspiring and equipping local people to take action
- Rewarding and recognising those who make a difference.

As part of the Dignity in Care campaign, the Dignity Challenge was issued. Based on consultations with service users, carers and professionals, it lays out the national expectations of what constitutes a service that respects dignity.

Current provision for prevention and early intervention in Halton has been looked at through a mapping exercise, and considered alongside national guidance on the development of a balanced array of interventions. This has helped to identify gaps in provision, areas where services need further strengthening and priorities for the commissioning programme.

2. Background

There has been a significant and growing emphasis, in recent national strategy reports, on the need to change the way adult social care services are delivered in response to the demographic challenge of an ageing population, and on the need for a whole system response built around personalised services with increased emphasis on prevention, early intervention and enablement.

The change in the structure of the population presents a significant challenge to health and social care services. Life expectancy has increased considerably with a doubling of the number of older people since 1931. Between 2006 and 2036, the number of people over 85 in England will rise from 1.055 to 2.959 million, an increase of approximately 180%. Ill health and disability increase with age and this is reflected in the forecast that the number of people over 65 with a limiting long term illness in England will increase from 3.9 million in 2009 to 6.1 million in 2030 (DH, www.poppi.org.uk) which is likely to be accompanied by an increase in the demand for support across the continuum of need.

The 3 'Wanless reports' (DH, 2002, and 2004, Kings Fund, 2006) showed that the cost to the public purse is greater when services are focussed on intensive interventions to manage complex health and social care needs, and that it is cost effective to shift the focus to prevention and the promotion of good health, supporting people in the community and reducing reliance on residential and acute hospital care.

'Our health, our care, our say,' outlined the reform needed in both social and health care services to respond to the demographic challenge and rising expectations in the population. 'High quality care for all', the Darzi report, building on the direction set in the White Paper highlighted the need to improve prevention, deliver services as locally as possible, and deliver patient choice and personalisation. Putting People First and Transforming Social Care have provided clear direction for the required transformation of social care and have made it clear that the new adult care system requires a collaborative approach with a broad range of partners to redesign local systems around the needs of citizens.

In Putting People First the development of this collaborative approach to the transformation of adult social care was formally acknowledged through a 'concordat' 'between central and local government, the sector's professional leadership, providers and the regulator.' This collaborative approach reflected the recognition that while some of the transformational reforms could be made through local adult social care policies 'others required adult social care to take a leadership role within local authorities, across public services and in local communities.'

A central objective of the transformation is that 'ultimately every locality should have a single community based support system focussed on the health and wellbeing of the local population. Binding together local Government, primary care, community based health provision, public health, social care, and the wider issues of housing, employment, benefits advice and education training.' The local approach should therefore utilise all relevant community resources especially the voluntary sector so that prevention and enablement become the norm, supporting people to remain in their own homes for as long as possible, with the alleviation of loneliness and isolation as a major priority.

The system-wide nature of the transformation envisaged in Putting People First requires clear linkage with the local strategic planning arrangements provided by the Sustainable Community Strategy and Local Area Agreements, and to be informed by the picture of need established through the local Joint Strategic Needs Assessment.

The central themes of Putting People First were reinforced in Transforming Social Care which said that 'the direction is clear: to make personalisation, including a strategic shift toward early intervention and prevention the cornerstone of public services.'

More recently in *'Building a society for all ages'* (DWP, 2009) the government has set out for consultation a broadly based programme of action to achieve a 'shift in attitude and behaviour across society so that old age is no longer perceived as a time of dependency and exclusion.' The programme is intended to support changes for individuals, families, for the workplace and economy and for public services and communities. The proposals include:

- More support to assist people who want to keep working for longer, and to enable businesses to tap into the experience and commitment of older people

- Improved access to support for mid-life decisions on such matters as financial and health concerns through an interactive 'one-stop shop'

- Initiatives to help people as they get older take advantage of sporting, educational or social opportunities including 'all-in-one cards' to give access to a range of local activities

- A 'grandparents summit' to consider the changing structure of families, with more active grandparents having the opportunity to play a greater role in their families lives including caring for grandchildren, and to consider what extra help they may need

- A health prevention package focusing on preventative services for conditions that affect people in later life (such as footcare, falls prevention, continence care, depression and arthritis)

- Recognition for the key role that people fulfil in later life in providing the lifeblood of communities through volunteering, caring and playing an active role in community life, through support for intergenerational projects to breakdown barriers and challenge negative stereotypes

To assist localities to achieve the strategic shift outlined in Putting People First and Transforming Social Care, the Department of Health has provided practical guidance for local authorities and health communities on how to make the shift to early intervention and prevention in 'Making a strategic shift to prevention and early intervention – a guide' (DH 2008) (hereafter referred to as 'the Guide'), and more recently has published 'Prevention Package for Older People Resources' which provides examples of successful approaches in relation to such areas as falls and fractures, footcare, telecare/telehealth, hearing services, accidental injuries and intermediate care. Both documents provide evidence based examples of best practice with reference to the evaluation of demonstrator sites, the Partnerships for Older People Projects (POPPs) and the LinkAge Plus projects.

The focus of the Guide is on promoting the independence and wellbeing of citizens.

The following sections follow the framework that is set out in the guidance, which builds on the model of four interdependent themes at the heart of the vision for social care in Putting People first:

- Facilitating access to **universal services**[1]

- Building **social capital**[2] within local communities

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[1] Services such as Education, Transport, and Leisure and services that may be available to all older people in an area such as handyman schemes, gardening, shopping, and signposting services.

- Making a strategic shift to **prevention and early intervention**

- Ensuring people have greater **choice and control** over meeting their needs

These interdependencies can be considered as a pathway. Initially people access *mainstream or universal services,* then as their needs progress and they prepare for old age they are likely to require a wide range of support and *capacity developed within local communities.* A rapid deterioration or crisis may occur, leading them to benefit from *preventative work* – such as enabling or rehabilitative support which helps people to regain a level of their previous functioning. Any ongoing needs are then met in a personalised way through the provision of an individual budget which gives them maximum *choice and control* over how they arrange their support.

'Information for all' and other universal services

$$\Downarrow$$

Wellbeing initiatives, community capacity (e.g. volunteering) and 'that little bit of help'

$$\Downarrow$$

Case finding, re-ablement and intermediate care

$$\Downarrow$$

Ongoing support: Individual budget / Choice and control over how they are deployed / Personalised care plan for those with Long Term Conditions
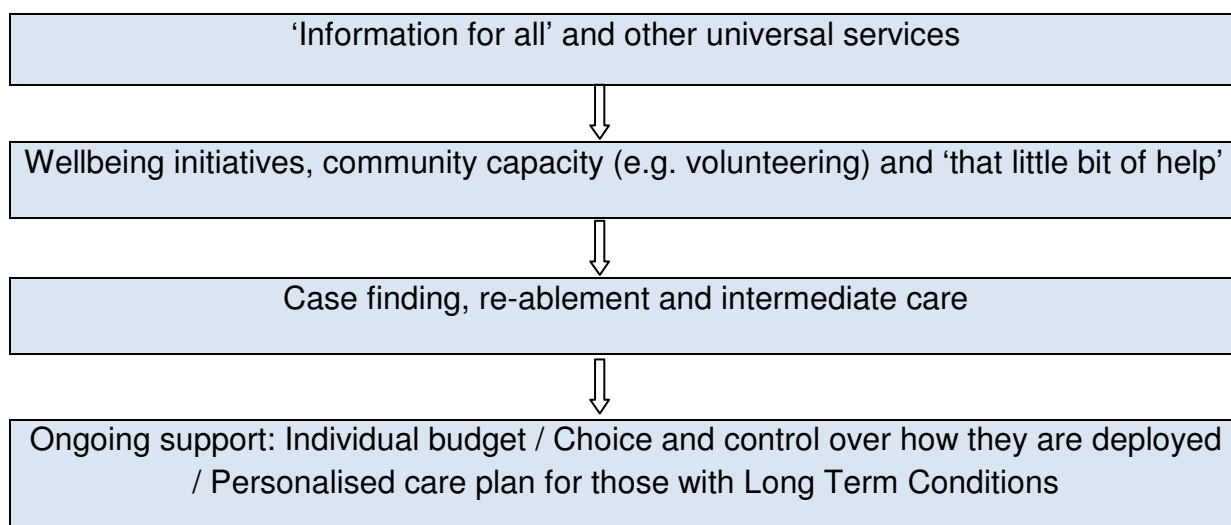
3. What is 'Prevention'

Health England the national reference group for health and wellbeing (established to oversee the evidence base for the strategic shift envisaged in 'Our health, our care, our say') has proposed that in this context 'prevention' is defined as:

'*a clinical, social, behavioural, educational, environmental, fiscal or legislative intervention or broad partnership programme designed to reduce the risk of mental and physical illness, disability or premature death and/or to promote long-term physical, social, emotional and psychological wellbeing*'.

The approach in the Guide, on the other hand, is to propose a framework which has a broad focus and which identifies three categories of prevention:

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[2] 'Key indicators of social capital include social relations, formal and informal social networks, group membership, trust, reciprocity and civic engagement.' Office of National Statistics (2001)

3.1 Primary Prevention / Promoting Wellbeing

This is aimed at people who have no particular social or health care needs

The focus is on maintaining independence, good health and promoting wellbeing. Interventions include combating ageism, providing universal access to good quality information, supporting safer neighbourhoods, promoting health and active lifestyles, delivering practical services etc

3.2 Secondary Prevention / Early Intervention

This is aimed at identifying people at risk and to halt or slow down any deterioration, and actively seek to improve their situation

Interventions include screening and case finding to identify individuals at risk of specific health conditions or events (such as strokes, or falls) or those that have existing low level social care needs

3.3 Tertiary Prevention

This is aimed at minimising disability or deterioration from established health conditions or complex social care needs

The focus is on maximising people's functioning and independence through interventions such as rehabilitation / enablement services and joint case-management of people with complex needs.

The key message is that interventions are required across the whole spectrum of need, to help older people who are healthy to continue to live independently for longer and to assist older people who are unwell to regain their independence or to prevent or delay the onset of further health problems.

4. A Broad Spectrum of Interventions is Required

The generally prevalent model of care in the recent past has been shown to have developed an increasing focus on providing intensive interventions for a relatively small number of people with the greatest needs (*All Our Tomorrows – Inverting the Triangle of Care'*, (ADSS, 2003) and *Cutting the cake fairly: CSCI review of eligibility criteria for social care* Commission for Social Care Inspection (2008.))The strategic shift required to deliver the transformation envisaged in Putting People First requires an approach that 'inverts the triangle' and addresses the whole population of citizens. This approach requires a broad spectrum of interventions ranging across:-

- **Citizenship Rights**: promoting active involvement, ensuring equality of access, tackling discrimination

- **Neighbourhood and Communities:** that have a clear identity and vibrancy, that are safe to live in, with cohesion across the generations

- **Information:** about ways to maintain independence or to access support to do so, with help available to 'navigate' around the system. Access routes and information systems joined up so that 'no door is the wrong door' and support to make sense of information.

- **Health Lifestyles Promotion:** working with Public Health promotion and including mental wellbeing and emotional health

- **Practical Support:** through a range of low cost services that may include emotional help as well as low cost practical support, that generally involve 'simple' eligibility criteria or fall outside social care eligibility criteria and are principally delivered by the voluntary and community sector

- **Early Intervention:** working proactively to identify people whose independence is at risk, using tools to predict risk and case finding

- **Enabling** or rehabilitative response: maximising peoples functioning, through for example 're-engineering home care' and intermediate care developments

- **Community Support for Long Term Conditions:** which is best delivered through health and social care working closely together

- **Institutional Avoidance:** through initiatives to prevent inappropriate admissions to care homes or hospital. Intensive care management and extra care housing are examples

- **Timely Discharge:** interventions which enable people to spend no longer than is necessary in hospital and to return safely to their own homes, for example hospital Inreach services

The following diagram illustrates the spectrum of interventions and the relationship to the areas of need to which the interventions relate, although it is important to note that even those with complex needs will want to make use of many of the 'lower level' interventions.

Figure 2 'Triangle Framework' showing the relationship between different levels of population need and a relevant range of intervention

Population 'needs'	Example Interventions	
General population	Citizenship	• Involvement of older people • Tackling ageism – positive images • Equal access to mainstream services • Making a positive contribution, including volunteering
	Neighbourhood and community	• Community safety initiatives, including distraction burglary • Locality based community development • Intergenerational work
Low to moderate needs	Information/ access	• "No door the wrong door" • Single point of access
	Lifestyle	• Active ageing initiatives • Public health measures, including diet and smoking • Peer health mentoring
	Practical support	• Befriending and counselling • Shopping, gardening etc • Case finding and case management of those at risk
Substantial needs	Early intervention	• Intemediate care services • Enablement services – developed from home care • Self care programmes
	Enablement	• Integrated or co-located teams and/or networks • Generic workers • Case finding and case management of complex cases/LTC
Complex needs	Community support for LTC	• End of life care – enabling people to die at home • Management of unscheduled care
	Institutional avoidance	• Hospital in-reach and step down pathways • Post discharge support, settling in and proactive phone contact
	Timely discharge	

Outcomes: Improved quality of life, increased choice and control, economic wellbeing, improved health and emotional wellbeing, making a positive contribution, freedom from discrimination or harassment, maintaining personal dignity and respect.

5. Key interventions for generating the strategic shift to prevention and early intervention:

Within this broad range of interventions the Guide identifies the following as the key interventions required to create the shift to prevention and early intervention:

- Age proofing mainstream services
- Range of wellbeing services
- Providing information to all

- Case finding

- Case co-ordination / service navigation

- Managed pathway for those not eligible for ongoing social care

- Building capacity in local neighbourhoods

- Re-ablement

- Joint health and social care community support for people with long term conditions / complex needs

- Support to care homes

- Crisis response / out of hours services

- Telecare

- Safeguarding

- Extra Care Housing

- Supporting People Programme

- Falls

- Dignity in Care

- Carers

6. Engaging with Partners in a Whole System Approach

Delivering the strategic shift to prevention and early intervention requires a 'whole system' approach that does not just involve health and social care, it needs to involve a broad range of other council departments or statutory organisations 'with a responsibility to act, and with money to invest' including supporting people, public health, community safety, leisure and cultural services, together with community and voluntary organisations and other stakeholders such as the Pensions Service, and the Fire and Rescue Service.

It is important to remember that the whole system approach in relation to Prevention and Early Intervention supports the 'No Secrets' policy, helping to maintain people's independence and reduce the level of need and vulnerability in the borough. In addition the strategy builds on existing low-level work and underpins some of the key elements of the Dignity in Care Campaign.

The contributions of resources from partners in the whole system is well illustrated in the following figure taken from *'Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing in an ageing society'* (CLG, 2008)

Figure 2: Resource Contributions from a Whole Systems Perspective
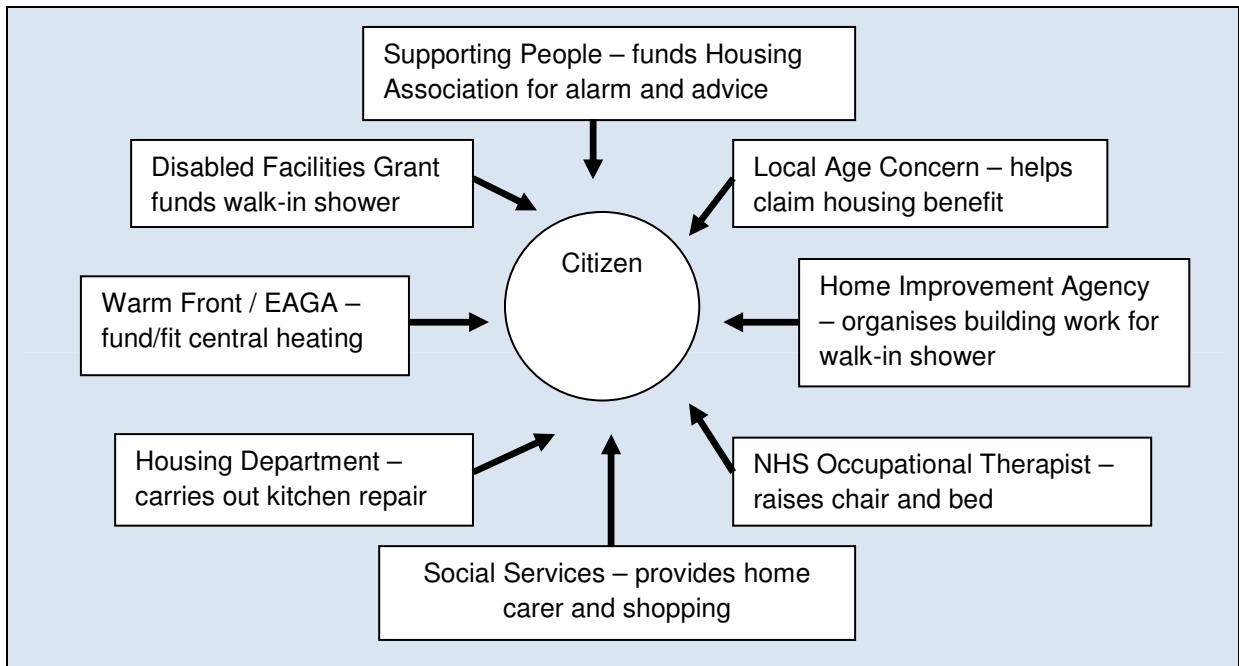
6.1 Promoting independence, active citizenship and participation

The model of the vulnerable adult as simply the passive recipient of support is inappropriate and unhelpful in this context. The prevention and early intervention model should be one in which there is 'a shift in the perception of vulnerability from one of dependency and decline into one of active citizenship, participation and independence. Underpinning this is a move towards earlier intervention to make communities safer and more supportive, provide earlier and more appropriate support and care to enable vulnerable adults to remain independent for longer, reduce social isolation and exclusion, maximise income and the ability to work, and encourage healthier more active living.' *LinkAge Plus National Evaluation: End of Project Report'* (DWP – 2009)

As Age Concern has observed in a recent report on prevention projects 'Services that promote interdependence and social involvement may be more effective than those that encourage self-sufficiency. Timely provision of practical support, which enables older people to maintain their homes and gardens in a safe, comfortable and attractive state, sustains a sense of competence and wellbeing. Services that provide opportunities for social engagement, or which facilitate access to social and community facilities, enable older people to lead more fulfilling and rewarding lives. Opportunities for older people to contribute can be more beneficial than the passive

receipt of help. Familiar services may need to be re-examined, with commissioners, service providers and older people jointly clarifying the purpose, intended outcomes and methods used.' *'Prevention in Practice, service models, methods and impact'* (Age Concern, 2009)

Similarly the LinkAge Project evaluation noted that 'A key feature of the pilots is the way in which they have engaged older people in activities that help them to develop and sustain social networks, are enjoyable and/or educational and/or involve physical exercise, and help improve the experience of growing older. These include initiatives designed to improve physical and mental health, education and lifelong learning, leisure, employment, welfare entitlements, social benefits and access to transport.'

7. Measuring the Impact of Prevention and Early Intervention – Evidence of Effectiveness

A wide range of effective interventions have been demonstrated through programmes such as the Partnership for Older People Projects (POPP) and LinkAge Plus which have been used to stimulate innovative approaches and to encourage innovative partnership working.

7.1 The POPP Programme

The POPP programme, funded by the Department of Health has supported 470 projects in 29 pilot sites aimed at creating a sustainable shift in resources and culture away from institutional and hospital-based crisis care for older people towards earlier, targeted interventions within their own homes and communities. The projects have been stratified into those focused toward Universal Services, Additional Support and Specialist Support. The interim national evaluation has shown that:

- For every £1 spent on POPP, an average of £0.73 is saved on the per month cost of emergency hospital bed-days (an overall benefit to the health and social care economy of £1.73)

- Analysis of those sites where data was currently available (October 2008 - 11 out of 29 sites) appeared to demonstrate the cost-effectiveness of POPP projects.

- Service users reported that their health-related quality of life improved in five key domains

The recent Department of Health guide on the 'Use of Resources in Adult Social Care' (October 2009) concludes that: 'Findings from the POPPs pilots are beginning

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to provide a stronger evidence base that demonstrates that particular approaches can save money for both the health and social care economy.'

Evidence from the evaluation of the POPP projects suggests the savings are most pronounced with interventions focused on:

- <u>Hospital Avoidance</u> interventions such as intermediate care, rapid response, hospital in-reach, case management of long term conditions etc

And that that they have also demonstrated a 'discernable' savings effect when focused on:

- <u>Improving peoples quality of life</u> such as befriending, peer support, practical assistance etc

Key learning from the POPP programme is that:

- A balanced portfolio of investment across the full range of interventions is needed

- Engagement with older people is an essential requirement for successful service redesign

7.2 The LinkAge Plus Programme

The LinkAge Plus programme was funded by the Department of Work and Pensions, and involved support for 2 years for over 100 initiatives in 8 pilot areas. The initiatives were characterised by joining up services and partnership working. The approach was preventative with a focus on providing a 'little bit of help' to enable older people to remain independent for longer. They adopted a 'whole person' approach, going beyond adult social care and health to promote wellbeing and independence including practical support to improve the take up of benefits and reduce social exclusion. They also had a focus on developing 'single access channels' avoiding duplication and making it easier for people to contact services with an emphasis on 'no wrong door'.

The national evaluation findings were that:

- The initiatives broke even in the first year after the investment period

- The net present value of savings up to the end of the five-year period following the investment was £1.80 per £1 invested.

- LinkAge Plus helped to facilitate services that are cost effective in their own right, including fire and crime prevention, and reduced falls associated with balance classes and home adaptations

- Combining the costs and benefits of these services in LinkAge Plus areas with the holistic approach to service delivery was shown to increase the net present value to £2.65 per £1 invested;

- In addition to taxpayer savings they calculated that there were benefits to older people that could be monetised at £1.40 per £1 invested.

In its conclusion the evaluation report says that 'Preventative services are likely to lead to improved quality of life and a reduction in the need for more costly interventions in the longer term. Partnership working has helped local services to be more 'joined up', particularly between the voluntary and community and statutory sectors, resulting in a reduction in duplication and overlap' and that the LinkAge projects have 'demonstrated a range of activities that help older people grow older in strong and supportive communities in a cost effective way.' 'LinkAge Plus is providing 'that little bit of help' (Joseph Rowntree Foundation, 2005) which enables older people to retain choice, control and dignity in their lives and is helping to deliver services that are contributing to the improvement of older people's quality of life and healthy life expectancy and active participation.'

A clear indication of the perceived value of the POPP and LinkAge Projects can be seen in the fact that only 4% of the projects across the POPP programme have indicated that they do not intend to sustain their service after the end of DH funding and that local funding has been secured to continue all of the LinkAge projects.

8. A Whole System Perspective on Investment and Impact

It is important for partners to understand how investments in one part of the system can produce benefits in another part. The recent Department of Health publication on making the best use of resources in adult social care points out that 'the POPP programme has shown that investment in social care interventions can produce capacity gains in the acute health sector (DH, 2009). This strengthens the case for working together and to make best use of the sectors' collective resources, with an agreement on which party invests its money in which areas.'

The DH Guide advises that social care and health commissioners should work together to 'consider how resources may be released from across the whole system and redirected to enable investment in early intervention and prevention for all levels of need'. It also encourages engagement with Practice Based Commissioning, for example, 'in relation to people with long term conditions, where there may be a possibility of initiating a 'virtuous cycle' of investment, - i.e. re-investing savings from reduced hospital admissions into more joint working on preventative approaches. In relation to which case finding and joint health and social care teams may be of particular relevance'

The LinkAge Projects have shown that investment across a very broad range of organisations can impact on the health and wellbeing of older people and the degree to which their communities are 'strong and supportive.'

9. The Local Context

9.1 Demographic Factors

From the 2005 Housing Needs Survey and 2001 Census statistics we can estimate that 1 in 5 people in the Borough (24,920) have a Limiting Long-term illness. Locally, research undertaken to support the implementation of the NSF for Long-term neurological conditions (LTNC) estimates that 2.5% of the population across the PCT footprint have a LTNC excluding those who have suffered a stroke – for Halton this is just under 3000 people.

Population levels for people in Halton are shown in the table below along with the projections for limiting long-term illness and the projected increase for older people in the borough over the next twenty years.

Table 1: Population and Long-Term Illness Projections

Total population 2008					
	2001	2003	2005	2007	2009
Halton	118,600	118,400	119,200	119,500	119,800
Total population aged 65 and with a limiting long-term illness					
	2009	2015	2020	2025	2030
Over 65 in Halton	17,100	20,500	23,100	25,500	27,900
Over 65 with Limiting Long-term illness	9,464	11,299	12,742	14,188	15,5656

Table 2 provides key figures for people with learning disabilities currently using services.

Table 2: Service Usage/PAF Indicators as at end March 2007	
Total number of people with learning disabilities known to the council	358
Numbers of people with learning disabilities aged 18-64 known to the council	340
Numbers of people aged 65+ known to the council	18
Numbers of people known to the council and Health services	670

Numbers in supported employment (Paid and Voluntary) (A client may appear in both paid and voluntary)	101
Numbers in out of Borough Placements	7
Numbers Living in Supported tenancies	198
Numbers using day services	209
Numbers in transition	27
Number of carers for learning disabled people aged 18-64 who have received an assessment or review during the year	69
Number of carers for learning disabled people aged 65 and over who have received either an assessment or review during the year	1
Numbers of people aged 18-64 in permanent Residential or Nursing Care	38
Numbers of people aged (64+) in permanent Residential or Nursing care	6
Numbers of people known to be in receipt of Direct Payments	80

As can be seen, the Office for National Statistics forecast is that that there will be a very significant growth in the population of older people in the borough between 2009 and 2030 with an increase in the number of people over 65 in Halton of 63% compared to a national average increase of 53%. This is anticipated to be accompanied by a corresponding increase in limiting long-term illness, for people in this age range, of 64% for Halton, the national average increase being forecast to be 55%. Without further development of prevention and early intervention measures the increased numbers of older people, many with limiting long-term illnesses will be likely to significantly increase the local demand for residential and acute hospital care

The increase in the number of older people and in the number of people with long term conditions will put additional pressure on carers. This pressure will be experienced particularly by older carers as over the same period the available pool of younger carers will be shrinking as the population of people aged 18-64 is forecast to reduce by 4.3%.

Nationally the number of adults with learning disabilities is around 2% of the population and it is estimated that around 20% of these people are known to social

care. The remaining 80% have mild/moderate learning disabilities and may not be known to services needing little support beyond their own families, friends and social networks. Projections by the Centre for Disability Research (2008) suggest that more people with mild to moderate learning disability will become known to and start using services and it is anticipated that by 2018 the number of people accessing services will increase by 50%. Thus it is crucial to provide information about and access to a range of preventative or early intervention services to ensure that existing informal support networks can continue.

People with Physical and/or sensory Disability

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

It is not easy to estimate overall numbers in any given population>

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

9.2 Local Drivers, Priorities and Targets

9.2.1 Sustainable Community Strategies

Sustainable Community Strategies provide the overarching strategic framework for local authority areas setting out key stakeholders' locally agreed priorities for long term programmes of development.

Considerable identity of purpose is evident in the development of community strategies and the development of prevention and early intervention strategies with both concerned to prevent ill health and disability and promote well-being in the local community. Similarly both recognise the need to look at the wider determinants of health, to respond to the needs of an ageing population, to encourage community

engagement and social inclusion, recognise the key role of the voluntary and community sectors, and the need to develop safer neighbourhoods. There should therefore be a strong positive interaction between achieving the objectives of the Prevention and Early Intervention Strategy and achieving the objectives of the local community strategies.

9.2.2 Local Area Agreements

A Local Area Agreement (LAA) is an agreement between Central Government and the local authority and its partners about the priorities for the local area, expressed in terms of a set of targets taken from a National Indicator set of 198 targets. They are integral to the Sustainable Community Strategies and have been identified as fulfilling the role of a delivery plan for them.

9.2.3 NHS Halton and St Helens 'Our Ambition for Health – Commissioning Strategic Plan' (2009)

'Our Ambition for Health' sets out a clear direction for commissioning health provision in Halton and St Helens based on:

- Helping people to stay healthy

- Detecting illnesses earlier

- Improving the quality and safety of services

This translates into 6 Ambition for Health goals:

- 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 (including older people and people with physical and sensory disabilities)

- Making sure our local population has excellent access to services and facilities

- Playing our part in strengthening disadvantaged communities

The strategic plan for the commissioning of health services for Halton has a clear focus on prevention and early intervention, on responding to the needs of the ageing population and to people with long-term conditions, and providing services accessible to people in their local communities. It is clearly consistent with the objectives of this strategy, which should contribute to the achievement of its goals.

9.2.4 Advancing Well – Improving the Quality of Life for Older People in Halton, 2008-11

Halton's 'Advancing Well' Strategy was developed to promote more independent living and reduce the social isolation often experienced by older people, with a focus on those aged 50 or older. It promotes joint action by the various departments of the Council with partners in organisations such as transport, job centres, colleges, health facilities, sport and leisure facilities, and housing with an approach based on ensuring older people have a say in the development of their local services.

The strategy aims to ensure that older people:

1. Are helped to get around through better **transport** links

2. Are given opportunities for **employment** whether paid or volunteer work

3. Remain in **good health** longer

4. Feel **safe** and secure and are given support to **live independently** both inside and outside their home

5. Have easy access to **advocacy services and financial advice**

6. Receive effective **communication** and **information**

Advancing Well has provided a sound foundation for the closely related work that is now being developed around prevention and early intervention. The focus on promoting independent living and reducing the social isolation of people aged 50 and over through joint action by a range of local organisations is reflected in a number of the key themes of this strategy, which in turn will help to consolidate and progress the earlier strategy's objectives.

9.2.5 Joint Commissioning Strategy for Older People, 2009-2014

This provides an overarching strategy for the commissioning, design and delivery of services to older people in Halton. The theme of prevention and early intervention is central to the section of the strategy on 'Quality of Life' which commits partners to a 3 year programme of developing and implementing the 'prevention agenda,' a process which is being initiated through the development of the strategy set out in this paper.

9.2.6 Halton and St Helens Joint Commissioning Strategy for Dementia 2009

Currently there is a lack of awareness and a cycle of stigma that prevents or delays people with dementia and their carers from getting the help that they need. As a result most people with dementia never receive a diagnosis, increasing the likelihood that they will need admission to hospital and residential or nursing home care. The services available to support those that are referred for assessment and treatment are acknowledged to be limited and under-resourced. The National Dementia Strategy 2009 (NDS) recognised these failings in current health and social care systems and produced a set of recommendations to remedy these systemic failings and enable local commissioners develop to develop comprehensive local services

The Joint Commissioning Strategy for Dementia addresses all of the recommendations of the NDS and sets out a broad programme of development for the boroughs that is intended to address public health issues, raise awareness, combat stigma, facilitate the development of peer support, and provide comprehensive early assessment, care and treatment to all who need it.

As the number of older people in the population rapidly increases this will be accompanied by a proportional increase in the number of people with dementia. The development programme set out in the Joint Commissioning Strategy for Dementia will therefore play an increasingly important role within the boroughs' overall prevention and early intervention strategy.

9.2.7 Intermediate Care Services

The National Service Framework for Older People promoted intermediate care services as a way to impact on unnecessary hospital admissions, reduce length of hospital stay and prevent unnecessary admissions to long term care in residential establishments. The key role played by Intermediate Care services in supporting secondary and tertiary tier prevention and early intervention is highlighted in the Guide. In the spectrum of interventions they can be seen as playing a key role, in particular in relation to the 'Early Intervention', 'Enablement' and 'Timely Discharge' categories.

Intermediate care services have played a significant part in achieving improvements in overall outcomes for people in Halton over the past 5 years. This has been reflected in a steady reduction in emergency admissions and acute hospital bed utilisation, the reduction being greater in the over 65 population. The number of people living in care homes has more than halved. Over the same period of time the number of people over 65 supported at home has tripled, so Halton is now one of the highest performers in England. This approach has also reduced the size of on-going care packages so that people are able to live more independently with lower levels of support.

Intermediate Care services in Halton have been delivered through 4 main services:

- Rapid Access Rehabilitation Services (RARS)

- Residential intermediate care beds

- Nursing intermediate care beds

- Domiciliary re-ablement service

Recently further service developments have been approved in response to identified pressures such as the ageing population projections and increasing levels of demand on the existing service to:

- Reduce the age criteria for RARS down to 18+
- Establish a sub-acute Intermediate Care Unit on the Halton Hospital campus, and decommission the nursing intermediate care beds.
- Develop an assessment service to manage community, A&E and hospital referrals.
- Implement the Gold Standard and Performance Management Framework for Intermediate Care in Halton

While there maybe potential for further developments in Intermediate Care services in Halton, it is clear that the current service is already making a significant contribution to secondary and tertiary tier prevention.

9.2.8 Telecare and Telehealth Services

Telecare and telehealth services use technology, typically sensors/ monitors linked to contact centres or health professionals to help people live more independently at home. They include environmental and health-monitoring devices and personal alarms and are especially helpful for people with long-term conditions, as they can give the user and their relatives peace of mind that they are safe in their own home. They can also help people to live independently in their own home for longer, avoiding the need for hospital admissions and delaying or preventing the need to move into a residential care home. The key role that telecare/telehealth can play in the further development of prevention services is emphasised in the Guide.

Halton B. C. has been providing a Telecare service for over 3 years and has experienced year on year growth in the number of people receiving the service. The

technology has developed rapidly in recent years and the range of applications is steadily expanding.

A Service Evaluation report on Telecare has recently been completed for the Health and Community Directorate which clearly demonstrates the positive impact that the service has had and details areas that will need to be addressed as the service expands and develops.

The Widnes Practice Based Commissioning (PBC) Consortium, Halton and St Helens Primary Care Trust (PCT) and HBC are currently commissioning a community based integrated care service known as the 'Virtual Ward.' This will actively support the most vulnerable individuals and those with long-term conditions at home, in order to reduce unnecessary hospital admissions making use of Telehealth devices to support self-management and the close monitoring of physiological observations.

Local developments in Telecare and Telehealth services can play a significant role in the developing spectrum of preventive interventions.

9.2.9 The Carers Strategy

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.

9.2.10 Halton Healthcare for All Group

This group is hosted by NHS Halton and St Helens and was set up to address locally the recommendations in the Healthcare for All report (DH, 2008) relating to access to healthcare by people with learning disabilities. Membership includes the local authorities, acute hospitals and service users and their carers. It also oversees work in the Borough to promote well-being and prevent ill health among people with learning disabilities as required by Valuing People Now (DH 2009). This will be achieved by generic services making reasonable adjustments in how they operate to ensure equitable access by disabled people including those with learning disabilities.

9.2.11 Joint Commissioning Strategy for People with Physical and/or sensory Disabilities 2007 - 2011

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

9.2.12 Learning Disability Commissioning Strategy Mid Term Review – May 2007

The commissioning strategy sets out what we need to commission for Halton Citizens with learning disabilities in order to give them real choice and control in their lives. It also provides a framework and direction for change over the five-year period. However, it is crucial that this is seen and used in the context of a "*living document*".

This review document summarises the achievements in progressing the strategy as well as focussing on the areas we are still working on and those yet to be addressed. It reflects on the work undertaken at a Stakeholder Event in June 2006 and updates both national and local drivers.

10. Mapping and Gap Analysis

A mapping exercise has been undertaken in Halton to map current interventions, identify gaps or unmet needs and consider how best to meet those needs. The methodology employed has been to analyse the current position with regard to the 10 'spectrum of intervention categories' as detailed above in Section 4 and illustrated in Figure 1.

The detailed findings of the mapping exercises can be found in Appendix 1

11. Developing a Local Strategic Commissioning Framework

Analysis of the key themes that run through the DH Guide, and the evaluations of the POPP and LinkAge Plus Pilots, together with the analysis of the mapping exercise have provided the basis for the development of an outline framework within which local commissioning decisions can be effectively developed, together with a number of broad strategic objectives. The framework sets out key structures and actions required to achieve the shift to prevention and early intervention, while the key strategic objectives clarify the direction of travel

11.1 The Commissioning Framework

To make the shift to prevention and early intervention commissioners will:

- Adopt a whole system approach involving a broad range of partners

- Involve citizens at all stages in the planning and delivery of services

- Ensure that there is agreement with partners on the 'shared responsibility for resourcing' which underpins the approach

- Establish appropriate planning structures to oversee and implement the development programme, ensuring that it is effectively managed and sustainable

- Ensure integration with other areas of the Transformation of Social Care agenda and that the developments support the personalisation of health and social care

- Systematically analyse and apply the learning from, the POPP and LinkAge projects and other prevention work (such as that set out in Age Concern's 'Prevention in Practice, service models, methods and impact' 2009)

- Ensure the programme of interventions is aligned with and contributes to the Sustainable Community Strategy and Local Area Agreement priorities and is linked to the relevant National Indicators

- Make use of the Social Care Reform Grant and other relevant funding opportunities as they arise

- Adopt an 'Investment' approach to funding (to achieve a return)

- Ensure performance requirements and measures are outcome focused (measuring the return on investment)

- Use both quality of life and financial impact measures – for many services at the primary intervention end of the spectrum the financial impact will inevitably be more difficult to measure

11.2 Strategic Commissioning Objectives

In making the shift to prevention and early intervention commissioner will:

- Focus initially on meeting the needs of all adults.

- Develop a balanced spectrum of provision across the 3 levels of intervention and the intervention types

- Give particular focus to the development of primary tier and 'wellbeing' services

- Encourage investment in the third sector and stimulate the market to develop innovative approaches to prevention and early intervention

- Support participation and active citizenship and help to foster independence.

- Encourage intergenerational projects / activities

- Achieve more effective use of investment by reducing overlap or duplication within current preventive interventions

- Further develop the efficiency and effectiveness of current prevention services / activities through joint work and improved coordination

- Ensure there is greater focus on providing quality information and advice - simplifying access with an emphasis on 'no wrong door'

- Look for opportunities to shift investment from high level interventions where a clear cost benefit can be established across the system

- Recognise the significant contribution that can be made by health promotion and promoting active lifestyles

- Encourage initiatives that help to alleviate loneliness and isolation

- Improve people's access to employment and volunteering opportunities

11.3 Partnerships in Prevention (PIP)

The PIP group was developed to improve partnership working between agencies working in the field of prevention. At present membership of the group includes The Red Cross, Age Concern, Sure Start to Later Life, Community Bridge Builders and The Health Improvement Team. The group meets quarterly with a flexible agenda around partnership working and prevention issues in Halton. This group needs to expand to include many more prevention organisations such as the Fire Service, Telecare and Community Wardens with service level agreements likely to be developed in the near future. The Early Intervention and Prevention Strategy action plan will include actions around making this group more inclusive, effective and robust. PIP will be the operational arm of the strategy while the strategy implementation group will steer the project at a strategic level with an emphasis on a whole systems approach to shifting resources from crisis orientated provision towards prevention and improved well being.

Intergenerational Strand of the Strategy

"Intergenerational practice aims to bring people together in purposeful, mutually beneficial activities, which promote greater understanding and respect between generations, and contributes to building more cohesive communities. Intergenerational practice is inclusive, building on the positive resources that the young and old have to offer each other and those around them." (Beth Johnson Centre for Intergenerational Practice 2010)

Changes in society have caused generations to becoming segregated from one another. Lack of positive interaction between these generations leads to negative stereotypes developing of younger and older people. However, anyone working within the intergenerational arena can't help but observe that both generations have shared areas of concern e.g. community safety, and have valued resources available to offer one another.

In the past 12 months Halton Borough Council has been promoting intergenerational projects across the borough. These have included an intergenerational conference, intergenerational Halloween events and intergenerational radio programmes. Many departments within the council have been involved in these initiatives. These include

Health and Social Care, Community Development, Sports Development, Libraries Service and Children and Young People. These initiatives now need developing into a more strategic and coordinated approach towards intergenerational activities.

The aim of the intergenerational strand of the EIP strategy will be to bring younger and older people together in purposeful, mutually beneficial activities, which promote greater understanding and respect between generations and contribute to building more cohesive communities. The objective of this strand will be to embed intergenerational work as a key well-being and prevention activity of Halton Borough Council and to develop and promote intergenerational work and its benefits. Key activity will be the development of the council's intergenerational group into a robust strategic body that meets regularly to coordinate intergenerational activity across the borough.

APPENDIX 1 – Mapping of existing provision.

The mapping contained within the following attachment uses the 'Triangle Framework' (figure 1 page 5) as a basis to describe what is already in place, where there is an identified gap or unmet need and any plans that have already been developed for the future. The framework takes ten key elements to describe the varying levels of prevention and the range of interventions available.

CITIZENSHIP

Involvement

Current Position

Halton currently have in excess of 700 older people as signed up members of Halton's Older People's Empowerment Network (OPEN). Although this is an extremely positive position to be in there is a question over the number of people involved regularly and effectively. Halton OPEN has it's own constitution and is supported administratively through Age Concern Mid Mersey. There is an Executive Committee of between 15 and 20 people who meet on a regular basis (monthly). In addition a number of these committee members also represent Halton OPEN in other forums, e.g. Older People's Local Implementation Team, Carer's Sub-group, Stroke Core Strategy group etc.

Gaps or unmet needs

To ensure that all 700 members and beyond are involved in planning and having their say. It is clear that the members of the Executive are the most active people in Halton OPEN and therefore their involvement is not fully representative of all local older people. More needs to be done to ensure that being a member of Halton OPEN is more inclusive and offers anyone an opportunity to be involved.

Future plans

Halton OPEN and local commissioners are working together to develop new and innovative methods of ensuring that more people are involved. The Joint Older People's Commissioning Manager will now attend all Executive meetings of Halton OPEN along with an agreed local Councilor. In addition OPEN and Commissioners will agree each year what the priorities are and work together to carry out quarterly focus groups that will be available to all of the wider membership and facilitated by the Local Authority. These focus groups will then feed into the Older People's Local Implementation Team, Halton Health Partnership etc.

In addition the findings will also be published in a quarterly newsletter that will be sent to the remainder of the Halton OPEN members.

Tackling Ageism

Current Position

Work to tackle ageism is sporadic and generally follows the National agenda. The NHS development plan: from good to great (2010-2015) does mention the need to change the culture in relation to Age discrimination throughout Primary, Secondary and Acute Care.

Locally we have the Dignity Co-ordinator post whose job is to ensure all people are treated with dignity and respect, one aspect of this is ensuring that there are no discriminatory practices within services.

The Government Equalities Office issued a policy statement **'Making it work: Ending age discrimination in services and public functions'** in January 2010. This document sets out consultees' views on planned proposals and the Government's response to those views. In particular, it makes clear that:

- Beneficial age-based treatment such as free bus passes, discounts for students and pensioners will still be allowed.

- The new law will ban harmful discrimination in health and social care, but allow a person's age to be taken into account where it is right to do so.

- Age will continue to be used in financial services provision, but only where it is related to risks or costs. Access to motor and travel insurance will be improved by the introduction of signposting and referral. People will be given confidence that their age is being used appropriately by the publication of aggregate industry data for motor and travel insurance that everyone can check.

This statement adds more detail to the White Paper published in June 2008 **Framework for a fairer future – The Equality Bill** that states: 'Promoting equlity is essential for individuals to fulfil their potential, for the creation of a cohesive society and for a strong economy. A

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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/

Gaps or unmet needs

Although the way people are treated is an important part of tackling ageism, the major issue relates to how we change the image of ageing in Halton. Generally the health messages and lifestyle messages locally do not portray a positive image of aging and how we can value older people and the role they play in the local community.

Pre-retirement courses are available but they generally focus on what is on offer for an individual and not what they can still offer.

Future Plans

Culture change is required in relation to developing a positive image of ageing, this will be through the work of the dignity network and services such as sure start to later life.

Review the content and accessibility of the pre retirement courses with a focus on opportunities in later life.

We need to support people to continue to work for as long as they want to (although this will depend on National Legislation), all people will have access to the same information upon retirement and those who retire are supported to utilize their skills in different ways, volunteering, training, mentoring etc.

Equal access to mainstream services

Current position

The majority of services offer open and equal access to all service users, however there is enough anecdotal evidence to suggest that this is not always the case in practice. For the purposes of this strategy we would need to look beyond traditional

Health and Social Care services and look at areas such as Sport, Arts, social clubs, libraries, housing, transport etc. It is clear that people with communication difficulties, mental health or long-term conditions and other disabilities that have an impact on them, do have difficulties accessing mainstream activities.

Halton Speak Out is a Self Advocacy group for people with learning difficulties, who talk to lots of people with learning difficulties, asking them what they think and then relaying that back to council meetings to help in the planning of future services.

Gaps or unmet needs

This is not because of any discrimination or criteria constraints imposed by providers, but is generally training related and more needs to be done to look at how people and providers are equally supported to ensure they can participate fully in community or social activities that enhance their quality of life.

Future plans

The continued development of personalization, with increased uptake of individual budgets will help to support vulnerable adults to make the choices that are right for them. For example a recent local case study clearly demonstrated the positive health impact that yoga had on a service user with dementia. The service user demonstrated improved confidence, behaviour and communication and the carer attributed this to the weekly yoga session. It is clear that individual budgets will support further development of this type of approach.

Making a positive contribution, including volunteering

Current Position

Previous Adult Social Care Annual Performance Assessments ad highlighted that the Directorate needed a more coordinated approach to volunteering. It was therefore agreed that a volunteer strategy be produced, initially within the Health & Community Directorate, and then subsequently the strategy would be broadened out to apply across the Council.

As part of the development of the Strategy a 'Building Common Ground' workshop was held that involved staff from both the statutory and voluntary sector. The workshop spent some time looking at the vision for volunteering that they felt Halton should adopt and the way in which we could create an effective volunteer service, what was currently working well and ways in which current activities could be improved. The work undertaken by this Group formed the basis of the Strategy.

Gaps or unmet needs

During the development of the Strategy it became evident that informal volunteering is extensive despite the lack of a proper framework, for example within Bridgewater and Day Services, however in order to increase, promote and fill the range of volunteering opportunities available it was accepted that a clear framework and associated processes were needed.

Due to the Care Quality Commission's specific requirements for the Health & Community Directorate to increase volunteering activities within Adult Social Care, the Directorate commissioned Halton Voluntary Action (HVA) to undertake a 6 month project which would: -

- Establish an accurate baseline of current and potential volunteering across the Council, via a Staff Survey.
- Offer training in Volunteer Management to Managers in the Health & Community Directorate.
- Develop a volunteer recruitment and management system within the Health & Community Directorate.

Work has focused within the Directorate within two specific service areas i.e. Community Bridge Building and Sure Start to Later Life and the project would aim to demonstrate that the interventions undertaken in terms of training and the development of systems would lead to an increase in the number and quality of volunteering opportunities within those two areas.

Future plans

At the end of the six month project HVA, in conjunction with the Project Board set up to oversee the Strategy's development and implementation, will draw together the key findings and recommendations from the project and these will be presented back to Chief Officers for consideration, with a view to agree a plan for how the Strategy could be further implemented across the Council.

NEIGHBOURHOOD AND COMMUNITY

Community safety initiatives, including distraction burglary

Current Position

There is a range of work that is currently being developed to support improvements in crime and perceptions of crime for vulnerable adults in the borough, e.g. the Alleygates project, mischief night initiatives and ward based community safety projects.

Gaps or unmet needs

The links between Health and Social Care and community safety are limited and although there is data available through the corporate place survey, there are positive opportunities for improved partnership working to develop specific initiatives across the whole sector.

Future plans

To develop a partnership approach to community safety across the system.

Locality based community development

Current Position

Halton Borough Council already has a well established and vibrant Community Development department. A team of five full time equivalent Community Development officers are aligned to one of the seven area forum regions. The team sits alongside Sports, Leisure, Arts, Parks, Libraries and Community Safety. The embedded ethos in Culture and Leisure for joint working means there are established and intrinsic mechanisms to broad service delivery. This provides cost effective opportunities to utilize a broad range of themed and focused activity as a catalyst in building participative, engaged communities whilst maximizing our impact.

Gaps or unmet needs

There is a need to improve the links between community development and commissioning. Although this has developed in the last two years, more can still be done. Particularly in relation to examining the possibility of geographical commissioning and supporting the overall data collection that commissioning requires.

Future Plans

To develop an extended outcome based approach to the local Intergenerational work in Halton. This will include developing more Information Technology work between older and younger people, an ideas sharing workshop to support locally commissioned services and a intergenerational arts group.

Another key development will be agreeing the links and role of Community Development within the Partnerships in Prevention (PIP) work that is currently being led through Halton Borough Council, but already has involvement from NHS Halton & St Helens, 5 Boroughs Partnership and the voluntary sector.

Intergenerational Work

Current position

Community development have led an initial 12 month pilot that began in April 2009 to develop a range of projects relating to intergenerational work in Halton. This consisted of an initial conference that was attended by over 200 older and younger people taking part in a range of activities including family tree, facebook, Nintendo wii, bridge, table tennis and more. The idea behind the event was to get people's views on what they would like to see within our intergenerational work and also to break down some of the barriers that currently exist behind younger and older people.

In addition six intergenerational Halloween events took place across the borough and Castlefields are currently developing an intergenerational memorabilia group.

Gaps or unmet needs

As this is quite a new piece of work we are still in the process of establishing what people want. From the conference last year there was a real interest in IT, new technology and genealogy.

Future plans

Last year Halton applied for a Government pilot to develop a range of intergenerational projects in the borough. Although the application was unsuccessful it has given us the opportunity to use the proposal to inform our direction of commissioning. This will include more IT based work, a summer conference and use of the Mersey to create a history based intergenerational project. This work will stimulate education, volunteering and will tackle stereotypes and discrimination. Older People's services, Community Development and Children and Young People directorate are currently developing joint working processes to deliver on this agenda.

INFORMATION / ACCESS

No door the wrong door / Single Point of Access

Current Position

Halton has a range of services offering information to citizens. Age Concern, Sure Start to Later Life, Reach for the Stars and Community Bridge builders all support low-level information provision in the borough. However, there are many other

services that offer some level of signposting although they are not necessarily contracted to do so.

The following shows the number of contacts for each service:

Age Concern   2007/08: 5084 (people receiving signposting)

               1429 (people receiving full casework)

           2008/09: 2327 (people receiving signposting)

               1289 (people receiving full casework)

Sure Start to Later Life 2007/08: 108 (all full assessments)

           2008/09: 327 (all full assessments)

Reach for the Stars 2007/08: 315 (number of people supported)

           2008/09: 361 (number of people supported)

Sure Start to Later Life is the council's information service for over 55s. While it provides information on a range of activities and services for older people it also provides home visits from Information Officers who support people to engage in community activities and look again at some of their interests and dreams. The philosophy of the service is that the earlier people engage in physical, mental and social activities the less likely and later that they will need acute services. This has financial benefits for acute services but, just as importantly, it improves people's quality of life.

Gaps or unmet needs

There is more than enough information available and service provision / capacity is high. The issue is the co-ordination of the services. There are too many services that are offering similar, but not consistent, levels of information, signposting, assessment and referral. This can lead to discrepancies or delays in people reaching the services they really need.

Service users generally like to build up a trust with a member of staff or an organisation and there is anecdotal evidence to demonstrate that people prefer to stay with one organisation irrespective of their overall role. For example somebody might access the Stroke Association for specialist support, but six months later that individual might need different generic support, often that person will still go to the Stroke Association even though it might not be appropriate. It will be important to

develop services that offer services the right level of support to ensure that in turn they can support their service users.

Future plans

The first step to improve the co-ordination of information and the navigation through the system will be to develop a closer partnership arrangement between the two main providers Age Concern and Sure Start to Later Life. This will ensure more full assessments will be undertaken, more consistency on paperwork, information provision and training.

The service is only available to people aged 55+, we will amend the criteria to ensure the service is available to all adults.

LIFESTYLE

Well being and Active Ageing Initiatives – this covers all elements of the lifestyle heading

Current Position

- APEX – Accident Prevention Exercise – 15 week programme of education and exercise to improve muscle and bone strength, balance, co-ordination and confidence. For individuals who have had a recent fall, fear of falling or osteoporosis.
- APEX Follow-on – Ongoing weekly classes of strength and balance exercises to maintain gains achieved during 15-weeks at APEX
- Recharge – Ongoing programmes for over 50s, carers and those recovering from health conditions. Activities at each session include physical activity, healthy eating, arts and complementary therapy.
- Diamond Lives is a BIG Lottery funded project and is part of the Target Wellbeing Grant. The project is a joint venture between NHS Halton & St Helens Health Improvement Team and Age Concern Mid Mersey.
- Diamond Lives works with socially isolated and vulnerable older people to develop and implement personal lifestyle plans, focussing on improving physical activity levels, and improving weight management and nutritional knowledge.
- Age Concern's Participation Organiser works with sheltered accommodation providers, registered social landlords, and existing Age Concern networks. All individuals sourced as suitable for intervention through the service are then referred on to the Lifestyle Advisor, who will work with the participant to identify their key health issues, and develop an individual lifestyle plan.

Reach for the Stars supports the following aims and objectives.

- Decrease social isolation particularly amongst those most isolated through bereavement, low confidence & anxiety, illiteracy, mild mental illness, mobility/fear of falling concerns including those people who are new to the area
- With the support of a Health Trainer, Older People through motivational behaviour change methods are given the opportunity to receive a higher level of intervention to achieve their health goals.   (Personal Health Plans and ongoing support).
- Support people into activities of their choice with or without Volunteer Buddies.
- Recruit & train Volunteer Peer Health Champions (STARS) to work on placement across the borough delivering healthy lifestyle sessions supporting people to access services across the borough to improve their quality of life and general wellbeing

Community Bridge Builders

The Community Bridge Building Team support people with disabilities, older people and carers who are socially isolated. They also work with children with disabilities in transition to adulthood. They work in a person centred way to promote social inclusion, this enables people to participate and feel valued within their local community carrying out meaningful activities that promote self-esteem and well being and therefore prevents social isolation.

Halton Borough Council Culture and Leisure Department

The department organises many prevention type activities for vulnerable adults and older people across the borough. These include New Age Bowling, Boccia, Chair based exercise, gentle exercise, Tai Chi, Table Tennis and Health Walks. Free swimming sessions for people over 60 have been introduced across the borough as have free swimming lessons. An "Older Adult Olympics" is planned for the future.

Halton Borough Council Community Development Department

Community development workers are aligned to one of the seven area forum regions and work in that locality with the community. This helps to establish current activity, issues and develop new initiatives e.g. Castlefields memorabilia group.

A range of projects relating to intergenerational work in Halton has been developed by the department. This consisted of an initial conference that was attended by over 200 older and younger people taking part in a range of activities including family tree, facebook, Nintendo Wii, bridge, table tennis and more. The idea behind the event was to get people's views on what they would like to see

within our intergenerational work and also to break down some of the barriers that currently exist between younger and older people.

In addition six intergenerational Halloween events took place across the borough and Castlefields are further developing an intergenerational memorabilia group.

As you can see there are a number of services that support an active ageing and well being agenda. In addition Age Concern have developed five social participation groups and a men's health project to help with a range of issues relating to remaining active. Although the numbers of people accessing the services above are high, more data needs to be collected on the impact the service has had on an individual. This also has to be measured over a longer period as most of the interventions will relate to behaviour or lifestyle changes.

Gaps or unmet needs

Again the major opportunity relates to the overall coordination of active ageing and well being services in the borough. The main source of information available is the public health annual report 2008/09 from the NHS Halton & St Helens website.

Future plans

It is the aim to continue to develop the Partnerships in Prevention work that Health promotion, reach for the stars and health trainers are all part of the group and they will be supporting the information partnership between Age Concern and Sure Start as well as helping to develop robust and pathways for all service users.

Future plans for intergenerational work include closer partnership working between Health and Social Care, Community Development and Children and Young People departments around an intergenerational strategy.

PRACTICAL SUPPORT

Befriending and counselling

Current Position

Age Concern Mid Mersey offer a befriending and telefriending service (not funded through Local Authority or health).

In relation to counselling, Halton Voluntary Action have run a successful Voluntary Sector Counselling Partnership for a number of years. This partnership is an umbrella for any voluntary sector organisation offering counseling in Halton.

The partnership ensures that each organisation who applies reaches the relevant standard and information is collected on their performance and the level of counseling that they can reach. This service is also available for commissioners to help them collect evidence to establish what services are available and where the gaps are in the local borough.

MIND in Halton helps people to take control over their mental health to make it possible for people who experience mental distress to live full lives, and play their full part in society. They also provide information and advice, training programmes, grants and support.

Making Space was formed in 1982 and today is recognised throughout the country as one of the most highly respected organisations in the field of mental health, learning disabilities and dementia providing high quality, innovative services. Making Space was one of the founding members of the Mental Health Provider's Forum, which began in 2004.

Gaps or unmet needs

There is limited provision of befriending in the local area, however there needs to be some work carried out to establish if befriending is the correct solution for all people. Some volunteers have expressed that they feel trapped once they have been introduced and it can sometimes be detrimental if the service creates some level of dependency. It would be more beneficial to start looking at how people can be supported to access other services and activities within the borough and not be reliant on an individual member of staff or volunteer.

Although the counseling partnership has been extremely successful there are specific issues relating to the performance monitoring of the overall project. For example if an organisation joins the partnership they are expected to reach a particular level, however they are not rechecked and there is a risk of services not maintaining an acceptable standard.

Future plans

Review existing befriending provision in the borough, analyse need and identify best practice in other areas to establish the direction of future commissioning of these services.

Shopping, Gardening etc.

Current Position

Four major services are provided by Age Concern and British Red Cross to deliver a range of low-level practical support for older people in Halton. **Home Safety service** offers in depth checks into an individual's environment and suggests solutions to

improve the home in relation to falls, fire and crime. The **Traders Register** is a list of local traders who have been recommended who have received some training and support on understanding the needs of older people. The Helping Hand service is a volunteer led service that offers low-level handyperson jobs to older people in the borough. British Red Cross offer a low-level **shopping service** to people who have no other means of getting their own food.

The table below shows the number of people who have accessed each service over each of the last three years.

	2006/07	**2007/08**	**2008/09**
Home Safety	358	690	816
Traders Register	1115	1366	1464
Helping Hand	N/A	N/A	67
Shopping Service	166	222	261

Gaps or unmet needs

The main gap is in relation to gardening, however previous services have been difficult to operate and have never been able to manage the demand for a pure gardening service. There also remains an issue in relation to how the services above are funded and what is there exit strategy. The issue in relation to practical tasks is not gaps or unmet needs, but the future sustainability of the individual elements of the service.

Future Plans

Halton Borough Council is currently developing a local handyperson service, that will offer a service that will enhance the existing service provision as described above.

ENABLEMENT

Intermediate Care Services

Current Position

Intermediate Care services have played a significant part in achieving improvements in overall outcomes for people in Halton over the past six years. This has been reflected in a steady reduction in emergency admissions and acute hospital bed utilization, the reduction being greater in the over 65 population. The number of

people living in care homes has more than halved. Over the same period of time the number of people over 65 supported at home tripled, so Halton is now one of the highest performers in England. This approach has also reduced the size of on-going care packages so that people are able to live independently with lower levels of support.

There are a range of community and bed based services available within Halton to support peoples needs for reablement, rehabilitation, telecare and falls.

Gaps or unmet needs

The capacity available is often insufficient to meet demand.

The falls service is not currently fully integrated with other reablement services within the section 75-partnership agreement.

Implementation of the revised criteria

Future plans

To review capacity available within the services, and develop a business plan for further investment as required.

Complete a review of the current falls service, with the aim of further integration.

To bench mark all services against the revised guidance for Intermediate Care and implement any changes required.

Self Care Programmes

Current position

There is some provision of self care programmes in Halton. The Expert Patient is an approach that aims to enable people to cope better with long term conditions through improved self-management. It is designed to help:

- Improve ability to cope with pain,
- Manage medication,
- Reduce levels of depression, fatigue and anxiety,
- Improve communication with Health workers,
- Enhance relaxation, exercise and diet.

The programme offers two trainers who are themselves living with a long-term condition, they run the courses. The courses are participatory and follow a workshop style. Topics are introduced by the tutors and people attending the course are

involved in the discussions, share their ideas about the different topics, problem solve and try to find solutions.

The topics included in the course include:

- Relaxation techniques
- Healthy Eating
- Exercise and Fitness
- Symptom Management Techniques
- Communication Skills
- Problem Solving
- Goal Setting
- Action Planning

Gaps or unmet needs

There are a number of gaps that need to be addressed in relation to Self care, there is limited support for people with Mental Health diagnosis, stroke survivors, people diagnosed with dementia. There also needs to be an improved link between self care and peer support services to ensure that there is ongoing support for service users and their carers.

Future plans

Need to develop improved working policies and protocols to support an enhanced level of self care programmes in the borough. This would include completing a full mapping exercise on current provision.

COMMUNITY SUPPORT FOR LTC

Integrated or co-located teams and / or networks

Current Position

Over the past three years Halton has developed a vibrant Telecare service to support the needs of vulnerable people in their own home. Telecare is a set of electronic sensors installed in a person's home. These include: temperature sensors, falls detectors, smoke alarms, motion detectors, a personal alarm pendent and a 24

hour 7 days a week emergency response service. When coupled with an appropriate support plan Telecare helps individuals to live more independently and safely at home. Once installed, it can reduce risk by providing reassurance that help will be summoned quickly if a problem occurs. Telecare in Halton comprises three components: an emergency response, environmental monitoring and lifestyle monitoring.

The Stroke Association offers the following aims and objectives of there services:

- Provision of a Dysphasia support group to be operated on a weekly basis in Runcorn and Widnes.
- To undertake assessment of communication support needs of service users attending the groups.
- Develop appropriate goal orientated support plans
- Define desired outcomes of support plan with target date/s
- To signpost and support access to appropriate support services including, Housing, Welfare benefits, socialisation opportunities with support, Health related support, home insurance support, budget management support, support to manage debt, support to access legal services, Advocacy etc.
- Referral on to other agencies and services
- Participation in Multi agency planning processes around the need of stroke services e.g. the stroke core strategy group.

In addition Rapid Access and Rehabilitation Service carries out Case Management for crisis intervention, community support and hospital discharge.

Social Care in practice is based on a number of organisational links, integrated working, understanding of roles, and the avoidance of duplication. Underpinned by a collaborative, integrated working between a Social Care Manager and Primary Care Team (usually District Nurse). The approach adopts the following principles:-
• Close links between the Practice and Acute hospitals
• Timely information about admissions, A&E attendance and other inpatient services
• The adoption of an 'in reach' approach with early discharge as an underpinning philosophy
• Case finding - the identification of vulnerable patients
• The use of shared eligibility criteria
• Case Management of people with chronic disease
• Active review of pharmacy needs
• Attention to impairment of the daily living routines

Community Matrons offer a proactive case management / case finding role to support clear access to services and improved referral processes.

Vision Support is a Charity providing local support and services to people of all ages living with a vision impairment in Halton.

Deafness Support Network (founded in 1976 as the Cheshire Deaf Society) provides a wide range of support and services for deaf, deafened and hard of hearing people in Cheshire, Halton, Warrington and the surrounding area.

Gaps or unmet needs

There needs to be further work on how we progress community support for people with long term conditions, the evidence is available to support the development of integrated working, including Telecare and Telehealth, district nurses/community matrons and social care.

Future plans

The existing Telecare service has been evaluated, this will feed into the overarching Telecare strategy that will be developed and implemented alongside the evaluation.

Progressing towards using virtual sensor technology and lifestyle monitoring technology to enable us to identify changes in individual circumstances, and therefore deliver early intervention to changing needs and potential crisis to maintain independence. Consideration is being given to joint work between the Borough and PCT/Practice based commissioner in the use of Telehealth applications to monitor and manage long-term conditions. Telehealth provision is currently being piloted by the PCT.

A case Management tool is being developed Nationally to support professionals across Health and Social Care. This use of this tool would be considered at a local level.

Case Finding and Case Management of Those at Risk

Current position

Crossroads for Carers provides respite care for carers where suitably trained Care Support Workers will take over the role of the regular carer for an appropriate period of time, as determined by the agreed eligibility criteria to allow the carer to take a break from caring and to use the free time to take up whichever pursuit they wish. The service is aimed at reducing the levels of stress, which exist within the family home of their dependent and to avoid crisis admission into hospital or residential care or breakdown of the carer situation. The service is available to residents of Halton only and service provision will be agreed as part of the care plan supplied through Halton Borough Council's Care Management.

The Alzheimer's Society established a local branch in 2005 and currently employs one Family Support Worker who provides practical and emotional support, advice

and information, support groups and social activities for carers in that area. They liaise with Health & Social Care on behalf of carers, attend relevant local meetings and are currently involved in devising training packages for care staff.

The business case to develop a virtual ward has been completed and agreed. The service is supported by the Widnes Practice Based Commissioners who are seeking to provide a mobile integrated Health and Wellness service, seeking out illness, and delivering prevention in the heart of the community. The mobile service will focus on hard to reach groups and those who do not regularly attend the registered practice using practice information.

Gaps

There needs to be more support offered to carers and although there is a separate commissioning strategy for carers there are specific gaps in relation to telecare and assistive technology.

Future plans

Develop telecare service to support the needs of carers.

INSTITUTIONAL AVOIDANCE

End of Life Care – enabling people to die at home

Current Position

A multi-professional group of specialists in Palliative Care, Older People's Mental Health services, the Alzheimer's Society, General Practice, Dietetics, Speech Therapy and Care of the Elderly met to formulate symptom control guidelines for health care professionals caring for patients with end stage dementia. These focus on symptoms, which are common or troublesome in this patient group. The Care Pathway, symptom control guidelines developed will be followed up by a series of educational events for health care professionals. The Care Pathway aims to help provide continuity of care for this patient group, whose care needs are often provided by a range of carers.

Homecare End of Life service is funded through NHS Halton & St Helens to offer up to 13 weeks of support to people in their own homes. Referrals are received from District nurses.

The palliative care and end of life strategy has recently been completed and agreed.

Gaps or unmet needs

Clarity around direction of service provision and multi-agency working. Also need to ensure future funding is in place for Homecare End of Life service.

Future plans

Full implementation of the Palliative Care and End of Life Strategy in partnership between Health and Social Care.

Management of Unscheduled Care

Current Position

A number of work areas contribute to the management of unscheduled care, Intermediate Care as mentioned earlier in the mapping alongside the walk-in centres, community extra care housing and the Single Point of Acccess all play a role in this.

Gaps

Although the Single Point of Access is available it still requires further work to ensure that it is a fully integrated service. If this was the case the quality and efficiency of the service and the navigation through the system would improve significantly.

Future plans

To ensure a fully integrated Single Point of Access is in place.

TIMELY DISCHARGE

Hospital In-reach and Step Down Pathways

Current Position

We currently operate an integrated pathway linked to the Effective Care Coordination policy delivered through the 5 Boroughs Partnership. This is an admission and discharge procedure with an overall objective of ensuring that we have in place an

entire pathway from admission to discharge and that this is supported in a timely manner.

In addition to the above there is a Multi-disciplinary Team that offers care reviews to discuss care as well as plan appropriate discharge. This is further supported by weekly monitoring of any delayed discharges. All service users are followed up within seven days to ensure that service users have resumed normal functioning after discharge.

The Intermediate Care Assessment Team proactively identifies people in need of assessment no matter where they are placed. The service is able to work across Accident and Emergency and Hospital wards to ensure complete access to assessment for all patients.

Currently the Adult Hospital team manage the discharge pathway in relation to social care, with a separate team for the hospital and District Nurses.

Gaps

Although the existing systems work well together there is still a significant opportunity to develop an integrated discharge team.

Future plans

To develop and implement an integrated hospital discharge team.

Post Discharge Support, Settling In and Proactive Phone Contact

Current Position

The British Red Cross offer low-level support for six to eight weeks to persons discharged from Hospital and those with non critical illnesses within the community to support and maintain their independence in their own homes. Practical tasks are undertaken and help to support the emotional wellbeing of the service user. The service works on enabling and prevention to build up resilience for service user, family carer etc. Service Users are supported to appointments and social activities as appropriate during the period the service is in place. In addition work is carried out to support confidence building and improving mobility. They link in with other agencies and partner services within the Red Cross e.g. medical loan, equipment services and therapeutic care as appropriate.

Gaps or unmet needs

There are capacity issues within the existing service that need to be addressed and there needs to be additional support to the provider in relation to the referral process and navigation of services. This will be taken forward by the Partnerships in Prevention project.

Halton currently as no designated telephone contact to review people's assessment of their own care or to determine if their needs have been adequately addressed.

Future plans

Merge the existing service with the Red Cross shopping service to increase existing capacity within the service.

Assess existing review mechanisms across the system to support people on discharge.

Appendix 2

No	Action	Tasks	Lead	Timescale	Outcome
1	Agree overall coordination of the prevention agenda for service area	• Agree roles & responsibilities • Agree Capacity • Agree Lead Organisation and Governance arrangements	Prevention Steering Group	April – June 2010 for agreement, ongoing for performance management	To develop a robust framework for implementation of recommendations of the Prevention and Early Intervention Strategy.
2	Develop infrastructure within existing services to ensure partnership and pathway development	• Agree Current Capacity • Agree Data Sharing • Develop & Implement Pathway	Partnership in Prevention	March 2011	Improve current pathways and increase efficiency in relation service user experience.
3	Develop Performance Management Framework	• Agree parameters of work • Agree governance arrangements • Agree reporting mechanism • Review on an annual basis	Commissioning Manager's Local Implementation Teams	Initial set-up by October 2010 Review on an annual basis	Ensure process that linkls toCommissioning Cycle.
4	Develop Marketing	• Agree implementation of segmentation information	Partnership in	December 2011	Help to improve partnership

	Strategy (For Low Level Services)	• Agree Outcomes • Develop joint activity plan within borough.	Prevention		working and referral pathways
5	Develop Financial plan	• Map current spend against each heading within the prevention and early intervention strategy	Commissioning Manager / Finance department	April – June 2010	To clearly identify the baseline spending in relation to low-level services.
6	Develop falls pathway	• Agree process to integrate falls service into Intermediate Care • Develop pathway • Agree data sharing protocols • Complete shared paperwork to facilitate integration	Divisional Manager Intermediate Care	2010 -2011	To improve falls services in the borough, and to assess cu need within the service an expected future provision.
7	Pre – Retirement Courses	• Ensure courses are available to a wider range of people in the borough • Review the content of the courses to ensure people have opportunities available.	Partnership in Prevention	2011-2012	BY developing the scope of existing courses we will be able to include employers across the borough from all sectors.

8	Implement Dignity Action plan	• By fully implementing the dignity action plan this will support a culture change within services to tackle discrimination • Review performance against key milestones	Dignity Co-ordinator	Implementation March 2012 Review 2012/2013	Embedding the key principles of dignity across a range of service areas.
9	Volunteering pilot	• Evaluate the findings from the six month pilot projects in Sure Start to Later Life and Community Bridge Builders • Report recommendations for future work • Implement recommendations	Halton Voluntary Action	Evaluation complete by October 2010 Implement recommendations as agreed 2011 - 2014	Improve opportunities for volunteering within the borough.
10	Community Safety	• Develop Partnership approach to community safety across the whole system.	Community Development / Community Safety Team	Ongoing	Increase the links at a strategic level to support joint working in the borough.
11	Intergenerational Work	• Complete commissioning	Commissioning	May 2010 for the	Work will support the

		plan for intergenerational work. • Ensure intergenerational work is embedded in the Partnerships in Prevention project.	Manager's and Partnership in Prevention	plan, implementation of initial phase between March 2011 - 2014	development of structured intergenerational work to improve community cohesion.
12	Information provision	• Agree joint working protocols for Sure Start to Later Life and Age Concern Mid Mersey • Explore opportunities with other information providers in relation to joint working	Older People's Commissioning Manager	October 2010 Review 2012	Increased efficiency of information provision, enhanced partnership working to improve outcomes and access to other services.
13	Review existing befriending services in the borough	• Work across commissioning to establish the need and provision of befriending services across all service areas • Report findings and recommendations to relevant Boards	Commissioning Managers	March 2011 Implement findings 2011 - 2013	This will add additional late low-level support to people within the community. Review will include the implications of increasing the use of Telecare.
14	Intermediate Care	• Review capacity available within the services, and	Divisional Manager	March 2012	To ensure that the service is still meeting the needs of the

		develop a business plan for further investment as required • Complete a review of the current falls service, with the aim of further integration • Benchmark all services against the revised guidance for Intermediate Care	Intermediate Care		population
15	Telecare services	• Complete and implement telecare strategy • Develop enhanced telecare services for carers • Develop Telehealth services	Operational Director Enablement	March 2013 Telehealth developed 2014-2015	Improved outcomes in rela to response times, meetin individual needs and use o resources.
16	End of Life Care	• Full implementation of the Palliative Care and End of Life Strategy	NHS Halton And St Helens	March 2013	Meeting agreed Northwest targets as outlined in the New Horizons document.
17	Unscheduled Care	• Review existing processes in relation to the Single Point of Access	NHS Halton & St Helens	2011/2012	Reduce duplication and improve patient experience in

		• Ensure processes and pathways in place to deliver a fully integrated Single Point of Access			relation to unscheduled care.
18	Timely Discharge	• Develop a fully integrated Hospital Discharge Team	Multi-agency partnership to be established	2011/2012	Reduce duplication and improve patient experience in relation to discharge into a community setting.
19	Post Discharge Support	• Merge existing Red Cross Services • Assess existing review mechanisms to support people on discharge	Commissioning Managers	Point 1 by April 2010, point 2 by March 2012	To support the needs of people being discharged from Hos

					GROSS BUDGET MADE UP OF						
Theme	Service	Gross budget	Base Budget	Carers Grant	MH Grant	Stroke Grant	Communities for Health Grant	Preserved Rights	Joint LA /PCT grants (VATF / WNF etc.	PCT	Supporting People
Citizenship	Halton OPEN	£15,714							£15,714		
	Halton Speak Out	£37,607					£37,607				
	Dignity Coordinator	£50,000							£50,000		
	Total	£103,321	£0	£0	£0	£0	£37,607	£0	£65,714	£0	£0
Neighbourhood and Community	Alleygates Project Community Safety Mischief Night Initiatives										
	Community Development Team	£205,000	£205,000								
	Total	£205,000	£205,000								
Information Access	Age Concern Information Services	£102,623									£102,623
	Sure Start to Later Life	£195,138	£195,138								
	Community Bridge Builders	£73,669	£48,669				£25,000				
	Reach for the Stars	£35,000							£35,000		
	Total	£406,430	£243,807	£0	£0	£0	£25,000	£0	£35,000	£0	£102,623

Category	Item	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
Lifestyle	APEX	£15,000								£15,000	
	Recharge	£20,500							£20,500		
	Diamond Lives	£40,000								£40,000	
	Participation Groups HBC Culture & Leisure	£12,000							£12,000		
	Total	£87,500	£0	£0	£0	£0	£0	£0	£32,500	£55,000	£0
Practical Support	Befriending	£0									
	Voluntary Sector Counselling Partnership	£40,000							£40,000		
	Home Safety	£85,478									£85,478
	Traders Register	£21,115							£21,115		
	Shopping service	£42,000							£42,000		
	Total	£188,593	£0	£0	£0	£0	£0	£0	£103,115	£0	£85,478
Enablement	Intermediate Care	£4,687,330	£2,135,108	£0	£0					£2,552,222	
	MIND Halton	£49,120			£49,120						
	Making Space	£15,000			£15,000						
	Expert Patient	£125,000								£125,000	
	Total	£4,876,450	£2,135,108	£0	£64,120	£0	£0	£0	£0	£2,677,222	£0
Community Support for LTC	Telecare	£646,230	£646,230								
	The Stroke Association	£15,000				£15,000					
	Social Care in Practice										
	Vision Support	£25,200	£25,200								

		Total									
	Deafness Support Network	£66,490	£66,490								
	Crossroads	£69,700	£69,700								
	Alzheimers Society	£31,000		£31,000							
	Total	£853,620	£807,620	£31,000	£0	£15,000	£0	£0	£0	£0	£0
Institutional Avoidance	Palliative Care Older People's Mental Health Services	£1,728,951	£1,259,290	£25,750	£120,774			£91,926		£193,933	£37,278
	Single Point of Access										
	Community Extra Care Housing	£152,159	£152,159								
	Home Care End of Life Care	£61,627								£61,627	
	Total	£1,942,737	£1,411,449	£25,750	£120,774	£0	£0	£91,926	£0	£255,560	£37,278
Timely discharge	Effective Care Co-ordination	£85,261								£85,261	
	Adult Hospital Team	£726,579	£726,579								
	Home From Hospital Service	£52,531									£52,531
	Total	£864,371	£726,579	£0	£0	£0	£0	£0	£0	£85,261	£52,531

Services in Bold are displayed under one heading as the main contributor, however they also contribute to other service areas

For example Intermediate Care supports through Enablement, but also impacts on Community Support for LTC and Institutional Avidance.

Agenda Item 5b

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director, Adult and Community
	Strategic Director, Children & Young People
SUBJECT:	Health & Social Care Integration
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform the Executive Board of the Department of Health's announcements surrounding the modernisation of the NHS and put forward proposals that the Council in conjunction with St Helens Council deliver community health and social care services currently provided by NHS Halton & St. Helens.

2.0 RECOMMENDATION:

That Members of the Executive Board:

i) note the current position report;

ii) agree to pursue Option 2 to a worked up specification and

iii) that a more detailed and comprehensive report be submitted to a future Executive Board for approval.

3.0 SUPPORTING INFORMATION

3.1 In 2009 the NHS publicised how it intends to develop and modernise its NHS services "NHS 2010-2015 from good to great". This set out a 5 year vision for the NHS and on 16 December 2009, the Department of Health (DH) published the "NHS Operational Framework" guidance for PCTs which describes the National priorities, system requirements and a timetable for delivery.

3.2 There are 5 key National priorities:

1. Improving cleanliness and reducing Health Care – associated infections;
2. Access;
3. Keeping adults and children well, improving their health and reducing health inequalities;
4. Experience, satisfaction and engagement;

5. Emergency preparedness.

3.3   DH have identified a number of "vital signs" - that is a range of
        system levers and enablers as well as mechanisms to ensure
        delivery of the National priorities. They have produced this in the
        form of a tiered approach:

- Tier 1 – a small number of must do's;
- Tier 2 – National priorities for local delivery with concerted
  efforts and where local organisations benefit from flexibility;
- Tier 3 – targeted local improvements.

3.4   The DH have also outlined their approach to workforce, and
        described their reforms for commissioning by improving health
        outcomes, reducing health inequalities and improved provider
        quality though increased productivity. They state that this should be
        processed through stronger commissioning with Councils. To
        achieve this they will publish a revised suite of NHS contracts,
        covering community, acute and mental health services. They are
        keen to develop Social Enterprise models and " horizontal and
        vertical integration " with Partners. In essence, this provides for
        Councils submitting proposals to deliver some Community Primary
        Care NHS functions either in their totality or for specific services.

3.5   Currently, the "Community Primary Care Services" are provided at
        arms length by the PCT's Community Health Services who employ
        over 1500 staff across St. Helens and Halton. The range of services
        is diverse from Health Inequalities, Community District Nursing,
        Health Visitors to more specialist Cancer and Chronic Vascular
        Disease services.

4.0   PROCESS TO PARTNER AND OPTIONS

4.1   The Strategic Health Authority and DH have issued some broad
        guidelines for PCTs to adopt when considering Partner
        arrangements and contract management. The PCT locally have
        recently written to the Chief Executive requesting that the Council
        consider whether it would like to provide all (or any)of the
        Community Health Services or alternatively consider providing some
        of the services through a pathway design, for example, Stroke
        Services or Community District Nursing.

4.2   The PCT have produced detailed guidance on the selection criteria
        and processes and invited organisations to "bid" for their services.
        This process involves presentations on very broad outline proposals.

4.3   After preliminary discussions within the Council and with St. Helens
        Council, the following options appear a possibility:

- Option 1 – a joint St. Helens & Halton Council proposal to

provide non-acute community health services across adults and children's services **for all of the services currently provided by the PCT's Community Health Services**.

- Option 2 – a joint St. Helens & Halton Council proposal to provide pathway services for the following services:

  - Community Equipment Services (with St. Helens Council)
  - District Nursing & Community Matron Services
  - Rapid response and re-ablement
  - Evening Nursing
  - Night Nursing
  - Stroke Service
  - Dementia Services
  - Universal Targeted and Specialist Community Child Health Services
  - Health Visitors
  - Midwifery
  - School Nursing
  - Speech and Language Therapy
  - Occupational & Physiotherapy
  - CAMHS Tier 1 & 2
  - Health Inequalities
  - Alcohol Lifestyle Services
  - Homeless Project

These services would remain Borough based and continue to be provided locally but management and administration efficiencies would be achieved if they were organised across the two Boroughs. Community Health Services for children would be fully integrated within the Children & Young People Directorate new Children and Families Department, whilst maintaining specialist NHS line management.

- Option 3 - Separate Council proposal for the same services. Whilst this has some advantages it is not believed that the Council would make the efficiencies, which the DH require.

4.4   It is not considered feasible given the tight time constraints imposed by DH to pursue option 1 to provide all of the Community Health Services as there are too many clinical and risk management risks to address in the short timescales.

4.5   Option 2 appears the most viable - it presents less risk, could yield greater efficiencies and if delivered effectively, provides a greater range of health improvements within the Borough.

4.6   Initial expressions of interest have been invited by the PCT, and the Council recently presented proposals to the PCT outlining the benefits of option 2.   The PCT have now invited the Council to

develop a full specification for the delivery of:

- Services for Children and families (excluding Midwifery)
- Health and well being services
- Rehabilitation and Long Term neurological services

(See – letter attached from the PCT)

If successful the contract would commence in April 2011.

Should Executive Board approve the involvement of the Council a full service specification will be required and will be reported to Executive Board for approval prior to the final submission.

5.0   PROJECT MANAGEMENT

5.1   It is acknowledged that there is not sufficient time to develop detailed and comprehensive submissions for option 1 and if additional time could have been made available this would have been an option for further consideration. However, option 2 could improve outcomes for service users, patients and carers. The strengths of provision through the Councils include:

- Track record in delivering high quality patient/client centred services;
- Existing Council governance structures to ensure safe delivery of services are robust;
- Leadership capability;
- Track record in engagement of patients and staff in the design and provision of services;
- Track record in delivering value for money.

5.2   There would be clear benefits to the Council in providing these services including improving health outcomes, developing efficiencies, providing value for money, improving patient pathways and delivering a seamless service avoiding unnecessary disputes between the agencies.

5.3   Should the PCT wish both Councils to deliver such services, a detailed specification would be prepared and a further report would be presented to the Executive Board for their consideration.

6.0   POLICY IMPLICATIONS

6.1   As the DH proposals constitute a major NHS organisational change a joint scrutiny of this process will be undertaken over the next 6 months across Halton and St. Helens Councils.

7.0   FINANCIAL IMPLICATIONS

7.1   It is envisaged that savings for the PCT and Council will be achieved and this will need to be quantified as the service develops.

8.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1   Children & Young People in Halton

The formal integration of Children's Community Health Services within the Children & Young People's Directorate would significantly enhance the prospects of improving a range of health indicators and outcomes for children.

8.2   Employment, Learning & Skills in Halton

There would be the opportunity for the development of staff within an integrated service via the sharing of best practice, knowledge etc and may also open up some career opportunities for staff.

8.3   A Healthy Halton

There would be benefits to residents of Halton in terms of improved patient pathways, as they would be dealt with by one service provided across both health and social care.

As we would be delivering an integrated service across health and social care there may also be the opportunity to develop more innovative and tailored ways of working, which would be of benefit to the community of Halton.

8.4   A Safer Halton

None identified

8.5   Halton's Urban Renewal

None identified

9.0   RISK ANALYSIS

9.1   This could be the only opportunity to submit proposals to provide these services as once the services are agreed it is anticipated that 3-5 year contracts will be established, therefore closing the window to develop new services.

9.2   Clearly operating any new services provides risks including operational workforce and financial risks. These would need to be mitigated against.

10.0   EQUALITY AND DIVERSITY ISSUES

10.1   Community Impact assessments will be completed, if we progress

with this option.

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

None.

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Primary Care Trust

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Our Ref: AB 067L/jb

10 March 2010

Mr D Parr
Chief Executive
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HALTON BOROUGH COUNCIL
CORPORATE & POLICY

1 2 MAR 2010

Dear David

Transforming Community Services – notification of decision

I am writing to you to inform you of the outcome of the Board meeting that was held at 3pm Monday 8th March. NHS Halton and St Helens convened a private Extraordinary Board meeting to consider the outcome of the evaluation process and consider the proposals put forward by the specially convened evaluation team.

The Board decided that the option which had the greatest potential to deliver transformational change and significantly improve quality, effectiveness and productivity is the **pathway specific allocation of services.** In arriving at this conclusion the evaluation panel and the Board took account of the track record of providers, the proposals that were submitted on the day and also the additional information that providers made available.

I am therefore pleased to inform you that the Board supported a proposal that Halton Borough Council has been identified as the preferred provider for the provision of **Health and Wellbeing Services, Children and Families Services (excluding community midwifery, community paediatrics and audiology) and Rehabilitation and Long Term Neurological Conditions**. In arriving at this decision the Board expressed their expectation that both Local Authorities would work closely together so that patients have access to equitable services across Runcorn, Widnes and St Helens. The Board also recognised the value of the services provided by the Voluntary, Community, Faith and Sports Sector and in your role as lead contractor for the above services you will be required to commit to ensuring a percentage of the value of the services will be delivered by them.

The decision of the Board is summarised in the table overleaf.

TCS Pathway	Health and Wellbeing	Children and Families	Acute Care Closer to Home	Rehab and LTNC	Long Term Conditions	End of Life Care	Mental Health
First Preference	Halton Borough Council (HBC)& St Helens Borough Council (SHBC)	HBC & SHBC (except community midwifery, community paediatrics and audiology which would integrate better with secondary care)	Secondary Providers (St Helens and Knowsley NHS Trust and Warrington and Halton FT) (will be required to work closely with primary care providers to integrate services around practice populations)	HBC & SHBC	Secondary Providers (will be required to work closely with primary care providers to integrate services around practice populations)	Hospices (Halton Haven and Willowbrook (3rd sector)	5 Boroughs Partnership
Third Sector	The panel recognised the strength and added value of the third sector locally. In recognition of this it was agreed that the lead contractors identified as the first preference will be required to ensure that an agreed percentage of the contract value will be delivered by local third sector providers						

The following services are excluded from the preferred options above for a number of reasons. Either they did not fit neatly with the TCS pathways as described e.g. community dental services, or they are of a semi-specialist nature e.g. neurological rehabilitation or the service is unique to Halton and St Helens e.g. Newton Community Hospital. For these reasons, these services will either be the subject of a competitive tendering process or some may be aligned to a Community Foundation Trust):

- Community Dental Services
- Community Sexual Health Services (including specialist services)
- Chronic Pain Service
- Neurological Rehabilitation
- Newton Community Hospital

Our decision will now be notified to NHS Northwest who will review our proposals and confirm whether or not they are happy for us to formally proceed. The Co-operation and Competition Panel will also be asked to review our proposals that signal a merger or acquisition of NHS services. We will contact you again shortly to discuss our proposals in more detail.

I would like to take this opportunity to thank you for submitting your proposals and congratulate you on being selected as the preferred provider for these services.

Yours sincerely

Andrew Burgess
Chief Executive

Agenda Item 5c

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director, Adults & Community
SUBJECT:	Revised Blue Badge Policy, Procedure and Practice

1.0   PURPOSE OF REPORT

1.1   To present Executive Board with the revised Blue Badge Policy, Procedure and Practice document.

2.0   RECOMMENDATION: That Executive Board;

(1) note contents of the report; and

(2) endorse the revised Blue Badge Policy, Procedure and Practice (Appendix 1).

3.0   BACKGROUND/POLICY CONTEXT

3.1   The review of the Blue Badge Policy Procedure and Practice has been carried out in conjunction with Direct Link and the Contact Centre who are responsible for administering the Scheme on behalf of the Directorate.

3.2   The Disabled Person's Parking Badge Scheme (Blue Badge Scheme) was introduced in 1971 (then known as the Orange Badge Scheme) through section 21 of the Chronically Sick and Disabled Persons Act 1970. Orange Badges were phased out from November 2002.

3.3   The Blue Badge Scheme provides a national arrangement of parking concessions for some people with disabilities who travel either as drivers or passengers. Department for Transport Regulations govern the Scheme.

3.4   The Scheme allows badge holders to park close to their destination without charge or time limit in the on street parking environment and for up to three hours on yellow lines, unless a loading ban is in place.

3.5   Many changes have taken place in the Scheme since the early 1970s. A review of the Scheme in 2007 highlighted several areas where improvements needed to take place to the administration of the Scheme, to the eligibility criteria and to prevent abuse.

3.6   In January 2008, the DfT published the current Guidance for local authorities on the Blue Badge Scheme (The Blue Badge Scheme

Local Authority Guidance (England)). This Guidance intended to promote improved assessment and enforcement of the Scheme, in order to promote consistency and prevent fraud and abuse.

3.7 After further consultation, a five year Reform Strategy for the Blue Badge Scheme was published in October 2008. Planned changes to the Scheme include extending Blue Badges to more disabled people, introducing independent medical assessments to improve fairness and consistency and introducing data sharing systems to reduce fraud and abuse. The Blue Badge Policy, Procedure and Practice document will be reviewed and amended as new legislation and guidance is issued.

3.8 The Direct Links and the Contact Centre are responsible for administering the Blue Badge Scheme on behalf of the Council. Halton Home Improvement and Independent Living Services within the Adults & Community Directorate currently provide professional advice and support where required, particularly in relation to more complex cases.

3.9 GPs are currently responsible for carrying out medical assessments on applicants where required and these are funded by Halton and St Helen's Primary Care Trust. However the Blue Badge Reform Strategy plans to move toward independent medical assessments and introduce a grant for local authorities to fund these. This process is scheduled to commence during 2010.

4.0 REASONS FOR REVIEWING THE BLUE BADGE POLICY PROCEDURE AND PRACTICE

4.1 The main changes include:

- To ensure that Halton's Blue Badge Scheme is administered in accordance with DfT Regulations and with the good practice outlined in The Blue Badge Scheme Local Authority Guidance (England) January 2008.

- To promote a fairer and more consistent approach to assessing applications under the Scheme.

- To develop a robust approach towards the prevention of fraud and abuse in line with the current guidance and in future through the development of data sharing systems as outlined in the Blue Badge Reform Strategy.

- To ensure that procedures reflect the role of Direct Link and the Contact Centre in administering the Scheme.

5.0 CHANGES TO THE POLICY, PROCEDURE AND PRACTICE

5.1 The main changes include:

5.1.1   Promoting a fairer and more consistent approach to assessing applications under the Scheme

The Policy has been amended to remove the automatic entitlement to a renewal badge for applicants over 80 and for applicants who have received three or more badges under the "eligible subject to further assessment criteria". All applicants will now be subject to a reassessment at least every three years in accordance with the Blue Badge legislation and current guidance. A letter issued by the Department of Transport to all local authorities in May 2009 (attached at Appendix 2) emphasises that "there is no provision in the Regulations that entitles an authority to issue a badge solely on the basis of an applicant's age…" However the Blue Badge Reform Strategy proposes to extend the Scheme's eligibility criteria to specific groups of disabled people who are currently ineligible under the existing legislation, including people with certain temporary mobility problems lasting at least one year, individuals with severe mental impairments, seriously disabled service personnel /veterans and more children under three with specific medical conditions. The Blue Badge Policy, Procedure and Practice document will be reviewed and amended as new legislation and guidance is issued.

- Application forms have been revised in line with the model application forms recommended in the January 2008 DfT guidance. A separate application form has been created for children under 2 as they are assessed under separate criteria by Halton Home Improvement and Independent Living Services.

- Medical information form completed by GPs has been revised so it is more comprehensive. Supplementary guidance notes on the DfT criteria are to be sent to GPs to improve the consistency of assessments.

- Organisations applying for a badge must cater for a minimum of three people with the required degree of disability. Where fewer people meet the eligibility criteria for a badge, service users should apply for their own individual badges.

- Minor changes have been made to the appeals procedure to ensure it complies with Government guidance.

5.1.2   Preventing fraud and abuse

- Residency checks to be carried out by the Direct Links/Contact Centre before application forms are issued.

- Two forms of personal identification (where possible one to be a photograph form of identification and one showing the applicant's address) are to be supplied with applications. Children under 2 are only required to supply a copy of their birth / adoption certificate however.

- Badges must be collected from Direct Link by the applicant or their representative (with appropriate documentation). Badges will only be posted out in very exceptional circumstances.

- A review of cases, where fraud or misuse is suspected, will be undertaken and a decision to refuse to issue or to withdraw a badge where appropriate.

- Badge holders to be asked to present their badge for inspection to a Team Leader at Direct Link after one reported incident of misuse. This will check whether the badge has been tampered with and provide an opportunity to remind the badge holder of the rules and regulations of the Scheme.

- One of the key projects within the Blue Badge Reform Programme is to establish a system of data sharing amongst local authorities to assist in reducing abuse of the Scheme and to aid enforcement.

5.1.3   Applicants with a Terminal Illness

- Introduction of fast track procedures to ensure that these applications are dealt with in a timely manner

6.0   POLICY IMPLICATIONS

6.1   Approval of revised Policy, Procedure and Practice, including the associated changes highlighted in this report will ensure that Halton Borough Council's Blue Badge Scheme complies with current DfT Regulations and good practice. However it is recognised that further work is needed to effectively tackle fraud and abuse and to improve data collection. It is anticipated that revised legislation and guidance arising from the implementation of the Blue Badge Reform Strategy will assist in taking forward these objectives, in addition to the other proposed changes to improve the Blue Badge Scheme nationally and it is likely a future report to the Board will be tabled.

7.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1   Children and Young People in Halton

The Blue Badge Scheme benefits eligible children and young People with disabilities, enabling them and their parents and carers to access education, health and other essential facilities.

7.2   Employment, learning and skills in Halton

The Blue Badge Scheme enables eligible disabled people to

access employment, education and training opportunities.

7.3   **A Healthy Halton**

The Blue Badge Scheme enables eligible disabled people to access health and other essential facilities.

7.4   **A Safer Halton**

A robust approach to tackling fraud and abuse of the Blue Badge System will contribute to crime and disorder objectives.

7.5   **Halton's Urban Renewal**

None identified.

8.0   FINANCIAL IMPLICATIONS

8.1   There are no significant additional costs to the Authority of implementing these proposals.

9.0   **RISK ANALYSIS**

9.1   The approval of the revised Policy Procedure and Practice document presents an opportunity to significantly improve the administration of the Blue Badge Scheme in Halton by bringing it in line with current legislation and guidance. This will provide the required foundation for the successful introduction of the proposed changes outlined in the Blue Badge Reform Strategy. The main risk of not implementing the revised Policy, Procedure and Practice is that Halton will fail to comply with DfT regulations and good practice guidance. This may lead to inconsistent assessments with blue badges being issued unlawfully and will contribute to the wider problem of lack of fairness and consistency across authorities in the administration of the Scheme.

A full risk assessment is not required.

10.0   EQUALITY AND DIVERSITY ISSUES

10.1   A key objective of the Policy, Procedure and Practice is to ensure that the Blue Badge Scheme promotes equal opportunities by enabling disabled people to enjoy maximum mobility, access local facilities and play a full and active role in their communities.

The measures outlined in this report to improve the consistency of assessments for Blue Badges should also promote fairness and equal opportunities.

A Stage 1 Community Impact Review and Assessment (CIRA) has been completed on the revised Policy, Procedure and Practice

document and is available upon request from the Strategic Director, Adults & Community.

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

Document	Place of Inspection	Contact Officer
The Disabled Persons (Badges for Motor Vehicles)(England) Regulations 2000		Strategic Director Adults & Community
The Disabled Persons (Badges for Motor Vehicles)(England) Regulations 2007		Strategic Director Adults & Community
The Blue Badge Scheme Local Authority Guidance (England) January 2008		Strategic Director Adults & Community
Comprehensive Blue Badges (Disabled Parking) Reform Strategy (England) October 2008		Strategic Director Adults & Community

Adults & Community Directorate

Blue Badge Scheme

(Disabled Persons' Parking Badge Scheme)

Policy, Procedure and Practice

Final Draft February 2010

CONTENTS

POLICY:

PROCEDURE:

APPENDICES

A: List of legislation relating to blue badge scheme

B: Documentation which can be used to confirm eligibility without further assessment

C: Detailed Guidance on Assessing Eligibility under the subject to further assessment criteria

D: Additional Guidance relating to Applications from Children under the Age of 2

E: Documentation Required to Assess Applications from Organisations

F: Standard Forms and Letters

Applications
1 (a) Individual application form
1 (b) Individual application form – child under 2
2 (a) (b) (c) (d) (e) Cover letters sent to applicant with application form
3 (a) Letter sent to organisations with application for an Organisational Badge
3 (b) Application for an Organisational Badge
4   Duplicate Badge application
5   Form to register disabled with Social Services
6   Reminder to reapply for renewal of badge

Processing Applications
7(a) Letter to applicant when GP form issued following receipt of application
7(b) Cover letter to GP
7(c) GP Supplementary Guidance Notes
7(d) Medical Information (BB3) Form
8(a) Reminder to applicant for proof of HRMCDLA
8(b) Reminder to applicant for photographs
8(c) Reminder to applicant for proof of ID
9(a) Reminder to GP for BB3
10 Request to GP for missing information
11 Letter to applicant terminating the application

INFORMATION SHEET	
Service area	Adults and Community Directorate
Date effective from	March 2010
Responsible officer(s)	Principal Manager Halton Home Improvement and Independent Living Services
Date of review(s)	March 2011
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	Halton Direct Link and Contact Centre staff and Halton Home Improvement and Independent Living Services staff
Date of committee/SMT decision	17/3/10
Related document(s)	None
Superseded document(s)	Blue Badge Policy, Procedure and Practice Feb 2003
Equality Impact Assessment completed	Stage 1 Community Impact Assessment completed
File reference	

1.	POLICY	*Practice*
1.1	**INTRODUCTION** The Blue Badge Scheme provides a national arrangement of parking concessions for some people with disabilities who travel either as drivers or passengers. The scheme allows badge holders to park close to their destination. The Blue Badge Scheme replaced the Orange Badge Scheme from April 2000 to allow badge holders to use badges within the European Union. Social Services administer the scheme on behalf of the Department for Transport (DfT), following the Regulations set out by the Government. The service is provided by Direct Link and the Contact Centre with support from Halton Home Improvement and Independent Living Services and General Practitioners (GPs).	**Additional Resources and Sources of Information** The Department For Transport's (DfT) website provides a wide range of information relating to Blue Badges, including a list of publications and resources, to assist local authorities with administering the scheme. The Blue Badge Network provides a website offering useful advice, information and support to disabled people and their families **(Appendix A).**
1.2	**POLICY AIMS** • To ensure that the Blue Badge Scheme is administered consistently and fairly, in accordance with the Department for Transport regulations and guidance. • To actively promote and raise awareness of the Blue Badge Scheme in order to encourage disabled people to apply for and benefit from the Scheme. • To ensure that the Blue Badge Scheme promotes equal opportunities by enabling disabled people to enjoy maximum mobility, access local facilities and play a full and active role in their communities. • To work in partnership with the Police and other local authorities to enforce the Scheme and prevent fraud and abuse.	

1.	POLICY	*Practice*
1.3	**LEGISLATION** The main Regulations governing the scheme are: • **The Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000.** • **The Disabled Persons (Badges for Motor Vehicles) (England) (Amendments) Regulations 2007.** Following consultation on the scheme in 2007, the Department for Transport (DfT) published the current Guidance for local authorities on the Blue Badge Scheme in January 2008. This Guidance intended to promote improved assessment and enforcement of the Scheme, in order to promote consistency and prevent fraud and abuse. • **The Blue Badge Scheme Local Authority Guidance (England) January 2008** This Policy, Procedure and Practice has been revised to incorporate the current Guidance. A five year reform strategy for the Blue Badge scheme (published in October 2008) is ongoing. Planned changes to the scheme include extending Blue Badges to more disabled people, introducing independent medical assessments to improve fairness and consistency and introducing data sharing systems to reduce fraud and abuse. Further changes to this Policy Procedure and Practice document will be required to take account of these changes.	<u>Legislation</u> **Appendix A** provides a full list of legislation relating to the Blue Badge Scheme.

1.	POLICY	*Practice*
1.4	**ELIGIBILITY FOR A BADGE** There are two types of eligibility: • **Type 1: Eligible without further assessment** • **Type 2: Eligible subject to further assessment** **Type 1: Eligible without further assessment** People who may be issued with a badge without further assessment are those who are <u>more than two years old</u> and meet one or more of the following criteria: • They receive the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). • They receive a War Pensioners Mobility Supplement (WPMS). • They are registered blind (severely sight impaired).	**<u>Proving eligibility</u>** Applicants are required to provide evidence that they qualify for a badge under the eligible without further assessment criteria. **Appendix B** provides a list of the documentation which can be used to confirm eligibility without further assessment.
	Type 2: Eligible subject to further assessment People who may be eligible for a badge subject to further assessment are those who are <u>more than two years old</u> and fall within one or more of the following descriptions: • Drive a vehicle regularly, has a severe disability in both arms and is unable to operate or has considerable difficulty in operating a parking meter. • Is unable to walk or has very considerable difficulty in walking because of a permanent and substantial disability.	**<u>Assessing eligibility</u>** Detailed guidance regarding assessing applications under the eligible subject to further assessment criteria is provided in **Appendix C.**

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1.	**POLICY**	*Practice*
	Children under the age of two	**Examples of types of medical equipment and unstable medical conditions which** may mean that children under 2 are eligible for a blue badge are provided in **Appendix D.**
	Children under the age of 2 may be eligible for a badge if they fall within <u>either or both</u> of the following descriptions:	
	• A child who has a condition that requires that they always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty. • A child who has a condition that requires that they must always be kept near a motor vehicle so they can be treated in that vehicle if necessary or taken quickly to a place where they can be treated.	
	Each application will be treated as a special case. A medical assessment should not be necessary if the child's paediatrician is able to write a letter outlining the child's medical condition and any special equipment they need to use.	**Children and Eligibility for HRMCDLA** Children can qualify for the higher rate of the mobility component Of Disability Living Allowance (HRMCDLA) <u>from their 3rd birthday (they may apply from the age of 2 years 9 months) or from birth if terminally ill.</u> This will mean that they qualify for a blue badge without the need for further assessment. Families should be advised of this and offered a referral to the Welfare Rights Service.
	Applicants with a terminal illness	
	Terminally ill applicants will qualify for a badge where they have a terminal illness that <u>seriously limits their mobility</u>. It is recognised that time is of the essence when dealing with these applications And therefore a fast track procedure may be implemented (see Procedure section 2.4).	
	Organisational Badges	**Proof of eligibility from organisations** Applications for badges from organisations will be examined to ensure they are genuine and necessary. A list of the documentation required is provided in **Appendix E.**
	An organisational badge(s) may be issued to an organisation for a motor vehicle(s) used to carry disabled people as specified in the Regulations' including mini-buses, specially adapted vehicles and tail-lift vehicles.	
	Eligible organisations may be social services departments or private or voluntary organisations that transport groups of disabled people who would meet the eligibility criteria for a badge. Badges will only be issued to the organisation or department and not to individual employees.	

1.	**POLICY**	*Practice*
	Organisations applying for a badge must cater for a minimum of three people with the required degree of disability. Where fewer people meet the eligibility criteria for a badge, service users should apply for their own individual badges. Eligible organisations will receive one badge for each specialist vehicle registered to their service. There is no overall limit on the number of badges that can be issued to any one organisation provided that they can supply the necessary documentation.	**Use of organisational badges** Organisations are encouraged only to use organisational badges on specialist vehicles e.g. those with tail lifts for wheelchairs. If employees use their own cars to transport service users, they are advised to help service users to apply for an individual badge.
1.5	**PERIOD OF ISSUE** Most blue badges, including organisational badges are issued for a period of three years with some exceptions: • Where entitlement to a badge is linked to receipt of benefits and allowances i.e. HRMCDLA and WPMS, the period of issue is linked to the period of receipt of that allowance, where that period is less than three years. Where HRMCDLA or WPMS has been granted for longer than three years, the badge will still only be issued for three years however. • In the case of children under two, the Regulations state that a badge will be issued for a maximum period of two years ending on the day immediately following their second birthday. Under no circumstances will a badge be issued for more than three years.	

	POLICY	*Practice*
1.6	**RENEWALS** In accordance with the Regulations, all badge holders will be given the opportunity to renew their badge every three years or when their old badge expires (if issued for less than three years). This is to ensure that badge holders continue to meet the eligibility criteria and that personal details remain up to date.	
1.7	**FEES** The fee for both individual and organisational badges is £2. There is no fee payable for a replacement for a lost or stolen badge if a crime or incident reference number is provided. In all other circumstances a fee will be charged.	
1.8	**GROUNDS FOR REFUSING TO ISSUE A BADGE** The grounds for refusing to issue a badge are set out in the Regulations. These are: • The applicant holds or has held a badge and misuse has led to at least three relevant convictions. • The applicant (individual or organisation) fails to provide the local authority with adequate evidence of their eligibility. • The applicant does not pay the fee for a badge, where a fee is required. • There are grounds to believe that the applicant is not who they claim to be or would permit another person to use the badge. This decision will only be taken by the Operational Director after careful consideration of the facts.	**Appeals Procedure** The applicant must be notified in writing as to the reasons why their application has been refused and informed about the **appeals procedure** (see Procedure section 2.12).

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1.	**POLICY**	*Practice*
1.9	**REPLACEMENT BADGES** When a badge is lost, stolen, destroyed, or has become so damaged or faded that it is no longer legible when displayed; a replacement badge will be issued. The £2 charge will be levied in all these circumstances except where a crime reference number is provided in relation to a lost or stolen badge.	
1.10	**RETURN OF BADGES** Badge holders are informed that they have a duty under the Regulations to return the badge in the following circumstances: • The badge expires. • The badge holder is no longer eligible or in the case of an organisation, the organisation no longer exists or is no longer eligible. • It is a replacement badge for one that is lost and stolen and the original is found / recovered. • The badge is so damaged / faded that the details on it are illegible. • The badge is no longer required by the holder e.g. where they have become housebound. • The badge holder dies. In accordance with the regulations, badge holders may be required to return their badge on account of its misuse leading to three relevant convictions or where a badge has been obtained by false representation	
1.11	**MISUSE AND ENFORCEMENT** There are several ways in which badges can be misused including; • Use of a badge that is no longer valid. • Misuse of a badge by a friend or relative with or without the badge holder's knowledge or permission.	**Information provided to Badge holders on misuse** All badge holders are made aware of their responsibilities and of the consequences of misusing their badge when it is issued in order to help prevent instances of accidental misuse.

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1.	POLICY	*Practice*
1.11	• Use of a badge that has been reported as lost or stolen. A reported loss of a badge can be a deliberate deception by the badge holder to supply another badge to a friend or family member. • Use of a stolen or copied badge. A robust approach will be adopted to tackle systematic abuse of the Scheme through effective information sharing and active inspection and surveillance, in partnership with parking enforcement teams, Cheshire Police and other local authorities. Data sharing systems will be used when made available via the Blue Badge Reform Strategy.	

2	**PROCEDURE**	*Practice*
2.1	**INTRODUCTION** The <u>Direct Links and the Contact Centre</u> are responsible for administering the Blue Badge Scheme. Their responsibilities include: • Dealing with initial enquiries and issuing application packs • Processing new and renewal applications from individuals and organisations • Issuing badges and collecting fees • Sending and receiving correspondence and dealing with queries relating to the scheme • Record keeping <u>Halton Home Improvement and Independent Living Services</u> (HHIILS) provide professional advice and support where required, particularly in relation to more complex applications. Applications are referred to the Principal Manager HHIILS in the following circumstances: • Any application relating to a child <u>under 2 years.</u> • Queries and borderline cases as indicated by the medical information (BB3) form (see 2.7). • Where it is confirmed that the applicant has a terminal illness that seriously limits their mobility. • New applications from organisations not previously issued with a badge. • Where the applicant appeals against the decision not to issue them with a Blue Badge.	 **Referrals to Principal Manager HHIILS** Where applications are referred to the Principal Manager, this is recorded on the Car Badge Screen.

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2	PROCEDURE	*Practice*
2.2	**INITIAL APPLICATION PROCEDURE** The DfT leaflet "Can I get a Blue Badge" should be sent to anyone making an enquiry about the Blue Badge Scheme. Applications can be made in person at the Direct Links [Appendix F 20] or by telephone **0151 471 7623**. Direct Link and Contact Centre staff will undertake a brief assessment to ensure that the correct application pack is completed at Direct Link or given out or posted to the applicant or their representative, along with the appropriate covering letter. (Appendix F 1 & 2). There are three different types of application packs containing different application forms and information letters: • Individual (Over 2 years of age) (Appendix F1a) • Individual (Child under 2 years) (Appendix F1b) • Organisation (Appendix F 3) For individual applicants Direct Link and Contact Centre staff also assess whether the applicant meets the eligible without further assessment criteria or whether medical information will be required to determine eligibility. If medical information is needed, a GP pack will also be issued to the applicant. The GP pack contains the following: • GP covering letter and guidance notes (Appendices F7(b) and F7(c)) • Covering letter to applicant (Appendices F2 & F7(a)) • Prepaid envelope • Medical Information Form (BB3 form) (Appendix F 7 (d)) The applicant needs to complete the first page of the medical information (BB3) form and post it back to Direct Link. An explanatory letter is sent to the applicant if they are sent the GP pack separately from the application form. (Appendix F7 (a)).	**Register of Disabled Persons** Applicants for a Blue Badge are invited to register as disabled with the Social Services Department in accordance with Section 29 of The National Assistance Act 1948. **Proof of residence** This must be checked for all individual applicants (via council tax registration details and/or the electoral register) before an application pack is issued. Applicants will need to be referred to the relevant local authority if they are not resident in Halton. **Referrals to Welfare Rights Service** Where applicants are applying under the subject to further assessment criteria, they should also be offered a referral to the Welfare Rights Service (**0151 471 7448**) to check their eligibility for qualifying benefits. **Recording applications** Applications (complete or not) are recorded on Care First, together with notes of any contact with the applicant. Contacts include any telephone calls and correspondence, including standard letters sent.

2	PROCEDURE	*Practice*
2.3	**RENEWAL APPLICATIONS** Existing badge holders are reminded approximately three weeks prior to the expiry of their badge that their badge is due to expire and that they must return their expired badge to Direct Link on receipt of their new one [Appendix F 6]. Renewal badges will not be issued more than 7 days prior to the date of expiry on the old badge. Completion of a new application form is required in all cases.	
2.4	**FAST TRACK PROCEDURES** An application may be fast tracked where an applicant has a terminal illness that seriously affects their mobility. An application form should be completed in the normal way and sent to the Contact Centre along with the necessary supporting documentation. The applicant's GP or the Palliative Care Team can send a fax to the Principal Manager HHIILS providing details of the applicant's medical condition in order to fast track an application. The Principal Manager HHIILS checks the medical information and once approved sends the medical form to the Contact Centre which issues the badge in the normal way.	**Fast Track Procedures** Details of how to use the fast track procedures are provided to GPs on the medical information form (BB3). The Principal Manager HHIILS will alert the Contact Centre via e-mail that the medical information is on its way.
2.5	**RECEIVING APPLICATIONS** All applications received are date stamped and checked for the following: **Photographs** Two recent passport size photographs, with the applicant's name and signature on the back should be supplied with the application. The photographs must show the applicant's face clearly. One photograph should be used for the badge and the other kept on the applicant's file. Where the applicant is unable to sign the photographs because of their young age or disability, the person applying on their behalf should sign.	**Photographs** Photographs are not required if an applicant is severely facially disfigured. Some cases may require special consideration e.g. where an applicant is undergoing chemotherapy recent, pre-treatment photos are acceptable.

2	PROCEDURE	*Practice*
2.5	**Proof of identification** Two forms of identification are required with all individual applications other than for children under 2 who are required to supply a copy of their birth or adoption certificate only. If possible at least one of the forms of identification should be a photograph form of identification for example a bus pass passport or new style driving licence and at least one of the forms of identification should show the applicant's current address. **Proof of eligibility** Appendix B provides details of the documentation required to support applications from individuals who are eligible without further assessment. Applicants applying under the "severe disability in both arms" criteria who drive an adapted vehicle must provide insurance documents to prove this. Appendix E provides details of the documentation required to assess and process applications from organisations. **Medical information form (BB3 form)** This must be completed by the applicant's GP for applications requiring further assessment to determine eligibility. **Signature of applicant** (or guardian/appointee) is required for all individual applications. For organisational badges the manager must sign the application form.	<u>Organisations</u> Photographs are not required for organisational badges. However the organisation's logo must be supplied with the application.
2.6	**FURTHERING INCOMPLETE APPLICATIONS** The applicant should be telephoned to request any items that are missing from their application. If this is not possible, the relevant standard letter (Appendices F 8(a), 8(b) or 8(c)) will be sent. Applicants, who have indicated on their application that they receive HRMCDLA or WPMS but have not provided the necessary evidence, are sent the standard letter to remind them that they must do so [Appendix F 8a]. If there is no response from an applicant's GP after more than one month, a standard letter is issued	<u>Terminating incomplete applications</u> Before terminating an incomplete application, Care First should be checked in case the applicant is deceased. The car badge screen will be updated as 'badge discontinued' and the reason stated in the notes field.

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2	**PROCEDURE**	***Practice***
	asking for a response [Appendix F 9a]. If the required supporting information has not been provided within three months of the application, the application is terminated. A letter is sent to notify the applicant [Appendix F 11], enclosing their application form and photographs.	
2.7	**PROCESSING APPLICATIONS** **Eligible without further assessment** Where applicants meet the eligible without further assessment criteria, the application is complete once photographs, proof of identification and other relevant evidence to support the application has been provided. The badge can then be issued. **Eligible subject to further assessment** The information supplied on the medical information (BB3) form is checked for the following: • GP's signature and practice stamp • That the responses on the form match the following: Question A1 – response is **yes** Question A2 - response is **permanent** Question A4 – response is **less than 27 metres or between 27 and 64 metres** If the above conditions are satisfied, the badge can be issued. If the GP returns the form incomplete, the standard letter will be sent in reply. (Appendix F10) If any of the above questions are answered differently the applicant is usually not eligible for a badge. However if Question A5 or Section B or Section C of the medical information form have been completed, the application should be referred to the Principal Manager HHIILS for further assessment and advice.	**Record keeping** Correspondence with GPs, including the date the medical information form (BB3) is returned is recorded on Care First in the medical letter box, on the car badge screen. **Referrals to HHIILS** If there are queries relating to the BB3 form, the Contact Centre should telephone the GP surgery in the first instance as the GP may simply have completed the form incorrectly. However if there are still queries and /or inconsistencies on checking the history of applications and previous GP reports, the application must be referred to the Principal Manager HHIILS for further advice.

2	**PROCEDURE**	*Practice*
2.8	**FORM OF BADGE** Badges contain a gender specific serial number for parking enforcement purposes which must be correctly assigned to the applicant and a tamper proof hologram. The Parking Disc (time clock) is designed to be displayed with the Blue Badge when parking on yellow lines or in parking bays which are time limited and set to show the time of arrival by badge holders. A parking disc should be issued to new badge holders at the same time as their blue badge Permanent inks must be used when writing on badges and all badges are provided in tamper proof pouches to reduce the possibility of badges being amended.	**Transsexual and transgender applicants** should be regarded in the gender with which they identify.
2.9	**ISSUING BADGES** Blue Badges are issued over the counter by Halton Direct Link staff. Applicants or organisations are sent a notification letter (Appendix F 16a and 16(b)) asking them (or their representative) to collect their Blue Badge in person from the relevant Direct Link office. Only exceptionally, at the specific request of the applicant or their representative, may the badge be posted out from the Contact Centre. To help prevent fraud, Direct Link staff must check that the person collecting the badge is the applicant by checking the photograph on the badge. Representatives collecting badges on behalf of applicants will be asked to provide the notification letter and a form of photo identification from the applicant as authorisation. An information letter (Appendix F17) and the DfT leaflet "The Blue Badge Scheme: rights and responsibilities" are provided to all successful applicants and organisations with the badge. Parents /Guardians of children under 2 are also issued with additional information on the qualifying criteria (Appendix F18) Most badges are issued for three years, although there are some exceptions as explained in the Policy section (1.5).	**Care First recording** Once applications have been processed, the outcome is recorded (service completed) and the case closed.

2	PROCEDURE	*Practice*
2.10	**COLLECTION OF FEES** Where an application for a badge is made in person and the applicant is eligible without further assessment, the £2 fee is collected at that point. If the applicant may be eligible subject to further assessment, the £2 fee is taken once the application has been approved and the badge is ready to be issued. In the case of postal applications, the applicant / organisation will be written to when the badge is ready. Payment of the £2 fee is requested at that point. No badge will be issued without payment of the fee (where a fee is applicable – See Policy section (1.7)).	
2.11	**UNSUCCESSFUL APPLICATIONS** The grounds for refusing to issue a badge are set out in the Regulations and explained in the Policy section (1.8). The most common reason for unsuccessful application is the applicant failing to provide adequate evidence of their eligibility. In all cases where an application is unsuccessful, a decision letter detailing the reasons for refusal of the badge (Appendix F12 (a), 12(b), 12(c) 12(d)) must be sent to the applicant. Photographs must also be returned. The decision letter provides information on the Appeals Procedure (see 2.10)	**Checks to carry out prior to issuing the decision letter** Before the decision letter is issued, the history of applications will be checked. If there is a lack of consistency, the application must be referred to the Principal Manager HHIILS for further advice.

2	**PROCEDURE**	*Practice*
2.12	**APPEALS PROCEDURE**	<u>**Recording Appeals**</u>
	Applicants have the right to request a review of the decision not to issue them with a badge within 28 days of the date of the decision letter. They must write to the Principal Manager HHIILS, who will carry out the appeal investigation. Appeals will be dealt with within 28 days of receipt. Where the Principal Manager has been involved in the original assessment, the Divisional Manager Independent Living Services will carry out the review.	Appeals will be logged on the notes field on the Car Badge Application details (date sent and initials of the member of staff forwarding the appeal.
	Applicants are also advised that if they consider there have been any procedural irregularities in dealing with their application, they should report these to the Local Government Ombudsman.	
	Appeals must be forwarded to the Principal Manager HHIILS by the Contact Centre on the same day they are received.	
	The appeal request is acknowledged in writing. (Appendix F 13). If the Principal Manager HHIILS decides that a further assessment is required, the applicant is notified that an Occupational Therapist will carry out an assessment of their mobility difficulties. (Appendix F14).	
	After reviewing the evidence compiled during the investigation, the Principal or Divisional Manager will re-determine eligibility and reaffirm or revise the original decision.	
	If the decision is revised in favour of the applicant, the applicant is notified (Appendix F 15(a)) and the Contact Centre is instructed to issue the badge via e-mail. The Contact Centre writes to the applicant (Appendix F 16 a and b) advising when and where they can collect the badge.	

2	PROCEDURE	*Practice*
2.12	Cases where an application is refused because an applicant has previously misused a badge leading to at least three relevant convictions or where a badge holder has been required to return a badge on account of its misuse or where it is believed that the badge has been obtained by false representation, are reviewed by the Operational Director Older People's and Independent Living Services who will make the final decision as to whether to refuse or withdraw the badge. The Applicant may appeal against the decision to the Secretary of State within 28 days from the date of the decision letter (notice of determination). <u>These are the only circumstances in which appeals may be made to the Secretary of State</u>. Where an appeal to the Secretary of State is unsuccessful, further appeal would be via the magistrate's court, the decision of which is final.	
2.13	**REPLACEMENT BADGES** Badge holders must complete the application form for a duplicate badge (Appendix F 4). If the badge has been lost or stolen, the applicant should be advised to report the loss or theft to the Police and obtain a crime / lost property number. The applicant is advised to return the original badge, if it is later recovered so that it can be destroyed. Damaged badges must be returned to Direct Link at the same time the replacement badge is issued. Replacement badges must have a new serial number and be clearly marked "duplicate" on the front. The expiry date shown on the replacement badge should be the same as the date that appeared on the original badge. The record of the original badge should be updated to show it is no longer valid.	**Fees** There is no fee for a replacement for a lost or stolen badge if a crime reference number is provided. In all other circumstances a £2 fee is charged. **Record keeping** Each time a replacement badge is issued, the date of reissue and reason should be recorded so that cases can be monitored and action taken if abuse is suspected.

2	PROCEDURE	*Practice*
2.14	**MISUSE OF BADGES** All reports of incidents of misuse of badges reported to Social Services must be recorded on Care First. Following a reported incident of misuse, the badge holder will be sent a letter (Appendix F 19(a)) asking them to present their badge for inspection to a Team Leader at one of the Direct Links. This provides an opportunity to check whether the badge has been tampered with and to advise the badge holder of their responsibilities and encourage them to comply with them in the future. If more than one incident relating to an individual is recorded, a warning notice will be issued to the badge holder. (Appendix F 19(b)) Three relevant convictions for misuse of a blue badge may lead to the badge holder being asked to return their badge and /or refusal to re-issue / renew their badge (Appendix F 19(c)). The applicant has the right of appeal against this decision to the Secretary of State for Transport (see 2.12 - Appeals Procedure).	**Recording Misuse** Reports of misuse (including letters received from traffic wardens or the Police) of a badge where the badge holder is identified, are recorded under 'misuse'.

List of Legislation Relating to the Blue Badge Scheme

The disabled person' parking badge scheme came into operation on 1 December 1971 by means of Regulations made under section 21 of the Chronically Sick and Disabled Persons Act 1970 (Badges for display on motor vehicles used by disabled persons).

The Scheme as it currently stands is governed by the following Regulations:

- The Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 (SI2000/682)
- The Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2000 (SI2000/1507)
- The Local Authorities' Traffic Orders (Exemptions for Disabled Persons) (England) Regulations 2000 (SI2000/683)
- The Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2007 (SI2007/2531)
- The Disabled Persons (Badges for Motor Vehicles) (England) (Amendment No.2) Regulations 2007 (SI2007/2600)

Other relevant legislation:

- Section 21A (Recognition of badges issued outside Great Britain) of the Chronically Sick and Disabled Persons Act 1970
- Section 117 (Wrongful use of disabled person's badge) and 142(1) (General Interpretation of Act) of the Road Traffic Regulation Act 1984 (provides powers to tackle parking related abuse of the Scheme)

All of the above Statutory Instruments and some of the Acts can be viewed online at **www.opsi.gov.uk**

Reproduced from **The Blue Badge Scheme Local Authority Guidance (England) January 2008**

Additional Sources of Information, Resources and Support

Department for Transport

Provides information on policy development and lists publications and resources

www.dft.gov.uk/transportforyou/access/bluebadge/

The Blue Badge Network

Offers information, help and advice to some 8,000 members in the UK. The website is an information database gathered over the past 10 years. It contains news, ideas, legislation, and information relating to parking concessions in particular and disability issues in general. The following website link and address are useful: concessionary parking permit

> **The Blue Badge Network**
> (General Enquiries)
> Head Office:
>
> 198 Wolverhampton Street
> Dudley
> West Midlands
> DY1 1DZ
> Tel. 01384 257001
> headoffice@bluebadgenetwork.org.uk

Appendix B

Documentation which can be used to confirm eligibility for a blue badge without further assessment

Proof of being registered blind (severely sight impaired)

An applicant who is registered blind (severely sight impaired) may be registered with Social Services, although registration is voluntary. Therefore Care First can usually confirm eligibility unless an applicant registered in another local authority area in which case further proof will be needed.

The formal notification required to register as severely sight impaired is a Certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist. The applicant should have a copy of their CVI and be encouraged to register if they have not already done so as they may be entitled to other benefits as well.

Proof of receipt of the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA)

An applicant receiving HRMCDLA will have an award notice letter from the Disability and Carers Service (DCS) or a vehicle excise duty exemption certificate (which is given to those who receive HRMCDLA).

Proof of receipt of the War Pensioner's Mobility Supplement (WPMS)

An applicant receiving WPMS will have an award letter from the Service Personnel and Veterans Agency.

Detailed Guidance on Assessing Eligibility under the "subject to further assessment" Criteria

Severe disability in both arms

This criterion was amended in October 2007 and it is now necessary to consider whether the applicant meets **all** of the following:

   a) **regularly drives an adapted or non- adapted vehicle <u>and</u>**
   b) **has a severe disability in both arms <u>and</u>**
   c) **is unable to operate or has considerable difficulty operating all or some types of parking meter** (including a machine for issuing pay and display tickets as well as a parking meter)

<u>Under no circumstances should anyone who does not satisfy all three of the conditions above receive a badge.</u> In particular a badge should not be issued to a person who travels solely as a passenger or a person who has difficulties carrying parcels, shopping or other heavy objects.

In most cases eligibility is likely to be linked to those applicants who drive an adapted vehicle. <u>Such individuals should be able to provide insurance documents which will state this.</u>

Where the applicant does not have an adapted vehicle, <u>only drivers with the most severe disabilities in both their arms (who cannot operate a parking meter) should be considered eligible.</u> This may cover disabled people with e.g. a limb reduction deficiency of both arms, bilateral upper limb amputation, muscular dystrophy, spinal cord injury, motor neurone disease or a comparable severe condition.

Walking Disability

An applicant would need to have a **permanent and substantial disability** (i.e. a condition that is likely to last at least three years) that means they cannot walk or which makes walking very difficult.

Badges should only generally be issued to people who are unable to walk or who are able to walk only with excessive labour and at an extremely slow pace or with excessive pain. Applicants should generally be physically incapable of visiting shops, public buildings and other places unless allowed to park close to their destination. Their degree of impairment should be comparable to that required to claim HRMCDLA i.e.

(d) they cannot walk i.e. they cannot take a single step or can only swing through crutches **or**

(e) they are virtually unable to walk i.e. they are unable to walk very far without experiencing severe discomfort (pain or breathlessness) as a result of a <u>physical condition</u>

The following factors should be taken into account:

- the **distance** over which they can walk without experiencing severe discomfort
- the **speed** at which they can walk
- the **length of time** for which they can walk
- the **manner** in which they can walk

If they can only walk up to 27 metres without severe discomfort then they will qualify for HRMCDLA; between 27 and 64 metres then they are likely to qualify for HRMCDLA. If they can walk over 64 metres without severe discomfort then they will need to show that the other three factors mean that they are virtually unable to walk.

As a guide the average person can walk the following in a minute:

- 90 metres at a brisk pace
- 60-70 metres at moderate speed
- 40-50 meters at a slow pace
- 30-40 at a very slow pace

(f) Or the exertion required to walk would constitute a danger to their life or would be likely to lead to a serious deterioration in their health

This criterion is intended for people with serious chest, lung or heart conditions. Some people with haemophilia may also qualify for HRMCDLA in this way. The serious deterioration does not have to be permanent but it should require medical intervention for them to recover. They will need to show that any danger to their health is a direct result of the physical effort required to walk.

In all cases entitlement depends on the applicant's difficulty in walking and considerations such as difficulty carrying parcels should not be taken into account.

The use of walking aids may be relevant to the decision but these alone should not determine whether or not a badge is issued.

Additional Guidance relating to Applications from Children under the age of 2

Bulky Medical Equipment

Children likely to fall into this criterion may be those who need to be accompanied by any of the following types of equipment:

- Ventilators;
- Suction machines;
- Feed pumps;
- Parenteral equipment;
- Syringe drivers;
- Oxygen administration equipment;
- Continuous oxygen saturation monitoring equipment;
- Casts and associated medical equipment for the correction of hip dysplasia.

Highly Unstable Medical Conditions

Examples of children with highly unstable medical conditions who need quick access to transport to hospital or home:

- Children with tracheostomies;
- Children with severe epilepsy/ fitting;
- Children with highly unstable diabetes;
- Terminally ill children who can only access brief moments of outside life and need a quick route home.

Documentation Required to Assess Applications from Organisations

- A covering letter on the organisation's headed notepaper, together with a copy of the organisation's CSCI registration. Voluntary organisations are required to provide a copy of their constitution or statement of purpose.

- Photocopy of tax disc(s) as proof that the organisation has vehicles licensed under Disabled Passenger Vehicle (DPV) class (for exemption from Vehicle Excise Duty). Alternatively an organisation may make a declaration on the organisation's headed paper to confirm that they are an organisation concerned with the care of disabled people and that they will be using the vehicle solely for the purpose of transporting those people.

- A copy of the organisation's logo is required to issue the badge(s).

STANDARD FORMS AND LETTERS

Individual Application Form (Applicant over 2 years of age)

FOR OFFICE USE ONLY	
ID NO	
CURRENT EXPIRY	
ISSUE DATE	
NEW EXPIRY DATE	
PERMIT NO.	
SERIAL NO	
RECEIPT NO.	

The Blue Badge Scheme of Parking Concessions for Disabled and Blind People Application Form (Over 2 years of age)

FOR OFFICE USE ONLY		
	SENT	RETURNED
GP PACK		
PHOTO LETTER		
PROOF LETTER		
ID LETTER		

*Please ✓ as appropriate

PART A: PERSONAL DETAILS

Full Name of Applicant

Title: Mr/Mrs/Miss/Ms

Date of Birth: Gender: National Insurance No:

	Male		Female		

Address:

Postcode:	Tel:

Previous address if different in last 3 years:

	Postcode

Renewals only:

Badge Number:		Expiry date:	

PART B: Eligible without further assessment

B1. Are you registered as severely sight impaired (blind) under the
    National Assistance Act 1948?

Yes [ ]   No [ ]

If **Yes**, please give the name of the local authority you are registered with

[   ]

B2. Do you receive the **higher rate of the mobility component** of Disability
    Living Allowance?

Yes [ ]   No [ ]

If **Yes**, please supply evidence (e.g. an official letter confirming an award of
the allowance or a Vehicle Excise Duty Exemption Certificate)

| Office Use Only - Attach copy of proof | |

B3. Do you receive War Pensioners' Mobility Supplement?

Yes [ ]   No [ ]

If **Yes**, please supply evidence (e.g. an official letter confirming award of
War Pensioners' Mobility Supplement)

| Office Use Only - Attach copy of proof | |

**If you have answered YES to any of the questions in Part B, please go to
Part F. If you have answered No to all the questions in Part B, you may
qualify for a badge under Part C or D. Please read through the notes on the
next page.**

Important Notes – Please read before completing Parts C or D

If you have answered **No** to all questions in Part B, you will only qualify for a badge if you fall into one of the following categories:

1. You are over 2 years of age, hold a valid driving licence, drive regularly and have a severe disability affecting both arms and cannot use or find it difficult to use parking meters: **Go to PART C**

2. You are over 2 years of age and cannot walk, or have severe difficulty with walking due to a permanent and substantial disability: **Go to PART D**

3. The application is for a child under 2, who falls into either or both of the following categories:
   o Those who have a medical condition requiring that they must always be near a motor vehicle for the purposes of speedy treatment
   Examples would include those children with: tracheostomies; severe epilepsy/fitting; highly unstable diabetes or terminally ill children who can only access brief moments of outside life and need a quick route home
   o Those who have a condition requiring the transportation of bulky medical equipment, which cannot be carried around with the child without great difficulty.
   Examples of such equipment would include: Ventilators; suction machines; feed pumps; parenteral equipment; syringe drivers; oxygen administration equipment; continual oxygen saturation monitoring equipment and casts and associated medical equipment for the correction of hip dysplasia **Please complete child under 2 application form**

▪ The intention of the Scheme is that only very severely disabled people will qualify under these conditions.

▪ It is essential that each application under Part C or D be considered carefully. You may be asked to provide medical evidence of your disability or have a medical examination.

▪ Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places; or to drivers who regularly drive an adapted or non adapted vehicle and have a severe disability in both arms and cannot use or find it difficult to use parking meters.

▪ People with temporary disabilities, such as a broken leg, will not qualify for badges.

If after reading these notes you think that you may qualify for a badge, please read Part C and Part D

PART C: Severe disability in both arms (Eligible subject to further assessment)

Complete this part only if you hold a valid driving licence, drive regularly and have a severe disability in both arms

C1   Please describe your disability/medical condition?

C2   Do you hold a valid driving licence and drive regularly?

Yes ☐   No ☐

C3   Do you drive a specially adapted car?

Yes ☐   No ☐

If **Yes** please give details of the type of adaptation and provide <u>proof</u> with your application e.g. insurance documents stating that you drive an adapted vehicle.

C4   Are you able to use a parking meter (this includes pay-and-display meters)?

Yes ☐   No ☐

If **No**, please describe any difficulties you have in using a meter

Now go to **Part E**

PART D: Unable to walk or experience considerable difficulty in walking due to a permanent and substantial disability (Eligible subject to further assessment)

Complete this part only if you consider that you have a permanent and substantial disability causing inability to walk or very considerable difficulty walking

D1 Are you able to walk? Please tick No if you are unable to walk at all.

Yes ☐   No ☐

D2 Do you have a disability that makes it difficult for you to walk?

Yes ☐   No ☐

If yes please give details

| |
| |
| |

D3 How far can you normally walk before you feel severe discomfort?
(If you are not sure it may be useful to measure this).
Severe discomfort means shortness of breath, pain, extreme tiredness or muscle spasms

| |
| metres/yards |

D4 How long on average would it take you to walk this far?

| |
| minutes |

D5 How many minutes can you walk for before you feel severe discomfort?
(If you are not sure it may be useful to time this)

minutes

D6 Please tick the box that best describes your walking speed

☐ Normal or Moderate (about 51 metres (55 yards) or more a minute)
☐ Slow (about 40 – 50 metres (44 – 55 yards) a minute)
☐ Very slow (less than 40 metres (44 yards) a minute)

If there is not a box that describes your walking speed, tell us in your own words about your walking speed

D7 Please tick the box that best describes the way you walk

☐ Normally
☐ Adequately e.g. you walk with a slight limp
☐ Poor e.g. you walk with a heavy limp, a stiff leg or shuffle or have problems with balance
☐ Very Poor e.g. you drag your leg, stagger, use swing through crutches or need physical support

D8 Do you use a walking aid e.g. a wheelchair, walking stick, walking frame or crutches or artificial limbs?

Yes ☐   No ☐

If Yes, please give details of which type(s) of walking aids you use

Now go to **Part E**

PART E

Please complete this part <u>if you have completed Part C or D</u>

E1. What is the name and address of your (or the child's) family doctor?

Name

Address

E2 Are you willing to agree to a medical examination to determine the extent of your disability (or that of the child) for the purpose of obtaining information to support this application?

Yes ☐   No ☐

Now go to **Part F**

PART F

This part must be completed by all applicants

F1 Will you be a driver or a passenger in a car when using a Blue Badge?

F2 Please state the registration number of the vehicle you travel in most often

_____

One number should be nominated but other vehicles may be used and the badge transferred when necessary.

F3 Two passport style photographs of the applicant should normally accompany applications. The applicant (or a parent /guardian/appointee) should sign the back of both photographs. Both photographs will be returned if the application is unsuccessful. You may send photographs taken from self-service booths or any suitable photographs cut down to an appropriate size (No larger than 5cm x 6cm). Photographs must show the applicant's face clearly.

☐   I attach 2 photographs

☐   I am unable to provide photographs because:

_____

F4 Please attach a copy of two forms of identification. If possible at least one of these should be a photograph form of identification for example passport, bus pass or new style driving licence and at least one of the forms of identification should show the applicant's current address.

F5 You will need to collect your badge once it has been issued. From which Direct Link would you like to collect it?

☐ Halton Lea, Runcorn   ☐ 7 Brook Street, Widnes

☐ Church Street, Runcorn   ☐ Queens Avenue., Ditton

PLEASE DO NOT INCLUDE ANY PAYMENTS WITH THIS APPLICATION.

Declaration (to be completed by all applicants)

I declare that to the best of my knowledge, all the information I have provided is correct ☐

I understand that I must promptly inform Halton Borough Council of any changes that may affect my entitlement to a badge ☐

I agree to Halton Borough Council contacting my GP or another accredited health professional if necessary for the purpose of obtaining information to support my application ☐

I agree to Halton Borough Council sharing the information in this form with other local authorities responsible for administering the Blue Badge Scheme, with parking enforcement agencies and with the Audit Commission for the purpose of preventing and detecting crime and fraud. ☐

Data Protection Act 1998

I understand that the information supplied by me on this form will be maintained by Halton Borough Council and will not be disclosed to any other party save those responsible for the prevention or detection of fraud ,the enforcement of parking restrictions or otherwise as the law allows ☐

I further understand that the medical information I have supplied to support this application is deemed to be sensitive personal data and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies to validate proof of entitlement ☐

Signed		Date	
Print Full Name			

Please tick the appropriate box to indicate your ethnicity

ALL INFORMATION WILL BE TREATED IN THE STRICTEST OF CONFIDENCE

WHITE

	British
	Irish
	Any other White background

MIXED

	White Black Caribbean
	White and Black African
	White and Asian
	Any other Mixed background

ASIAN OR ASIAN BRITISH

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background

BLACK OR BLACK BRITISH

	Caribbean
	African
	Any other Black background

OTHER ETHNIC GROUPS

	Chinese
	Polish
	Gypsy Traveller
	Any other ethnic group

NOT STATED

	Not stated – client does not know
	Not stated – not appropriate to ask
	Not stated – referrer does not know
	Not stated –refused to disclose

PART G

Each badge issued will have the badge holder's signature. In the case of children, their parent/guardian should sign. If adults cannot sign for themselves, official appointees should sign on their behalf

Please sign the box below. If the application is successful the signature will be fixed to the badge. The badge cannot be issued if this box is not signed.

Badge holder's signature

Individual Application Form (Children under 2 years of age)

FOR OFFICE USE ONLY	
ID NO	
CURRENT EXPIRY	
ISSUE DATE	
NEW EXPIRY DATE	
PERMIT NO.	
SERIAL NO	
RECEIPT NO.	

The Blue Badge Scheme of Parking Concessions for Disabled and Blind People Application Form
(Children under 2)

FOR OFFICE USE ONLY		
	SENT	RETURNED
PHOTO LETTER		
ID LETTER		

*Please ✓ as appropriate

PART A: PERSONAL DETAILS

Full Name of Child:

Date of Birth: Gender:

	Male		Female	

Address:

Postcode:	Tel:

Name of Person applying on behalf of child: Relationship to child:

Contact Tel No (if different from above):

41

Important Notes – Please read before completing application form

Complete this application form **ONLY** if you are applying on behalf of a child aged under 2 years who either has a condition requiring transportation of bulky medical equipment at all times and /or has a condition that requires that they must be kept near to a motor vehicle at all times in order to be treated in the vehicle or allow the child to be taken immediately to a place where they can be treated.

Applicants over 2 years of age should complete a different application form. This can be obtained by contacting **0151 907 8309**

1. Please describe the child's medical condition

---

2. Does this condition require regular transportation of bulky medical equipment?

Yes ☐   No ☐

3. If yes please provide details of the type(s) of medical equipment

---

4. Please provide a supporting letter from your child's paediatrician giving details of the child's medical condition and the type of medical equipment they need or provide contact details below:

---

5. Please state the registration number of the vehicle the child travels in most often

One number should be nominated but other vehicles may be used and the badge transferred when necessary.

6. Two passport-type photographs of the child should normally accompany applications. The child's parent /guardian should sign the back of both photographs. Both photographs will be returned if the application is unsuccessful. You may send photographs taken from self-service booths or any suitable photographs cut down to an appropriate size (No larger than 5cm x 6cm). The photographs must show the child's face clearly.

☐   I attach 2 photographs

☐   I am unable to provide photographs because:

7. Please attach a copy of the child's birth or adoption certificate as proof of identification

8. You will need to collect the badge once it has been issued. From which Direct Link would you like to collect it?

☐ Halton Lea, Runcorn   ☐ 7 Brook Street, Widnes

☐ Church Street, Runcorn   ☐ Queens Avenue., Ditton

PLEASE DO NOT INCLUDE ANY PAYMENTS WITH THIS APPLICATION.

Declaration

I declare that to the best of my knowledge, all the information I have provided is correct ☐

I understand that I must promptly inform Halton Borough Council of any changes that may affect the child's entitlement to a badge ☐

I agree to Halton Borough Council contacting the child's GP or another accredited health professional if necessary for the purpose of obtaining information to support the application ☐

I agree to Halton Borough Council sharing the information in this form with other local authorities responsible for administering the Blue Badge Scheme, with parking enforcement agencies and with the Audit Commission for the purpose of preventing and detecting crime and fraud. ☐

Data Protection Act 1998

I understand that the information supplied by me on this form will be maintained by Halton Borough Council and will not be disclosed to any other party save those responsible for the prevention or detection of fraud ,the enforcement of parking restrictions or otherwise as the law allows ☐

I further understand that the medical information I have supplied to support this application is deemed to be sensitive personal data and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies to validate proof of entitlement ☐

Signed		Parent/Guardian
Print Full Name		
Date		

Please tick the appropriate box to indicate the child's ethnicity

ALL INFORMATION WILL BE TREATED IN THE STRICTEST OF CONFIDENCE

WHITE

	British
	Irish
	Any other White background

MIXED

	White Black Caribbean
	White and Black African
	White and Asian
	Any other Mixed background

ASIAN OR ASIAN BRITISH

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background

BLACK OR BLACK BRITISH

	Caribbean
	African
	Any other Black background

OTHER ETHNIC GROUPS

	Chinese
	Polish
	Gypsy Traveller
	Any other ethnic group

	Not stated – client does not know
	Not stated – not appropriate to ask
	Not stated – referrer does not know
	Not stated –refused to disclose

PART G

Each badge issued will have the badge holder's signature. In the case of children, their parent/guardian should sign.

Please sign the box below. If the application is successful the signature will be fixed to the badge. The badge cannot be issued if this box is not signed.

Signature of Parent/Guardian

Dear

Blue Badge Scheme

Thank you for your enquiry about the Blue Badge Scheme. The Blue Badge Scheme is governed by Regulations set out by the Department for Transport and is designed to allow people with severe disabilities to park close to places they wish to visit.

Please find enclosed an application form. Fill in **ALL** the sections that apply to you. If you answer YES to any of the questions in Part B you must provide **official written proof** of this; for example, letter awarding Disability Living Allowance (higher rate mobility component) or a Vehicle Excise Duty Exemption Certificate. If you cannot answer YES to any of the qualifying questions in Part B, your GP will be consulted to establish whether or not you meet the eligibility criteria for a badge.

Before your badge can be issued you **MUST** provide two passport-sized photographs of yourself, signed on the back. You can get these from photo booths, a local photographer or by cutting down two **RECENT** photos of yourself to 3.5cm x 4.5cm. The photographs must show your face clearly. You will also need to provide two forms of personal identification. If possible at least one should be a photograph form of identification e.g. passport, new style driving licence, bus pass and one should show your current address. Please also make sure that you have signed the application form and provided a signature for the badge.

If you are applying for a renewal of your blue badge, we recommend that you apply **at least** three weeks before your badge runs out to make sure that we can process your new badge in time. You must complete the application form and provide the supporting documentation requested. We will write to tell you whether you are eligible for a Blue Badge. If you are, then you will be asked to pay a £2.00 administration fee. **PLEASE DO NOT INCLUDE ANY PAYMENTS WITH THIS APPLICATION.**

Please return your application to any Halton Direct Link. These are situated in Runcorn at Halton Lea Shopping Centre and Church Street or in Widnes at 7 Brook Street and Queens Avenue Ditton. If you are posting your application, please send it to Blue Badge Administration, Halton Direct Link, PO Box 223, Widnes. WA8 2DA. If you need help to fill in your forms, advisors at the Direct Link offices can assist you. If you are eligible and provide the proof to support your application, the badge will be processed while you wait. For all enquiries regarding the Blue Badge Scheme call **0151 907 8309.**

Yours sincerely,
Halton Direct Link Team

Dear

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Please find enclosed an application form. Fill in **ALL** the sections that apply to you. If you answer YES to any of the questions in Part B you must provide **official written proof** of this; for example, letter awarding Disability Living Allowance (higher rate mobility component) or a Vehicle Excise Duty Exemption Certificate. If you cannot answer YES to any of the qualifying questions in Part B, your GP will be consulted to establish whether or not you meet the eligibility criteria for a badge.

Before your badge can be issued you MUST provide two passport-sized photographs of yourself, signed on the back. You can get these from photo booths, a local photographer or by cutting down two RECENT photos of yourself to 3.5cm x 4.5cm. The photographs must show your face clearly. You will also need to provide two forms of personal identification. If possible at least one should be a photograph form of identification e.g. passport, new style driving licence, bus pass and one should show your current address. Please also make sure that you have signed the application form and provided a signature for the badge. If you are applying for a renewal of your blue badge, we recommend that you apply at least three weeks before your badge runs out to make sure that we can process your new badge in time. You must complete the application form and provide the supporting documentation requested.

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Please find enclosed an application form. If you are applying for a replacement badge, which has expired or is due to expire, you must still complete the application form. Please fill in **ALL** the sections that apply to you.

Before your badge can be issued you **MUST** provide two passport-sized photographs of yourself, signed on the back. You can get these from a photo booth, a local photographer or by cutting down two **RECENT** photos of yourself to 3.5cm x 4.5cm. The photographs must show your face clearly. You will also need to provide two forms of personal identification. If possible at least one should be a photograph form of identification e.g. passport, new style driving licence, bus pass. And one should show your current address. Please also make sure that you have signed the application form and provided a signature for the badge.

According to the information you gave when requesting the application form you do not meet the eligible without further assessment criteria, so we will need to consult your GP to decide whether you are entitled to a badge. Please find enclosed:

- A medical information (BB3) form
- A covering letter and supplementary guidance notes for your GP
- A prepaid envelope

You need to complete your name/address/date of birth and disability details on the BB3 form and return it to us with your completed application form. We will write to let you know whether you are eligible for a badge when we receive a reply from your GP.

If you are eligible you will be asked to pay £2.00. **PLEASE DO NOT INCLUDE ANY PAYMENTS WITH THIS APPLICATION.**

Please return your application to any Halton Direct Link. These are situated in Runcorn at Halton Lea Shopping Centre and Church Street or in Widnes at 7 Brook Street and Queens Avenue Ditton. If you are posting your application, please send to Blue Badge Administration, Halton Direct Link, PO Box 223, Widnes. WA8 2DA. If you need help to fill in your forms, advisors at the Direct Link offices can assist you. For all enquiries regarding the Blue Badge Scheme call **0151 907 8309**

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- A covering letter and supplementary guidance notes for your GP
- A prepaid envelope

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Yours sincerely
Halton Direct Link Team

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Blue Badge Scheme

Thank you for your enquiry about the Blue Badge Scheme. The Blue Badge Scheme is governed by Regulations set out by the Department for Transport and is designed to allow people with severe disabilities to park close to places they wish to visit.

Please find enclosed an application form for children under 2 years of age. Please answer all the questions on the application form and provide a supporting letter from your child's paediatrician giving details of the child's medical condition and the type of medical equipment they need.

Before the badge can be issued you **MUST** provide two passport-sized photographs of the child, signed on the back by the child's parent / guardian. You can get these from photo booths, a local photographer or by cutting down two **RECENT** photos of the child to 3.5cm x 4.5cm. The photographs must show the child's face clearly. You will also need to provide a copy of the child's birth or adoption certificate as proof of identification. Please also make sure that you have signed the application form on behalf of the child and provided a signature for the badge.

We will write to tell you whether the child is eligible for a Blue Badge. If they are, then you will be asked to pay a £2.00 administration fee. **PLEASE DO NOT INCLUDE ANY PAYMENTS WITH THIS APPLICATION.**

Please return your application to any Halton Direct Link. These are situated in Runcorn at Halton Lea Shopping Centre and Church Street or in Widnes at 7 Brook Street and Queens Avenue Ditton. If you are posting your application, please send to Blue Badge Administration, Halton Direct Link, PO Box 223, Widnes. WA8 2DA. If you need help to fill in your forms, advisors at the Direct Link offices can assist you. For all enquiries regarding the Blue Badge Scheme call **0151 907 8309.**

Yours sincerely

Halton Direct Link Team

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We will write to tell you whether the child is eligible for a Blue Badge. If they are, then you will be asked to pay a £2.00 administration fee. **PLEASE DO NOT INCLUDE ANY PAYMENTS WITH THIS APPLICATION.**

Please return your application to any Halton Direct Link. These are situated in Runcorn at Halton Lea Shopping Centre and Church Street or in Widnes at 7 Brook Street and Queens Avenue Ditton. If you are posting your application, please send to Blue Badge Administration, Halton Direct Link, PO Box 223, Widnes. WA8 2DA. If you need help to fill in your forms, advisors at the Direct Link offices can assist you. For all enquiries regarding the Blue Badge Scheme call **0151 907 8309**

Yours sincerely

Halton Direct Link Team

Dear Sir/Madam

BLUE BADGE SCHEME: APPLICATION FOR AN ORGANISATIONAL BADGE

Thank you for your enquiry about the Blue Badge Scheme. Please find enclosed an application form. A badge may be issued to an organisation for a vehicle used to carry disabled persons as specified in the Regulations, which are set out by the Department for Transport. The Organisational Badge is intended for use by organisations caring for service users who meet one or more of the eligibility criteria for a Blue Badge. Eligible service users are

- People awarded the higher rate of the MOBILITY component of Disability Living Allowance **OR** War Pensioners Mobility Supplement.
- People who are registered severely sight impaired (blind).
- People with a severe disability in both upper limbs, who drive regularly and are unable to operate, or have considerable difficulty in operating all, or some types of parking meter.
- People with a permanent and substantial disability which means that they are unable to, or have considerable difficulty in walking.
- Children under 2, who fall into **either or both** of the following categories:
  - Who have a condition requiring the transportation of bulky medical equipment, which cannot be carried around with the child without great difficulty.
  - Who have a condition requiring that they must always be near a motor vehicle for the purposes of speedy treatment.

NB: Eligible service users may apply for an individual Blue Badge and are then able to travel in any vehicle under the Blue Badge scheme.

An organisation may apply for an Organisational Badge for motor vehicles, which include mini-buses, specially adapted vehicles and tail-lift vehicles. Each vehicle can have its own badge. Badges are issued for 3 years only, at which time a fresh application should be submitted for renewal (if applicable).
I
When submitting an application for an organisation badge, you will need to provide the following:

- A covering letter on your headed notepaper.
- A copy of your company stamp or logo (this should measure no more than (6cm x 5cm).
- A copy of the organisation's CSCI registration or if a voluntary organisation, a copy of the organisation's constitution or statement of purpose.

- Photocopy of tax disc(s) as proof that the organisation has vehicles licensed under Disabled Passenger Vehicle (DPV) class or alternatively a declaration on the organisation's headed paper to confirm that the organisation is concerned with the care of disabled people and that they will be using the vehicle(s) solely for the purpose of transporting those people.

Please return completed applications to:

The Principal Manager
Halton Home Improvement and Independent Living Services
Runcorn Town Hall,
Heath Road,
Runcorn,
WA7 5TD

Yours faithfully

Halton Direct Link Team

**The Blue Badge Scheme: Application for an
Organisational Badge**

NAME OF ORGANISATION:	
ADDRESS:	
POSTCODE:	
TELEPHONE NO:	
CONTACT PERSON:	
CONTACT DETAILS: (If different from above)	
E-mail address:	

Renewals only:

Badge No(s):		Expiry Date:	

Please describe your organisation and the nature of the disabilities of the people you provide care for

Charity Number (if applicable):	

Number of service users cared for by the organisation	
Number of qualifying service users (i.e. meeting eligibility criteria for a blue badge)	

Describe why you are applying for a badge(s) including how often it will be used and why

Please provide details of the types of vehicles used by your organisation and how often they are used to transport disabled people

Registration No	Type of vehicle	Registered under DPV* class Y/N	Frequency of use

* Disabled Passenger Vehicle Class
Please continue on separate sheet if necessary

The form must be signed by the Manager

Signed			
Designation		Date	

With the completed form, you must provide:

- A covering letter on headed notepaper
- A copy of your CSCI registration. If a voluntary organisation please provide copy of constitution or statement of purpose
- A copy of your company stamp or logo (this should measure no more than (6cm x 5cm)
- Photocopy of tax disc(s) as proof that the organisation has vehicles licensed under Disabled Passenger Vehicle (DPV) class or alternatively a declaration on the organisation's headed paper to confirm that they are an organisation concerned with the care of disabled people and that they will be using the vehicle(s) solely for the purpose of transporting those people.

THE BLUE BADGE SCHEME OF PARKING CONCESSIONS FOR DISABLED AND BLIND PEOPLE

REQUEST FOR A DUPLICATE BADGE

PART A: PERSONAL DETAILS

Full Name of Applicant: Title: Mr/Mrs/Miss/Ms

Date of Birth: Gender: National Insurance No:

	Male		Female		

Address:

Postcode:	Tel:

PART B: REASON FOR REQUEST

Please tick box   Stolen ☐   Lost ☐   Destroyed/Other ☐

Please give details:

If badge lost /stolen:
Police Station reported to:

Police Officer name/No:

Police Crime/Incident No:

56

PART C

All requests for a duplicate badge should normally be accompanied by 1 passport size photograph of the badge holder. You may send photographs taken from self-service booths or any suitable photographs cut down to an appropriate size (No larger than 5cm x 6cm). The photograph must show your face clearly. **The photograph should be signed on the back by the badge holder or their representative.**

I attach photograph ☐

I am unable to provide a photograph because

Signed		Date	
Print Full Name			

PLEASE NOTE

There is no fee payable for a replacement for a lost or stolen badge if a crime or incident reference number is provided. **Under any other circumstances a charge of £2.00 will be made for lost badge replacement**. Your duplicate badge will have the same expiry date as the original. We will notify you when your badge is ready for collection.

YOU MUST ALSO SIGN HERE AS

THIS WILL BE FIXED TO THE BADGE

Each badge issued will have the badge holder's signature. In the case of children, their parent/guardian should sign. If adults cannot sign for themselves, official appointees should sign on their behalf.

REGISTRATION WITH SOCIAL SERVICES DEPARTMENT AS PHYSICALLY DISABLED UNDER SECTION 29 OF THE NATIONAL ASSISTANCE ACT OF 1948

You can register as physically disabled with Social Services under Section 29 of the National Assistance Act 1948.

This Register enables us to identify the total number of people registered as physically disabled and helps us to plan services for people with a disability on a national and local basis. The Data Protection Act safeguards registration, so your details will not be passed on to anyone else. If you would like to be registered, please complete the following form and return it to Halton Direct Link at the address below.

Surname:	First names:
Address (incl. postcode):	
Date of birth:	Telephone No:
Nature of disability:	

Doctor's name and address:

It would also be helpful if you could supply the following additional information:-

Do you live alone? **Yes** / **No**   Do you live in? **house** / **bungalow** / **flat**

Are you? **owner-occupier** / **tenant (please circle private or housing assoc)**

Are you? **cohabiting** / **divorced** / **single** /**married** / **widowed** / **separated**

Signed …………………………………………Date …………………………………..

PLEASE RETURN THIS FORM WITH YOUR COMPLETED APPLICATION FORM **TO BLUE BADGE ADMINISTRATION, HALTON DIRECT LINK, PO BOX 223, WIDNES WA8 2DA.**

<u>REMINDER TO RENEW YOUR BLUE BADGE</u>

Dear Badge Holder

Your Blue Badge is due to expire on   and you need to apply for a new one.

<u>Everybody renewing a badge must complete a new application form</u>

You will need to provide an original copy of your current qualifying proof (if applicable) and two forms of proof of your identification. If possible at least one should be a photograph form of identification for example a passport, new style driving licence or bus pass and one should show your current address. You will also need to provide two new passport sized photographs which show your face clearly. You can take these items to any of the following Halton Direct Link outlets: Halton Lea Shopping Centre or Church Street in Runcorn and 7 Brook Street or Queens Avenue, Ditton in Widnes. Alternatively, you can post your application to the address below. A £2.00 payment will be required for the badge.

POSTAL ADDRESS: **BLUE BADGE ADMINISTRATION, HALTON DIRECT LINK, PO BOX 223, WIDNES WA8 2DA.**

I enclose an application form for you to fill in and return as soon as possible.

<u>New badges are issued approximately 7 days before your old badge expires.</u>

Yours sincerely,

Halton Direct Link Team

Dear

Blue Badge Scheme

Thank you for your completed application form.

You have completed section C or D of your form, which means that we will need information from your doctor to support your application.

PLEASE MAKE SURE THAT YOU FILL IN THE FIRST PAGE OF THE FORM WITH YOUR NAME / ADDRESS / DATE OF BIRTH AND DISABILITY INFORMATION AND THE NAME AND ADDRESS OF YOUR DOCTOR. RETURN THE FORM TO HALTON DIRECT LINK AT THE ABOVE ADDRESS.

When your doctor has completed the forms they will return them to us and we will be able to make a decision about your application.

Yours sincerely,

Halton Direct Link Team

Dear Dr

Blue Badge Scheme (Disabled Persons' Parking Badge Scheme)

Please find enclosed a medical information form in respect of your patient who has applied for a Blue Badge. The Blue Badge Scheme is governed by Regulations set out by the Department for Transport. The Scheme is designed to allow people with severe disabilities to park close to places they wish to visit.

In order to assist the issuing authority (Halton Borough Council) in deciding whether the applicant is eligible for a Badge this form **should be completed by a medical practitioner** and returned to Halton Borough Council in the envelope provided. The ultimate decision to issue or refuse a badge rests entirely with the issuing authority.

To qualify for a Blue Badge a person must have:
A PERMANENT and SUBSTANTIAL disability, which means they cannot walk or which makes walking very difficult.

1. ***Permanent:*** for the purpose of Blue Badge applications, this is defined as a condition that is likely to last at least three years.

2. ***Substantial:*** This is defined as a degree of impairment comparable to that required to claim the Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA).

A person assessed as able to walk **more than 64 metres without severe discomfort** would normally be assessed as ineligible for a blue badge unless the speed at which they can walk, the length of time they can walk and the manner in which they walk means that they are **virtually unable to walk**. Please refer to the enclosed supplementary guidance notes on the "subject to further assessment" criteria set out by the Department for Transport for further information.

A person may also qualify for a blue badge if they regularly drive an adapted or non adapted vehicle **AND** have a **SEVERE Disability in Both Arms AND** is unable to operate or has considerable difficulty in operating a parking meter. For applicants who do not drive an adapted vehicle confirmation of their disability / medical condition will be required in order to assess their application. Please refer to the enclosed supplementary guidance notes for further information.

Thank you for your assistance.

Yours sincerely,

Halton Direct Link Team

Walking Disability

An applicant would need to have a **permanent and substantial disability** (i.e. a condition that is likely to last at least three years) that means they cannot walk or which makes walking very difficult.

Badges should only generally be issued to people who are unable to walk or who are able to walk only with excessive labour and at an extremely slow pace or with excessive pain. Applicants should generally be physically incapable of visiting shops, public buildings and other places unless allowed to park close to their destination. Their degree of impairment should be comparable to that required to claim HRMCDLA i.e.

(a) they cannot walk i.e. they cannot take a single step or can only swing through crutches **or**

(b) they are virtually unable to walk i.e. they are unable to walk very far without experiencing severe discomfort (pain or breathlessness) as a result of a <u>physical condition</u>

The following factors should be taken into account:

- the **distance** over which they can walk without experiencing severe discomfort
- the **speed** at which they can walk
- the **length of time** for which they can walk
- the **manner** in which they can walk

If they can only walk up to 27 metres without severe discomfort then they will qualify for HRMCDLA; between 27 and 64 metres then they are likely to qualify for HRMCDLA. If they can walk over 64 metres without severe discomfort then they will need to show that the other three factors mean that they are virtually unable to walk.

As a guide the average person can walk the following in a minute:

- 90 metres at a brisk pace
- 60-70 metres at moderate speed
- 40-50 meters at a slow pace
- 30-40 at a very slow pace

(c) Or the exertion required to walk would constitute a danger to their life or would be likely to lead to a serious deterioration in their health

This criterion is intended for people with serious chest, lung or heart conditions. Some people with haemophilia may also qualify for HRMCDLA in this way. The serious deterioration does not have to be permanent but it should require medical intervention for them to recover. They will need to show that any danger to their health is a direct result of the physical effort required to walk.

In all cases entitlement depends on the applicant's difficulty in walking and considerations such as difficulty carrying parcels should not be taken into account.

The use of walking aids may be relevant to the decision but these alone should not determine whether or not a badge is issued.

Severe disability in both arms

Where the applicant does not drive an adapted vehicle, <u>only drivers with the most severe disabilities in both their arms (who cannot operate a parking meter) should be considered eligible.</u> This may cover disabled people with e.g. a limb reduction deficiency of both arms, bilateral upper limb amputation, muscular dystrophy, spinal cord injury, motor neurone disease or a comparable severe condition.

FOR OFFICE USE ONLY	
ID NO	
EXPIRY DATE	

The Blue Badge Scheme of Parking

Concessions for Disabled and Blind People

Medical Information Form

PART 1 - TO BE COMPLETED BY APPLICANT

I, the applicant consent to the local authority contacting my family doctor for the purpose of obtaining information to support my Blue Badge application.

Full Name of Applicant   Mr/Mrs/Miss/Ms (delete as appropriate)   Date of Birth

Address (including Postcode)

Applicant's Signature: Date:

Please provide details of your disability / medical condition (i.e. why you are applying for a Blue Badge)

Please provide the name and full address (including Postcode) of your GP:

PART 2 - TO BE COMPLETED BY A MEDICAL PRACTITIONER

- In order to assist the issuing authority (Halton Borough Council) in deciding whether the applicant is eligible for a Badge this form **should be completed by a medical practitioner** and returned to the local authority in the envelope provided. The ultimate decision to issue or refuse a badge rests entirely with the issuing authority.

- The answers to the questions in this form should not be divulged to the applicant.

Please complete **either Section A or Section B** as appropriate to the disability /medical condition of the applicant as indicated in Part 1.

SECTION A : WALKING DISABILITY

A1 Does the applicant have a disability that affects walking ability?

Yes ☐   No ☐

If you have answered No, please sign this form and return it to the local authority. There is no need to answer further questions.

A2.Is the nature of the disability?

Permanent ☐   Temporary ☐   Intermittent ☐

A3 Does the applicant regularly need to use:

A wheelchair   Yes ☐   No ☐   Not known ☐

A walking aid   Yes ☐   No ☐   Not known ☐

If Yes, please provide details of the type(s) of walking aid used

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A4 From your knowledge of the applicant's condition, how far can the applicant walk without severe discomfort?

Less than 27 metres ☐   Between 27 metres & 64 metres ☐

More than 64 metres ☐

A5 If the applicant can walk more than 64 metres without severe discomfort, please provide details of any other factors regarding the applicant's walking ability that should be taken into account in assessing their application i.e. the speed at which they can walk, the length of time for which they can walk and the manner in which they can walk or whether the exertion required to walk would be likely to lead to a serious deterioration in their health. Please refer to guidance notes for further information.

Please go to Section C

SECTION B: SEVERE DISABILITY IN BOTH ARMS

B1 Does the applicant have a severe disability in both arms?

Yes ☐   No ☐

If you have answered No, please sign this form and return it to the local authority. There is no need to answer further questions.

B2 If yes please provide details of the applicant's disability / medical condition

Please go to Section C

SECTION C: TERMINAL ILLNESS

C1 Does the applicant have a terminal illness that seriously limits their mobility?

Yes ☐   No ☐

C2 If yes please provide details

| |
| |

If the applicant has a terminal illness their application can be fast tracked by either their GP or the Palliative Care Team faxing the above information for the attention of the Principal Manager Halton Home Improvement and Independent Living Team on 01928 704 547.

Please go to Section D

SECTION D: GP SIGNATURE AND PRACTICE STAMP

Signed: | | Practice Stamp | Date:

| |

Name: | | | Tel No:

| |

Dear

Blue Badge Scheme

Thank you for your application for a Blue Badge.

You have ticked the box to say that you are entitled to the Higher Rate of the Mobility Component of Disability Living Allowance.

We need to see proof of this before we can issue your badge. This needs to be either the letter you had from the DWP to say that you are entitled or your Vehicle Excise Duty Exemption Certificate (car tax exemption).

You can call in at any of the Halton Direct Link Offices or post the proof to us. Halton Direct Links are situated in Runcorn at Halton Lea Shopping Centre and Church Street or in Widnes at 7 Brook Street and Queens Avenue Ditton.

Postal Address: **BLUE BADGE ADMINISTRATION, HALTON DIRECT LINK, PO BOX 223, WIDNES WA8 2DA.**

If you do not have the original award letter please call the DWP Disability and Carers Service on **08457-123456** to request a copy. We cannot issue your Blue Badge until we have this information. If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**.

Yours sincerely

Halton Direct Link Team

Dear

BLUE BADGE SCHEME

Thank you for your application for a Blue Badge.

Before we can issue your badge, we need 2 passport-sized photographs of you. You can get these from photo booths, a local photographer or by cutting two **recent** photographs of yourself down to size 3.5cm x 4.5cm. The photographs must show your face clearly. Please also remember to sign the photographs on the back before you send them.

Please use the envelope and tear-off slip provided at the bottom of this letter.

Only in exceptional circumstances can the photograph be left off the badge. If you need to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**.

Yours sincerely

Halton Direct Link Team

…………………………………………………………………………………………..
Name:

Address:

Please find enclosed two photographs for my Blue Badge application.

Signed:...

Dear

BLUE BADGE SCHEME

Thank you for your application for a Blue Badge.

Before we can issue your badge, we need to see two forms of personal identification. If possible at least one of these forms of identification should be a photograph form of identification, for example a passport, bus pass or new style driving licence and one should show your current address. Children under two should provide a copy of their birth or adoption certificate only as proof of identification.

You can call in at any of the Halton Direct Link Offices or post the documentation to us. Halton Direct Links are situated in Runcorn at Halton Lea Shopping Centre and Church Street, or in Widnes at 7 Brook Street and Queens Avenue, Ditton.

Postal address: **BLUE BADGE ADMINISTRATION, HALTON DIRECT LINK, PO BOX 223, WIDNES WA8 2DA.**

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**.

Yours sincerely

Halton Direct Link Team

Dear Dr

Blue Badge Application in respect of your patient:

      Name:

      Address:

      DOB:

Some time has passed since we wrote to you requesting a medical opinion on this patient's eligibility for the Blue Badge Scheme. To date we have not received a reply and therefore we are unable to process their application.

Please return the form at your earliest convenience if you haven't already done so. Thank you for your assistance with this matter.

Yours sincerely

Halton Direct Link Team

Dear Dr

Blue Badge Scheme

Please see section   of the enclosed Blue Badge Medical Information (BB3) form, which appears to be incomplete. We would be grateful if you could supply the missing information as soon as possible. Please return the complete form in the envelope provided.

Thank you for your assistance with this matter.

Yours sincerely

Halton Direct Link Team

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Dear

Blue Badge Scheme

We note from our records that it has been a while since we last had any contact with you about your application for a Blue Badge.

We assume that this is because you no longer wish to pursue your application. Please find enclosed the application form and photographs you sent to us. If you would like to apply again in future you will need to fill in a new form.

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**.

Yours sincerely

Halton Direct Link Team

Dear

Blue Badge Application

I am sorry to inform you that following your recent application, we are currently unable to issue you with a Blue Badge.

The reason(s) for this decision are given below:

You have not provided the evidence required to prove that you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance.	☐
You have not provided the evidence required to prove that you are in receipt of War Pensioners' Mobility Supplement.	☐
It has not been possible to confirm you are registered as severely sight impaired (blind).	☐
You have not paid the fee for the issue of the badge	☐
The medical information provided by your doctor indicates that you are not considered to have a permanent and substantial disability which causes inability to walk or considerable difficulty in walking	☐
The medical information provided by your doctor indicates that you are not considered to have a severe disability in both arms and be unable to operate all or some types of parking meter	☐

You have applied on behalf of a child aged under two years of age and it has not been possible to confirm that the child has a medical condition that requires that they always be accompanied by bulky medical equipment and /or a condition that requires that they must always be kept near a motor vehicle so they can be treated in that vehicle if necessary or taken quickly to a place where they can be treated because…..	☐

Additional Information relevant to the decision not to issue you with a Blue Badge:

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If your circumstances change in the future or if you have additional relevant information to support your application, we will be pleased to consider your request again.

Appeals Procedure

You have the right to appeal against this decision. If you disagree with this decision, please write to Direct Link within 28 days of receiving this letter, telling us why you think the decision is wrong.

Postal address: **BLUE BADGE ADMINISTRATION, HALTON DIRECT LINK, PO BOX 223, WIDNES WA8 2DA.**

The Principal Manager Halton Home Improvement and Independent Living Services will review your application against the eligibility criteria for the Blue Badge Scheme. To assist in making a decision about your application you may be offered an assessment by an Occupational Therapist.

The Principal Manager will write to you within 28 days, to let you know what the new decision is.

Local Government Ombudsman

If you feel that the council has not applied its policy in a correct manner you may bring the matter to the attention of the Local Government Ombudsman.

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**

Yours sincerely

Halton Direct Link Team

Dear

Blue Badge Application

I am sorry to inform you that your recent application for an organisational badge has been unsuccessful.

The reason(s) for this decision are given below:

The organisation is not eligible for a blue badge. An eligible organisation is an organisation concerned with the care of disabled persons. This must be evidenced through registration with the Commission for Social Care Inspection or for voluntary organisations through their constitution or statement of purpose.	☐
You have not provided the evidence required to prove that the organisation cares for disabled people that meet the eligibility criteria for a blue badge as set out in the Department for Transport's Regulations for the Scheme.	☐
The organisation does not cater for an adequate number of people with the required degree of disability (the minimum number is three). However eligible service users may apply for their own individual blue badge.	☐
You have not provided the evidence required to prove that the organisation has vehicles registered under the DPV taxation class which are used to transport eligible service users.	☐
You have not paid the fee for the issue of the badge	☐

If the organisation's circumstances change in the future or if you have additional relevant information to support the application, we will be pleased to consider your request again.

Appeals Procedure

You have the right to appeal against this decision. If you disagree with this decision, please write to Direct Link within 28 days of receiving this letter, telling us why you think the decision is wrong.

Postal address: **BLUE BADGE ADMINISTRATION, HALTON DIRECT LINK, PO BOX 223, WIDNES WA8 2DA.**

The Principal Manager Halton Home Improvement and Independent Living Services will review the organisation's application and will write to you within 28 days, to let you know what the new decision is.

Local Government Ombudsman

If you feel that the council has not applied its policy in a correct manner you may bring the matter to the attention of the Local Government Ombudsman.

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**

Yours sincerely

Halton Direct Link Team

Dear

Blue Badge Application

You have recently applied for a blue badge. However I am sorry to inform you that after reviewing your application, I have decided not to issue you with a badge.

The reason for my decision is that according to our records and information received from the Police, **you have had at least three relevant convictions for previously misusing a blue badge.** This, in accordance with regulation 8 of The Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000, provides grounds for a local authority to refuse to issue a badge. Relevant convictions are convictions for contravening or failing to comply with road traffic regulation orders and wrongful use of a disabled person's badge. Details of these convictions and the reasons for refusing to issue you with a badge are provided below:
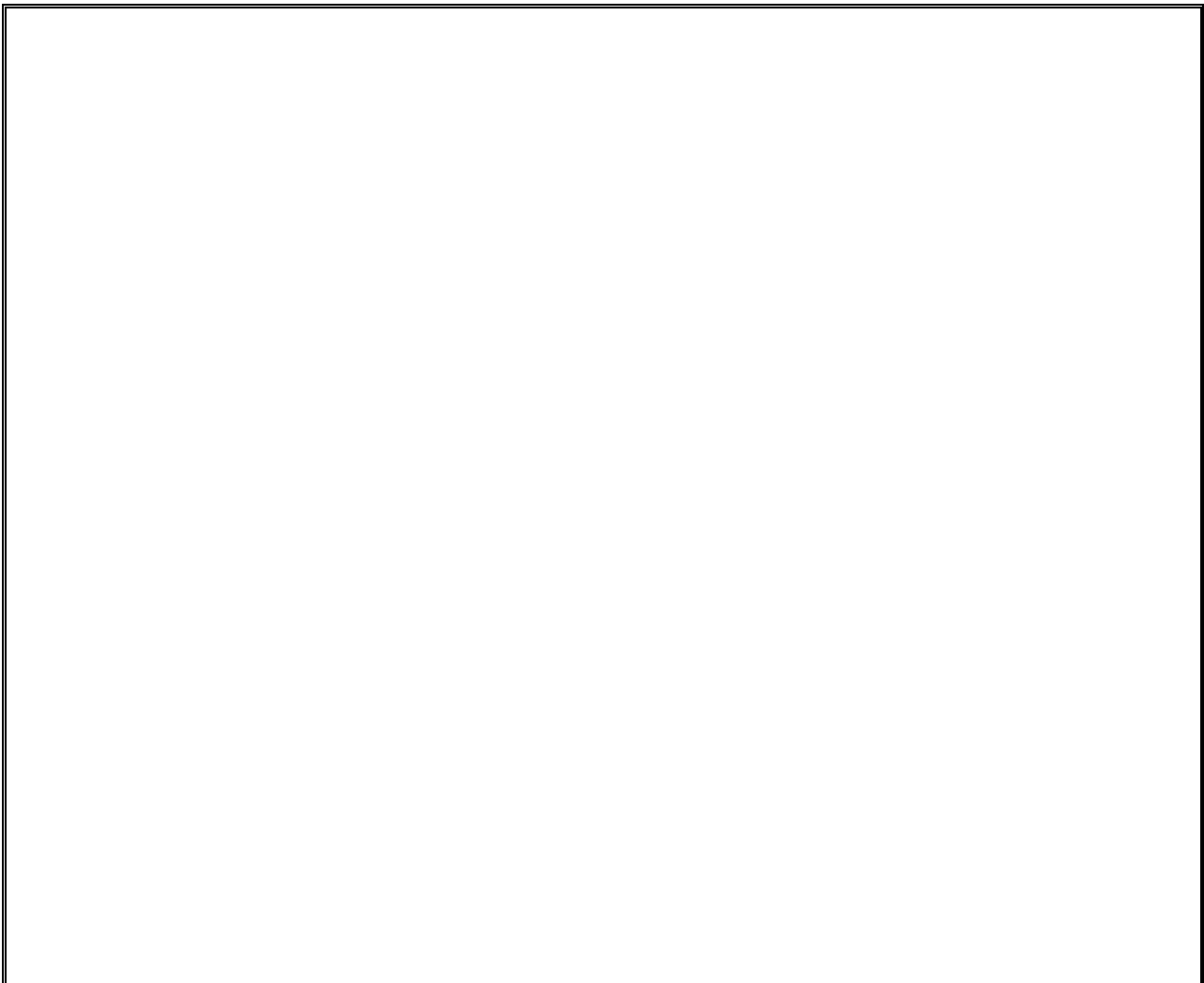
Appeals Procedure

You have the right to appeal against this decision to the Secretary of State for Transport. Your appeal must be made in writing to the address below within 28 days of the date of this letter.

<div align="center">

Department for Transport
Great Minster House
76 Marsham Street
London
SW1P 4DR

</div>

Following an appeal to the Secretary of State, further appeal would be via the magistrate's court, the outcome of which is final.

Local Government Ombudsman

If you feel that the Council has not applied its policy in a correct manner you may bring the matter to the attention of the Local Government Ombudsman.

Yours sincerely,

Operational Director
Older People's and Independent Living Services

Dear

Blue Badge Application

You have recently applied for a blue badge. However I am sorry to inform you that after reviewing your application, I have decided not to issue you with a badge.

The reason for my decision is that the authority has **reason to believe you are not the person you claim to be OR you would permit another person to use the badge**

Further details of the reasons for refusing to issue you with a badge are provided below:

Appeals Procedure

You have the right to appeal against this decision. If you disagree with this decision, please write to Direct Link within 28 days of receiving this letter, telling us why you think the decision is wrong.

Postal address: Postal address: **BLUE BADGE ADMINISTRATION, HALTON DIRECT LINK, PO BOX 223, WIDNES WA8 2DA.**

I will review my decision and write to you within 28 days, to let you know what the new decision is.

Local Government Ombudsman

If you feel that the council has not applied its policy in a correct manner you may bring the matter to the attention of the Local Government Ombudsman.

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**

Yours sincerely

Operational Director
Older People's and Independent Living Services

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Dear

BLUE BADGE SCHEME - APPEAL PROCESS

Thank you for your letter asking us to look again at your application for a Blue Badge.

We will check again to see if we have all the information we need before making a new decision. If we need anything else, we will write to let you know.

You should receive an answer from us within 28 days of receipt of this letter.

Yours sincerely

Principal Manager
Halton Home Improvement and Independent Living Services

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Dear

BLUE BADGE SCHEME - APPEAL PROCESS

We are looking again at your application for a Blue Badge.

To assist us in making a decision, we need you to be assessed by our Occupational Therapist. You will be contacted again shortly to arrange a suitably convenient appointment.

Yours sincerely

Principal Manager
Halton Home Improvement and Independent Living Services

Dear

BLUE BADGE SCHEME - APPEAL PROCESS

We have looked again at your application for a Blue Badge.

I am pleased to tell you that we have changed the decision and I am writing to confirm that you meet the eligibility criteria for a Blue Badge.

Halton Direct Link will write to you shortly to let you know when the badge will be ready for collection.

Yours sincerely

Principal Manager
Halton Home Improvement and Independent Living Services

Dear

BLUE BADGE SCHEME - APPEAL PROCESS

We have looked again at your application for a Blue Badge.

I am sorry to tell you that we have not changed the original decision not to issue you with a blue badge. Our investigation shows that you do not meet the criteria for a Blue Badge for the following reasons:

To qualify, you must fall into one of the following categories:

- People awarded the higher rate of the MOBILITY component of Disability Living Allowance **OR** War Pensioners Mobility Supplement
- People who are registered severely sight impaired (blind)
- People with a severe disability in both upper limbs, who drive regularly and are unable to operate, or have considerable difficulty in operating all, or some types of parking meter
- People with a permanent and substantial disability which means that they are unable to, or have considerable difficulty in walking
- Children under 2, who fall into **either or both** of the following categories:
    - Who have a condition requiring the transportation of bulky medical equipment, which cannot be carried around with the child without great difficulty
    - Who have a condition requiring that they must always be near a motor vehicle for the purposes of speedy treatment

If you feel that you satisfy any of the above conditions at any time in the future, please contact us again to make a new application.

Yours sincerely

Principal Manager
Halton Home Improvement and Independent Living Services

Dear

BLUE BADGE APPLICATION

I am pleased to tell you that your Blue Badge is ready and can be collected from the Halton Direct Link one stop shop located at Halton Lea Shopping Centre, Runcorn.

You can collect your badge between 9 am – 5.30 pm from Monday to Friday, or 9 am – 1pm on Saturday. You will be asked to pay a fee of £2.00 before the badge is issued to you. Cheques need to be payable to Halton Borough Council.

Please bring this letter and the fee with you when you come to collect your badge. If someone else is collecting the badge for you, they must produce this letter and a photograph form of your identity e.g. your passport, bus pass or new style driving licence as your authority.

If this is a replacement badge for one which has expired or is about to expire please bring your old badge to exchange for your new one.

In order to prevent fraud badges must normally be collected and will only be posted in exceptional circumstances. If you would like to discuss this further please contact us on 0151 907 8300.

Yours sincerely

Halton Direct Link Team

Dear

BLUE BADGE APPLICATION

I am pleased to tell you that your Blue Badge is ready and can be collected from the Halton Direct Link one stop shop located at Church Street Runcorn.

You can collect your badge between 9 am – 5.30 pm from Monday to Friday or 9 am – 1pm on Saturday. You will be asked to pay a fee of £2.00 before the badge is issued to you. Cheques need to be payable to Halton Borough Council.

Please bring this letter and the fee with you when you come to collect your badge. If someone else is collecting the badge for you, they must produce this letter and a photograph form of your identity e.g. your passport, bus pass or new style driving licence as your authority.

If this is a replacement badge for one which has expired or is about to expire please bring your old badge to exchange for your new one.

In order to prevent fraud badges must normally be collected and will only be posted <u>in exceptional circumstances</u>. If you would like to discuss this further please contact us on 0151 907 8300.

Yours sincerely

Halton Direct Link Team

Dear

BLUE BADGE APPLICATION

I am pleased to tell you that your Blue Badge is ready and can be collected from the Halton Direct Link one stop shop located at 7 Brook Street, Widnes.

You can collect your badge between 9 am – 5.30 pm from Monday to Friday or 9 am – 1pm on Saturday. You will be asked to pay a fee of £2.00 before the badge is issued to you. Cheques need to be payable to Halton Borough Council.

Please bring this letter and the fee with you when you come to collect your badge. If someone else is collecting the badge for you, they must produce this letter and a photograph form of your identity e.g. your passport, bus pass or new style driving licence as your authority.

If this is a replacement badge for one which has expired or is about to expire please bring your old badge to exchange for your new one.

In order to prevent fraud badges must normally be collected and will only be posted in exceptional circumstances. If you would like to discuss this further please contact us on 0151 907 8300.

Yours sincerely

Halton Direct Link Team

Dear

BLUE BADGE APPLICATION

I am pleased to tell you that your Blue Badge is ready and can be collected from the Halton Direct Link one stop shop located at Queens Avenue, Ditto.

You can collect your badge between 9 am – 5.30 pm from Monday to Friday or 9 am – 1pm on Saturday. You will be asked to pay a fee of £2.00 before the badge is issued to you. Cheques need to be payable to Halton Borough Council.

Please bring this letter and the fee with you when you come to collect your badge. If someone else is collecting the badge for you, they must produce this letter and a photograph form of your identity e.g. your passport, bus pass or new style driving licence as your authority.

If this is a replacement badge for one which has expired or is about to expire please bring your old badge to exchange for your new one.

In order to prevent fraud badges must normally be collected and will only be posted in exceptional circumstances. If you would like to discuss this further please contact us on 0151 907 8300.

Yours sincerely

Halton Direct Link Team

FURTHER INFORMATION ABOUT THE USE OF YOUR BLUE BADGE

Dear Badge Holder

Before you use your Blue Badge you should carefully read the leaflet that you received with your badge.

Please note that it is your responsibility to use your badge properly. Misusing your badge or allowing others to misuse your badge is a criminal offence and could result in you being fined and / or the withdrawal of your badge.

Please remember, you must inform the DVLA in Swansea if your disability or condition affects your ability to drive safely.

HOW TO USE YOUR BLUE BADGE
When you have parked your car you should loosely place the Blue Badge on the dashboard or fascia panel of the vehicle, where it can be seen. **Do not stick to the windscreen or leave on display when not in use.** The Parking Disc (Time clock) is designed to be displayed with the Blue Badge when parking on yellow lines or in bays which are time limited and set to show the time of arrival.

WHAT TO DO IF YOUR BADGE IS LOST OR STOLEN
If this happens, please contact us. We will send you an application form for a duplicate badge. You should complete and return it to us with one passport-sized photograph. The loss or theft **must** be reported to the Police and a crime number/lost property number obtained. If a crime reference number is not obtained a charge of £2.00 will apply and this must be included with your application. Please make cheques payable to Halton Borough Council.

WHAT TO DO IF YOUR BADGE IS DAMAGED
If your badge has become mutilated, faded or illegible, please return it to us immediately. You will need to supply us with another passport-sized photograph. A charge of £2.00 will apply and this must be included with your application. Please make cheques payable to Halton Borough Council.

RETURNING THE BADGE

You have a duty under the Regulations to return the badge if:

- The badge expires
- The badge holder or organisation is no longer eligible for a badge
- The badge is a replacement for one that is lost or stolen and the original badge is found. In these circumstances the original badge should be returned to Direct Link.
- The badge is damaged and faded to such an extent that it is not possible to read the details of the badge.
- The badge is no longer needed by the holder e.g. they become confined to the house
- The badge holder dies

If you would like any more information about the Blue Badge scheme please contact us on **0151 907 8309**.

Yours faithfully

Halton Direct Link Team

IMPORTANT INFORMATION ABOUT THE BLUE BADGE FOR CHILDREN AGED UNDER 2 YEARS
Please read carefully

A child aged under 2 years old may qualify for a Blue Badge if they fall into **either of both** of the following categories:

- They have a condition requiring the transportation of bulky medical equipment, which cannot be carried around with the child without great difficulty.
- They have a condition requiring that they must always be near a motor vehicle for the purposes of speedy treatment

The regulations for issuing Blue Badges, which are decided by the Department for Transport, state that badges issued to children under 2 must expire when the child reaches their second birthday. You will therefore need to return the existing badge to Direct Link and re-apply for a Blue Badge under the eligible subject to further assessment criteria at this time. In order to qualify under these criteria the child must have a permanent and substantial disability which means they unable to or have considerable difficulty in walking.

We expect that most children under 2 years of age who qualify for a blue badge will satisfy the qualifying conditions for the higher rate of the mobility component of Disability Living Allowance (HRMCDLA). You are therefore advised to apply for the higher rate of the mobility component of Disability Living Allowance (HRMCDLA) once the child reaches the age of two years and nine months, although HRMCDLA cannot be paid until the child's third birthday. If the child qualifies for HRMCDLA they will be eligible for a blue badge without further assessment.

If you have any queries about the child's entitlement to Disability Living Allowance, we recommend that you seek independent advice from the Welfare Rights Service on 0151 471 7448, or your local Citizen's Advice Bureau.

If you have any queries about this information sheet or the child's entitlement to a Blue Badge please telephone **0151 907 8309** for further advice.

Dear

MISUSE OF THE BLUE BADGE

It has been brought to my attention that you have misused your Blue Badge. This is a criminal offence and a serious breach of the rules of the scheme.

You are required to present your badge for inspection by a Team Leader at one of the Direct Link Offices at your earliest convenience.

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Runcorn Old Town Church Street Runcorn WA7 1LX

Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, Ditton, Widnes WA8 8HT

Yours sincerely

Halton Direct Link Team

Dear

MISUSE OF THE BLUE BADGE

It has been brought to our attention that you have misused your Blue Badge on more than one occasion. This is a criminal offence and a serious breach of the rules of the scheme.

I must inform you of the penalties you could incur if you continue to misuse the badge in this way. If you are convicted of misusing your badge on more than three occasions, I may be compelled to ask you to return the badge and /or your badge may not be renewed when it expires.

Either penalty is likely to result in considerable personal inconvenience to you. I would therefore strongly urge that you use the badge according to the terms and conditions under which it was issued to you.

If you would like information about the terms and conditions of the Blue Badge Scheme, please contact us on **0151 907 8309**.

Yours sincerely

Halton Direct Link Team

Dear

MISUSE OF THE BLUE BADGE – REQUEST TO RETURN YOUR BADGE (Notice of Determination)

According to our records and information received from the Police, you have been convicted of misusing your Blue Badge on at least three occasions.

Although I have written to you on (**dates**) advising you of the possible penalties for misuse, you have ignored these warnings. I must now request that you return the badge immediately in the enclosed prepaid envelope. I must warn you that continued use of the badge may result in prosecution.

Details of the convictions and the reasons for withdrawing your badge are as follows:
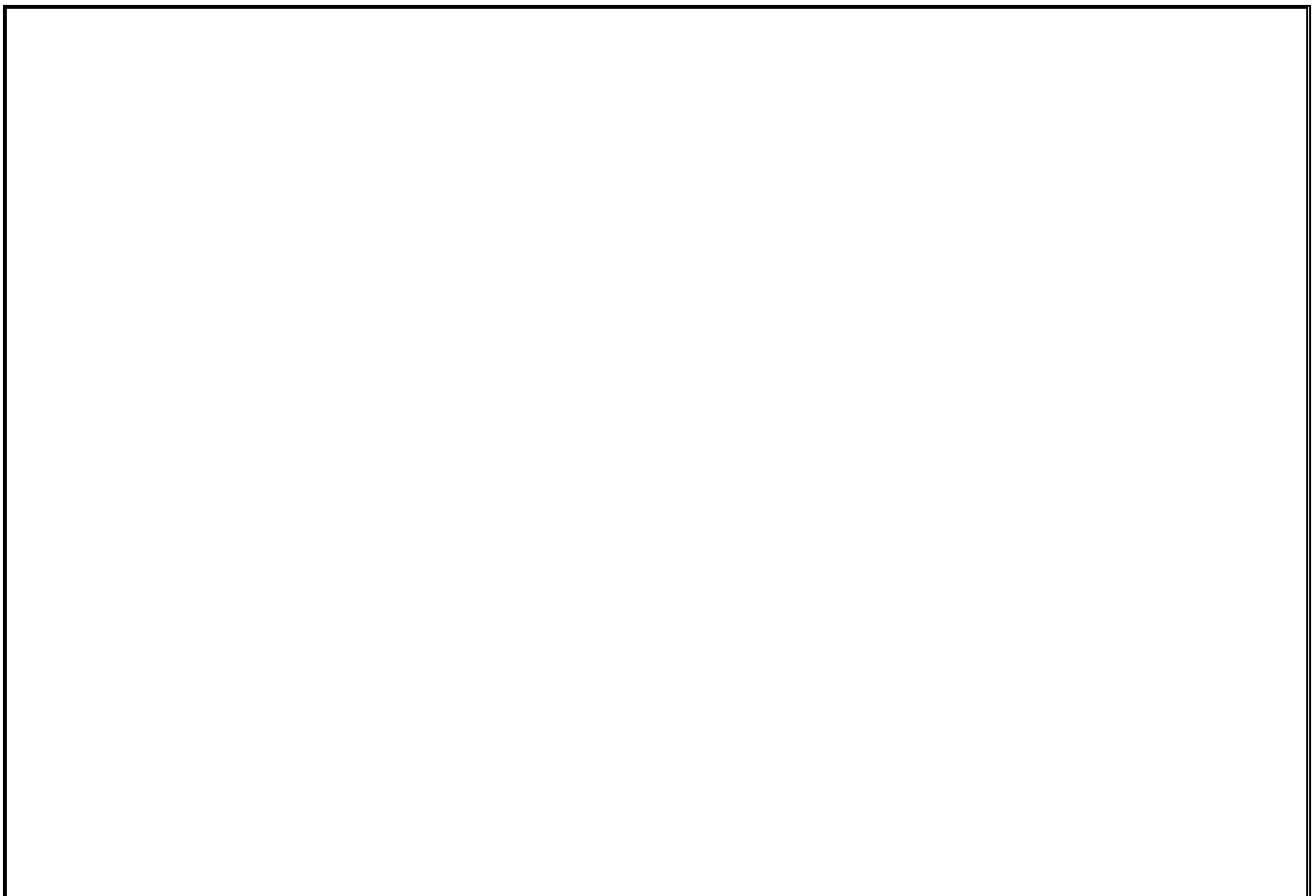
Appeals to the Secretary of State

You have the right to appeal against this decision to the Secretary of State for Transport. Your appeal must be made in writing to the address below within 28 days of the date of this letter

<div align="center">

Department for Transport
Great Minster House
76 Marsham Street
London
SW1P 4DR

</div>

Following an appeal to the Secretary of State, further appeal would be via the magistrate's court, the outcome of which is final.

Yours sincerely

Operational Director
Older People's and Independent Living Services

Return request (false representation): Notice of Determination

Dear

BLUE BADGE FRAUD – REQUEST TO RETURN YOUR BADGE
(Notice of Determination)

I am writing to inform you that we believe that you have provided false information in relation to your application for a Blue Badge and therefore you are not eligible to hold a Badge.

I must now request that you return the badge immediately in the enclosed prepaid envelope. I must warn you that continued use of the badge may result in prosecution.

Details of the reasons for withdrawing your badge are as follows:
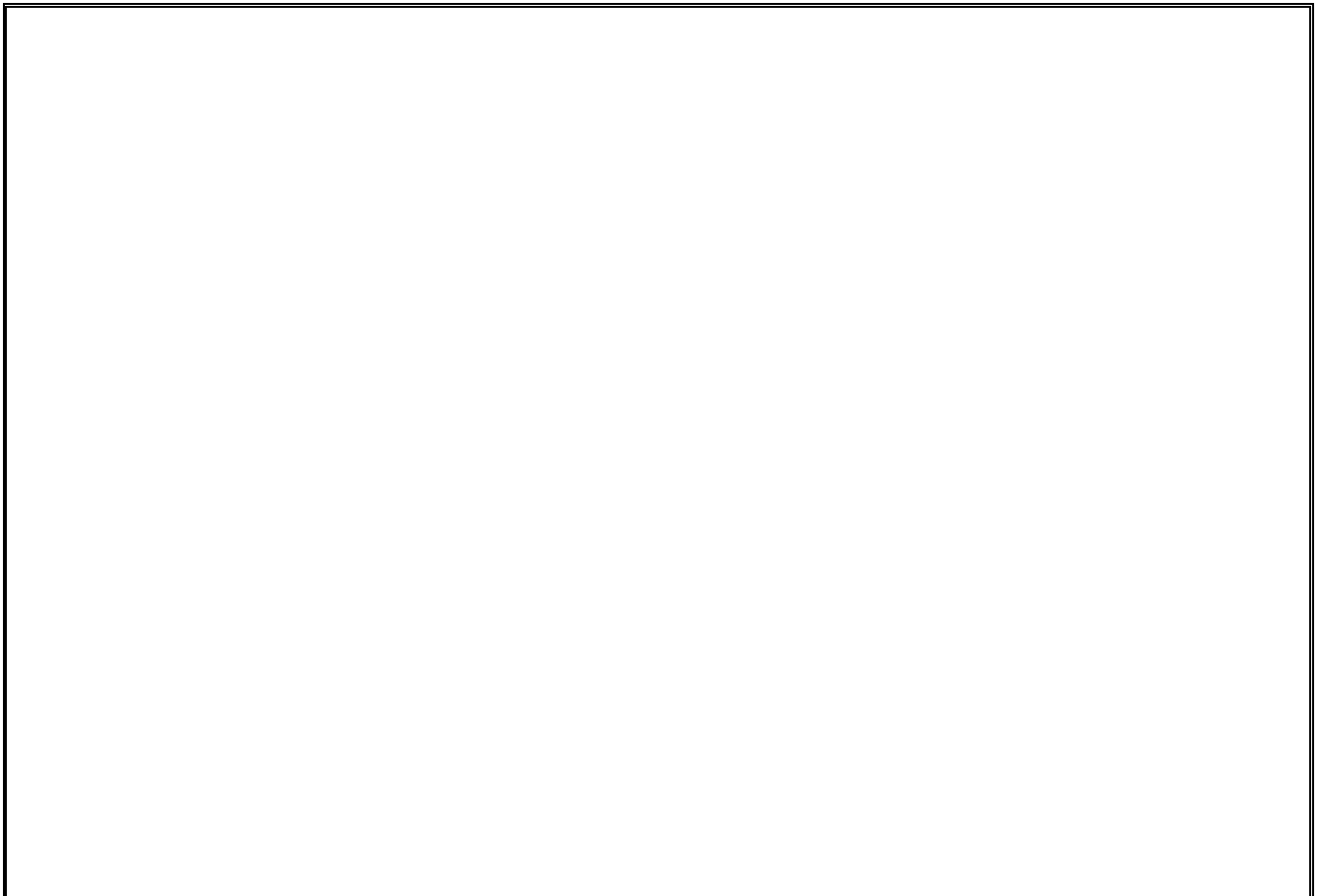
Appeals to the Secretary of State

You have the right to appeal against this decision to the Secretary of State for Transport. Your appeal must be made in writing to the address below within 28 days of the date of this letter

<div align="center">

Department for Transport
Great Minster House
76 Marsham Street
London
SW1P 4DR

</div>

Following an appeal to the Secretary of State, further appeal would be via the magistrate's court, the outcome of which is final.

Yours sincerely

Operational Director
Older People's and Independent Living Services

Halton Direct Link

Face-to-face enquiries about council services are dealt with at Halton Direct Link's one-stop shops. There are currently 4 of these: two each in Runcorn and Widnes. The contact centre is accessible 24 hours a day on **0151 907 8300**

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Runcorn Old Town Church Street Runcorn WA7 1LX

Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, Ditton, Widnes WA8 8HT

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director, Adults & Community
SUBJECT:	Scrutiny Review of Adaptations for Disabled People
WARD(S)	Boroughwide

1.0   PURPOSE OF THE REPORT

1.1   To present the draft report of the Scrutiny Review of Adaptations for Disabled People and resultant revised Policy for consideration by the Board.

2.0   RECOMMENDATION: That:

(1)   the Board comment on the findings of the Scrutiny Review (attached at Appendix 1);

(2)   the Board endorse the Scrutiny Review and its recommendations; and

(3)   the Board endorse the Housing Adaptations Policy and the Procedures and Practice Guidance for Major and Minor Adaptations (attached at Appendices 2, 3 & 4).

3.0   SUPPORTING INFORMATION

3.1   This report (attached as Appendix 1) was commissioned by the Healthy Halton Policy and Performance Board. A scrutiny review working group was established with four Members from the Board, an officer from the finance team and officers from the Halton Home Improvement and Independent Living Service (HHIILS).

3.2   The report was commissioned as historically a high level of complaints had been received regarding the waiting time for adaptations for service-users, the costs/financial output was identified as very high and the importance of adaptations in the independence of disabled people staying longer in their own homes was highlighted.

3.3   The scrutiny review was conducted through a number of means between April 2009 and January 2010, as follows:

- Bi-monthly meetings of the scrutiny review topic group;

- Presentations by various key members of staff (detail of the presentations can be found in *Annex 2*);
- Regular financial activity updates regarding each aspect of the Disabled Facilities Grant at each meeting from the Budget Monitoring Officer;
- Provision of information;
- Service-user consultation;
- Field visit to a modular building; and
- Meeting with members of the HHIILS team.

4.0   POLICY IMPLICATIONS

4.1   During the period of the scrutiny review being undertaken, the policies and procedures in relation to adaptations were being reviewed. These policies and procedures are endorsed by the report, in particular the newly revised Adaptations Policy and the Procedures and Practice Guidance for major and minor adaptations. These documents have been developed in conjunction with staff and service users in order to establish a consistent policy framework and procedures and practice guidance.

4.2   The Adaptations Policy has been developed to ensure a fair and consistent response when considering the provision of adaptations to a person's home and to assist Occupational Therapists, Community Care Workers and technical staff in recommending adaptations that are necessary, appropriate, reasonable, practical and cost effective.

5.0   FINANCIAL IMPLICATIONS

5.1   These are some financial implications, including training for staff within the Contact Centre and future IT systems which will need to be considered in the context of the Council's IT Strategy.

6.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1   **Children & Young People in Halton**

The provision of adaptations for children promotes a healthy living environment, sustain individual good health and well-being and help prevent and efficiently manage illness.

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

None identified.

6.3   **A Healthy Halton**

The provision of adaptations for disabled people promotes a healthy living environment, sustain individual good health and well-being and help prevent and efficiently manage illness.

6.4 **A Safer Halton**

Providing disabled people with suitable adapted housing gives them the opportunity to stay living in the area they want, to continue enjoying their lives. All major adaptations are developed to high standards in keeping with the local environment.

6.5 **Halton's Urban Renewal**

In line with "Lifetime Homes, Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society" by the Communities for Local Government, the recommendations within this scrutiny review report have a huge role to play in helping people live independently for longer in their own homes.

7.0 RISK ANALYSIS

7.1 Taking on board the recommendations from the report will be positive steps to improving the efficient and effective running of the HHIILS team and providing an improved service to the residents of Halton to help them live independently in their own homes.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The implementation of the recommendations will improve the independence of older people and disabled people within Halton. A Community Impact Assessment has been completed and is available for scrutiny upon request to the Strategic Director, Adults & Community.

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

None.

HALTON
BOROUGH COUNCIL

Scrutiny Review of Adaptations for Disabled People

Report
January 2010

CONTENTS

1.0 Purpose of the Report

The purpose of the report, as outlined in the initial topic brief (at *Annex 1*) is to:

♦ Gain an understanding of the complexities of the financial processes/issues around adaptations;
♦ Consider national best practice and research in terms of self-assessment, personalisation and the use of modular buildings;
♦ Raise awareness generally of the service and the value of adaptations for service-users (including finance and independence);
♦ Examine the effectiveness of specifications/plans to ascertain if these could be simplified; and
♦ Consider resources available in terms of IT systems to ensure adequate monitoring of the DFG.

2.0 Structure of the Report

This report is structured with the introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations. The annexes include the topic brief, methodology detail, IT systems and Action Plan.

3.0 Introduction

3.1 Reason the report was commissioned

Historically a high level of complaints had been received regarding the waiting time for adaptations for service-users, the costs/financial output was identified as very high and the importance of adaptations in the independence of disabled people staying longer in their own homes was highlighted.

Over the last two years, major changes have been made internally to the structure and processes within the adaptations service. In April 2008 the Independent Living Team, Grants Team and Home Improvement Agency integrated becoming the new HHIILS Team (Halton Home Improvement and Independent Living Service) based at John Briggs House in Widnes.

There are different routes for adaptations, particularly in relation to the tenure and whether the property is owner-occupied/privately rented or it is owned by a Registered Social Landlord.

3.2 **Policy and Performance Boards**

This report was commissioned as a scrutiny working group for the Healthy Halton Policy and Performance Board.

3.3 **Membership of the Topic Team**

Membership of the Topic Team included:

Members	Officers
Cllr Ellen Cargill Cllr Joan Lowe Cllr Dave Austin Cllr Bob Gilligan	Ruth McDonogh – Divisional Manager for Halton Home Improvement and Independent Living Service and Chairperson Phil Brown – Principal Housing Inspector Graham Foxley – Budget Monitoring Officer Emma Mookerji – Service Development Officer HR

4.0 **Methodology Summary**

This scrutiny review was conducted through a number of means:

- Bi-monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff (detail of the presentations can be found in *Annex 2*);
- Regular financial activity updates regarding each aspect of the Disabled Facilities Grant at each meeting from the Budget Monitoring Officer;
- Provision of information;
- Service-user consultation;
- Field visit to a modular building; and
- Meeting with members of the HHIILS team.

5.0 **Evidence (summary of evidence gathered) and Analysis with findings/conclusions**

5.1 **Financial Processes**

The most complex area of the major adaptations process is the financial aspect particularly in the administration of the Disabled Facilities Grants (DFGs). To enable members of the topic group to

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gain a good grasp of the financial processes involved, a detailed presentation during one of the first topic group meetings was given by the Principal Housing Inspector and the Budget Monitoring Officer. At every meeting the Budget Monitoring Officer also gave an update summarising the current financial position.

5.1.1 Financial Allocations

The table below details the allocation of funds towards the various aspects of the adaptations service as well as the staff costs for the team as a whole.

Budget for staff costs for the whole team	**£ 1,182,552**
Allocations for Capital are:	**£**
Disabled Facilities Grant	686,000
RSL Adaptations (Joint Funding)	650,000
Stair lifts	120,000
Modular Buildings	62,000
Total for Capital	**1,518,000**

5.1.2 Savings brought about by the use of adaptations in properties

In the Office for Disability Issues document *Better Outcomes, Lower Costs – Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence by Frances Heywood and Lynn Turner* a study was conducted and found that the provision of housing adaptations and equipment for disabled people produce savings to health and social care budgets in four major ways. These are summarised below:

(i)   Saving by reducing or removing completely an existing outlay

      a)   Saving the cost of residential care – For a seriously disabled wheelchair user, the cost of residential care is approximately £700-£800 a week, or £400,000 in ten years. The provision of adaptation and equipment that enables someone to move out of a residential placement produces savings, normally within the first year. Providing adaptations to enable a person to remain in the community rather than going into residential care will save £26,000 per person per year. The average cost of an adaptation would be £6,000 to provide a level access shower and a stair lift, for example.

      b)   Reducing the cost of home care – An hour's home care per day costs in the region of £5,000 a year.

(ii)   Saving through prevention of an outlay that would otherwise have been incurred

Savings under this heading include the prevention of accidents with their associated costs, prevention of admission to hospital or to residential care and prevention of the need for other medical treatments, for example:

a)   Prevention of hip-fractures – Falls leading to hip fracture are a major problem internationally, but in the UK in 2000 they cost £726 million. Housing adaptations reduce the number of falls. The average cost to the State of a fractured hip is £28,665.

b)   Prevention of other health costs – the provision of adaptations and equipment can save money by speeding hospital discharge, as well as preventing admission to hospital by preventing accident and illness.

c)   Prevention of health care costs for carers – For parent care-givers without adaptations and equipment there is a 90% chance of musculoskeletal damage, falls leading to hospitalisation, and stress caused through inadequate space. When suitable adaptation/equipment is supplied there is improvement to physical and mental health of the carers.

d)   Prevention of admission to residential care – Adaptations give support to carers. By preventing back injuries and reducing stress, they lessen the costs to the health service. Carers in turn, if they are well supported, will save the costs of residential care.

(iii) Saving through prevention of waste

Waste is money spent with no useful outcome. There is evidence that much of the waste in regard to adaptations comes from under-funding that causes delay or the supply of inadequate solutions that are ineffective or psychologically unacceptable.

(iv) Saving through achieving better outcomes for the same expenditure

a)   Adaptations produce improved quality of life for 90 per cent of recipients and also improve the quality of life of carers and of other family members.

b)   A disabled person may have a carer come every day to lift them on and off a commode and help them to wash, but for the same amount of money they would normally choose the solution that offers more dignity and autonomy.

c)   The average cost of a disabled facilities grant (£6,000) pays for a stair lift and level-access shower, and these items will last at least 5 years. The same expenditure would be enough to purchase the average home care

package (6.5 hours a week) for just one year and three months.

d)   There is substantial evidence that for the average older applicant, an adaptation package will pay for itself within the life-expectancy of the person concerned and will produce better value for money in terms of improved outcomes for the applicant.

The information provided within section 5.1.2 has been taken from "Better Outcomes, Lower Costs" Executive Summary by Frances Heywood and Lynn Turner.

5.1.3 Financial Detail

The detailed presentation on 25th August 2009 covered Major and Minor Adaptations in the Registered Social Landlord (RSL) stock within the borough, private sector – people who own their own homes and those who rent from private landlords, Housing Grant expenditure, joint arrangements with some RSLs on a 50/50 funded basis, spend on 50/50 agreements and a detailed spreadsheet for the capital programme. Throughout this presentation many questions were asked to clarify the financial processes. It was a very thorough session focussing on the detail of the financial processes.

Although close relationships have now been established with the RSLs through both formal meetings and informal connections, one of the issues raised during this presentation was that process issues remain and careful and regular monitoring of the arrangements is essential. Some RSLs were originally slow to send in invoices and there were some delays in Community Care Workers and Occupational Therapists agreeing schemes. These teething difficulties have been managed and processes amended to ensure greater efficiency.

5.1.4 Entitlements, Application Process and Financial Eligibility of Service-User

At the meeting on 6th August 2009 the Project Manager and Housing Renewal Support Officer gave presentations on Entitlements/How people apply for grants and the Application Process and the Financial Eligibility of Service-Users (Means Test).

Again, this is another complex area of the DFG process. The background to the Halton Home Improvement Agency was described with an explanation of the team members and the services offered by the team. The mandatory nature of the grants was discussed with two main pieces of legislation covering them, Housing Grants, Construction and Regeneration Act 1996, with additional guidance in the Department of Health's publication Delivering Housing Adaptation for Disabled

People (A Good Practice Guide) issued in 2004. The types of work that could be considered as DFG eligible were highlighted. It was also confirmed that there is not a waiting list for assessments. A folder was circulated around the group showing photos of before and after situations for various projects that have been completed and some case studies were discussed. Sometimes the proposed works have to be altered because for instance from initial referral by the assessment worker the health of the service-user may have deteriorated so the scheme needs to be changed accordingly. A different scenario can occur because the adaptation process in now much quicker than it used to be so that service-users with degenerative conditions sometimes withdraw from the process as they find it difficult to accept that in future they may need significant adaptations.

The presentation on the application process and financial eligibility of the service-user described how all applicants must go through the financial assessment (except where the DFG is for a disabled child or young person). The various financial forms and processes involved were described at length with examples of the forms being circulated around the group. The financial assessments take into account all income, savings and investments, but not outgoings, e.g. mortgage. The main DFG application form is produced by the Government and can seem quite daunting for applicants to complete, so the Housing Renewal Support Officer offers assistance by going out to visit the service-user at their home. Supporting evidence in the form of statements and documents is required with the form, and again, this can cause delays with the application process. A lot of discussion took place around this area with questions and clarification on the processes involved.

Conclusion
At the end of the topic group meetings, all members felt they had a good understanding of the financial processes involved with major adaptations and DFGs, in particular, the complex nature of some of the financial areas and methods used within the processes. The Disabled Facilities Grant is difficult to comprehend without the background and understanding of the financial procedures and processes involved, as well as the application process and eligibility. It was also highlighted the financial savings to other organisations, in particular health services, with the implementation of adaptations.

Recommendations:
(i)   Continue to closely monitor the financial processes that are in place between the Council and the RSLs.
(ii)   Consider arranging a further Members Briefing Session focussing on some of the financial complexities of the DFG and including the application/eligibility procedures.
(iii)   Consider developing a Business Plan for a financial contribution from Health towards adaptations to set against the savings achieved for health as described in 5.1.2.

5.2   Personalisation and the use of Modular Buildings

5.2.1   Personalisation

Some research was undertaken via the Internet into the links between the DFG process and personalisation/self-assessment. During October 2008 a report by the Individual Budgets Evaluations Network (IBSEN) "Evaluation of the Individual Budgets Pilot Programme" was issued. There was only a small paragraph around DFGs stating *"While it was acknowledged that equipment or adaptations could transform a person's need for personal care, and also reduce social care costs, most Individual Budget (IB) lead officers and lead officers for DFG did not feel that DFG was a suitable or legitimate funding stream to align with IBs. Applications for DFGs required specialist assessments; timescales were not compatible with the IB process; and DFGs involved capital sums, not an income stream to the individual. Most interviewees did not expect individuals would benefit from taking responsibility for managing a DFG (for example, contracting with builders)."*

Despite the difficulties with the current constraints of the present DFG legislation we have already started to move towards the personalisation agenda in working more flexibly to make the process more straightforward and efficient for service users. The provision of stair lifts under the contract agreement is one example of this. Another example is where a family with a disabled child is applying for DFG and so would have no contribution to make. The HHIILS team have identified that the most cost effective way to meet the child's needs could be through providing access to the first floor by a vertical lift and modifications to the first floor bathing facilities. The family instead wish to provide a ground floor bathroom and bedroom extension which would also meet the needs but at much higher cost. Consequently we have agreed to offer grant support to the building of the extension to the estimated value of the scheme proposed by HHIILS. The government has already started to simplify the DFG process with some changes implemented in 2008 and these changes are also about promoting the more flexible approach that has been adopted by HHIILS.

"Shaping the Future of Care Together" A Green Paper sets out a vision for a new care and support system. The Green Paper highlights the challenges faced by the current system and the need for radical reform, to develop a National Care Service that is fair, simple and affordable for everyone.

"Lifetime Homes, Lifetime Neighbourhoods - A National Strategy for Housing in an Ageing Society" by the Communities for Local Government. The ageing of the population will be one of the greatest challenges of the 21st century for housing. This strategy sets out our response to this challenge and plan to create Lifetime Homes in

Lifetime Neighbourhoods. It outlines our plans for making sure that there is enough appropriate housing available in future to relieve the forecasted unsustainable pressures on homes, health and social care services.

5.2.2 Modular Building

Two modular buildings have now been installed in Halton. One being an RSL property in Widnes managed by Halton Housing Trust and the other being in private ownership in Runcorn. The RSL installation was jointly funded with the Council in line with the 50:50 the partnership arrangement but was organised by HHT. The private sector scheme was organised by Property Services with the assistance of consultants Cassidy & Ashton.

On 27th October members of the topic group had the opportunity to take a field visit to observe the Halton Housing Trust modular building being craned into position at the property in Widnes. This was a property requiring an additional bedroom and shower room for a disabled child.

During the meeting on 4th January 2010 the Practice Manager gave a presentation to the topic group on the background to the modular buildings. Research was done into what worked well in other authorities and modular buildings were identified, in particular Salford Council who had been using them successfully for 15 years. The team put forward proposals for the private sector scheme and was successful in gaining funding for a modular building for a family with a disabled son who required an extension to their terraced property in Runcorn. A few people from the team along with representatives from HHT were able to visit the factory of the company that Salford used, at a time when the company was manufacturing a modular building for Salford. The company was then asked to check the Runcorn property to ensure it was viable for a modular building. The installation of modular buildings requires planning permission and building regulation clearance. Legal were also involved. The pod was installed and there was a small issue with the drains not lining up that meant installation was delayed, but this was rectified. The service-user was extremely pleased with the end result and could not fault the staff who had been involved. As this was the first modular building for Halton, feedback was sought from everyone involved in the process, which was extremely positive. The outcome for both of the service users was that they were delighted with the end product and the building work had been less disruptive than a traditional build.

Conclusion

As these were the first two modular buildings to be used for adaptations in conjunction with Halton Borough Council, the success was not fully known until after installation. Members of the group who

attended the actual siting of the second pod confirmed that the process was well managed on the day and went very smoothly. Although building work did take place in both cases, this was less disruptive than a traditional build, which is another positive outcome for the service-users involved. The most significant negative in terms of the use of modular building is the high initial cost of installation at the first location where the cost of the pod and the groundwork are likely to be well in excess of traditional build. The economies only come into effect with the re-use of the module particularly at the third siting when savings are likely to be made.

Throughout the research carried out and with the example case studies given, the link between independent living and the personalisation agenda goes hand-in-hand. It is clear to see that adaptations have a huge role to play in helping people live independently for longer in their own homes.

Recommendations:
(i)   Support the continued use of modular buildings for any other relevant situations that require extensions.

5.3   Raising Awareness, the value of Adaptations for Service-Users

5.3.4 Raising Awareness

At the initial meeting of the topic group on 23rd June 2009, the Divisional Manager gave a presentation on the background to the service area, the team and the modernisation of the adaptations service. During 2007 it was agreed that the two teams of Independent Living Service and the Home Improvement Agency and Grants Section would be merged to create the Halton Home Improvement and Independent Living Service (HHIILS) and the team would be located in one base at John Briggs House in Widnes. This change involved staff throughout the whole process, expert support, a programme of meetings focussing on different areas of the merger and research into other services. During the meeting on 4th January 2010 members of the topic group had the opportunity to meet with staff from the HHIILS team and have an informal chat about their work.

In modernising the adaptations service, there has been a general update in terms of all policies and procedures that the team work to, in particularly, the review of the Housing Adaptations Policy, and the Procedures and Practice Guidance for the Provision of both Major and Minor Adaptations to the Homes of Disabled People.

Conclusion
The modernisation of the adaptations service has already shown improvements within the delivery of the service, in particular through

streamlined processes and improved communications from being located together and part of one service improved problem-solving and further innovation in the development of the service.

Recommendations:
(i)   Continue ongoing evaluation/review of the adaptations service so that improvements can be continual.
(ii) Endorse the review of the Housing Adaptations Policy and related procedural guidance

5.3.5   The Value of Adaptations to Service-users/Carers

At the meeting on 4th January 2010 a service-user and carer attended to give their perspective and experience of the DFG process. The service-user had experience of two adaptations, a kitchen and a shower, one as a Council Tenant and one through Halton Housing Trust (HHT). Following a stroke the service-user described having communications difficulties, but felt that the builders involved in the adaptation went above and beyond to ensure that they gave him all the information to ensure the works were completed with the least disruption. With both adaptations, the service-user chose to stay in the properties while the building works were carried out, although he was offered the option to go into respite care. He felt less anxious staying there and watching the progress for himself. If any minor issues arose he could deal with them there and then. Members of the topic group asked the service-user and carer various questions regarding the adaptations. The service-user thanked the officer from Halton Borough Council who had been pivotal in the success of his adaptations.

Also during this meeting the Divisional Manager distributed copies of draft service-user feedback forms for members of the group to take away and comment on. The aim of the feedback forms is to gather monitoring information from service-users at various stages of the DFG process. It was highlighted that with the introduction of new feedback forms careful consideration was required around training.

Conclusion
It was clear from the experiences described by the service-user and carer that having a new kitchen and shower fitted had made a considerable difference to their quality of life.
The implementation of service-user feedback forms would give the service valuable information throughout the DFG process so that changes and amendments could be made to continually improve the service offered to the residents of the borough.

Recommendations:
(i)   Support the implementation of the service-user feedback forms at various stages within the DFG process to ensure ongoing improvements.

(ii) ***Ensure adequate training for staff within the Contact Centre dealing with the feedback forms is in place.***

5.4 Effectiveness of Specifications/Plans

On 25th August 2009 the Project Leader HIA gave a detailed presentation to the topic group on plans and specifications. The presentation covered the detail of these from the initial drawing stage right through to the planning approval stage. A "real" example was used to show exact data such as timescales at various stages. The timescales for Building Regulations is on average six weeks and for planning approval approximately two months. The complex nature of some of the drawings done either manually or using the computer program Autocad was highlighted. The Project Leader also brought along a file containing "before" and "after" photographs of different types of adaptations. This gave a greater understanding to the topic group as to the works involved in the different adaptations, being able to see how a room would alter following the building work.

The Project Leader explained that due to limited resources in the form of technical staff, the Council (through Property Services) has been using Cassidy and Ashton to produce technical drawings. This extra design capacity has helped to increase the number of DFGs to 100.

Conclusion

Having the plans and specifications explained in detail with the differential timescales put this part of the process into context with the other areas. Looking at the before and after photographs made it so much easier to understand the changes rather than just looking at a technical drawing. Knowing that this process is used with service-users, taking them through from start to finish so that they understand the overview of the work involved, the disruption that will take place, but also, the end result. Explaining in this way gives the service-user confidence in what's going to happen, bringing them along the way so they understand every part of the process.

Having more technical staff in-house would reduce the staffing costs that are currently being used on a regular basis with Cassidy and Ashton, although retaining them as a back up for times of pressure would be advantageous.

Recommendations:

(i) *Continue to work in this way, closely with the service-users so they fully understand what will be involved with any installation of an adaptation.*

(ii) *Proceed with the recruitment of the vacant technical post, so that the consultant designers only need to be used on an ad-hoc basis.*

5.5 Administration and IT Resources

On 25th January 2010 the Team Support Officer for the HHIILS team attended to present information regarding the role of the administration team. The broad range of tasks that the admin team carry out was discussed and this highlighted both the variety of tasks and the limited resources that were available. Chasing up contractors was described as a regular and time-consuming task as two quotes are required prior to an order for works being placed. The admin team also takes on board chasing up the backlog from RSLs due to the volume of work some of them are currently dealing with. The Team Support Officer confirmed that having in place the 50/50 funding has speeded up the process with RSLs, although some are still experiencing delays purely due to the volume of work. The admin team have a pro-active role in phoning RSLs to find out exactly where their situation is up to and recording it on a spreadsheet. The team would like to appoint an Adaptations Liaison Officer to take on the role of liaising with RSLs so that the admin staff can concentrate on their own role.

The Team Support Officer circulated examples of various spreadsheets that the admin team maintain and explained that each system used to record information is stand-alone, requiring manual input. As well as recording information, these spreadsheets are used to monitor/measure timescales and milestones so that the team know exactly where all projects are up to. A list of each computer system that is used, along with the different spreadsheets used can be found at *Annex 3*.

There are also forms and letters for every stage in the process, and again, these are completed manually. This is very time consuming, especially as each form requires the same personal information inputting for each person.

Conclusion
It was clear to see from the presentation the sheer volume of tasks that the admin team deal with. Not only that, but the fact that the lack of one computerised system to produce, retain and update the information regarding the whole process has a detrimental effect on the team in terms of time wasted duplicating information on each form/spreadsheet, and having to input data onto so many different systems that are completely stand alone and are not able to communicate with each other. The role of progress chasing was identified as a very important part of the success in moving projects forward, but again, this took away time from the admin team to carry out their own tasks.

Recommendations:

(i)   *Approve the in-house design of a bespoke IT system that brings together all the current systems therefore considerably cutting down on time and resources of the admin team.*

(ii)   *Proceed with the recruitment of the Adaptations Liaison Officer post.*

6.0   Overall Conclusion

This scrutiny review has been both a successful and a worthwhile exercise in terms of covering all the outputs and outcomes from the initial topic brief and gaining a thorough knowledge of the whole adaptations service within Halton. All elements of the Disabled Facilities Grant process have been explored and in particular, an in depth examination of the complex financial procedures has taken place.

The recommendations from the scrutiny review have been arranged into an Action Plan at Annex 4 for ease of reference and monitoring.

TOPIC BRIEF

Topic Title:	Disability Facilities Grant
Officer Lead:	Operational Director (Adults of Working Age)
Planned start date:	April 2009
Target PPB Meeting:	March 2010

Topic Description and scope:

A review of the Disability Facilities Grant, focussing on developing an understanding of the complexities of the finances within adaptations.

Why this topic was chosen:

Over the last two years, major changes have been made internally to the structure and processes within adaptations. In April 2008 the Independent Living Team, grants team and Home Improvement Agency integrated becoming the new HHIILS Team (Halton Home Improvement and Independent Living Service) based at John Briggs House.

Key outputs and outcomes sought:

♦ An understanding of the complexities of the financial processes/issues around adaptations;
♦ Consider national best practice and research in terms of self-assessment, personalisation and the use of modular buildings;
♦ Raise awareness generally of the service and the value of adaptations for service-users (including finance and independence);
♦ Examine the effectiveness of specifications/plans to ascertain if these could be simplified; and
♦ Consider resources available in terms of IT systems to ensure adequate monitoring of the DFG.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

<u>Improving Health:</u>

Key Objective C: To promote a healthy living environment and lifestyles to protect the health of the public, sustain individual good health and well-being and help prevent and efficiently manage illness.

Key Objective E: To remove the barriers that disable people and contribute to

poor health through ensuring that people have ready access to a wide range of social, community and housing services, and cultural and sporting activities that enhance their quality of life.

Halton's Urban Renewal
To transform the urban fabric and infrastructure. To develop exciting places and spaces and to create a vibrant and accessible Halton - a place where people are proud to live and see a promising future for themselves and their families.

A Safer Halton
To ensure pleasant safe and secure neighbourhood environments, with attractive, safe surroundings, good quality local amenities, and the ability of people to enjoy life where they live.

Children and Young People in Halton
To ensure that in Halton children and young people are safeguarded, healthy and happy, and receive their entitlement of high quality services that are sensitive to need, inclusive and accessible to all.

Nature of expected/desired PPB input:

Member led scrutiny review of the Disability Facilities Grant.

Preferred mode of operation:

- Review of the Disability Facilities Grant – including assessment process, other grants, specifications and plans
- Literature review/best practice in other areas, in particular the impact of Personalisation
- Field visits including:
  - To a local authority who use Self-Assessment within DFG;
  - To a local authority who use Modular buildings;
  - Teams involved with DFG working at Halton BC; and
  - Service-users

Agreed and signed by:

PPB chair ………………………   **Officer ……………………………**

Date …………………………..   **Date ……………………………….**

Methodology Detail

a) **Presentations**

The following officers gave presentations as part of this scrutiny review:

Name of officer	Title of Presentation
Ruth McDonogh, Divisional Manager	Modernisation of Major Adaptations Service in Halton
Janet Wood, Principal Manager	The Assessment Process for Major Adaptations
Phil Brown, Principal Housing Inspector and Graham Foxley, Budget Monitoring Officer	Financial Assistance for Improving Housing in Halton
Jean Cunningham, Project Manager and Carole Heywoode, Housing Renewal Support Officer	Entitlements/how people apply for grants
Phil Brown, Principal Housing Inspector	Building Works, Monitoring and Meeting Needs
Michele Finney, Occupational Therapist	Accessible Homes Register
Norman Lloyd, Service-User and Glenys Bagley, Carer	Service-user/Carer Perspective
Lynne Royle, Practice Manager	Modular Building
Ruth McDonogh, Divisional Manager	Service-user Feedback Forms
Cherrie Walker, Team Support Officer	Administration within the HHIILS team

IT Systems currently in use

1. ***Carefirst*** – All details and information is recorded onto Carefirst, including basic information, assessments, letters, activities, recommendations and events.

2. ***Msoft*** – This is the system we use to order equipment from the equipment service. All basic detail are recorded on Msoft, also details of the equipment ordered and delivery dates. These are subsequently recorded on Carefirst and in the service users case notes.

3. ***Femis*** – This is the system that records all enquires and outcomes for DFG Major adaptations also Major and Minor Works Assistance Grants. It also monitors performance and time scales. The information regarding DFG Major adaptations is also then recorded on Carefirst, service users case notes and the relevant spreadsheet.

4. ***Home Grants Package*** – This is an in-house system which records financial information, costs of adaptations and calculates grant eligibility. This information is also then recorded on Carefirst, service users case notes and the relevant spreadsheet.

5. ***Excel Adaptations spreadsheets*** – We keep a spread sheet for the following different types of adaptations
   (A new spreadsheet is created each year for each):

   - Major Adaptations DFG Funded
   - Major Adaptations ILT Funded
   - Minor Adaptations – Contracted items
   - Minor Adaptations – Outside of contract
   - Major Adaptations separate spreadsheet for each RSL
   - Minor Adaptations separate spreadsheet for each RSL

Each spreadsheet records all the basic details about a service user's name, address, date of birth, carefirst number, types of adaptation, all dates for specified milestones until completion. This information is already recorded somewhere on one of the other databases above and also in the workers case note for the service user.

We also have a couple of other systems that we use:

   - Crimson - this is the Zurich Insurance system, which they use to notify HBC when an annual inspection has been completed on equipment, which has been supplied and is maintained by HHIILS. Each time an inspection is carried out a copy of the report needs to be looked at on Crimson and any issues or queries raised need to be followed up and actioned.

- ADL Smartcare – this is an on line self-assessment tool for service users. Activity on this system needs to be monitored and the admin team on a monthly basis creates summary reports.

All of these different systems and spreadsheets, which do not "talk" to each other, create a great deal of work for the clerical team within HHIILS. But if we had a bespoke system that could communicate with other systems and populate information into specified fields – for instance basic details onto forms, this would improve efficiency considerably and improve the teams overall performance.

Action No.	Action	Responsible person	Timescale	Resources Required	Progress
1	Continue to closely monitor the financial processes that are in place between the Council and the RSLs.	Ruth McDonogh	Monthly		
2	Consider arranging a further Members Briefing Session focussing on some of the financial complexities of the DFG and including the application/eligibility procedures.	Ruth McDonogh	May/June 2010		
3	Consider developing a Business Case for a financial contribution from Health towards adaptations to set against the savings achieved for health as described in 5.1.2.	Ruth McDonogh	July 2010		
4	Support the continued use of modular buildings for any other relevant situations that require extensions.	Phil Brown	As appropriate		Two modular buildings were installed in 2009/10.
5	Continue ongoing evaluation/review of the adaptations service so that improvements can be continual.	Ruth McDonogh	Initial evaluation by December 2010		

6	Endorse the review of the Housing Adaptations Policy	Ruth McDonogh	April 2010		
7	Support the implementation of the service-user feedback forms at various stages within the Adaptations process to ensure ongoing improvements.	Phil Brown/Janet Wood			
8	Ensure adequate training for staff within the Contact Centre dealing with the feedback forms is in place.	Phil Brown/Janet Wood			
9	Continue to work, closely with the service-users so they fully understand what will be involved with any installation of an adaptation.	Phil Brown/Janet Wood			List of service users willing to contribute to service development is maintained
10	Proceed with the recruitment of the vacant technical post, so that the consultant designers only need to be used on an ad-hoc basis.	Phil Brown			
11	Approve the in-house design of a bespoke IT system that brings together all the current systems therefore considerably cutting down on time and resources of the admin team.	Ruth McDonogh			
12	Proceed with the recruitment of the Adaptations Liaison Officer post.	Janet Wood	Approved April 2010		

Adults & Community Directorate

HOUSING ADAPTATIONS POLICY

CONTENTS

INFORMATION SHEET

Service area	Older People's and Independent Living Services
Date effective from	March 2010
Responsible officer(s)	Divisional Manager Independent Living Services and Principal Manager, HHIILS
Date of review(s)	March 2012
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	Occupational Therapists, Community Care Workers and technical staff within Halton Home Improvement and Independent Living Services. Therapists, nurses and support workers within the Borough who are proposing various types of adaptations to the homes of disabled people.
Date of committee/SMT decision	
Related document(s)	• Procedures and Practice Guidance for Major Adaptations to the Homes of Disabled People • Procedures and Practice Guidance for Minor Adaptations to the Homes of Disabled People
Superseded document(s)	None
Equality Impact Assessment completed	Community Impact Assessment completed
File reference	

	POLICY	*Practice*
1.	**Introduction** This policy sets out the framework within which Halton Borough Council's Housing Adaptations Service provides adaptations to disabled people resident within Halton. The policy should be read in conjunction with the following documents: • **Procedures and Practice Guidance for the Provision of Major Adaptations to the Homes of Disabled People** • **Procedures and Practice Guidance for the Provision of Minor Adaptations to the Homes of Disabled People** Halton Borough Council acknowledges the contributions of service users and staff within the Borough and the work of the following organisations, which has assisted in the writing of this policy document and the procedures and practice guidance: • London Boroughs Occupational Managers Group "Guidelines for Major Adaptations to the Homes of People with Disabilities"; • Salford City Council "Community Equipment and Adaptations Statement of Purpose and Guidelines"; • Warrington Borough Council "Criteria for the Provision of Equipment and Minor Adaptations" and "Criteria for Major Adaptations to the Homes of Disabled People.	**Links to Halton Borough Council's Corporate Plan** The Corporate Plan 2006 – 2011 sets out key priorities for the Council. This policy supports the priorities of: - Improving health. - Creating prosperity and equality of opportunity. - Supporting an ageing population. - Creating opportunities /facilities/ amenities for children and young people. - Running Services efficiently. **Service Plan Objectives** This policy supports the following service plan objectives: OPS 1 – Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for (Older) People OPS 2 - Effectively consult and engage with (Older) People to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required OPS 3 - Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

	POLICY	*Practice*
2.	**Policy Objectives** The objectives of this policy are: • To ensure a fair and consistent response when considering the provision of adaptations to a person's home. • To assist Occupational Therapists, Community Care Workers and technical staff in recommending adaptations that are necessary, appropriate, reasonable, practical and cost effective. • This policy recognises that a flexible approach is needed to meet individuals' needs and those of their families and carers.	**Policy context** The context for this policy is set out in Appendix 1
3.	**Supporting Legislation** Legislation in relation to the delivery of adaptations is complex. It includes statutory requirements to assess needs and to arrange for appropriate assistance to be provided. There are also statutory requirements on disabled persons' entitlements and the appropriate adaptation to be delivered to meet a particular need. Especially important are the rights and entitlements to a Disabled Facilities Grant. Relevant legislation is listed below: • NHS & Community Care Act 1990 • Carers (Recognition and Services) Act 1995 and Carers and Disabled Children Act 2000 • Chronically Sick and Disabled Person's Act 1970 • Children Act 1989 • Disability Discrimination Act 1995: • Housing Grants, Construction and Regeneration Act 1996: Mandatory Disabled Facilities Grant • Regulatory Reform (Housing Assistance) (England and Wales) Order 2002- discretionary powers to provide financial assistance for housing adaptations • The Community Care (Delayed Discharges etc.) Act 2003 In order to qualify for adaptations in the home, the eligibility of a disabled person needs to be established. There are three main legal avenues: 1. Mandatory assistance through a local housing authority by way of a Disabled Facilities Grant (under the Housing Grants, Construction and Regeneration Act 1996);	**Legislation** A fuller explanation of the legislation surrounding adaptations to the homes of disabled people is provided in Appendix 2 **Legal routes for providing home adaptations** are explained in more detail in Appendix 3

	POLICY	*Practice*
	2. Discretionary assistance through a local housing authority (under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002. This type of assistance is not currently available in Halton.	
	3. Assistance through the Adults and Community Directorate under the Chronically Sick and Disabled Persons Act 1970 and section 17 Children Act 1989.	
	Insurance Claims Where funding for adaptations is provided through a Disabled Facilities Grant or through the Adults and Community Directorate and the service user subsequently receives payment in respect of a insurance or damages or personal injury claim, that includes an amount towards adapting their home, they will be expected to repay the grant so far as is appropriate, out of the proceeds of any claim.	
4.	**Definitions**	
	<u>Adaptations</u> Adaptations can range from the installation of simple grab rails to the provision of level accessible shower areas to ground floor bedroom / shower rooms.	
	The Government document 'Delivering Housing Adaptations for Disabled People – a good practice guide' (June 2006 edition) defines the purpose of an adaptation as:	
	"Modify(ing) disabling environments in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families. It is therefore not primarily a matter of building work, the provision of equipment or otherwise modifying a dwelling, but providing an individualised solution to the problems of people experiencing a disabling environment." (Page 6) www.communities.gov.uk/publications/housing/deliveringhousingadaptations	
	This approach is referred to as reflecting the social model of disability.	
	<u>Disability</u> Disability is defined for the purpose of this policy as *' the disadvantage experienced by an individual as a result of barriers (attitudinal, physical etc.) that impact on people with impairments and /or ill health.'* taken from *"*Improving the Life Chances of Disabled People*"* Prime Minister's Strategy Unit, January 2005 (Page 8)	

	POLICY	*Practice*
5	**Principles and Aims of Adaptations Service** Halton Borough Council's Adaptation Service aims to be: - Timely - Effective - Accessible - Seamless - Equitable - Responsive and - Cost effective The adaptation service aims to: - Enable people with a disability to live as independently as possible and promote equality of opportunity for disabled people of all ages; - Undertake a full assessment in order to identify the needs of people with physical and / or sensory disabilities and those of their family and carers. - Provide appropriate and individualised solutions to peoples' needs, taking into account the views of the disabled person and their family and carers as well as available resources. - Support the social model of disability, choice and empowerment and promote accessible inclusive design to remove physical barriers to independence within the built environment; - Provide a collaborative approach by building partnerships between local health providers, housing providers, designers and builders and service users and carers, to deliver a seamless service; - Prioritise and focus limited resources to ensure cost effectiveness in conjunction with the best possible outcomes for disabled people. The adaptation service aims to provide solutions that are: - Efficient, Timely and Responsive - Necessary and Appropriate, - Reasonable and Practicable and - Cost Effective Outcomes will be measured by the extent to which the adapted property meets the person's needs and the adaptation is fit for purpose from the service user's perspective. Outcomes are measured initially and again some months after adaptations are complete through the use of service user evaluation forms and telephone surveys	

	POLICY	*Practice*
6	**Partnership Working and Future Planning** Partnership working between all organisations is essential in order to achieve an efficient, timely and cost effective adaptations service. Currently adaptations are provided through different routes depending on the tenure of the property and available funding streams. This can lead to an inconsistent approach to adaptations work amongst local authorities and housing associations. In Halton this is being addressed through the promotion of a Partnership Agreement with Registered Social Landlords. At the centre of this is a funding agreement requiring RSLs to match fund adaptation work to their properties. The Partnership Agreement provides a strong foundation for future joint working and the development of a common and co-ordinated approach to achieving timely, effective and appropriate adaptations. Two key groups have been established to monitor the policy and practice of the adaptation service: The Strategic Adaptations Group is chaired by the Divisional Manager Independent Living Services. Its membership consists of the Divisional Manager Service Planning and Commissioning, the Housing Strategy Manager, the Principal Housing Inspector and the Principal Manager Independent Living Services. The Housing Provider Group is also chaired by the Divisional Manager Independent Living Services. Its membership consists of representatives of the seventeen locally based Housing Associations, the Principal Housing Inspector and the Principal Manager Independent Living Services. Between them these groups will monitor and make recommendations regarding: • Expenditure • Outcomes through consultation and evaluation forms • Changes to processes required	**Terms of Reference** The terms of reference for the Strategic Adaptations Group and the Housing Provider Group are set out in Appendix 4.

	POLICY	*Practice*
	Future Planning In order to maintain an effective adaptations service and to ensure adequate resources are available, there is a need to estimate the likely future need for adaptations and to remain up to date with good practice. This can be achieved by: • Monitoring requests and trends. • Local demographic changes. • Consultation with colleagues in health, housing and social care and local disability groups and carers to listen to their experience of potential need. • Surveys of local disabled people. • The Adapted Homes Register Service will identify disabled people whose needs cannot be met by current housing stock. • Use of research and case studies illustrating current good practice.	
7.	**Types of Adaptations** Adaptations may be low cost minor adaptations or major works Minor Adaptations are defined as structural or non structural works costing below £1000 in total. In Halton it is accepted practice that minor adaptations costing below £1000 in total will be provided free of charge through social services legislation or by the Registered Social Landlord. Major Adaptations are more substantial items ranging from level access showers to ground floor extensions. A Disabled Facilities Grant may fund major adaptations or minor works totalling more than £1000, following a full assessment of need which will also involve a financial assessment. The financial assessment may result in the person with the disability making a full or part contribution towards the cost of the adaptation. Partnership agreements are being promoted with locally based RSLs to use 50 % local authority / DFG funding and 50% RSL funding to provide major structural adaptations in their properties. Other Assistance available A wide range of specialist equipment is available through Halton Integrated Community Equipment Service (HICES). There is no charge for this service. For further information refer to HICES guidance and catalogue. Assistance with re-housing will be considered where extensive adaptations are required to a property. Assistance is available through relocation grants and Halton's Adapted Homes Register Service.	

	POLICY	*Practice*
8	**General Considerations** **Eligibility** In order to qualify for adaptations in the home the person for whom the adaptations are being considered must have: • a substantial impairment of sight , hearing or speech • a mental disorder or impairment of any kind • a substantial physical disability due to illness, injury, impairment since birth or otherwise The adaptation must be at that person's only or main residence and they must be ordinarily resident within the Borough of Halton. **Purpose of adaptations** The purpose of providing adaptations is to increase or maintain the functional independence of people with permanent and substantial disabilities. The level of provision will be dependent on the needs in relation to the person's disability and technical feasibility. **Adaptations must be necessary and appropriate and reasonable and practicable** Under the Housing Grants, Construction and Regeneration Act 1996 all adaptations must be "necessary and appropriate" and "reasonable and practicable" • To be **necessary** an adaptation must be required in order to enable the disabled person to remain in the dwelling with as great a degree of independence as possible <u>or</u> in order to enable their carer to care for them. • To be **appropriate** an adaptation must cater for the needs of the individual and their carers and take account of physical and medical needs. Needs of Individuals - the assessed needs should be wholly or substantially met by the proposed adaptation. Needs of Carers - there is a need to take account of the needs of carers when recommending an adaptation.	

	POLICY	*Practice*
	Adaptations must be **reasonable** and **practicable** Technical staff must satisfy themselves that an adaptation is reasonable and practicable. Such matters relate to: • The age of the property. • The condition of the property - it must be "fit" before an application for grant can be approved. **Current and long-term needs** The planning of adaptations should take account of the disabled person's current and long term needs with due consideration to a person's religious, cultural and ethnic background. Major adaptations cannot be considered until the disabled person has completed all recommended treatments and rehabilitation. However interim help may be given through the provision of specialist equipment and minor adaptations. **Cost effectiveness and Best Value** Best Value requirements demand that local authorities seek to spend money cost effectively. It therefore follows that: • Although the disabled person's preference will be taken into account, it is not the only consideration. The most cost effective solution, that also meets the disabled person's needs, should be found, • If a more expensive option is available, the disabled person has the opportunity to pay the additional costs, provided that the adaptation is consistent with the needs of the disabled person and DFG processes. • The stepped approach to considering the extent of adaptations will be used as outlined in paragraph 9 • Alternative housing will be recommended if a more suitable property would remove the need for extensive adaptations or if adaptations are not technically feasible in the current property. • There may be a need to be flexible in more complex cases. Such cases will be considered by the Adaptations Panel.	**Adaptations for Children** can be a complex process that needs to take account of their changing needs. See section 11 for policy guidance

	POLICY	*Practice*
	Other considerations Adaptations are not a means of providing additional bedrooms to alleviate issues of overcrowding. Adaptations will not be provided to repair or replace features in the property which the home owner has failed to regularly and adequately maintain e.g. poorly maintained doors or windows resulting in difficulties in opening; poorly maintained, broken or leaking sanitary ware requiring replacement.	
9.	**Stepped approach**: When considering the need for adaptations the following stepped approach will be used: • Whether a different way of approaching tasks, rearranging the layout of the property and/or provision of equipment and /or minor adaptations may meet needs, reduce risks and alleviate the need for more major adaptation work. • Where it is established that major adaptations are required, adapt within the existing footprint of the property • Where extensive major adaptations are required, assist the disabled person to move to more suitable accommodation through the use of relocation grants if they are an owner-occupier or private tenant. • Tenants of RSL properties can apply for suitably adapted housing through the accessible homes service. • If a ground floor extension is the only solution and if the complete costs are provided through the Health & Community Directorate, the option of modular buildings will be explored.	

	POLICY	*Practice*
10	**General Principles of the Assessment Process** The assessment processes for major and minor adaptations are described in detail in the following documents: • **Procedures and Practice Guidance for Major Adaptations to the Homes of Disabled People** • **Procedures and Practice Guidance for Minor Adaptations to the Homes of Disabled People** However the principles outlined below apply to all assessments: • The stepped approach to considering the need for adaptations will be used (refer to paragraph 9). • Fair Access to Care Services eligibility criteria must be applied. Halton Borough Council has set its eligibility criteria at critical and substantial, although it is recognised that meeting the needs of people with moderate and low needs can prevent further disabilities from occurring. This can be taken into account during the assessment process. • The disabled person and their family and carers will be consulted at all stages of the assessment process and provided with adequate information on which to base their decisions, • Any ethnic and cultural aspects of the household must be considered during assessments and / or planning works. Community or religious advisors may need consulting on individual cases, or it may be necessary to involve translation and advocacy services. • Staff will always carefully record their evidence, reasoning and conclusions in determining the course of action they will follow, in conjunction with the disabled person and taking their views into account.	

	POLICY	*Practice*
11.	**Adaptations for Children** Planning adaptations for children needs to take account of their ability to grow, develop and increase in weight. Therefore recommendations need to be appropriate for their level of development and their potential level of achievement The provision of adaptations to the family home where there is a disabled child or young person can be a complex process. Any assessment or review of need should include the views of the child or young person and their parents. The assessment must take account of the child's developmental needs, the needs of parents as carers and the needs of other children in the family. With children it is not always possible to determine their long term needs, particularly if they are receiving treatment or training to improve their level of independence, or if they have not yet reached their developmental milestones. In these situations the provision of equipment and / or minor adaptations may be the best immediate solution while gathering all the relevant information on which to predict the child's future needs. Occupational therapists will consult widely with all those involved in providing the child's care and treatment to gain an appreciation of potential longer term needs.	<u>Disabled Facilities Grants</u> There is no means testing for families of disabled children under 19
12.	**Maintenance of Major Adaptations** On-going maintenance of major adaptations is the responsibility of the disabled person unless Halton Borough Council retains the ownership of the item. Where council or housing association properties are purchased with major adaptations already fitted, e.g. Clos-o-mat WC's, stairlifts, through floor lifts, it becomes the homeowner's responsibility to maintain and insure these items.	
13.	**Recovery, Removal and Replacement of Major Adaptations** Major adaptations may be recovered by Halton Borough Council and where appropriate reassigned to another person when no longer required and/ or at the request of the homeowner.	

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	POLICY	*Practice*
	Removal of some types of adaptations, for example stair lifts, ceiling track hoists and through floor lifts may cause damage to or disturb ceilings, walls, floors and floor coverings. Where ceilings, walls or floors are damaged or disturbed, the areas will be 'made good' by Halton Borough Council to a standard appropriate for re-decoration by the homeowner. Where carpets / floor coverings are cut and /or re-laid, they will be checked for safety but not replaced. Where removal of bathroom adaptations for example Clos-o-mat WCs and hi-lo baths, necessitates replacement of sanitary fittings Halton Borough Council will fund the cost of the basic item only. The homeowner will fund the difference in cost for enhanced fittings. Where items have been re-located to make way for the adaptation, for example heating, sockets, meter cupboards lowered kitchen worktop etc they will be left in position following removal of the adaptation.	
14.	**Charges on Properties** Central government guidance allows for local authorities to place limited charges against a property for grant if it is sold within 10 years of the adaptation being completed, where the cost of the DFG exceeds £5,000, limited to a maximum charge of £10,000. This will enable local authorities to re-cycle these funds in the DFG programme when the adapted property is sold. This is under consideration by Halton Borough Council.	
15.	**Complaints** If service users and /or carers are dissatisfied with the way in which the adaptations policy has been applied to them or if they have other concerns e.g. about the quality of the service they have received or the behaviour of staff, they can access social services complaints procedure at any time. Stage 1 complaints may be discussed (anonymously) at the Strategic Adaptations group to help inform process development and service planning. If the service user or carer is still dissatisfied following the conclusion of the complaints procedure, then the Housing Ombudsman may be able to assist.	**Social Services Complaints Policy Procedures and Practice** document provides a detailed explanation of the complaints procedure.

APPENDIX 1

15

POLICY CONTEXT

Designing accessible environments and appropriate housing removes physical barriers and supports the social inclusion of all citizens. For older and disabled people, living in accessible or adapted properties is key to remaining at home, living as independently as possible and restoring confidence and dignity.

In March 2008 the Office for Disability Issues published a cross-government strategy for 'Independent Living'. This defines independent living as

- Having choice and control over the assistance and / or equipment needed to go about your daily life

- Having equal access to housing, transport and mobility, health, employment and education and training opportunities.

In 2007 The Office for Disability Issues commissioned a review to identify the cost benefits of housing adaptations, improvements and equipment. The results, published in a report ' Better Outcomes, Lower Costs – Implications for health and social care budgets of investment in housing adaptations, improvements and equipment' demonstrate that timely and appropriate adaptations can:

- Prevent falls and the resulting treatment required from the NHS
- Reduce packages of home care
- Delay or prevent admission to care homes
- Increase employment opportunities

Changing Population

According to Government statistics:

- By 2026 older people will account for almost half (48%) of the increase in the total number of households (Independent Living)
- By 2036 the number of people over 85 years will increase by 2.3 million a 184% increase (Independent Living)
- The incidence of disability and ill-health increases with age (NSF for Older People)
- 21% or 1 in 5 adults has a disability (Improving Life Chances)
- There are 770,000 disabled children in the UK and the numbers of disabled children with more complex needs are growing (Improving Life Chances)

There is now an expectation that people with long-term conditions and permanent disabilities will be supported to live in their own homes for as long as they wish. They have increased expectations about their choices, the support available and the standards and timescales for the provision of any necessary adaptations.

Forecasts suggest that Halton's population is ageing at a faster rate than England as a whole, which reflects a long-term demographic trend of an ageing population. Over 65's made up 13.6% (16,100) of population in 2003 and will be 22.1% (26,000) by 2028, this represents an increase of 61.5% in over 65's and 100% in over 85's. The over 65 population, is expected to rise annually, for example by 200 people between 2006 and 2007 and a further 300 between 2007 and 2008. The largest proportionate growth is in over 85 years population. There is also an increase in the number of older people with more complex needs, particularly around homelessness, alcohol abuse and dementias as people live longer.

This shift to an older population will have a large effect on demand for social care, local government and health services unless outcomes are improved through effective, adequate prevention. However health and social care are still focussed on meeting need as it arises, i.e. once someone has had a fall or is in difficulty. That is not sustainable given the levels of health in the Borough. The relative increase in older people also reduces the number of informal carers available, which necessitates a stronger focus on supporting the carers that there are and developing preventative services such as a timely and effective adaptations service.

Lifetime Homes

In February 2008 the Government published its strategy 'Lifetime Homes, Lifetime Neighbourhoods: A National strategy for Housing in an Ageing Society'. This considers immediate practical ways of improving homes to meet the needs of older and disabled people and includes the aspiration that by 2013 all new homes will be being built to meet Lifetime Home standards.

Lifetime Home Standards are a set of simple home features that make housing more functional for everyone.

Key Features

- Level or general sloping approach to property.
- Doors wide enough to allow wheelchair access
- Living room at entrance level
- Entrance level toilet
- Walls able to take adaptations
- Bathroom giving side access to toilet and bath
- Low windowsills and electrical sockets and controls at convenient heights.

Wheelchair Accessible Homes

Where-as lifetime homes are designed to adapt to changing needs over time, fully wheelchair accessible homes are purpose built to meet the requirements of wheelchair users. Features include adequate circulation space and level access throughout, wheelchair accessibility to all parts of the home and adjustable fixtures and fittings.

Housing needs assessments should provide for appropriate levels of wheelchair accessible housing.

Accessible homes can:

- Enable independent living
- Reduce care packages
- Reduce long stays in hospital / avoid admissions
- Benefit everyone including an aging population
- Reduce inappropriate housing conditions
- Increase the amount of housing stock suitable for people with decreased mobility

LEGISLATION

This section has been extracted from the following document (with the exception of the changes to DFG policy 2008 section page 22-23):

" **Delivering Housing Adaptations for Disabled People A good practice guide"** June 2006 edition; Department for Communities and Local Government; Department of Health; Department for Education and Skills www.communities.gov.uk/publications/housing/deliveringhousingadaptations

NHS & Community Care Act 1990

The NHS and Community Care Act 1990 establishes a requirement that a needs assessment must be carried out where it appears to the social services authority that any person for whom they may provide or arrange community care services, may be in need of such services. This is the appropriate context within which to establish criteria for access to assessment, including an assessment that may identify needs that can be met by adaptations to property.

The Act further provides that where services of the health or housing bodies may be needed, the social services authority should notify them and invite their assistance. Where a needs assessment has been carried out, the authority shall then decide whether services should be provided.

The Department of Health circular *LAC(2002)13* on fair access to care services describes the general processes of assessment that councils with social services responsibilities should follow.

In urgent cases care may be provided before a needs assessment, with assessment carried out as soon as practicable thereafter.

Carers (Recognition and Services) Act 1995 - Carers and Disabled Children Act 2000

The Carers (Recognition and Services) Act 1995 extended the right of assessment to carers where the person cared for is eligible to receive an assessment (or reassessment) under section 47 of the 1990 Act.

The references in the Act to the needs of carers of disabled children are further expanded in The Carers and Disabled Children Act 2000. This provides powers for the social services to provide any services which the local authority sees fit to provide and which will in the local authority's view help the carer care for the person cared for.

Chronically Sick and Disabled Persons Act 1970

The Chronically Sick and Disabled Persons Act 1970, as subsequently amended, places a duty on social service authorities to:

- Identify the numbers of disabled people in their area, and publish the help available to them (Section 1); and
- Arrange practical assistance in the home, and any works of adaptation or the provision of additional facilities designed to secure greater safety, comfort or convenience (Section 2).

Despite subsequent legislation, including the introduction of mandatory DFGs (see below), this duty remains.

However, the Chronically Sick and Disabled Persons Act 1970, requires social service authorities to arrange assistance. Hence other organisations, such as a local housing authority providing DFGs or another form of assistance, or acting as landlord in relation to its own stock, or a Registered Social Landlord (RSL), may be involved.

Social Services may discharge their duties by the direct provision of equipment or adaptations, by providing loan finance to a disabled person to enable them to purchase these facilities, or by providing a grant to cover or contribute to the costs of provision. They may make charges for their services, where appropriate. They have a duty to ensure that the assistance required by disabled people is secured. This includes those cases where the help needed goes beyond what is available through DFG, or where a DFG is not available for any reason, or where a disabled person cannot raise their assessed contribution.

Children Act 1989

The Children Act 1989 requires local authorities to provide a range of family support services for children in need. The definition of children in need includes disabled children. Schedule 2 of this Act outlines the range of services which can be provided and paragraph 6 of this schedule requires that local authorities provide services to minimise the effect on disabled children of their disabilities and give such children the opportunity to lead lives which are as normal as possible.

Assessments of children in need should follow the guidance in the Assessment Framework for Children in Need and their Families and pay particular attention to chapter 3 of the accompanying practice guidance entitled, Assessing the Needs of Disabled Children and Their Families (DH, 2000). Assessments under the Children Act should be undertaken at the same time as an assessment under the Chronically Sick and Disabled Person's Act.

Disability Discrimination Act 1995

A definition of disability provided in recent legislation is to be found in the Disability Discrimination Act 1995: a person has a disability for the purposes of this Act if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day to day activities[2].

However, there may be persons who, whilst not meeting the substantial and long-term test, will have had needs identified and assessed under the NHS & Community Care Act 1990, The Carers (Recognition and Services) Act 1995, or The Carers and Disabled Children Act 2000, for whom an adaptation will form part of an appropriate service response by the welfare authority.

Housing Grants, Construction and Regeneration Act 1996: Mandatory Disabled Facilities Grant

The current legislative framework governing DFGs is provided by the Housing Grants, Construction and Regeneration Act 1996. Since 1990, local housing authorities have been under a statutory duty to provide grant aid to disabled people for a range of adaptations to their homes[3].

The obligation to provide DFGs to eligible applicants for eligible work (subject to the test of the applicant's resources) is primary, absolute and remains irrespective of whether other assistance is provided by a social services authority or other body such as an RSL.

Amount of Grant

The maximum amount of grant available for a mandatory DFG is subject to a limit of £30,000 (from May 2008)
The amount payable may also be subject to a deduction derived from a test of the financial resources of the disabled person. Where the application is for a disabled child or young person under the age of nineteen there is no means test.

A local housing authority does not have a duty to assist an applicant for DFG in meeting any share of the costs that the applicant is assessed to be responsible for under the test of resources. The housing authority may however refer cases of hardship to the social service authority or to a joint panel that allocates funding on behalf of the social service authority. The housing authority may also consider using its discretionary powers of assistance under housing legislation.

Eligibility

The Act provides definitions of those who qualify, by reason of disability, for assistance in carrying out adaptations through a DFG.

For these purposes a person is disabled if:
(a) His/her sight, hearing or speech is substantially impaired;
(b) S/he has a mental disorder or impairment of any kind; or
(c) S/he is physically substantially disabled by illness, injury, impairment present since birth, or otherwise.
2.18. A person aged eighteen or over shall be taken for these purposes to be disabled if:
(a) S/he is registered in pursuance of any arrangements made under section 29(1) of the National Assistance Act 1948; or
(b) S/he is a person for whose welfare arrangements have been made under that provision or, in the opinion of the social services authority, might be made under it.

A person under the age of eighteen shall be taken for these purposes to be disabled if:
(a) S/he is registered in a register of disabled children maintained under paragraph 2 of Schedule 2 to the Children Act 1989; or
(b) S/he is in the opinion of the social services authority a disabled child as defined for the purposes of Part III of the Children Act 1989 (local authority support for children and their families)[5].

Owner-occupiers, tenants of local authorities, RSLs and private landlords, and private landlords themselves are all eligible to apply for DFG.

Changes to DFG policy were announced by the Government as part of Lifetime Homes, Lifetime Neighbourhoods –a National Strategy for Housing in an Ageing Society. This was launched in February 2008, along with a separate stand alone document setting out the response to the DFG consultation to improve programme delivery: Disabled Facilities Grants, the Package of Changes to Modernise the Programme.

This was followed by the publication of new legislation in the form of three Statutory Instruments:

- The Housing Renewal Grants (Amendment) (England) Regulations 2008;
- The Housing Grants, Construction and Regeneration Act 1996 Disabled Facilities Grant (Conditions relating to approval or payment of Grant) General Consent 2008;
- The Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008.

In brief, the Statutory Instruments made the following changes with effect from 22nd May 2008:

- Increased the maximum amount of grant that must be paid from £25,000 to £30,000.
- Updated the figures to be used for assessing a person's eligibility for a grant.
- Simplified the means test by enabling increased passporting for persons in receipt of certain benefits and income and made provision for disregarding certain tax credit and benefits payments as income and earnings.
- Improved the definition of "relevant person" which was considered ambiguous in certain situations.
- Brought access to the garden within the scope of the Disabled Facilities Grant. Monies must be approved (subject to the provisions of Part 1 of the 1996 Act) for facilitating access to and from a garden by a disabled occupant or making access to a garden safe for a disabled occupant.

In addition <u>The Housing Grants, Construction and Regeneration Act 1996: Disabled Facilities Grant (Conditions relating to approval or payment of Grant) General Consent 2008</u> enabled local authorities to impose a condition on Disabled Facilities Grants approvals requiring the repayment of the grant through a local land charge in specific circumstances.

These circumstances are
- The approved grant is above £5,000 and
- The applicant is an owner occupier and
- The property is sold by the applicant within ten years of the grant being certified.

The maximum amount that can be required to be repaid is £10,000.

When deciding whether the grant is repayable following the disposal of the property, a local authority has to take into account the following:-

(i) the extent to which the recipient of the grant would suffer financial hardship were he to be required to repay all or any of the grant;

(ii) whether the disposal of the premises is to enable the recipient of the grant to take up employment, or to change the location of his employment;

(iii) whether the disposal is made for reasons connected with the physical or mental health or well being of the recipient of the grant or of a disabled occupant of the premises; and

(iv) whether the disposal is made to enable the recipient of the grant to live with, or near, any person who is disabled or infirm and in need of care, which the recipient of the grant is intending to provide, or who is intending to provide care of which the recipient of the grant is in need by reason of disability or infirmity.

Local authorities' discretionary powers to provide financial assistance for housing adaptations

The general power under Article 3 of <u>the Regulatory Reform (Housing Assistance)(England and Wales) Order 2002</u> enables housing authorities to give discretionary assistance, in any form, (e.g. grant, loan or equity release) for adaptations. The financial assistance can also be provided indirectly to the disabled person through a third party.

There is no restriction on the amount of assistance that may be given. Discretionary assistance may be given in addition, or as an alternative to mandatory DFG. This power replaces the old powers to provide Home Repair Assistance that was used by some housing authorities to provide minor adaptations assistance.

Assistance can be given under Article 3 for a wide range of purposes for example:

- To provide small-scale adaptations to either fulfil needs not covered by mandatory DFGs or, by avoiding the procedural complexities of mandatory DFGs, to deliver a much quicker remedy for urgent adaptations;
- To provide top-up assistance to mandatory DFG where the local authority takes the view that the amount of assistance available under DFG is insufficient to meet the needs of the disabled person and their family; and
- To assist with the acquisition of other accommodation (whether within or outside the authority's area) where the authority is satisfied that this will benefit the occupant at least as much as improving or adapting his existing accommodation.

The Article 3 power may not be used unless the authority has published a policy setting out what use it intends to make of the power. As the mandatory DFG will not be adequate to deal with all likely requests for assistance it is very important for an authority to include in its published policy what form of additional help it will offer in relation to adaptations for disabled people.

The Community Care (Delayed Discharges etc.) Act 2003

Part 2 of the <u>Community Care (Delayed Discharges etc) Act (Qualifying Services) (England) Regulations 2003</u> provides that any community care equipment and minor adaptations for 'the purposes of assisting with nursing at home or aiding daily living which a person has been assessed to need, and for which he or she is eligible, should be provided free of charge provided the cost is £1,000 or less. For adaptations the cost limit applies to the purchase and fitting of the adaptation. Social services authorities retain the discretion to charge for adaptations costing over £1,000 where those adaptations are made by the authority under its powers to provide community care services.

[2] Section 1 (1)

[3] Section 23 (1)

[4] Disabled Facilities Grant and Home Repairs Assistance (Maximum Amounts) Amendment Order 2001

[5] Housing Grants, Construction and Regeneration Act, 1996, Section 100, 1-3.

Legal routes for providing home adaptations

To qualify for assistance to obtain adaptations in the home, the eligibility of the disabled person needs to be established and that may be from one of three routes:

1. **Housing Grants, Construction and Regeneration Act 1996** provides mandatory Disabled Person Facilities Grants (DFGs) for people who are disabled (see Appendix 2 for definition/ eligibility). The dwelling where works are proposed must be the 'only or main residence' of the disabled person. Residence includes houseboats and mobile homes.

2. **Regulatory Reform (Housing Assistance) (England and Wales) Order 2002** provides discretionary assistance with adaptations and there is no condition of disability stated or any particular residency condition. <u>Currently this type of assistance is not available in Halton.</u>

3. **Assistance from the Health & Community Directorate** under the Chronically Sick and Disabled Person's Act 1970 for people who are defined as disabled within the meaning of section 29 of the National Assistance Act 1948 or section 17 of the Children's Act 1989.

There is no definite division of responsibility for the provision of adaptations between housing and social services legislation. Generally it has been accepted practice to seek DFG's for major structural adaptations whilst minor non-structural, or small items of structural work e.g. half steps are financed by social services.

Disabled Facilities Grant (Housing Grants, Construction and Regeneration Act 1996)

To be eligible for approval of a Disabled Person's Facilities Grant the following factors must apply:

1. The person must be disabled i.e. substantial impairment of sight hearing or speech; if there is a mental disorder or mental impairment of any kind; or if there is a substantial disability caused by illness, injury, impairment since birth or otherwise.

2. The dwelling where the works are proposed must be the 'only or main residence' and be in Halton Borough.

3. The proposed adaptation work comes within the mandatory purposes set out in section 23 of the 1996 Act i.e. to facilitate access by the disabled person to:
   - **Dwelling:** to and from the dwelling;
   - **Garden:** safe access to and from the garden;

- **Family Room:** ~~to a room used~~ as the principal family room;
- **Sleeping room:** to, or providing for the disabled occupant, a room used or usable for sleeping;
- **Lavatory:** to, or providing for the disabled occupant, a room in which there is a lavatory – or facilitating its use by the disabled occupant;
- **Bath, shower:** to, or providing for the disabled occupant, a room in which there is a bath or shower (or both) – or facilitating its use by the disabled occupant;
- **Wash-hand basin:** to, or providing for the disabled occupant, a room in which there is a wash-hand basin – or facilitating its use by the disabled occupant;
- **Safety:** making the dwelling or building safe for the disabled occupant and other person's residing with him
- **Cooking:** facilitating the preparation and cooking of food by the disabled occupant;
- **Heating:** improving any heating system in the dwelling to meet the needs of the disabled occupant or – if there is no existing heating system or an existing system is unsuitable for use by the disabled occupant – providing a heating system suitable to meet his needs;
- **Use of power, light, heat:** facilitating the use by the disabled occupant of a source of power, light or heat by altering the position of one or more means of access to, or control of, that source – or by providing additional means of control; and
- **Disabled occupant as carer:** facilitating access and movement by the disabled occupant around the dwelling in order to enable him to care for a person who normally resides in the dwelling and needs such care.

Under the Housing Grants, Construction and Regeneration Act 1996, the housing authority has to consult the social service authority (Health & Community Directorate) as to whether the proposed works, within the mandatory purposes described above, are 'necessary and appropriate'.

To be 'necessary' the adaptation must be required to provide the disabled person with as great a degree of independence as possible.

To be 'appropriate' the adaptation must cater for the needs of the disabled person and their carers and take account of their physical and medical needs.

The housing authority must also decide under the 1996 Act whether the works are 'reasonable and practicable'. This decision relates to the age and condition of the dwelling. The courts have stated that where the works would be abnormally expensive, due to the age and condition of the property, the local authority can take this into account when making a decision. However a general lack of resources and insufficient budget alone cannot justify a decision that the works are not 'reasonable and practicable'.

Assistance from the Adults & Community Directorate

To be eligible for assistance from the Adults & Community Directorate, using the Chronically Sick and Disabled Person's Act 1970, a person must be defined as disabled within the meaning of section 29 of the National Assistance Act 1948 i.e. that the adult must be blind, deaf or dumb; suffer from a mental disorder of any description; or be substantially and permanently handicapped by illness, injury or congenital deformity; or of section 17 of the Children's Act 1989 (refer to Appendix 2).

The disabled person (adult or child) must also be ordinarily resident within the area of the local authority. For assistance under the Children Act, the child must be within the area of the local authority, but not necessarily ordinarily resident.

If the disabled person's need for assistance can be met under the Housing Grants, Construction and Regeneration Act 1996, then action will not be required under the Chronically Sick and Disabled Person's Act 1970.

However if the disabled person's needs will not be met – either at all or only partly under the 1996 Act – and if the disabled person is eligible for assistance under Fair Access to Care Services (see below) the local social services authority will potentially have a duty to assist with the adaptation under the 1970 Act.

If interim measures are required, e.g. equipment and/or personal assistance, to meet the needs of disabled people while waiting for the adaptations to be completed, then a duty would potentially arise under section 2 of the CS&D act or section 17 of the Children Act. Once the proposed adaptations are completed the need for equipment and/or personal care will be re-assessed.

Fair Access to Care Services

Social services authorities are permitted to set thresholds of eligibility (in respect of both adults and children); to decide at what level the person's needs will trigger services. The thresholds of eligibility can be set according to the resources of the local authority following guidance of Fair Access to Care Services (FACS). However this guidance applies only to adults and not children.

FACS guidance states that local socials services authorities must assess the disabled person's needs in terms of risk to independence, at one of four levels: critical, substantial, moderate or low.

Each local authority then has to set the threshold of eligibility against this framework. If the disabled person's needs come above the threshold then they will be eligible for assistance. If they come below the threshold, then there will be no eligibility.

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Halton has set its eligibility criteria at critical and substantial. However it is recognised that meeting the needs of people with moderate and low needs can prevent further disabilities from occurring so this can be taken into account during the assessment process.

Terms of Reference for Strategic Adaptations Group and Housing Provider Group

Strategic Adaptations Group

- To ensure the provision of a reliable and professional major adaptations service from initial referral to completion of work on site for eligible residents of Halton.

- Ensure the development and improvement of the service provided in response to changing need, legislative and good practice developments.

- Monitor major adaptation activity through receipt of regular reports from Operational Group.

- Receive regular reports and monitor expenditure on major adaptations, making appropriate arrangements, practically and financially, to respond to fluctuations in demand.
  - DFG Top Ups
  - DFG Grant

- Consider and make recommendations in complex cases and in the case of complaints.

- Commission an annual report regarding the major adaptation service and present this to SMT. Topics to be covered in quarterly report:

  - Budget
  - Activity
  - Development
  - Challenges

Housing Provider Group

- To ensure co-ordination of a comprehensive, equitable and understandable housing adaptation system to meet the assessed needs of disabled and older people living in Halton

- Raise awareness of service development within Registered Social Landlords (RSL's) and Halton Borough Council (HBC).

- Raise awareness of changes to policies and procedures within RSL's and HBC.

- Raise awareness of service and financial pressures for RSL's and HBC.

- Share information re: Government developments in relation to housing adaptations and services for disabled people.

- Provide opportunities to discuss and trouble shoot issues that cannot be resolved at operational level.

- Provide opportunities to share best practice examples.

- Provide opportunities to co-ordinate service development.

- Provide opportunities for partnership working.

- Forecast future demands and resources.

- Plan future building

Adults & Community Directorate

HOUSING ADAPTATIONS

Procedures and Practice Guidance for the Provision of Major Adaptations to the Homes of Disabled People
February 2010

CONTENTS

INFORMATION SHEET

Service area	Older People's and Independent Living Services
Date effective from	March 2010
Responsible officer(s)	Divisional Manager Independent Living Services
Date of review(s)	March 2012
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	Occupational Therapists, Community Care Workers and technical staff within Halton Home Improvement and Independent Living Services
Date of committee/SMT decision	
Related document(s)	• Housing Adaptations Policy • Procedures and Practice Guidance for the Provision of Minor Adaptations to the Homes of Disabled People
Superseded document(s)	None
Equality Impact Assessment completed	Community Impact Assessment completed
File reference	

	PROCEDURE	*Practice*
1.	**Introduction** The purpose of this document is to ensure a fair and a consistent response is given when considering the provision of major adaptations to a person's home following an assessment of their needs. It provides guidance to Local Authority Occupational Therapists and Community Care Workers within the Borough, who are proposing major adaptations to the homes of disabled people to enable them to live at home independently or with support. This document is intended to assist trained and professional staff in determining whether proposed adaptations are 'necessary and appropriate' for disabled people with permanent and substantial disabilities. Halton Borough Council acknowledges the contributions of service users and staff within the Borough and the work of the following organisations, which has assisted in the writing of this procedures and practice guidance: • London Boroughs Occupational Managers Group "Guidelines for Major Adaptations to the Homes of People with Disabilities"; • Salford City Council "Community Equipment and Adaptations Statement of Purpose and Guidelines"; • Warrington Borough Council "Criteria for the Provision of Equipment and Minor Adaptations" and "Criteria for Major Adaptations to the Homes of Disabled People."	**Related Documents** This procedure and practice guidance policy should be read in conjunction with the **Housing Adaptations Policy** which outlines the policy framework for adaptations, including an explanation of the complex legislation involved. There is an equivalent document for minor adaptations: **Procedures and Practice Guidance for the Provision of Minor Adaptations to the Homes of Disabled People.**
2.	**Definition of Major Adaptation** Major Adaptations are substantial adaptations ranging from level access showers to ground floor extensions, costing more than £1000. The guidance section of this document provides detailed information on different types of major adaptations. However it should be noted that the minor adaptation process could cover some of the items included in this document if the total cost of the items is below £1000. A Disabled Facilities Grant may fund major adaptations or minor works totalling more than £1000, following a full assessment of need which will also involve a financial assessment. The financial assessment may result in the person with the disability making a full or part contribution towards the cost of the adaptation.	**Funding** Further information about funding for major adaptations in different housing types is provided in Appendix 1

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	PROCEDURE	*Practice*
3.	**The Assessment Process** Initially a disabled person's and any carer's needs will be assessed by Occupational Therapists or Community Care Workers from Halton Home Improvement and Independent Living Services (HHIILS). During the assessment process staff will gather information about the person's condition, the problems and difficulties they have in carrying out daily tasks using a balanced risk taking approach, and explore whether all appropriate treatments, including rehabilitation, have been received. Medical opinion and advice will be requested to clarify the nature and extent of the person's diagnosis and prognosis and identify any potential contra-indications or risk created by proposed solutions. In considering solutions to improving a person's independence, alternative methods, of meeting people's needs to the provision of major adaptations will always be considered first. This involves looking at whether a different way of approaching tasks or the use of equipment and /or provision of minor adaptations may meet their needs and reduce risks to a level acceptable to the disabled person using the stepped approach outlined in the Housing Adaptations Policy (Paragraph 9) and below. Stepped Approach When considering the need for adaptations the following stepped approach will be used: • Whether a different way of approaching tasks, rearranging the layout of the property and/or provision of equipment and /or minor adaptations may meet needs, reduce risks and alleviate the need for more major adaptation work. • Where it is established that major adaptations are required, adapt within the existing footprint of the property • Where extensive major adaptations are required, assist the disabled person to move to more suitable accommodation through the use of relocation grants (for owner occupiers and private tenants) and the	**General Principles** General Principles of the Assessment Process are outlined in the Housing Adaptations Policy (1.10) **Eligibility for Adaptations** In order to qualify for adaptations in the home: the person for whom the adaptations are being considered must have - a substantial impairment of sight , hearing or speech - a mental disorder or impairment of any kind or - a substantial physical disability due to illness, injury, impairment since birth or otherwise The adaptation must be at that person's only or main residence and they must be ordinarily resident within the Borough of Halton.

	PROCEDURE	*Practice*
	Accessible Homes Register. • If a ground floor extension is the only solution, the option of modular buildings will be explored, particularly with certain types of construction.	
4.	**Timescales** Major adaptations are processed in date order. An ongoing review will address time targets for the completion of different types of major adaptations.	**Time targets** – current time targets for major adaptations are provided in Appendix 2
5.	**Involving disabled people and their carers** It is crucial to involve the disabled person in the assessment of their own needs. The views of parents and carers are also important, particularly if they live in the same household. Any assessment should take account of the views of disabled children and young people and their parents. Within the provisions of The Carers (Recognition and Services) Act 1995 and Carers and the Disabled and Children Act 2000 and the Carers (Equal Opportunity) Act 2004 consideration of the needs of the carer will be of equal importance in that: • The provision will improve the quality of care given to the disabled person and • It will help alleviate the physical demands experienced by the carer and • It will enable the carer to continue to provide care. The amount of care and support provided by relatives and carers, and the type and size of equipment used, will be taken account of when determining the space requirements of any proposed adaptations. A consensus on the final proposals for adaptations should be sought with the disabled person, their carers, and other members of the household, other agencies where appropriate and be part of an individual care package. At all stages the disabled person should be provided with adequate information on which to base their decisions. See also section 9.	

	PROCEDURE	*Practice*
6.	**Current and long term needs**	
	Assessments will always take account of the person's current and long term needs, particularly if the person has a condition that is likely to deteriorate over time.	
	As adaptations are permanent changes to a person's home, major adaptation work will only be considered if other help and support does not meet the disabled persons' needs. This involves applying the stepped process outlined in paragraph 3 (above). All existing facilities in the property will be utilised, taking account of the needs of the disabled person and their family.	
	For example, where a wall has been removed to create a single room and putting it back provides reasonable sized rooms that the disabled person can use.	
	Where people have deteriorating conditions, government guidance makes it clear that a relatively limited period in which a particular adaptation will be appropriate is not in itself sufficient reason for delaying or refusing its provision.. Age and / or prognosis alone should not be a barrier to the provision of adaptations. However due to the length of time required for building works, generally needs will be met by the supply of equipment and minor adaptations.	
7.	**Ethnic and Cultural issues**	
	Any ethnic and cultural aspects of the household must be considered during assessments and / or planning works. Community or religious advisors may need consulting on individual cases, or it may be necessary to involve translation and advocacy services	
8.	**Recording Actions and Agreements**	
	Staff will always carefully record their evidence, reasoning and conclusions in determining the course of action they will follow in conjunction with the disabled person and taking their views into account.	
	Proposed solutions may change as more information becomes available.	
	For example clinically a through floor lift would be acceptable but a technical survey of the property identifies it cannot be installed at that property.	

	PROCEDURE	*Practice*
9.	**Cost Effectiveness and Best Value** Although the disabled person's preference will be taken into account, it is not the only consideration. The most cost effective solution, that also meets the disabled person's needs, should be found. If a more expensive option is available, the disabled person has the opportunity to pay the additional costs, provided that the adaptation is consistent with the needs of the disabled person and DFG processes. It is recognised that there may be a need to be flexible in more complex cases. Such cases will be considered by the Adaptations Panel (see below).	**Cost Effectiveness and Best Value** The approach to achieving cost effectiveness and Best Value is outlined in more detail in the Adaptations Policy.
10.	**Role of Adaptations Panel** Careful consideration of the individual circumstances of the disabled person and their family and carers is essential in order to ensure that the proposed adaptations are a realistic and cost effective option and follow the stepped approach outlined in the Adaptations Policy. The Strategic Adaptations Group - as a form of Adaptation Panel - hears anonymised details of particularly complex cases that challenge the current policy and practices used in the Borough. This process is used to develop services and for future planning.	**Service Development and Future Planning** The approach to service development and future planning is explained in the Adaptations Policy.
11.	**Technical Support** Once adaptations are proposed, occupational therapists and community care workers need support from technical staff, experienced in building construction and design, to determine whether adaptation is reasonable and practicable i.e. whether the person's home can be adapted in the manner proposed. Technical staff will visit the disabled person's home to consider the feasibility of the proposed adaptations within that particular environment. The feasibility study will also take into account current planning and building regulations requirements and will consider the possible options available.	**Stepped Approach** Refer to stepped approach explained in paragraph 3 (above

	PROCEDURE	*Practice*
	The outcome of the feasibility study may lead the occupational therapists, community care workers and technical staff, working together, to suggest different ways of meeting the disabled person's needs, if the original proposals are not practicable due to the construction and design of the property. If the proposed adaptations cannot be achieved within the existing footprint of the home, some people may find that their needs may be best met by support for re-housing to more suitable adapted accommodation or to accommodation that can be adapted. Where ground floor extensions appear to be the proposed solution the use of modular build extensions that can be re-located at new properties are gaining popularity. Modular buildings will be considered as an alternative to providing a traditional extension, particularly in rented properties as they can move with the disabled person if they move, or be re-used if no longer required The amount of disruption involved, the duration of the proposed works and any temporary alternative arrangements that may be required will be discussed fully with the disabled person and their carer.	)
12.	**Information and continuing liaison** The major adaptation process can be lengthy despite on-going work to simplify the processes and shorten time-scales. The disabled person will be provided with clear and comprehensive information to keep them informed about the outcome of their assessment and progress of the adaptation. A 'major adaptation liaison' role will be developed to keep disabled people informed of the stage reached in the process and update them on estimated timescales. Disabled people and their carers will be provided with a series of fact sheets (available in a variety of formats) relevant to their particular situation to: • Describe the process, including the need for financial assessment (where applicable), • The roles of the individuals involved and • The nature and extent of any disruption during the work taking place.	

	PROCEDURE	*Practice*
	Information is available on Halton Borough Council's website www.halton.gov.uk . A DVD will be developed to support this information. The disabled person will also retain a copy of the plans/drawings and specification. These are signed by the disabled person and the occupational therapist or community care worker as an agreement of the adaptation work to be undertaken. Government guidance supports site visits by the occupational therapist or community care worker where advice is required on key elements of the adaptations prior to those particular works being undertaken or if some unforeseen additional work is required that will affect the agreed adaptation. Technical staff will project manage the work on site.	
13.	**Warranties and Maintenance** Most items of equipment and building work will be covered by warranties for the first 6 months from completion. Some items may be guaranteed for a longer period. Disabled people and their carers will be supplied with fact sheets that outline which items are covered and for what period and those items that remain the responsibility of the home owner. The disabled person may be advised to contact their household insurance to check if they require extra cover e.g. insuring lifts and ramps against fire damage and personal injury liability. On-going maintenance of items will be the responsibility of the disabled person unless Halton Borough Council retains the ownership of the item.	**Warranties and Maintenance** For further information about warranties and maintenance see Appendix 3

SECTION 1   ACCESS

Crossovers and Hard standings outside the disabled person's home

1.1   Crossover and Hard standings

Description: A dropped kerb, pavement crossover and hard standing for a car that is usually in the disabled person's front garden.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach, taking account of cost effectiveness issues AND

- The driver is a permanent wheelchair user OR

- The driver is a disabled parent and blue badge holder who has to supervise young children (pre-school) into the car in a safe manner OR

- The passenger is a permanent wheelchair user and the driver needs to use equipment e.g. a hoist, to transfer the passenger into and out of the car.

Considerations

- Although the disabled person or passenger may meet the above guidelines they may not have sufficient room within the boundary of their front garden to create a hard standing of sufficient size to allow for parking a car and transfer space or it may not technically be feasible to create a hard standing due to the geography of the person's property.
- It is not unreasonable to expect that an able bodied driver could double park to set down a disabled passenger and remove the vehicle afterwards. Although this may entail a short term obstruction, as it is neither 'unnecessary' nor 'wilful' it is unlikely to be considered to constitute an offence.

1.2   Disabled Persons' Parking Space

Description: A Disabled Persons' Parking Space provides a road marking to draw attention to the fact that a disabled person with restricted mobility resides at the adjacent property. This is an advisory road marking with no legal backing, although they have been successful in helping disabled drivers to park as close as possible to their home.

Applications for Disabled Parking spaces must be made to:

Halton Borough Council
Traffic Management Section (DPPS)
Rutland House
Halton Lea
Runcorn
WA7 2GW

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach, taking account of cost effectiveness issues

- A crossover or hard standing cannot be constructed within the disabled persons front garden AND

- To qualify for a Disabled Person's Parking Space the person must be in receipt of the higher rate of the mobility component of Disability Living Allowance and have a vehicle registered at the address.

Considerations

- There must be no possibility of off street parking being provided at the property (e.g. a front garden of sufficient depth for conversion and provision of a vehicle crossover and hard standing).
- Although the disabled person/carers may meet the above guidelines, it may not be possible for the provision to be made due to traffic restrictions.
- The disabled person should be made aware that the disabled person's parking space is an advisory road marking and has no legal backing.

1.3 Ramps

Description: This is a platform and sloped pathway, with handrails and up stands that provide access for wheelchairs from door to path / pavement level at the most appropriate entrance to the property.

Permanent ramps are usually made of concrete and will replace any existing access provision such as steps.

Semi-permanent ramps are usually made of metal, fibreglass or plastic. They are usually installed over the existing arrangement i.e. steps and are left in place until no longer required. They can be removed and reused. N.B be aware of the problems associated with placing metal ramps on grass. Provision of a wooden ramp is not appropriate, as there is no BS standard to check against.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- Where the disabled person is a permanent wheelchair user OR

- The disabled person has stepped access to their home and is unable to manage steps safely or independently so that wheelchair access is necessary AND

- The provision will assist the disabled person to be independent OR

- The provision of a ramp will assist the carer to transfer the disabled person in and out of the home AND

- Where it is possible to construct a ramp to the current building regulations and no steeper than 1:12

Considerations

- Ramps are provided for disabled people who are completely reliant upon a wheelchair for mobility and the wheelchair was prescribed by the wheelchair service.
- The disabled person with a mobility difficulty may find it easier to negotiate a couple of steps rather than walk on a sloping surface.
- Where the disabled person is able to walk short distances and negotiate steps with the assistance of helpers, a ramp may not be necessary. However frequency of use should be taken into account.
- Ramps would not be provided for disabled people who require a wheelchair for outdoor use only i.e. for mobilising over distances, or for disabled people where their carer is able to safely manoeuvre an attendant operated wheelchair (9L) over the door threshold and down the step(s). Assess the ability of the person and/or their carer to manage the wheelchair on the ramp.

- An environmental home ~~visit is required~~ to check which is the most appropriate entrance to be ramped. Assess the width of door, the overall height of steps to door, which way the door opens, length of available space (allow an additional 1200 mm for a level platform outside the door). A joint visit or discussion with a technically competent person is recommended.
- Particular care needs to be taken concerning structure, design and location of the ramp to ensure its safe use, not only by the disabled person, but also by other members of the public. NB the platform and ramp cannot impinge on public pavements.
- In some circumstances provision of a ramp may be contra-indicated e.g. where the gradient would be too steep. An individual risk assessment of the situation must be completed.
- Note the tenure of the property, as consent for the ramp to be constructed may be required from the landlord.
- A follow up visit must be completed when the ramp is in place to check that it is safe and suitable for the disabled person's needs.
- If a disabled person buys their own powered scooter to allow independent leisure activities, shopping etc it will be expected that they make their own arrangements for access / storage of this equipment within, or outside, the property at the time they buy the scooter.

Design considerations

- Steps may need to be provided adjacent to the ramp for other users who are ambulant, and who do not find a ramp easy to climb. It is essential to retain steps if the access is communal; this is in accordance with Part "M" of the building regulations.
- The provision of a ramp may necessitate looking at gate opening, direction of opening and threshold adaptations.
- Ramps should be constructed to The Building Regulations 2000 Part M (Access and facilities for Disabled People) or BS 8300: 2001 standard.
- A dropped kerb in the area may be needed, therefore refer to the Highways Department
- Fire regulations may need to be considered and fire exits and ramps being positioned appropriately e.g. in sheltered housing blocks.

SECTION 2   LIFTS   ...TERNAL & EXTERNAL

Halton Borough Council's adaptation policy sets out a clear intention that a stepped approach will be taken when proposing adaptations that will meet a disabled persons needs.

The first consideration when proposing adaptations is whether the changes can be incorporated within the existing footprint of the person's property.

Providing a suitable stairlift or through floor lift supports this policy when it is technically feasible to fit a lift that will meet the disabled person's current and future needs.

2.1   Stairlift

Description: Stairlifts are powered lifts mounted on stair fixed tracks that follow the line of the stairs. They are used for transferring a disabled person between the internal floors of their home to gain access to essential facilities that are suitable for the disabled person needs or can be adapted. There are various types:

- For use when standing.
- With a seat for sitting.
- With a seat for perching.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach, taking account of cost effectiveness issues AND

- The disabled person has extreme difficulty climbing the stairs and their health or safety is at risk, OR

- The disabled person needs to get to a different level to use essential facilities AND

- The disabled person is able to transfer independently, or with minimal assistance i.e. a hand hold, on and off the stairlift AND

- The disabled person can maintain their sitting position for the length of time it takes to use the lift AND

- The disabled person has the cognitive and functional ability to use the lift safely and appropriately, including using the controls and fastening the seat belt, with supervision if necessary.

2.2   Step Lift

Description: This is a platform with rails on two sides. It is either set into a shallow pit for access or has an automatic fold-down ramp. It may also have integral steps. It moves in a vertical line and is appropriate for short rises e.g. from 2-4 steps up to 1 metre, dependent on the brand. These lifts can be used for ambulatory or wheelchair users.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- The disabled person is unable to use stairs or steps with minor adaptations AND

- There is insufficient space to provide a ramp of appropriate gradient at the appropriate entrance and/or to reach essential areas of the home AND

- A stairlift is considered inappropriate.

2.3   Vertical lift – with seat or for wheelchair use

Description: These lifts carry the disabled person between two levels in a partially enclosed car, mounted on vertical wall tracking. There are a variety of designs available.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach, taking account of cost effectiveness issues AND

- A stairlift is considered inappropriate following a full risk assessment, due to the layout of the home or the disabled person's current condition or their deteriorating condition leading to an inability to transfer on/off a stairlift or other family members ability to use the stairs AND

- There is a need for access to essential facilities on the first floor AND

- There is adequate circulation space both for the provision of the lift and for the manoeuvrability of a wheelchair into the lift (if required) and retain access to all the facilities needed by the disabled person and their family.

ASSESSMENT GUIDANCE: The decision to select a lift as an appropriate adaptation or the type of lift chosen may be guided by the following factors:

- The disabled person with a progressive medical condition where their ability to transfer on/off or in/out of the lift independently may fluctuate or deteriorate over time.
- If a disabled person has a condition that is likely to deteriorate to the point that independent transfers are no longer possible then a vertical lift or ground floor facilities may be more realistic option for managing their long term needs.
- People with palliative care needs
- The disabled person with severe epilepsy or frequent blackouts or giddiness.
- Where there are very young children in the household.
- The disabled person who is confused or disorientated and lives alone.
- The disabled person who has poor sitting/standing balance, uncontrolled or unpredictable movements and the inability to maintain a good sitting posture during the time taken to use the lift.
- A level of anxiousness that is not resolved by trial use.
- Children with multiple disabilities who require hoisted transfers and have poor head and trunk control.
- Uncontrollable pets in the household.
- If the property has WC and bathroom facilities on the ground floor and sufficient space to create a bedroom downstairs then consideration of a lift may not be appropriate.

It should be stressed that before any lift is considered a risk assessment should be carried out on each individual case to provide a balanced decision during the assessment process. A disabled person's diagnosis alone is insufficient to decide against proposing the use of a lift for example a disabled person with epilepsy alone is not refused a stairlift just because of their diagnosis.

N.B. The above list is not exhaustive

Considerations for all Lifts

- An environmental assessment of the home should be completed with a lift representative to check that it is technically possible to fit a lift that meets the user's needs and is compatible with the home environment and the rest of the family's needs.
- The property should be suitable for the installation of a lift, or the stairs can be modified to accommodate a lift, and leave sufficient space for other family members to be able to use the stairs safely. This may entail consideration of charging points so that the lift can be parked unobtrusively to allow stair access. Check that other family members living in the home or providing care can use the stairs with the stairlift in place.
- The disabled person must be given the opportunity to try out the proposed lift and used it safely. This includes their ability to transfer safely on/off and in/out the lift, use the controls and put on and fasten any seat belts The Independent Living Centre has a selection of lifts with different features to try out with disabled people.

- The disabled person's ability to transfer safely and independently must be assessed. Transfers must be from and onto a level area.
- Consider the weight of the disabled person and check the compatibility of the proposed lift. If there are 2 users on the same property consider the weight of the heaviest person. If the disabled person's weight is close to the limit take a detailed history outlining weight gain, as it may be appropriate to consider alternatives.
- If there are 2 users within the same property ensure that the lift will meet both of their needs.
- Building regulations and the home environment are important factors in the choice of lift e.g. stair width, bulkheads, bends in stairwell, pinch points on kite winder stairs, number of floors, room for transfers at top and bottom of the stairs, trapping hazards and other Health & Safety issues.
- The chair of a stairlift must come level with the top stair and not onto a landing and then leave one or two steps.
- If the disabled person lives alone they should plan what they would do in the case of an emergency.
- A coin-operated meter on the electricity supply presents a hazard and may preclude the installation of a lift. Alternative payment methods should be investigated to ensure a continuous electrical supply. All lifts must have a dedicated power supply and battery back up. Stairlifts should always be parked in their docking position to ensure that the battery is kept charged. Usually lifts are alarmed to alert that they are not docked properly.
- Considerations should be given to the disabled person's current and future mobility potential.
- Consider the need for carers to travel with the disabled person in a vertical lift.
- Consider the ongoing needs of a growing child.
- The disabled person should inform their insurance companies when a lift is to be installed and arrange to take out additional cover for fire and other damage, and to cover against accidents to people due to the use of the lift.
- The disabled person should be aware if there are any servicing and maintenance responsibilities applicable to them.
- Advice the disabled person to change their stair carpet prior to any stairlift installation rather than afterwards as the rail is bolted to the stairs and not onto the wall.
- Weather proofing for external lifts.
- Lifts for communal/external areas should be tamper proof.
- Lifts in communal stairways should leave space for safe use of the stairs, particularly in case of fire.
- Consent from other tenants will be required.
- Extra space may be required form shallow pits for some lifts

A full and balanced risk assessment should be carried out prior to any lift installation and it must clearly show that all factors have been considered and any reasons for selecting an alternative adaptation rather than the lift.

SECTION 3   BATHROOM ADAPTATIONS: Baths, showers and toilets

This section looks at providing adaptations to meet a disabled person's functional ability to maintain personal hygiene and/or to assist carers. As with other types of equipment a tariff of options will be considered ranging from the most cost effective equipment available through to major adaptations.

3.1   Fixed Bath Hoist

Description: Floor-fixed bath hoists may be powered or mechanically operated and have a seat (or slings) attached to a vertical column which usually slots into a base plate at the side or the end of the bath. The height of the column can be adjusted and the seat swivels to enable the person to transfer onto it from outside the bath. The seat is then raised so that it clears the bath rim and is lowered down into the bath.

Manual hoists are operated by a winding handle designed to be operated by a carer, although it may be possible for the bather to use some models independently. Powered hoists either use mains electricity and will require a power point outside the bathroom or a rechargeable battery that will need charging regularly. The controls may be operated independently by the bather using a handset.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach, taking account of cost effectiveness issues AND

- Standard bath equipment has been trialled and is inappropriate due to the disabled person's degree of functional loss AND

- The disabled person can transfer safely onto the hoist and maintain a functional seating position comfortably

- The disabled person will be independent in personal care OR

- It makes it safer and easier for a carer to assist the disabled person manage their personal care AND/OR

- Standard bath equipment is incompatible with the family/domestic situation.

Considerations

- Where the disabled person has a medical need or skin condition requiring treatment and it is reasonable to maintain a bath to soak

3.2   Specialist Baths

<u>Description:</u>   Removal of existing bath and replacement by specialist bath.

Bath with integral lifting seat: this type of bath has a lifting seat incorporated into the structure of the bath so that there is no need for the person to get up or be helped up from the bottom of the bath. The seat raises and lowers; all but a few seats have a fixed backrest which makes reclining back in the bath difficult. Some seats incorporate a leg rest to lift the legs over the bath rim. When the seat has been raised above the bath rim, it can be swivelled outwards, either manually or automatically, for easier transfer. The height of the seat edge is important, especially for people who need to brace their knees in order to stand upright, or who need a level transfer from a wheelchair seat. A few systems have the facility to raise and lower the seat outside the bath.

These baths are powered either by water pressure or mains electricity. The lift can be controlled by the bather or a helper using a handset. If the system is electrically powered, a safe air switch is used.

Baths in this section fit against a wall or are free standing and have a swivel, slide or reclining seat incorporated into the structure of the bath. They are mounted on either a central or corner pole. When a swivel seat is raised above the level of the bath rim, it can be turned to overhang the bath edge; some seats have fold up armrests to facilitate sideways transfers. Seat raising and lowering is electrical or mains water pressure powered. Other inbuilt seat types are intended to slide in the bath and some have a reclining backrest.

Height adjustable bath: The height of these baths can be adjusted, either mechanically or electrically. They are designed to reduce the need for a carer to bend over the bath if the person needs assistance. The bather may be able to step into the bath at its lowest level and then be raised to a convenient height. However, remember that the water usually needs to drain away before the bather can get out. These baths are not often used in a domestic setting.

The baths in this section are standard bath style and are adjustable in height by manual or powered operation. Some may be used in conjunction with a hoist or other lifting equipment.

<u>Guidelines</u>

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- Standard bath equipment has been trialled and is inappropriate due to the disabled person's degree of functional loss. The disabled person should have the ability to transfer safely and maintain a functional seating position comfortably OR

- Where the use of the bath is shared and the carer is unable to lift portable equipment safely in and out of the bath AND

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- The use of a ceiling track or mobile hoist is appropriate AND

- Safe transfer into a bath is still likely to be possible if client's condition deteriorates OR

- More than one client in the household would benefit and equipment will be shared, therefore reducing the need to use multiple equipment.

Considerations

- The bath must be sited where the disabled person will continue to gain access if their mobility deteriorates.
- The carer's needs must be considered when washing a disabled person with a severe disability.
- The functional skills needed to get into a specialist bath are generally similar to those needed to use an ordinary bath fitted with standard equipment.
  Therefore, the provision of a specialist bath should be carefully considered and only provided in exceptional circumstances.
- The time taken for the bath to fill and drain may have an effect on the disabled person's body temperatures.
- There may be circumstances where the removal of facilities and the provision of a standard metal bath are required.
- The disabled person should be aware of the maintenance requirements.
- Consider the location of taps and plug release.

Technical Considerations

- Due to the size of the equipment, the provision may not be a practical solution where space is lacking.

3.3   Over-bath showers

Description: The provision and installation of a shower over the bath that meets the BS8300: 2001 recommendations e.g. anti-scald, thermostatically controlled over-bath shower unit.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach, taking account of cost effectiveness issues AND

- Bath equipment has been considered and tried and is inappropriate due to the disabled person's degree of functional loss AND

- The disabled person has been encouraged to try all feasible options, AND

- The disabled person is able to safely transfer on and off a bathboard or swivel bath seat independently and remain sitting safely OR

- The disabled person can step over the side of the bath, with or without equipment, and remain standing for the duration of a shower AND

- It is unnecessary to remove the bath for a shower to enable the disabled person to become independent and to relieve carers of difficulties AND

- The disabled person is able to gain access to the bathroom and no long term difficulties are envisaged AND

- It enables the disabled person to attend to their personal care needs independently or with minimal assistance.

Considerations

- Some people with severe epilepsy may be considered for an over bath shower depending upon the nature and history of their condition as a safety feature
- A shower over the bath could continue to be used if the bath is removed and a level assess shower tray or 'wet area' is installed at a later date. To enable this to happen, consideration should be given when siting the controls.
- When siting the controls determine whether the shower will be used independently by the disabled person or by their carer, as this will affect the position of and height of the shower controls.
- A shower curtain and extra wall tiles to prevent wall damage.
- The disabled person should always be issued with and instructed to use equipment e.g. shower board/swivel bather in order to safely use the overbath shower.
- The provision of slip resistant flooring may be required.
- The disabled person should be made aware of the maintenance requirements.

- Other family members need to continue to use the bath e.g. young children in the family.

Technical Considerations

- A humidistat may be required.
- Temperature control – the Health & Safety Executive recommended a temperature of no more than 41°C to reduce the risk of scalding.

3.4 Level Access Shower

Description:

The provision and installation of level showering facilities with an anti scald device, thermostatically controlled with height adjustable showerhead.

Level access showers have an entrance threshold of less than 1cm. They are therefore easy to negotiate independently e.g. in a self propelling shower chair, and put less stress on a carer's back when they are pushing the person into the shower area. There is more risk of water falling outside the tray with level access shower trays. Try to ensure that the tray is sufficiently large to take account of the fact that the shower curtains will billow outwards slightly as the shower water hits them.

Some level access bases are designed to fit in the space where a bath stood, so that the drainage from the bath is already in place. Others require under floor drainage to be installed. They often have a pump over the drainage hole to draw the waste water towards it. Pumps can be noisy.

Level access trays or grilles can be set into a wooden or solid floor. As there is no hob or ramp, they provide the easiest access for walking users, or those using shower chairs. There is, however, more risk of water falling outside the tray. Screens and doors are designed to minimise this. Ensure that the water can be drained as fast as it leaves the shower spray unit. Manufacturers do not recommend the use of power showers in level shower areas as the drainage cannot cope with the water flow.

Examples include:

- Special shower tray with level access.
- Specialist shower cubicle with integral level access and with relevant accessories available such as seat, doors etc.
- Shower room with graded/dished, slip resistant floor, with appropriate accessories.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- Bath equipment to transfer safely into a bath or use an over bath shower has been considered/tried and is inappropriate due to the disabled person's degree of functional loss AND

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- The disabled person has been encouraged to try all feasible options AND

- The provision will enable the disabled person to maintain their independence in personal care with or without carers' help.

Considerations

- The shower must be sited where the disabled person will continue to gain access if their mobility deteriorates.
- If the disabled person is likely to become or are already wheelchair users, it is best to consider a shower room with a graded/dished/slip resistant floor.
- In most circumstances, the disabled person will need to sit whilst showering.
  Consideration must therefore be given to the provision of adequate space and the strength of the shower tray, if used.
- Consider the stability of the freestanding shower chair.
- To prevent carers/helpers from becoming wet whilst assisting the disabled person, half height shower screens or curtains should be provided.
- The controls are located to ensure use by either the disabled person &/or carers – it can be difficult to achieve a position for both to use comfortably.
- Consideration should be given to the rest of the family before a bath is removed.
- Freestanding shower seats often provide the most versatility within the shower area and can be changed easily if the disabled person's needs change.
- Sufficient tiling is required in all wet areas.

Technical Considerations

- Shower cubicles have some disadvantages i.e. steep ramp, limited space inside for footrests or non-standard chairs and they are contra-indicated for people prone to spasms.
- Adequate room heating should be provided for this type of adaptation.
- Temperature control – the Heath & Safety Executive recommend a temperature of no more than 41°C to reduce the risk of scalding.
- Include adequate ventilation within the shower room
- If grab rails and a wall fitted shower seat are required, it is necessary to ensure that the walls of the shower are strong enough to take them and that adequate screws e.g. stainless steel are used.
- The disabled person must be made aware of the need to clean and maintain the pump and /or filter and waste pipe according to the manufacturer's recommendations.

3.5 Combined WC/Shower Unit

Description: A cubicle containing a WC with an overhead shower with a height adjustable shower head. The shower can be used while sitting on the WC or by using a shower chair with a commode aperture.

The cubicle will have sealed shower doors to minimise water spillage into the surrounding area, a pump will often be added to actively draw the water towards the drain. It is advisable to have some waterproof flooring immediately outside the area of the cubicle.

Care should be taken over the choice of other equipment used on plastic shower trays, especially stools with four separate legs, because of the risk of puncturing the tray. Flat based shower chairs should be chosen in preference.
Check the maximum weight limit of the tray. Some companies will strengthen them for heavy users.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- The disabled person meets the criteria for an additional WC and for a shower, however limitations of the accommodation and/or family considerations preclude the provision of each as separate facility AND

- The property is otherwise suitable for the disabled persons needs AND

- The disabled person/carers have the ability to maintain the pump and change the filter.

Considerations/Technical

- A non-ambulant disabled person may find the ramp into the cubicle difficult to negotiate.
- Wheelchair users may find the depth of the cubicle too small for non-standard self-propelling wheelchairs and they are contra-indicated for people prone to spasms.
- The provision of a separate room to provide these amenities should be sought in the first instance as detailed in the Department of the Environment and Department of Health Joint Circular 10/90.
- Consider the temperature control of the unit.

Toilets

Description: The three types of toilet (WC) that can be provided are:

- Additional (standard) WC.
- Specialised WC.
- Combined WC/shower as described in previous section.

3.6   Additional (Standard) WC on the ground floor

Description: A standard WC pan with seat. Recommended height sizes are measured from the finished floor level to the top of the WC pan. Usual sizes are: 380mm, 400mm and 420mm.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- The disabled person's functional ability to reach the existing WC facilities is severely restricted due to the nature of their disability AND

- Where access to existing amenities cannot be provided AND

- The provision would give the disabled person dignity and independence in toileting AND

- There is a permanent medical condition affecting frequency/urgency of micturition and/or bowels and the need to get to the toilet quickly AND

- Other equipment e.g. chemical toilet or special commode have been considered/tried and are not appropriate AND

- The disabled person is sleeping on the ground floor, is using a commode and is unable to access the first floor WC facilities.

Considerations/Technical

- A wash hand basin must be sited near the WC to comply with building regulations.
- The needs of children with disabilities, who have difficulty managing the stairs independently AND are undertaking toilet training to increase their independence will be considered
- Requests for first floor facilities, in addition to ground floor facilities, are not considered
- In a corner WC arrangement, the flushing mechanism should be positioned on the open or transfer side of the pan for ease of use.

3.7   Specialist WC

Description: An automatic WC that provides flushing, warm washing and drying from one operation i.e. it combines the functions of a WC and a bidet with an additional drying facility.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- The disabled person is unable to maintain proper hygiene after toileting due to the degree of functional loss AND

- The use of any equipment has been trialled and is unsuccessful AND

- The provision would give the disabled person an appreciable degree of independence in toileting/personal hygiene AND

- The provision would relieve the need for a carer and maintains the disabled person's dignity AND

- The disabled person has tried a special WC and finds it an acceptable solution.

Considerations/Technical

- It is possible to use a special WC with a shower chair but this has to be decided at the time of installation, as the WC must be raised on a plinth.
- The disabled person should be made aware of the servicing and maintenance requirements associated with this installation and that it is possible to obtain extended warranties to cover costs if required.
- In a corner WC arrangement, the flushing mechanism should be positioned on the open or transfer side of the pan for ease of use.

SECTION 4 OVERHEAD HOISTS

Description: An electric hoist that is suspended from a length of overhead tracking fitted in one of three ways.
- Ceiling fitted – straight, curved and XY system.
- Wall fixed when the ceiling is structurally inadequate.
- Gantry fixed supported by floor standing posts

The hoist usually assists with bed, chair, wheelchair, bath, commode and WC transfers.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach, taking account of cost effectiveness issues AND

- The disabled person is non-weight bearing and has severely limited function in arms and legs making transfers a problem AND

- Mobile hoists, fixed position hoists and other simple lifting equipment have been considered/ tried and are inappropriate due to the degree of client's functional loss, the capacity of carers or lack of space AND

- The provision will increase the disabled person's independence in transfers OR

- The provision will support carers and minimise risk of injury AND

- There is an identified person/people willing and able to be trained responsibility for operating the equipment safely. (This could be the disabled person or carer)

Considerations

- The provision is dependent on structural feasibility; the company and/or surveyor or structural engineer usually gives this advice.
- The different options available as described above.
- The disabled person's dignity in relation to multiple transfers.
- The disabled person cognitive ability to use this provision safely.
- The needs of carers and the number of carers required for transfers.
- The time taken to carry out multiple transfers.
- Room layout
- It may be preferable to provide hoists in two rooms instead of continuous tracking between rooms e.g. from bed to WC.
- It is advisable to have a written moving and handling care plan in the home that is recognised and approved by formal and informal carers who will be using the equipment.
- Discuss with the user an alternative plan in case of an emergency.
- The hoist should be maintained as per LOLER regulations and a competent person should regularly check the hoist and slings.

SECTION 5   **GENERAL AL~~TERATIONS~~ OR EXTENSIONS TO LIVING SPACE**

When considering the need for adaptations the following stepped approach will be used:

- Look to adapt within the existing footprint of the property. All rooms will be considered and they may be adapted from their original use to provide bedroom and/or WC/shower/ bathroom facilities. Where there has been previously two separate rooms which have been converted into a through room, the expectation would be that the room would be restored to its original condition as part of the adaptation, thus providing two rooms again – one of which would be used as a bedroom or WC/shower/bathroom for the disabled person

- Alternative housing will be considered where a more suitable property would remove the need for extensive adaptations or if adaptations are not technically feasible within the current property. Assistance can be given to help the disabled person to move to more suitable accommodation through the use of relocation grants (owner occupiers and private renters); accessible homes register for RSL tenants and others; support re-housing applications. With young people it is essential to discuss any plans they have to leave home and live independently.

- Where an extension is felt to be the best cost effective and appropriate solution, the use of a modular build extension will also be considered. This enables the adaptation to move with the disabled person if required or it can be returned and re-cycled if no longer needed

When using a DFG to provide major alterations to living space the Housing Grants, Construction and Regeneration Act 1996 section 23(1), (DFG) should be considered for the mandatory requirements.

5.1   Ground floor Bedrooms

Description: The construction of an additional wheelchair accessible room to be used for sleeping in by a disabled person.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- Re-housing has been considered and is found to be inappropriate or not possible AND

- The disabled person's functional ability to reach an existing bedroom is severely restricted due to the nature of their mobility AND

- Access to existing bedroom via a lift is not appropriate due to functional loss and/or environmental limitations AND

- There is only one reception room (living room or dining room) on the ground floor, and there is more than one person in the household HOWEVER

- Where there has been previously two separate rooms which have been converted into a through room, the expectation would be that the room would be restored to its original condition as part of the adaptation, thus providing two rooms again (if this provides a suitable room size that can be used by the disabled person) – one of which would be used as a bedroom for the disabled person OR

- Where there is a room suitable for conversion, but it would cause extreme stress to the family due to the loss of this room e.g. one family room is not of sufficient size for the whole family OR

- Where there is need to provide extra space for the disabled person due to severe behavioural management problems that cannot be resolved by any treatments and it is unacceptable for that person to share a room OR

- The existing room used by the client for sleeping in, is not of sufficient size for wheelchair manoeuvrability or other essential equipment

Considerations

- The needs of the disabled person and their space requirements to accommodate equipment storage, workstation etc need to be considered, in addition to the design and layout of the property, to determine the best size and possible location of facilities
- The arrangement of furniture within the facility should allow accessibility and manoeuvrability of equipment e.g. wheelchairs and hoists.
- Location and height of windows should allow accessibility yet still provided privacy.
- The position and usability of the window latches for the client, and height and location of light switched and power points should conform to BS8300: 2001.
- Storage within the room should be accessible.
- An en-suite shower room may be considered if the existing shower / WC facilities cannot be accessed by the disabled person or adapted to become accessible.
- Access to the bedroom directly via the kitchen is not desirable on health and safety grounds.
- Where door access is provided from the bedroom to a garden a French door of sufficient width, with opening windows alongside will be the preferred option.

5.2   Ground floor WC and bathroom facilities

Description: The construction of an additional wheelchair accessible WC and bathroom to be used for personal hygiene needs by a disabled person.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- The disabled person meets the guidelines for requiring this facility AND

- Re-housing has been considered and is found to be inappropriate or not possible AND

- The disabled person's functional ability to reach an existing WC and bathroom is severely restricted due to the nature of their mobility AND

- Access to existing WC / bathroom via a lift is not appropriate due to the disabled person's level of functional loss and/or environmental limitations AND

- A room for sleeping in is also being provided on the ground floor AND

- Where there is not a second reception room on the ground floor, or a room suitable for adaptations (either upstairs or downstairs) HOWEVER

- Where there has been previously two separate rooms which have been converted into a through room, the exception would be that the room would be restored to its original condition as part of the adaptation, thus providing two rooms again – one of which could be used as a WC/bathroom for the disabled person OR

- Where there is a room suitable for conversion, but it would cause extreme stress to the family due to the loss of this room e.g. one family room is not of sufficient size for the whole family

Considerations

- The needs of the disabled person and their space requirements to accommodate necessary equipment needs to be considered, in addition to the design and layout of the property, to determine the best size and possible location of facilities
- The arrangement of furniture within the facility should allow accessibility and manoeuvrability of equipment e.g. wheelchairs and hoists.

- Location and height of windows should allow accessibility yet still provided privacy.
- The position and usability of the window latches for the client, and height and location of light switched and power points should conform to BS8300: 2001.
- Adequate ventilation and heating should be provided – see section 3 for further considerations
- Access to the WC/bathroom directly via the kitchen is not desirable on health and safety grounds.

5.3   Kitchens

Description: a wide range of adaptations can be considered to give the disabled person access to, and the use of, kitchen facilities. The extent of the adaptation should reflect the disabled person's abilities and needs.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- The present kitchen is unsuitable for the client to prepare and cook food due to the height and position of work surfaces and facilities or lack of turning space for a wheelchair AND

- Equipment has been tried and is not suitable AND

- The disabled person has the physical ability and motivation to prepare and cook independently in a suitably adapted kitchen AND

- The kitchen is or will be accessible from the main living area by the client

Considerations

- Establish how the disabled person wishes to use the kitchen. If the disabled person did not work frequently in the kitchen prior to the assessment, was this through choice or because the kitchen was inaccessible?
- Adaptations will be provided to enable the use of the kitchen by the disabled person and not just to improve an inadequate kitchen.
- Is the disabled person the main kitchen user or will others be using the kitchen regularly? This will affect the extent of the adaptations possible.
- Where the main user is able-bodied, it may be possible to adapt a small section of the kitchen for the disabled person's use. For example a section of lower worktop to make a snack or hot drink. If both able bodied and disabled people use the kitchen to a similar extent then height adjustable units may be required.
- Appropriate flooring should be considered.
- Is a separate oven and hob required?

- A kitchen assessment should be undertaken before recommendations are made – either within the local rehabilitation unit or at the Independent Living Centre.

The following should help when determining the level of adaptation to be provided.

- **A Light Use** (i.e. preparing breakfast, snacks, hit drinks)

- **B Medium Use** (e.g. preparing one hot meal a day, doing laundry)

- **C Heavy Use** (i.e. preparing more than one meal a day, possibly for other family members, and resulting in independence from services etc)

Technical

- You may wish to seek design guidance from specialist kitchen designers.
- Height adjustable units could be manual or electric depending on the disabled person's needs and how often they will need adjusting.

Types of adaptations

- Ovens with an anti-tip shelf and non-spill trays
- Adjustable height units can be partial, fully adjustable, manual, electric or on brackets and are useful for:
  - Multi users
  - Those with a changeable condition over a period of time
  - Multi occupancy over a period of time
- Recessed plinths can be useful for wheelchair users with footplates. They give the disabled person access to base and wall units without losing circulatory floor space.

SECTION 6   HEATING PROVISION

Description: Provision of source of heat to all areas of a home that the disabled person has access to and uses regularly.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach ,taking account of cost effectiveness issues AND

- The disabled person has a specific medical condition which severely affects body temperature and there is evidence that a lack of heating would lead to serious deterioration of the condition OR

- Conditions causing the disabled person to be a danger to themselves or others when using the existing heating e.g. hyperactivity, severe learning disability, severe loss of sensation OR

- A physical inability to manage the existing heating system OR

- Those with significant difficulties e.g. wheelchair users, frailty.

Considerations

- Recent World Health Organisation recommendations for immobility are to provide heating capacity of 21°C in living rooms and 18°C in other rooms for thermal comfort.
- Moving from a warm room to a cols room can have a significant impact on function, for example, respiration. There is also evidence suggesting that the effects on joints and muscles at lower temperatures can make people clumsier and less co-ordinated and may be a factor in causing falls.

SECTION 7 MISCELLANEOUS

7.1 Fencing

Description: Appropriate fencing to enclose an area used by the disabled person.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- Provision can only be considered where the disabled person's vulnerability is due to a disability / challenging behaviour and not due to developmental norms relating to their age AND

- The disabled person has a history of wandering beyond the property and is at risk OR

- To enable a disabled parent to look after their children.

Considerations

- Where there is simply a damaged fence due to wear and tear this will not be replaced or repaired.
- Alternative solutions are not practical or reasonable and the fencing would keep the disabled person in a safe environment.
- Fencing is not provided to keep out other people or dogs.

7.2 Lighting and Power

Description: Adaptations to enable a client to have reasonable control over the use of lighting facilities or other mains electrical appliances. This may mean the relocation of lighting or power controls to accessible positions, or providing additional means of control. This may include relocation of prepayment meters if they are situated in inaccessible positions. The work may be required in the common parts of the building in which the client occupies a dwelling.

Types

- Touch switches
- Rocker switches
- Lever
- Pull cord
- Infra-red
- Raised/lowered sockets

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- The disabled person are unable to operate existing facilities and have to rely on others to operate them AND

- The disabled person has the ability to use adapted or re-sited controls.

Considerations

- Extra lighting may be necessary to enhance residual vision of a client with a visual impairment to permit safe mobility within their own home or to enable them to manage daily tasks independently.
- If new lighting controls are being installed, consideration should be given to the height and position.
- Re-location of pre-paying meters may be provided free of charge for disabled people by some utility companies.

7.3   Widening Pathways

Description: Widening an existing pathway to permit safe wheelchair access or flagging to provide a base for a semi-permanent ramp, within the boundary of the home, to facilitate access by the disabled person to and from the dwelling or the building in which the home is situated.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- The disabled person has a mobility problem, and is at risk of falls OR

- The existing path is too narrow to permit wheelchair access and the disabled person or carers have difficulty manoeuvring the wheelchair as a result, or there is no path on which to provide a semi-permanent ramp AND

- The path is one used by the disabled person for access to the gate of the property or essential facilities.

Considerations

- If the disabled person uses the path while walking, a galvanised rail may need to be installed
- Textured surfaces may be appropriate for the disabled person with a visual impairment.

- The width of the path should be sufficient to allow access for the disabled person and their carers – see BS8300: 2001.
- Where there is simply a damaged path due to wear and tear this will not be replaced or repaired.

7.4   Window Opening Devices

Description: A manual or mechanical device that is fitted to an existing window, to allow opening/closing from an accessible point.

Guidelines

- The disabled person meets the general eligibility criteria for adaptations AND the assessor has applied the stepped approach taking account of cost effectiveness issues AND

- When the disabled person is unable to open an exiting window because of their disability (this could be due to the inaccessibility of the window of the design of the lock) and a manula window opener cannot be used.

Considerations

- It is reasonable that not all windows in the property will be fitted with these devices and only in rooms that are regularly used by the client.
- Changes to the type of window installed would not be considered unless the window has no means of opening

APPENDIX 1   HOUSING TYPES AND FUNDING

Owner Occupier

Major adaptations are funded by a Disabled Facilities Grant (DFG) administered by the Housing Department of the Local Authority, not Social Services. If the property is leasehold then permission will have to be sought from the owner of the freehold and/or other leaseholders under the terms of lease.

A DFG is always means tested under Central Government rules – 'relevant persons'

- If the client lives with a partner, then both of them will be financially assessed.
- The parents of a disabled personal of any age, are not assessed, (the children's means test rules, whereby parents were assessed, was abolished in December 2005)

Privately Rented Property

Major adaptations will be funded as Owner-Occupiers. It is essential that the landlord give written permission for any proposed adaptations.

Registered Social Landlord (RSL) Property

The disabled person living in RSL properties as tenants may receive assistance directly from the RSL (out of its revenue or capital reserves) or the RSL association may obtain a grant from the Housing Corporation. However, unless Regional Corporation Boards have made adaptations a priority, the Housing Corporation does not give grants in that region. Where, as in London, the regional Housing Board has priorities adaptations, the Housing Corporation Regional Office exercises its discretion as to whether to give a grant.

Some authorities will offer to move people into more appropriate properties rather than undertake major adaptations.

Nevertheless, if all else fails, the landlord or the tenant can apply for a DFG. This, for example, it would not be lawful to prevent a housing association tenant applying for DFG (ODPM 2004, para 3.26).

APPENDIX 2 – MAJOR ADAPTATIONS PROCESS

(MAPPED BY HHIILS PROCESS GROUP August 2008)

```
        HHIILS
         Start
           |
       48 hours
           |
           v
      Milestone 1
    NWD from date
   of initial referral to
    first contact ILT
           |
28 days (70% completed
    within 14 days)
           |
           v
      Milestone 2                    -ILT 1 (proforma)
   NWD from first contact           -First Assessor Form
    (ILT) to Completion of ILT            -ILT3
        Assessment                        -ILT4
           |                               -ILT5
        20 days                            -ILT7
           |                               -ILT9
           v
      Milestone 3
    NWD from comp of ILT                  -ILT6
   assessment to return of               -ILT10
   GP letter and notification        -G1 (returned)
   of Borrowing Potential to    -HIA3 (Agency Questionnaire)
        OT and S/U
           |
    75% achieved
     in 5 days
           |
           v
      Milestone 4                         -ILT15
   NWD from return of test                -ILT16
   of resource form to date      -ILT18 (Panel Agreement)
    ILT15 rec by agcy               -ILT19 (Memo)
           |                  -ILT23 (Stairlift specification)
        20 days
           |
           v
      Milestone 5
   NWD from date ILT15 rec        -HIA2 (Agency agreement)
   by agency to date agency    -G22 & HIA case file to be set up
   agreement received               (Agency 10,11 & 12)
           |
           v
          [ 2 ]
```

```
                    ┌────────┐
                    │   2    │
                    └──┐  ┌──┘
                       │  │
75% in 40 days         ▼  ▼
            ┌──────────────────────────┐
            │        Milestone 6        │
            │                           │         -Agency 1 or 2
            │    NWD from date agency   │         -Plans & Specifications
            │   agreement received to   │
            │   initial scheme sent to ILT │
            └──────────────┬───────────┘
                           │
20 days                    ▼
            ┌──────────────────────────┐
            │        Milestone 7        │
            │                           │
            │     NWD from ILT receiving │        -ILT13
            │   scheme to agreeing scheme │       -ILT17
            │   with Service user and issuing │   -ILT24
            │   ILT13&17 to S/U and Agency │
            └──────────────┬───────────┘
                           │
80% in 5 days              ▼
            ┌──────────────────────────┐
            │        Milestone 8        │
            │                           │
            │     NWD from receipt      │         HIA4
            │   of ILT13 & 17 by Agency, │
            │   to request of S of W from │
            │           Grants          │
            └──────────────┬───────────┘
                           │
10 days                    ▼
            ┌──────────────────────────┐
            │        Milestone 9        │
            │                           │
            │   NWD from date ILT17     │         -G11 (Schedule of Works)
            │   received by Grants to   │         -DFG1
            │   production of SoW by Grants │
            └──────────────┬───────────┘
                           │
                           ▼
                    ┌────────┐
                    │   3    │
                    └──┐  ┌──┘
                       └──┘
```

```
                              ┌─────┐
                              │  3  │
                              └──┬──┘
                                 │
                            25 days │
                                 ▼
-Contractor Selection    ┌──────────────────────┐        -DFG2
      Form               │     Milestone 10      │        -DFG3        -G20
-Tender requisition letter│                      │        -DFG4        -G21
   -Tender register      │  NWD from date SoW    │        -DFG5        -G22
   -VAT split form       │  produced to date valid│       -DFG6        -G23
        -HIA5            │   DFG application      │        -DFG11       -G24
        -HIA6            │      received         │        (Repayment   -G25
        -HRG21           │      by agency        │         of Grant)   -G26
        -HRG21a          └──────────┬───────────┘
        -HRG23a                     │
                            20 days │
                                 ▼
                         ┌──────────────────────┐
                         │     Milestone 11      │
                         │                       │        -DFG7
                         │  NWD from date valid  │        -DFG8
                         │   DFG application     │         -G30
                         │      received         │         -G34
                         │  to date DFG application│
                         │      approved         │
                         └──────────┬───────────┘
                            10 days │
                                 ▼
                         ┌──────────────────────┐
                         │     Milestone 12      │
                         │                       │
                         │   NWD from DFG        │      -ILT18 (Panel funding memo)
                         │     approved          │      -ILT19 (Panel agreement
                         │  to Panel funding     │              memo)
                         │     approved          │      -HIA Panel funding request to
                         │                       │              ILT
                         └──────────┬───────────┘
                            10 days │
                                 ▼
                         ┌──────────────────────┐
                         │     Milestone 13      │
                         │                       │        -HIA7
                         │   NWD from date of    │        -HIA9
                         │   approval of panel   │        -HIA11
                         │  funding to consent   │
                         │   form returned to    │
                         │      agency           │
                         └──────────┬───────────┘
                             3 days │
                                 ▼
                         ┌──────────────────────┐
                         │     Milestone 14      │
                         │                       │        -Agency3
                         │  NWD from return of   │       -Letter to order
                         │   consent form to     │             work
                         │      agency           │      -Building contract
                         │  to date work ordered │
                         └──────────┬───────────┘
                                 ▼
                              ┌─────┐
                              │  4  │
                              └─────┘
```

4

30 days

Milestone 15

NWD from date work ordered to date work starts

22 days

Milestone 16

NWD from date work starts to notification to ILT of satisfactory completion of work

-Agency5
-G33
-G34
-G35
-G36
-G37
-G38
-ILT25

15 days

Milestone 17

NWD from notification of satisfactory completion of work to receipt of all certification (including ILT 26) and final payment to contractor by Agency

-ILT26
-Builders invoice
-Certificates
-Agency6
-Building Control completion cert
-Agresso invoice payment form

5 days

Milestone 18

NWD from final payment of contractor to date of payment by Grants to Agency

-Internal transfer form or memo
-DFG9
-DFG10

20 days

Milestone 19

NWD from payment by Grants to Agency to date of final letter sent to service user

-HIA20
-Final Letter to client

End

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APPENDIX 3   DISABLED P~~ERSON'S RESP~~ONSIBILITY FOR MAINTENANCE AND WARRANTIES

It is essential that the disabled person be given clear information as to who is responsible for maintenance of any adaptation.

This will vary depending on:

- Type of adaptation.
- Property types and how the works were funded.

In general, if a Disabled Facilities Grant (DFG) funds an adaptation, the disabled person will assume full responsibility for maintenance, repair and removal (if necessary).

If there is electrical equipment e.g. stairlift, specialist WC etc, it is advisable to include in the DFG application, an element for an extended warranty for four years, giving an overall cover for five years (local agreement).

The disabled person must agree to take responsibility for arranging the servicing and repair and told what the approximate cost of these items will be to them, once the warranty has come to an end. It may in some circumstances be necessary to explain to the disabled person that servicing is not just about maintenance of the hardware, but may be about the safety of the disabled person, informal carers and paid carers.

Should the item need replacing at any time, another application can be made for a DFG.

N.B.   If the disabled person feels that they will be unable to pay the costs of servicing or repair of an adaptation obtained through a DFG, Social Services may have to negotiate a way forward before the works begin.

In Registered Social Landlord properties, practice varies. In principal it is arguable that the client retains responsibility for an adaptation obtained through a DFG, although some housing associations do agree to maintain some adaptations.

Clearly, if maintenance can be included in the DFG, then this solves the problem. Government guidance states that it is good practice for the cost of servicing and repair services to be secured by the local authority at the time of installation. It also states that this cost, when met by a single payment on commissioning, should be included in the calculation of any grant payable.

If an adaptation is provided on loan by the social services authority (rather than through a DFG), then it will be responsible for maintenance and repair. Alternatively, if an adaptation were obtained through DFG, but through a landlord rather than tenant application, then it would be the landlord that was responsible.

Adults & Community Directorate

HOUSING ADAPTATIONS

Procedures and Practice Guidance for the Provision of Minor Adaptations to the Homes of Disabled People

February 2010

CONTENTS

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INFO.......TION .....ET

Service area	Older People's and Independent Living Services
Date effective from	March 2010
Responsible officer(s)	Divisional Manager Independent Living Services
Date of review(s)	March 2012
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)**	Mandatory
Target audience	Therapists, nurses and support workers e.g. Community Care Workers within the Borough, who are proposing minor adaptations to the homes of disabled people
Date of committee/SMT decision	
Related document(s)	• Housing Adaptations Policy • Procedures and Practice Guidance for the Provision of Major Adaptations to the Homes of Disabled People
Superseded document(s)	None
Equality Impact Assessment completed	CIRA completed
File reference	

	PROCEDURE	*Practice*
1	**Introduction** The purpose of this document is to ensure a fair and a consistent response is given when considering the provision of minor adaptations to a person's home following an assessment of their needs. It provides guidance to therapists, nurses and support workers e.g. Community Care Workers within the Borough, who are proposing minor adaptations to the homes of disabled people to enable them to live at home independently or with support. Halton Borough Council acknowledges the contributions of service users and staff within the Borough and the work of the following organisations, which has assisted in the writing of this procedures and practice guidance: • London Boroughs Occupational Managers Group "Guidelines for Major Adaptations to the Homes of People with Disabilities"; • Salford City Council "Community Equipment and Adaptations Statement of Purpose and Guidelines"; • Warrington Borough Council "Criteria for the Provision of Equipment and Minor Adaptations" and "Criteria for Major Adaptations to the Homes of Disabled People."	**Related Documents** This procedure and practice guidance policy should be read in conjunction with the **Housing Adaptations Policy** which outlines the policy framework for adaptations, including an explanation of the complex legislation involved. There is an equivalent document for major adaptations: **Procedures and Practice Guidance for the Provision of Major Adaptations to the Homes of Disabled People.**
2	**Definition of Minor Adaptation** Minor adaptations are relatively small and inexpensive 'minor works' e.g. grab rails, extra stair rail, re-positioning of electrical sockets, removal of door thresholds, costing less than £1000. (This may be the cost of a single item or a combination of items). Cost related criteria may vary between local housing providers meaning that the definition of items as either minor or major adaptations may also differ. Minor adaptations for owner occupiers and private tenants are funded by Social Services. Housing Associations are expected to fund minor adaptations for their tenants.	**Types of Minor Adaptations** Minor adaptations may be structural or non structural items. Further details of what constitutes a structural or a non structural minor adaptation is provided in Appendix 1

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	PROCEDURE	*Practice*
3	**Timescales** Older and disabled people often need minor adaptations quickly in order to facilitate their safe discharge from hospital (in these cases minor adaptations will be recommended by hospital based therapists) or to safeguard their safety and independence at home. Non structural minor adaptations are provided **within 7 days**, although this performance target does not apply to housing associations.	<u>**Performance Indicator**</u> within 7 working days. The period begins when a decision to supply the equipment/adaptation is made (likely to be prior to when the order is placed) and ends when the equipment/adaptation is satisfactorily installed in the opinion of the council (the delivery/installation date, or when satisfactorily installed in the view of the Council, if later).
4	**The Assessment Process** General Principles of the Assessment Process are outlined in the Housing Adaptations Policy (Paragraph 10) Assessments will always consider: • Involving disabled people and their carers • Current and long term needs • Ethnic and cultural issues • Cost effectiveness and best value	<u>**Eligibility for Adaptations**</u> In order to qualify for adaptations in the home: the person for whom the adaptations are being considered must have - a substantial impairment of sight , hearing or speech - a mental disorder or impairment of any kind or - a substantial physical disability due to illness, injury, impairment since birth or otherwise. The adaptation must be at that person's only or main residence and they must be ordinarily resident within the Borough of Halton.
5	**Involving disabled people and their carers** It is crucial to involve the disabled person in the assessment of their own needs. The views of parents and carers are also important, particularly if they live in the same household. Any assessment should take account of the views of disabled children and young people and their parents. Within the provisions of The Carers (Recognition and Services) Act 1995 and Carers and the Disabled and Children Act 2000 and the Carers (Equal Opportunity) Act 2004 consideration of the needs of the carer will be of equal importance in that: • The provision will improve the quality of care given to the disabled person and • It will help alleviate the physical demands experienced by the carer and • It will enable the carer to continue to provide care.	

	PROCEDURE	*Practice*
	The amount of care and support provided by relatives and carers, and the type and size of equipment used, will be taken account of when determining the space requirements of any proposed adaptations. A consensus on the final proposals for adaptations should be sought with the disabled person, their carers, and other members of the household, other agencies where appropriate and be part of an individual care package. At all stages the disabled person should be provided with adequate information on which to base their decisions.	
6	**Current and long term needs** Assessments will always take account of the person's current and long term needs, particularly if the person has a condition that is likely to deteriorate over time. Some minor adaptations are permanent changes to a person's home and will only be considered if other help and support does not meet the disabled persons' needs. This involves applying the stepped process outlined in the practice column opposite and particularly whether a different way of approaching tasks, rearranging the layout of the property and/or provision of equipment may meet needs, reduce risks and alleviate the need for adaptation work. All existing facilities in the property will be utilised, taking account of the needs of the disabled person and their family. Where people have deteriorating conditions, government guidance makes it clear that a relatively limited period in which a particular adaptation will be appropriate is not in itself sufficient reason for delaying or refusing its provision. Age and / or prognosis alone should not be a barrier to the provision of adaptations.	<u>**Stepped Approach**</u> When considering the need for adaptations the following stepped approach will be used: - Whether a different way of approaching tasks, rearranging the layout of the property and/or provision of equipment and /or minor adaptations may meet needs, reduce risks and alleviate the need for more major adaptation work. - Where it is established that major adaptations are required, adapt within the existing footprint of the property - Where extensive major adaptations are required, assist the disabled person to move to more suitable accommodation through the use of relocation grants (for owner occupiers and private tenants) and the Accessible Homes Register. - If a ground floor extension is the only solution and if the complete costs are provided through the Adults and Community Directorate the option of modular buildings will be explored.

	PROCEDURE	*Practice*
7.	**Ethnic and Cultural issues** Any ethnic and cultural aspects of the household must be considered during assessments and / or planning works. Community or religious advisors may need consulting on individual cases, or it may be necessary to involve translation and advocacy services.	
8.	**Recording Actions and Agreements** Staff will always carefully record their evidence, reasoning and conclusions in determining the course of action they will follow in conjunction with the disabled person and taking their views into account.	
9.	**Cost Effectiveness and Best Value** Although the disabled person's preference will be taken into account, it is not the only consideration. The most cost effective solution, that also meets the disabled person's needs, should be found, although it is recognised that there may be a need to be flexible in complex cases.	**Cost Effectiveness and Best Value** The approach to achieving cost effectiveness and Best Value is outlined in more detail in the Adaptations Policy.
10	**Provision of Minor Adaptations** The process for obtaining minor adaptations varies depending on the tenure of the property. Up to date processes are available within the HHIILS procedure manual and on the internet / intranet.	**HHIILS Procedure Manual** This contains the detailed internal processes to be followed for minor adaptations.

APPENDIX 1

Types of Minor Adaptations

Structural Minor Adaptations	Non- structural Minor Adaptations
Hand rails - external	Grab rails
Half steps	Stair rails
Plinths for chairs and beds	Lever taps
Extra paving to widen pathways	Drop down rails
Under cupboard lighting (visual impairment)	Floor fixing of toilet frames
Re-site sockets	Wall to floor rails
Additional sockets	Floor to floor rails (internal)
Re-locate light switch	Brackets for swivel bathers and bath boards
Lower section of kitchen workspace	Spatulate w.c. handles
Shower over bath	Change window openers
Threshold ramps	Lower wall cupboards
Re-hang doors	Change door handles/kitchen door handles
Re-locate radiators	Replace rubber seals on shower doors
Widen doorways – key access points	Flashing door bells
Compressible threshold etc and renewal	Smoke alarm alerts
Bi-fold doors	Door and wall protectors
Sliding doors	Intercom door locks
Safety glass	Newel rails
Lower w.c. cistern	
Change w.c. or alter position	
Change fire controls/ change fire	

APPENDIX 2

Halton Home Improvement and
Independent Living Team

Minor
Adaptations

Criteria and Guidance

CONTENTS LIST

1. Grab rails
2. Additional stair rails
3. Intercom Door Release System
4. Handrails
5. Shallow steps
6. Alterations to Door Structure
7. Alterations to Door Threshold
8. Alternations to Door Furniture
9. Door and Wall Protectors – kick plates
10. Flip down rails
11. Floor fixing of Toilet Frames
12. Spatulate Cistern Flush Lever
13. Toilet Plinth
14. Altering Position of Toilet or Cistern
15. Wall Mounted Bathing Equipment
16. Lever Taps
17. Kitchen Cupboard Door Handles
18. Adapted Kitchen Work Surface
19. Sockets and Light Switches

Example
ADDITIONAL STAIR RAILS

DESCRIPTION

A mop stick section of softwood, sited to run continuously from the bottom to the top of the flight of stairs, to include the perimeters of intervening landings and across window openings (if necessary). The diameter should be a minimum of 40mm and no greater than 50mm.
An extra rail only can be considered as it is the householder's responsibility to ensure that at least one stair rail is fitted for general safety.

FUNCTION

To provide support and security for disabled person whilst ascending/descending stairs

CRITERIA

1. General conditions prefacing this document must be met AND
2. The disabled person's ability to ascend/descend stairs is impeded AND
3. Stair rails will enable the disabled person to be more independent or reduce risk to either themselves and/or their carer when carrying out the activity AND
4. The disabled person must be ambulant independently with or without a walking aid to mobilise on stairs.

ASSESSMENT GUIDANCE

- Stair rails are designed to reduce risk and should not be considered if it would increase risk.
- Consider how many rails are required – dependent on the disabled persons functional ability (left/right sided weaknesses) and the environment
- A combination of stair rails and grab rails may be appropriate.
- Detailed measurements of the position and type should be specified to the builder together with a detailed pro forma.
- There should be a clearance of between 50mm and 60mm between a handrail and any adjacent wall surface. Supports should be underneath to ensure no interruptions to prevent the smooth running of a person's hand along the rail.
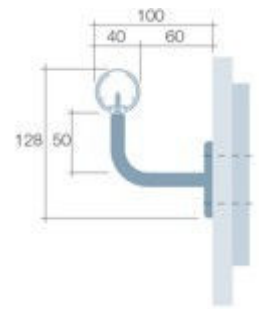
Dimensions of a stair rail

Combination of rails may be required
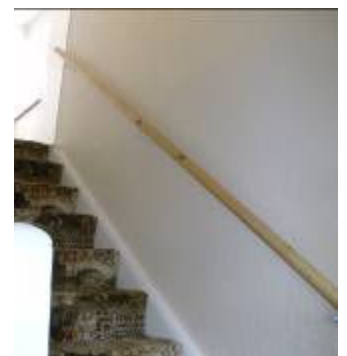
Straight flight of stairs
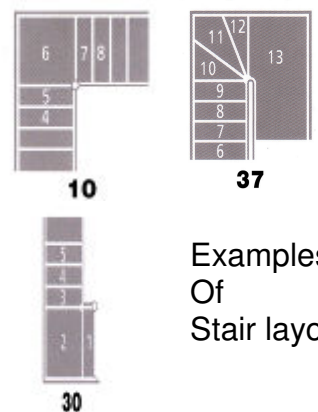
Examples Of Stair layouts

- Stair rails can be cut to size to make different components for all stairway layouts.
- When installing a stair rail the height should be equal to the existing rail and follow the gradient of the stairs. As a general rule of thumb the height is usually between 900mm – 1100mm
- Always check fitted rails are smooth with no sharp / rough edges that could cause catching / splinters.

CONSIDERATIONS

- Where stair rails may assist outside property boundaries e.g. communal stairways. Obstructions to other residents should be taken into consideration
- Ranch style (flat) rails should never be considered. Think about replacing existing ones if necessary.
- Rails should always run the full length of stairs and 300mm beyond if it does not cause an obstruction.
- Where there is an open plan staircase i.e. there is no rail at all at the side of the service users stairs, this is entirely inappropriate from a health and safety perspective and would make the service user liable should any injury occur to anyone in their property as a result of this omission. It is the homeowner's responsibility to fit a stair rail to the open side of the stairs. Advise tenants to contact their landlord or RSL regarding this issue.

APPENDIX 3

MINOR ADAPTATIONS TEMPLATES

CONTENTS LIST

Diagram 1A	Grab rails beside front /back door
Diagram 1B	Grab rails beside front /back door
Diagram 1C	Grab rails beside front /back door
Diagram 2A	External handrails to steps at front/back door
Diagram 2B	External handrails to steps at front/back door
Diagram 3A	Half steps and External Handrails to front/back door
Diagram 3B	Half steps and External Handrails to front/back door
Diagram 4	Extra stair rail – height to match exiting rail height
Diagram 5A	Bath – show position and measurements for grab rails – taps to right
Diagram 5B	Bath – show position and measurements for grab rails – taps to left
Diagram 5C	Bath – show position and measurements for grab rails – taps to right
Diagram 5D	Bath – show position and measurements for grab rails – taps to left
Diagram 5E	Bath with shower head show position and measurements for grab rails – taps to right
Diagram 5F	Bath with shower head show position and measurements for grab rails – taps to right
Diagram 5G	Bath with shower head and diagonal grab rail - show measurements for grab rails – taps to right
Diagram 5H	Bath with shower head and diagonal grab rail - show measurements for grab rails – taps to left
Diagram 5J	Bath with shower head and vertical grab rail - show measurements for grab rails – taps to right
Diagram 5K	Bath with shower head and vertical grab rail show measurements for grab rails – taps to left
Diagram 5L	Bath with shower head and horizontal grab rail – show measurements for grab rails – taps to right
Diagram 5M	Bath with shower head and horizontal grab rail – show measurements for grab rails –taps to left

MINOR ADAPTATIONS TEMPLATES

CONTENTS LIST (continued)

Example

Warrington and Halton Hospitals **NHS**
NHS Foundation Trust

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

St Helens and Knowsley Teaching Hospitals
NHS Trust Internet

Minor Adaptations   **Diagram 1 A**
Grab Rails beside front/back* door

* Delete as appropriate

Service Users Name:		
Address:		
☎		ID No.

Prescriber's Name:		
Designation		☎ :
Date		

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Agenda Item 7a

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director – Environment and Economy
SUBJECT:	Halton Local Transport Plan (LTP3) – Challenges and Opportunities: Approval for a Period of Consultation
WARDS:	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report seeks to gain the approval of the Executive Board of the content of the Halton Local Transport Plan (LTP3), Challenges and Opportunities document for the purposes of a four-week period of consultation.

2.0 RECOMMENDATION: That

(1) the LTP3 Challenges and Opportunities document be approved for the purposes of a four-week period of consultation;

(2) further editorial and technical amendments that do not materially affect the content of the LTP3 Challenges and Opportunities document be agreed by the Operational Director – Highways, Transportation and Logistics in consultation with the Executive Board Member for Planning, Transportation, Regeneration and Renewal, as necessary, before the document is published for consultation.

3.0 SUPPORTING INFORMATION

Local Transport Plan

3.1 Local Transport Plans (LTPs) were initially introduced by the Transport Act 2000, which set a statutory requirement for local transport authorities to produce a LTP every five years and keep it under review. Since then, the Local Transport Act 2008 has been introduced, which retained the statutory requirement to produce and review LTPs and supporting policies, but changed aspects of the statutory framework, including giving local authorities the flexibility to review and update the LTP as they consider to be appropriate.

3.2 Halton Borough Council, as a Unitary Authority, is the transport authority for the area of Halton and as such is required to produce a LTP. The current LTP (LTP2) runs until March 2011, with the third LTP (LTP3) due to commence in April 2011.

3.3   As required by the 2008 Act, LTP3 will be in two parts; the first part will set out a long term strategy to 2026 and the second will consist of a short term Implementation Plan, setting out in detail how the strategy will be delivered. Separating strategy and implementation allows the two parts of the LTP to be renewed (when necessary) on different timescales. For instance there may be less need to renew the overarching long term strategy, yet the short term Implementation Plan may require more regular renewal.

3.4   Although Halton will be producing an individual LTP3, it has been recognised that working in partnership with the Merseyside Integrated Transport Authority (Merseytravel) or ITA, which is statutorily obliged to produce the LTP on behalf of itself and the Merseyside Districts, would be beneficial for the sub-region. As a result Halton and Merseyside have synchronised the preparation of their evidence bases and there is impetus to produce a similar long term transport vision and strategy across the sub-region. However, it should be acknowledged that the production of Halton's rolling implementation plan will be separate from Merseyside's, based on Halton specific characteristics.

3.5   Although the LTP will be submitted to the Government by end March 2011, the Department for Transport (DfT) will no longer formally assess the plan, impose mandatory targets or require submission of formal monitoring reports. However, the Department will continue to take account of the overall quality of a LTP especially where this is relevant to its decisions, for example in relation to funding.

The Policy Framework

3.6   It is important to consider the wider policy framework within which the LTP sits. This includes national, regional and local level policy.

3.7   At the national level, the DfT expects transport authorities to consider their contribution to national transport goals as over-arching priorities for their LTPs. These goals are set out in the Delivering a Sustainable Transport System (DaSTS) document (2008). The five goals are:

    • Addressing climate change, by reducing carbon emissions from transport
    • Supporting economic regeneration by helping competitiveness and productivity
    • Ensuring equality of opportunity
    • Protecting health, safety and security
    • Promoting quality of life and the natural environment.

3.8   In terms of regional policy, LTPs should be prepared in the context of the broader policies and objectives contained in relevant Regional Strategies, for Halton this is the North West of England Plan - Regional Spatial Strategy to 2021 (RSS). LTPs should also have regard to local

strategic objectives as identified in the Sustainable Community Strategy (SCS) and reflect and support policies included within the Local Development Framework (LDF).

Preparation of LTP3

3.9   Although the preparation of Halton's LTP3 will follow from work undertaken for LTP1 and LTP2, a new process has been advocated by DfT. This involves the following five steps:

1) Clarifying Goals
2) Specifying Opportunities / Challenges
3) Generating Options
4) Appraising Options
5) Selecting the Preferred Options

3.10   The development of Halton's LTP3 overarching strategy is currently at step 2 where the transport goals and the opportunities and challenges for the borough are to be presented for consultation. The following stage will examine and then appraise a range of possible options that may help address the identified challenges and opportunities for Halton. A further period of consultation will then take place on the preferred options for the overarching strategy. This is currently scheduled for July 2010.

3.11   Following the Preferred Options consultation the priorities will be selected and the strategy formalised. This will provide the platform for the shorter term Implementation Plan which will be drawn up in the autumn of this year. The development of the Implementation Plan will also include a period of consultation on the preferred options for implementation.

3.12   In developing LTP3 the following statutory assessments will also need to be undertaken over the course of the work: Strategic Environmental Assessment (SEA); Health Impact Assessment (HIA); Equality Impact Assessment (EqIA); and, Habitats Regulation Assessment (HRA). These assessments will form an integral part of the decision making process for the preparation of LTP3.

Challenges and Opportunities

3.13   Halton's LTP3 Challenges and Opportunities consultation document presents the overarching transport vision and goals for the borough which are linked to the wider sub-region. Halton's goals are to:

- Ensure the transport system supports the priorities of the Liverpool City Region and Halton's Local Strategic Partnership.
- Provide and promote a clean and low carbon transport system.
- Ensure the transport system promotes and enables improved health and wellbeing.

- Ensure the transport system allows people to connect easily with employment, services and social activities.
- Ensure the transport network supports the economic success of the Liverpool City Region by supporting local employment, key economic drivers and the efficient movement of people and goods, including access to international, national and regional networks, through the provision of high quality transport infrastructure, services and information.
- Maintain our transport and highway assets to a high standard.

3.14 Following from the identification of Halton's transport goals, the consultation document sets out the current evidence base from which Halton's challenges and opportunities are identified. Table One of the Challenges and Opportunities consultation document (attached to this report) summarises the key challenges and opportunities to be addressed for Halton and the Liverpool City Region

Consultation

3.15 In preparing Halton's LTP3 it is important to ensure that the views of a wide range of stakeholders, the public and other interested parties are reflected. It is therefore proposed that the Challenges and Opportunities document be published for a four-week period of consultation, commencing on 19th April and ending on 17th May 2010.

3.16 For the purposes of consultation a questionnaire will be distributed asking key questions in relation to the Challenges and Opportunities consultation document. It is envisaged that this will focus the consultation and ensure that the comments received relate to the critical issues.

3.17 A consultation plan has been prepared, and a number of methods will be employed with the aim of ensuring that the Challenges and Opportunities document reaches as many interested parties as possible. Methods of consultation and information sharing will include a non-technical summary document, press releases, letters and emails sent to statutory and other LTP consultees, news articles and a dedicated webpage on Halton Borough Council's webpage.

Next Steps

3.18 Subsequent to the period of consultation on the Challenges and Opportunities document and the collation and consideration of representations made, the team will move on to the next stage of the LTP3 preparation. This stage will consist of generating a series of options to help address the identified challenges and opportunities.

4.0 POLICY IMPLICATIONS

4.1 The LTP is the central transport policy document for Halton Borough Council. The overarching strategy, which will form the first part of Halton's LTP3, will have important links and implications for the development of other Council policy documents including the LDF and the SCS. The Implementation Plan, forming the second part of the LTP3, will also have important implications for a variety of Council functions, most notably Highways and Planning.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **A Healthy Halton**
LTP3 will offer a significant opportunity to promote and enable improved health and well-being across the borough. This has been identified as a key goal in the preparation of LTP3 supporting the priority of healthy lifestyles and healthy environments and ensuring that good quality health care facilities are easily accessible to all of the borough's communities.

5.2 **Halton's Urban Renewal**
LTP3 will be fundamental in creating a highly accessible and well-connected borough, matching opportunity to need. This will be vital in order to support sustainable and vibrant places and spaces where people are proud to live and see a promising future.

5.3 **Children and Young People in Halton**
The preparation of LTP3 will offer an opportunity to contribute to improving access for children and young people to a range of community facilities, including sport and leisure facilities, encouraging them to live active and healthy lifestyles. Additionally, LTP3 can contribute to raising the aspirations of younger people by ensuring they can access higher education and employment opportunities.

5.4 **Employment, Learning and Skills in Halton**
An important component of LTP3 will be supporting the maintenance and enhancement of the borough's economy through an effective and responsive transport system and network. This will allow Halton's communities to connect sustainably to employment opportunities across the borough and the wider sub-region. Access to lifelong learning and skill development, especially through the borough's educational establishments and workplaces, will also be an essential consideration for LTP3.

5.5 **A Safer Halton**
LTP3 will contribute to a safer Halton through promoting and delivering a safe transport network thus reducing the number of transport related accidents in the borough. In addition, LTP3 will help to ensure that all of Halton's communities enjoy access to safe and sustainable environments across the borough and the wider sub-region.

6.0 RISK ANALYSIS

6.1   At this current stage of LTP3 preparation it is important that a successful period of consultation is undertaken to ensure that stakeholders, the public and others with an interest in the plan are able to positively engage with the preparation of the document. This will help to inform the generation of options for addressing the challenges and opportunities for Halton and the appraisal of the preferred options.

7.0   EQUALITY AND DIVERSITY ISSUES

7.1   Efforts will be made to ensure that all members of Halton's communities can engage with the preparation of LTP3. An Equality Impact Assessment (EqIA) will also be undertaken to ensure that any significant implications for Halton's communities are mitigated and positive effects are enhanced.

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

Document	Place of Inspection	Contact Officer
HBC Local Transport Plan 2001/2002 – 2005/2006	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
HBC Final Local Transport Plan 2006/07 to 2010/11	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
HBC Final Local Transport Plan 2006/07 to 2010/11 Appendix 1	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
HBC LTP1 Delivery Report April 2001 to March 2006	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
HBC Local Transport Plan 2006/07 to 2010/11, Mid-Term Review September 2008	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
Implementing DaSTS and the North West Regional Strategy	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
Delivering a Sustainable Transport System Nov 2008	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
Guidance on Local Transport Plans, July 2009	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
The Future of Urban Transport, Nov 2009	Rutland House, 2nd Floor, Transportation Office	Steve Eccles
RS 2010 Regional Strategy for England's Northwest Part1: The High Level Strategic Framework Consultation Document – January 2010	Rutland House, 2nd Floor, Transportation Office	Steve Eccles

Halton Borough Council

Transport - providing for Halton's needs

Issues for discussion
April 2010
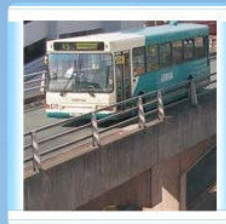
Challenges and Opportunities for Future Transport Provision in Halton

'The challenge is to find ways of improving the outcomes for economy, health and urban environment simultaneously: a 'triple win' outcome'
('The Future of Urban Transport', Prime Minister's Strategy Unit and the Department for Transport.)
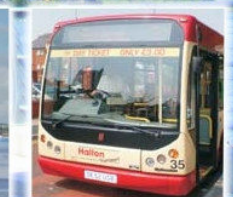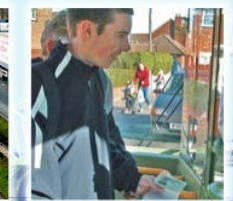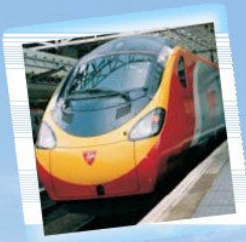
The Third Local Transport Plan for Halton
Issues for discussion April 2010

Contents

<u>Chapters</u>

1. **<u>Introduction</u>**

1.1 Halton is currently preparing its third Local Transport Plan (LTP3). The previous two Local Transport Plans (LTP1 and LTP2 respectively) were prepared by working with our Merseyside partners to ensure that transport policies for Halton and Merseyside were closely aligned. Halton is now recognised as being part of the Liverpool City Region, (LCR), (ref. a) and as a result whilst the LTPs for Halton and Merseyside will again be separate documents this time they will be prepared jointly as we face similar challenges and opportunities. As transport needs extend across administrative boundaries this will ensure that the needs of the LCR are considered in an integrated manner.

1.2 Halton and Merseyside already boast an extensive and efficient transport network. Substantial public investment matched by the train and bus companies over the past 10 years has provided a modern and extensive public transport network. Examples include a modernised railway station at Runcorn and a newer accessible bus fleet. During the period of LTP1 and 2 we have also implemented quality transport corridors where provision for bus, walking and cycling has been greatly enhanced.

1.3 There are improved rail links to other parts of the country, a road network where safety and maintenance are improving and efficient freight movement has been prioritised. A comprehensive 'greenways' network is being delivered that provides for generally car free routes for walking, cycling and sometimes horse riding. Also many streets have had enhanced pedestrian provision.

1.4 We have seen the development of the Mersey Gateway Project that is currently awaiting Ministerial approval following the public inquiry last year. This would provide a new road crossing of the River Mersey and free the existing congested Silver Jubilee Bridge for use by local traffic, public transport, walking and cycling. The Mersey Multi Modal Gateway (3MG) is now a reality and will provide up to 5,000 new jobs in the freight and logistics sector.

1.5 These major infrastructure investments sit alongside ground breaking initiatives such as Links2work and Independent Travel Training which provide information and programmes to support travel choices and help for those travelling to new employment.

1.6 A large measure of our success has been due to the support of our many stakeholders and partners. Our collective ability to deliver improvements was acknowledged by the Government through the Department for Transport, (DfT) which recognises Halton as 'excellent' in the quality of delivery of transport as well as our forward planning.

Halton and Merseyside were also awarded 'Beacon' status for accessibility in 2008. We now need to deliver LTP3 to the same high standard

1.7 We must build on this past success and now plan for the next 16 years. This time period is consistent with Halton's Local Development Framework Core Strategy document and both aim to ensure transport and land use planning are fully integrated. We know, despite our extensive successes, there is much more to be done. The circumstances in which we find ourselves are very different to those of even a relatively short while ago. There will be much less public finance available, at least in the short term, but we must ensure that Halton and the LCR's aspirations for regeneration and growth continue to be supported by a high quality and efficient transport network.

1.8 At the same time transport must play a full part in addressing climate change and supporting a healthy community. **Not to change and adapt is not an option.** Recent events, most notably locally in Cumbria, have illustrated the impact that the loss of effective transport services can have on the local community. These challenges can be met through the strength of our partnership most recently seen in the signing of the LCR Multi Area Agreement, (MAA) for transport (Ref. b).

1.9 In this report, we set out some of the challenges and opportunities that face us as we look ahead to 2026. **We pose some questions and your responses will help us finalise our policies and plans. We very much welcome your views and hope you will take the time to respond to this report. In return we will ensure that you are kept fully informed of our progress.**

1.10 It is important to note that at this stage of our planning process we are presenting forecasts of what may potentially happen based *on the current transport network.* No new policies or schemes have been considered at this stage. We call this the 'do-minimum' option. In the summer we will consult again on our preferred strategy for addressing the challenges and opportunities set out in this report.

The third Local Transport Plan, (LTP) for Halton

1.11 Local Transport Plans are required of every transport authority. Halton Borough Council as a Unitary Authority is the transport authority for the area of Halton. In drawing up the LTP, Halton must reflect the views of a wide range of stakeholders and the public.

1.12 The current LTP runs until March 2011, therefore the third Plan will start in April of that year. It will be in two parts; the first will set out a strategy for Halton until 2026: this report is largely concerned with this element of the LTP. Beneath the long term strategy, there will be an Implementation Plan, setting out in detail how the strategy will be delivered in the first three years. It will therefore be concurrent with Halton's Local Area Agreement (LAA), and the role of the Local Strategic Partnership (LSP) will be very important in shaping our policies and plans and ensuring their successful delivery.

2. <u>Setting our goals</u>

2.1 The Government has established **five new national priorities for transport** (Ref. c). These are:-

- Addressing climate change, by reducing carbon emissions from transport
- Supporting economic regeneration by helping competitiveness and productivity
- Ensuring equality of opportunity
- Protecting Health, Safety and Security
- Promoting Quality of Life and the Natural Environment.

2.2 Government believes that modern and efficient transport systems can also support a wide range of other priorities in urban areas including healthier communities, supporting the local economy and providing a high quality urban environment. It highlights the challenges but also the opportunities for meeting all of these outcomes together. The DfT's recent report, *The Future of Urban Transport* (Ref. d), highlights the prospect of a 'triple win' if good quality transport is provided;-

'The challenge for decisions makers at all levels is to find ways of improving the outcomes for economy, health and urban environment simultaneously: a 'triple win' outcome.

This report was a response to the Cabinet Office's, *An Analysis of Urban Transport*, which supported the integration of transport into wider economic and spatial planning issues.

2.3 We support this approach as it reflects our long standing belief that safe and efficient transport is essential to Halton's health, economic and social life and future well being. We shall highlight later in this report what we believe should be particular local priorities.

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2.4   Within the national priorities, the new North West Regional Strategy, (RS2010), will be completed over the next twelve months, and is being consulted upon separately. Our LTP will be advised by RS2010.

Local and Sub Regional Priorities

2.5   The Liverpool City Region, which includes Halton, has set as its Vision:
       'To establish our status as a thriving international City Region by 2030'

2.6   The LCR is adopting a Strategic Framework which has four core priorities which Halton shares:-

   • Jobs: - To transform the City Region's prospects by increasing the scale of economic activity by raising and growing business levels and securing jobs. This will be achieved through the four 'transformational' activities relating to:-
       o Building a low carbon economy
       o Developing the City Region's assets including the proposed Mersey Gateway, , Liverpool John Lennon Airport, and the extensive logistics industry that included Healton's Mersey Multimodal Gateway (3MG) and the 'Liverpool SuperPort' which incorporates Weston Docks
       o Building on Capital of Culture to build and develop the Culture and Visitor Economy
       o Creating a Knowledge-based economy
   • Worklessness & Skills: - To radically redraw the deprivation map in the City Region, halving the number of LCR wards ranked in the UK's most deprived 10% wards. (Ref. e)
   • Health: - To develop collaboration to reduce health inequalities and address the challenges these present across the City Region.
   • Efficiency: To develop a sustainable structure of collaboration and shared services across the City Region.

   Transport is seen as a key enabling measure within these priorities.

2.7   A critical element to securing the ambitions of the Strategic Framework is the recently signed LCR Multi Area Agreement, (MAA), which sets out a series of activities relating to the economy, housing, knowledge and skills, and transport.

2.8   The draft Strategic Framework and the MAA have placed transport firmly at the heart of the LCR strategy They have also clearly linked demand for transport with serving the wider policy priorities including health, worklessness, economic growth, skills and employment, housing, and social exclusion.

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2.9   In Halton and across Merseyside we are also working with partners within the Local Strategic Partnerships (LSPs) to ensure we place transport at the heart of the Sustainable Community Strategies and support the key priorities at local level. All LSPs have at least one direct transport target and we have shown in our work with the LSP how effective transport can help deliver a wide range of other priorities, ranging from addressing obesity to encouraging greater levels of learning, (Ref. f).

2.10   These are a major challenge and responsibility. Halton's LTP along with that for Merseyside are therefore vital elements in helping achieve the City Region's ambitions. There is therefore a large measure of common ground within the two LTPs.

2.11   For Halton we have set out the following goals to guide our third Plan.

Our Goals

- Ensure the transport system supports the priorities of the Liverpool City Region and Halton's Local Strategic Partnership.
- Provide and promote a clean and low carbon transport system.
- Ensure the transport system promotes and enables improved health and wellbeing.
- Ensure the transport system allows people to connect easily with employment, services and social activities.
- Ensure the transport network supports the economic success of the LCR by supporting local employment, key economic drivers and the efficient movement of people and goods, including access to international, national and regional networks, through the provision of high quality transport infrastructure, services and information.
- Maintain our transport and highway assets to a high standard.

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3.   What do we mean by 'Transport providing for Halton's needs'?

3.1   The world we have to plan for is likely to be very different to the one we have now. By 2020 we must plan for a 34% reduction in carbon levels compared with those of 1990, against a backdrop of many imponderables, including:-
- The possibility of increased climate change incidents.

- Rising fuel prices, perhaps as a result of more limited future production.
- The impact of new technologies in areas such as vehicle fuel and communications.
- The possibility of new communications systems leading to a reduced need to travel or significantly changing travel patterns.
- The possibility of imposed or planned different food distribution patterns.
- A growing health crisis as a result of rising levels of obesity and lack of activity.

3.2 To help address these issues, we and our Merseyside Partners have been preparing for the third LTP through our 'Planning for the Future' programme. It has had two main parts. The first is the collection and collation of large evidence bases to help us assess the current state of the transport network (Ref. g). We show some key findings from the evidence base for Halton later. Secondly, we have developed a transport model that will help us forecast future travel demand and make judgements as to the best solutions to the challenges and opportunities that we set out later in this report (Ref. h).

3.3 As part of 'Planning for the Future' we have commissioned a number of reports and research projects and consulted with a number of stakeholders, notably the Liverpool Chamber of Commerce Transport Forum and the Foresight Group established by the University of Liverpool.

3.4 Some consistent themes have emerged for the LCR from this work. The first is that we must learn from the experiences of others. An international comparison (Ref. j) has illustrated the importance of good mobility as a vital ingredient for inward investment and economic well being. In this regard we have seen that the LCR transport network compares well with comparable cities, but that constant and consistent effort is required to maintain that position.

3.5 The second, and perhaps most important, theme is that we should recognise that the LCR has a sense of place, quality and uniqueness that marks it out from other places. This must be maximised and we must build on our track record in reinventing ourselves after years of economic decline and the loss of employment in traditional industries. The creation of new jobs has gone hand in hand major new investments in Halton's town centres including Widnes Shopping Park and the Brindley theatre, the Widnes Waterfront development, the 3MG site and the Daresbury Science and Innovation Centre. Next to Halton's boundary there is the rapidly expanding Liverpool John Lennon Airport and the continuing regeneration of Liverpool City Centre. These successes should be seen as the precursors of the

next phase in the development of a dynamic borough well prepared to thrive in the new future we face. We need to understand that change is within our power and we can shape our own destiny.

3.6   However, it is also necessary to acknowledge the persistence of some particular problems. Despite continuing improvements, Halton has a relatively low level of skills and qualifications in its workforce and a high level of dependency on state benefits. The health of people in Halton is generally worse than the average for England. These problems do not detract in any way from the successes but they must inspire constant review and questioning of strategies underpinning economic revitalisation, renewal and regeneration. Regeneration must seek to benefit everyone. These problems are the principal focus of the LCR Strategic Framework and MAA described previously.

3.7   The third theme is one of a time of opportunity which presents itself due to the following:-

- The growing international emphasis on low carbon economies and low carbon futures and the links between this and job creation;
- The recognition that dynamic City Regions with strong local government can make real progress with economic development and regeneration given the right powers and influence over public policy in that City Region area; and
- The recognition in European and US cities that City Regions require the best possible arrangements for the movement of people and freight in ways that deliver choice, lowered costs and much reduced congestion and pollution.   Successful cities have well-developed, highly co-ordinated, easy to use and low cost public transport systems together with high levels of walking and cycling.

3.8   This last point reflects the fourth consistent theme. Evidence clearly shows that urban areas with a progressive approach to sustainable transport are such as set out in the Mersey Gateway Sustainable Transport Strategy successful with a clear competitive green edge that helps attract and sustain investment. These places will also be better prepared to handle changes in oil supply and pricing and other potential structural economic changes.

3.9   Finally, there is a clear recognition that transport is inextricably linked to a host of wider concerns including addressing exclusion and good access; for example how do we ensure equality of travel opportunity in our disadvantaged areas. Good transport planned around green public space can create the conditions for greatly increased cycling and walking which will help to support healthy communities and the

well being of the area. We must examine our current use of space for transport to see where we can support more public space potentially by removing existing infrastructure that has outlived its usefulness. A particular example is as part of the Mersey Gateway proposals to remove redundant existing highway infrastructure to provide public open spaces and wider urban regeneration.

3.10   We believe the LTP can act as a catalyst to build on the uniqueness of Halton, helping to create a sense of place which itself creates the conditions for renewed growth and well being.

3.11   As we shall describe later, there is one further key factor. We have to address the situation we face where we have mobility rich and mobility poor communities. Such diversity needs to be addressed as a clear equity issue, and to create a position where everybody has equality of travel opportunity.

3.12   In order to meet these challenges and maximise these opportunities, we believe that we have to use our past successes as a springboard for a new approach and **provide transport for Halton's needs.**

3.13   We believe this will deliver a transport network which minimises congestion levels. Such congestion can damage:
- business efficiency;
- quality of life and health;
- people, particularly young people being active as part of their daily lifestyles;
- reduced health inequalities;
- increased social inclusion; and
- a cut in the carbon footprint of travel as a major contribution to the City Region's low carbon economy.

We examine these issues in the next part of this report.

4.   <u>What we know</u>

4.1   Through our 'Planning for the Future' programme we have collected a large amount of evidence about not only the transport network in Halton and on Merseyside but also the wide range of other factors that influence our travel demands and needs. This 'evidence base' is available at www.halton.gov.uk

4.2   In addition, our annual updates showing our success in delivering the second Local Transport Plan (2006-2011) are also extremely relevant in building up a picture of the trends, challenges and opportunities that we face in our third LTP.   These are also available from the website above.

4.3   Halton's population experienced a 6.4% fall between 1989 and 2002. However, since 2003 the population has increased by 1.2% returning to 1999 levels. The proportion of Halton's population over retirement age has increased by 1.8% since 1998. However the most recent mid-year population estimates for 2008 show that a lower proportion of Halton's population is over retirement age compared with the national average.

4.4   The numbers of vehicles licensed on Halton's roads has increased since 2001. Whilst there has been significant growth in rail patronage across the city region, bus patronage has fallen steeply over the same period. Targets to grow bus patronage within the second LTP have not been achieved; this however could be largely due to the economic downturn. Figure One below illustrates these key trends.

4.5   All the evidence both nationally and locally, points to a clear link between personal wealth and trip-making, with people on higher incomes making more trips per day than those on lower incomes. Similarly, as the economy grows stronger, people become more affluent, car ownership rates grow and people make greater use of cars. This pattern has been seen in the Liverpool City Region with continuous traffic growth in all districts including Halton.

Figure One - Key economic and transport trends
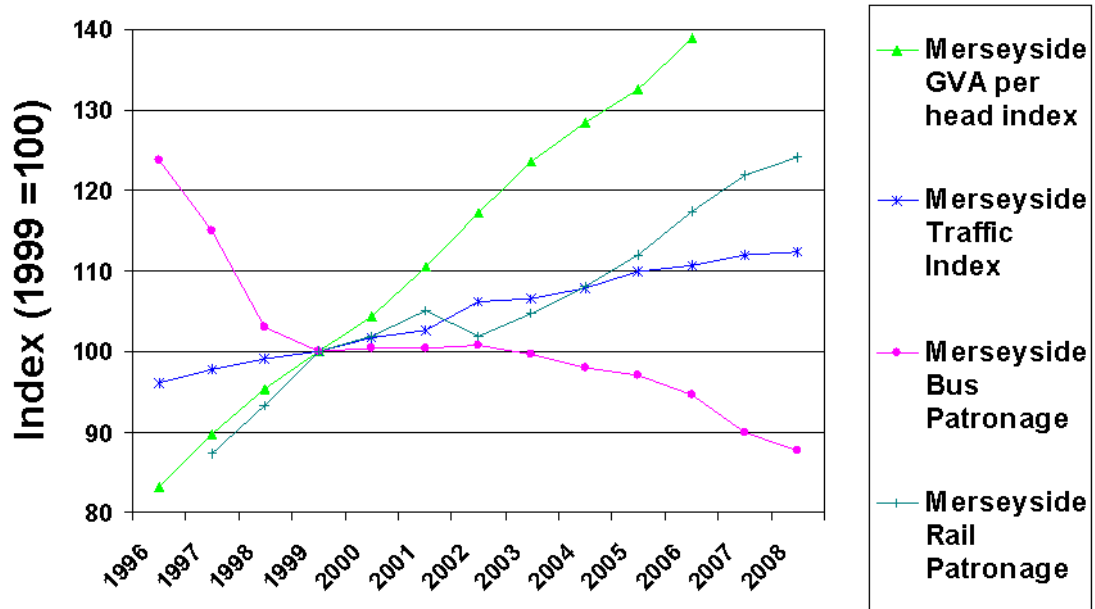
[CHART TO BE AMENDED TO INCLUDE HALTON FIGURES PRIOR TO PUBLICATION]

4.6   During the lifetime of the second LTP, we have seen traffic volumes rise on the SJB but due to the recent economic downturn these have now reduced slightly.

4.7   Rail use in Halton and Merseyside has grown considerably in recent years with the rail network carrying a growing proportion of all peak-hour commuters. However, this growth in rail is now creating problems of crowding on many peak-hour services, for example Runcorn East to Manchester. At stations in Liverpool these are also issues of passenger congestion, particularly at Liverpool Central.

4.8   The success of the Mersey Ports is seen in a 41% growth in freight tonnage throughput at Liverpool between 1999 and 2007, although there has been a recent decline due to the effects of the recession. Similar success at Liverpool John Lennon Airport has seen a significant growth in passengers passing through the airport and supporting the visitor economy. The newly constructed 3MG site in Halton will be a major contributor to freight distribution in the LCR.

4.9   Whilst Halton's regeneration has had a favourable impact on the community, there is more work to be done. Although Figure One has shown steady growth in the economy and personal wealth in Halton, enormous challenges remain in terms of disadvantage and deprivation, measured by a range of indicators, including employment rates, reliance on benefits, attainment at school, skills levels and ill health. Map One below shows the concentration of the areas of disadvantage in Halton.

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Map One - Disadvantaged areas in Halton
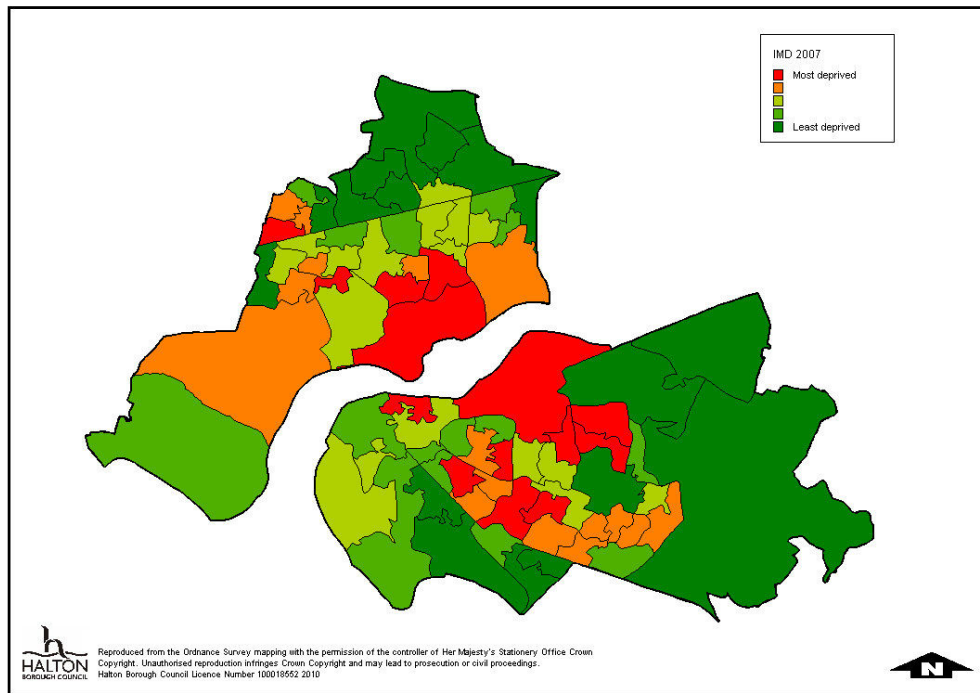
4.10   As Figure Two below clearly shows, over the past 23 years, the cost of using public transport has risen faster than for private transport, with motoring costs remaining consistently below the Retail Price Index. The cost of bus travel has risen most in relation to other forms of transport.

4.11   The relatively high cost of public transport can be a significant barrier to many people. The cost of travel as a proportion of weekly income is high for those on a low wage or benefits. For somebody claiming a worklessness benefit and actively seeking work this could be a major disincentive to seeking work.

4.12   Cash fares for single or return tickets remain the most popular form of payment for public transport journeys in the Liverpool City Region. However, given the high cost of public transport, this indicates that the majority of passengers are paying the highest price for their travel. Affordable and convenient interoperable tickets are essential if passengers have to interchange as part of their journey.

4.13   The major commercial bus companies in Halton offer discounted day, weekly and monthly tickets available from the driver. Merseytravel also provide a range of pre-paid tickets at a reduced rate. These can be purchased from Merseytravel Travel Centres, rail stations, post offices and a number of other retail outlets. However, the requirement for payment in advance for season tickets can be

an obstacle to purchasing such tickets and other cheaper packages.

Figure Two - Cost of travel by mode
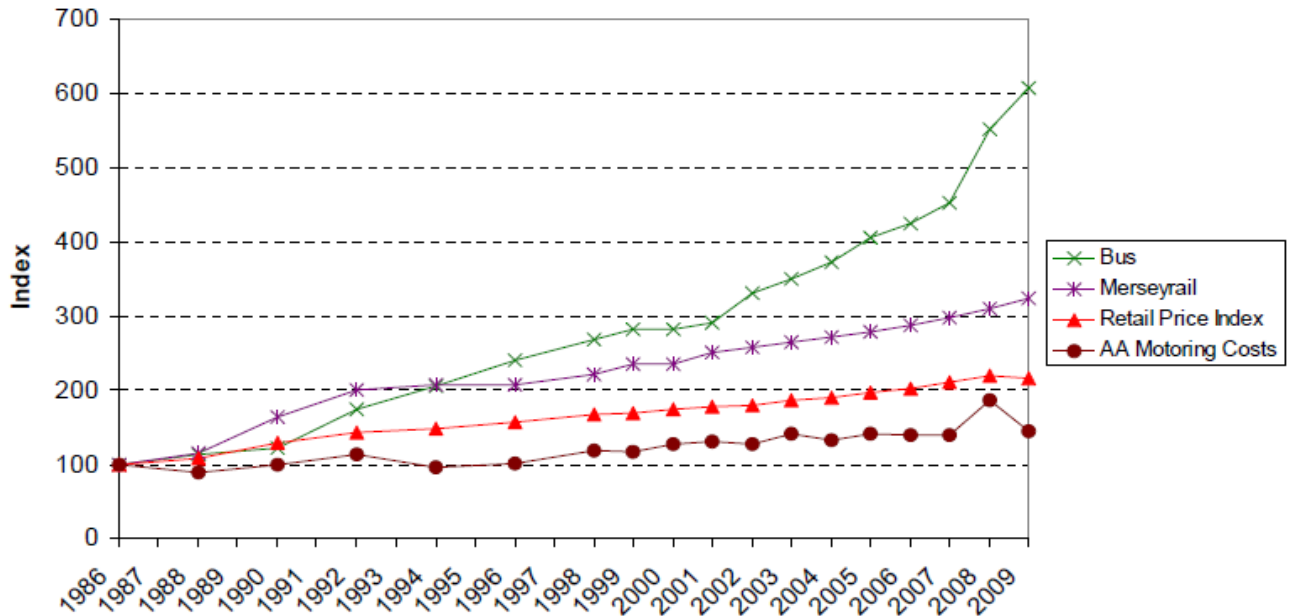
4.14 Car ownership rates are much lower in disadvantaged areas, (DA's). These are defined as those neighbourhoods in Halton that are in the top 10% worst performing neighbourhoods in England (f). 27% of Halton neighbourhoods are in the top 10% nationally. 46% of DA households do not have access to a car compared to 23% of non DA areas.

4.15 Between 2008 and 2009 Halton experienced the largest increase (4.3%) in gross weekly pay for full-time workers compared to Merseyside, the North West and Great Britain. However median gross pay in Halton (£438) remains lower than in Merseyside (£453), North West (£460) and Great Britain (£491).

4.16 As noted above, the cost of transport can be prohibitive for some people on very low incomes, having a major impact on a person's ability to travel, and to access a range of opportunities within easy reach of those with access to a car. Figure Three below shows the clear links between income and use of mode.

Figure Three - Household income and modal choice for journeys
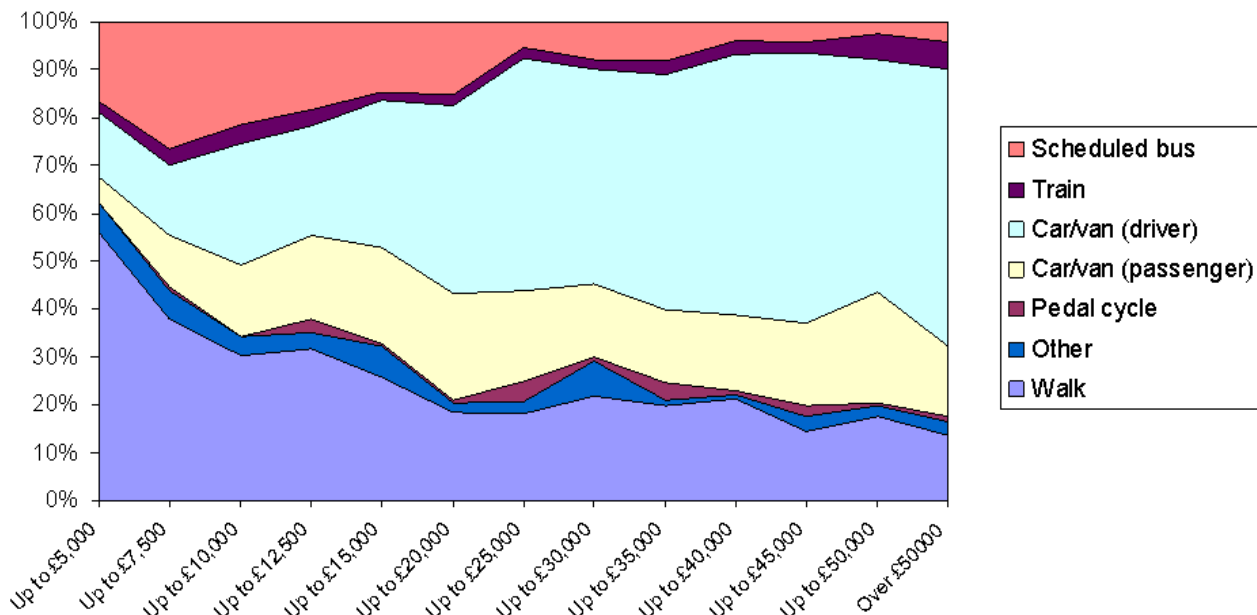
4.17 People on lower levels of income will typically make more trips by foot and by bus than people on higher incomes. For example, people with household incomes of up to £10,000 will typically make 30% of their trips by foot, 20% by bus and 45% of their trips by car (either as a passenger or as a driver). This compares with people on household incomes of up to £50,000 who typically make 20% of their trips on foot, 70% by car (either as a passenger or as a driver). Figure Four illustrates the clear divide between the mobility rich and poor in terms of how much travel is undertaken.

Figure Four - Levels of trip making by household income
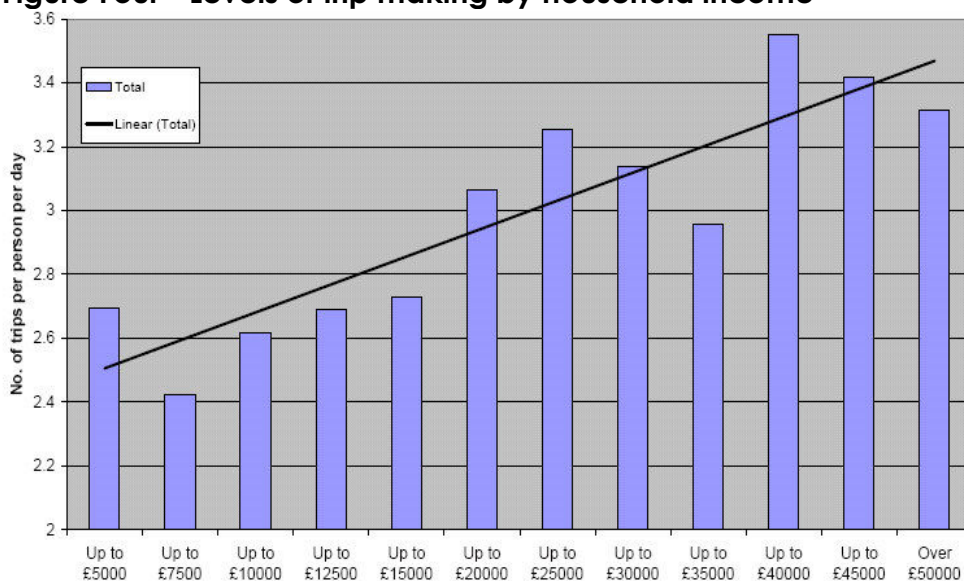
4.18   Such disparities are a clear contributor to social exclusion and the isolation of a number of areas from the mainstream life of Halton and the LCR. This issue was highlighted in great depth in our second Local Transport Plan, which contained policies aimed at tackling transport barriers to work, training and education. This included initiatives such as Links2Work, which provides travel support for people who have recently re-entered the jobs market.

Figure Five ; % of working age people with access to employment via public transport
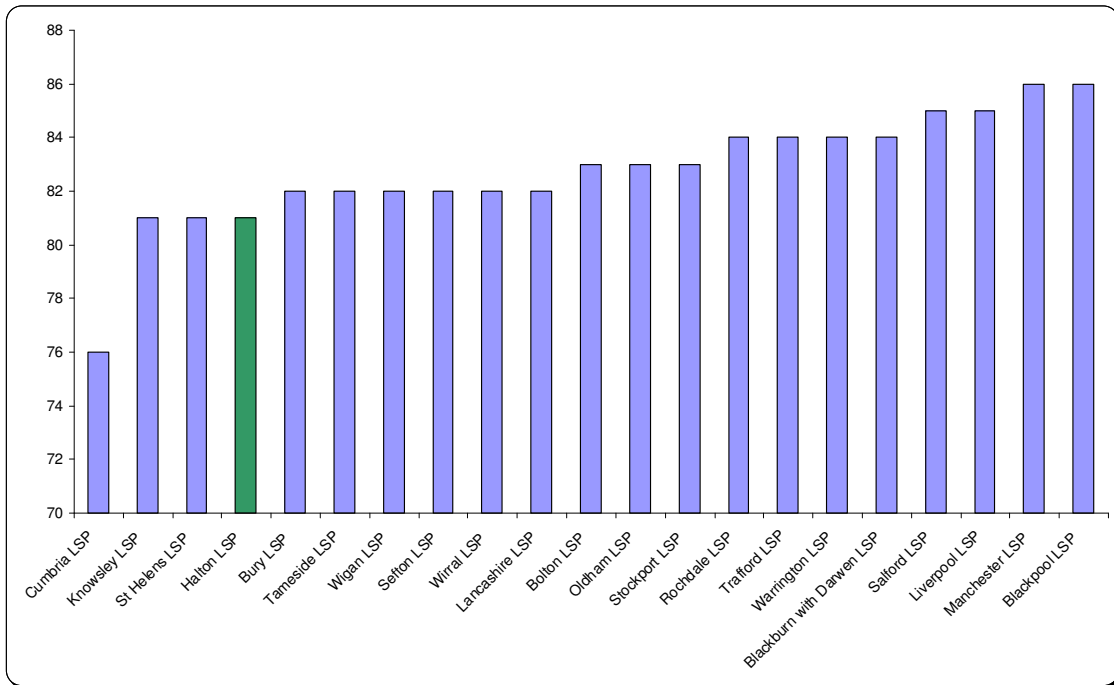
4.19   The evidence also shows worrying trends in terms of health impacts that are closely related to transport and traffic. Poor air quality in parts of the LCR is caused by elevated levels of nitrogen dioxide principally produced by road traffic. Map Two shows current Air Quality Management Areas (AQMAs) and other areas of elevated pollutant levels and the close correlation with highways traffic.

4.20   This is extremely important as poor air quality not only leads to poor health and a polluted environment but may lead to negative perceptions of the area as a place in which people want to invest, live, work and visit.

Map Two - Road traffic and impact on air quality

Air Quality Management Areas
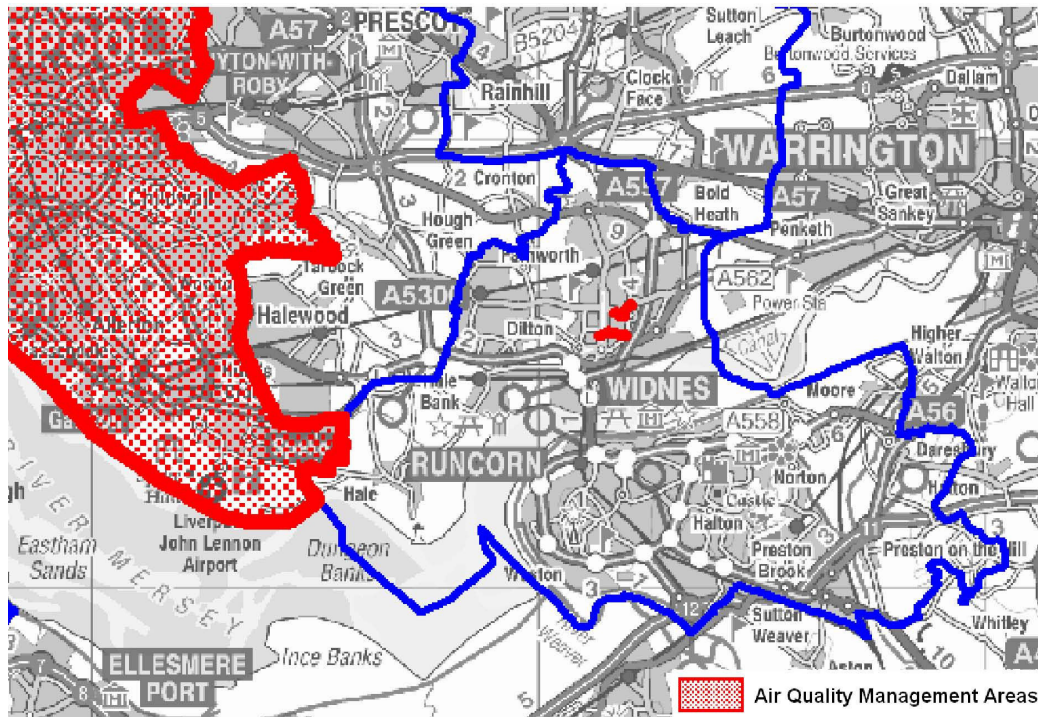
4.21 Significantly, it will be seen from Map Three below that transport emissions are higher in the vicinity of disadvantaged communities than in more affluent communities. This reflects the fact that arterial roads carrying high volumes of traffic to the city centre, port, airport and industrial areas, typically run through, or pass disadvantaged communities.

4.22 As we have stated, reducing carbon dioxide emissions, linked to climate change is now a major priority that the government requires us to address. Climate change is expected to cause rising temperatures and more severe and unpredictable weather patterns. Road transport is a major source of carbon emissions (21% nationally). The patterns shown in the maps above show similarities for levels of carbon emissions from transport across Merseyside, with primary roads being responsible for the highest emissions.

Map Three - Disadvantaged areas and transport emissions

Transport Related (NOx) Emissions
High
Low
Disadvantaged Areas

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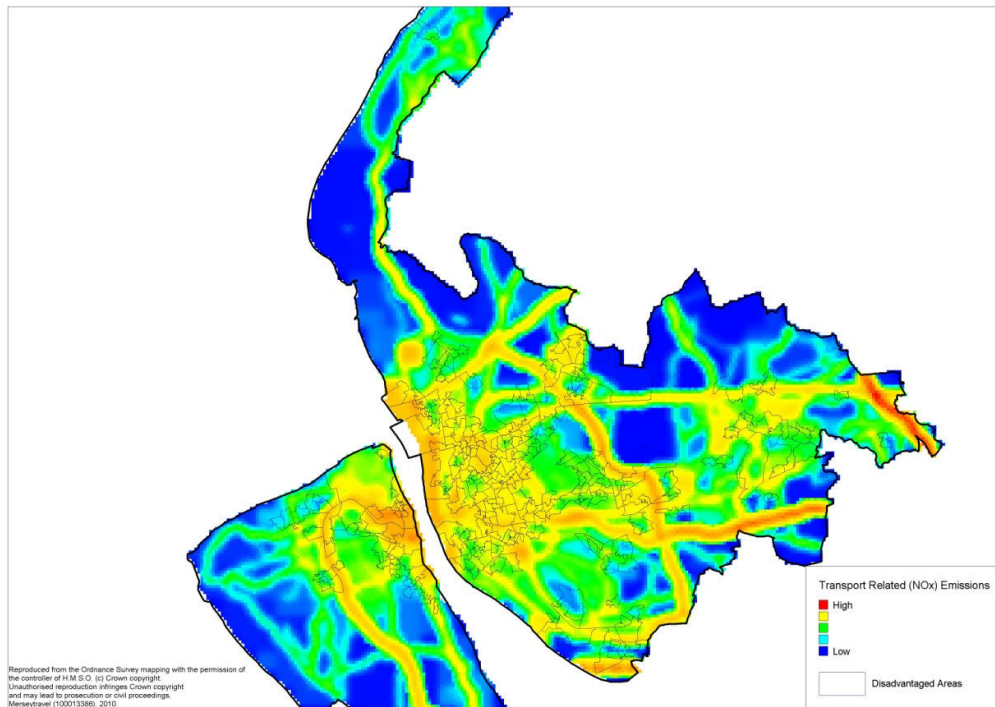
[MAP TO BE AMENDED TO INCLUDE HALTON PRIOR TO PUBLICATION]

4.23   Rising levels of obesity pose major challenges across Halton as Figure Six below shows in relation to reception age children. There is a close link to transport, as children particularly are becoming less active and are making fewer trips by foot and by bike. Despite considerable efforts the trend towards more car based travel to schools continues. This is exacerbated by the Government's commitment to parental choice which has led to pupils and students travelling further to their school of choice. The 'Building Schools for the Future' Programme (BSF) has had School Travel Plan Officers and Transport Planners involved in the design process. Albeit will be important to secure offsite transport measures as part of the BSF Programme. These offsite requirements will need to be be supported by measures contained in LTP3.

4.24   More sedentary lifestyles, linked to a growing reliance on the car, contribute towards obesity and being overweight across all age ranges. Tackling these issues is recognised as a major priority for the health sector in Halton and Merseyside.

Figure Six – NI 55 Percentage of reception age children obese & overweight (2008/09)
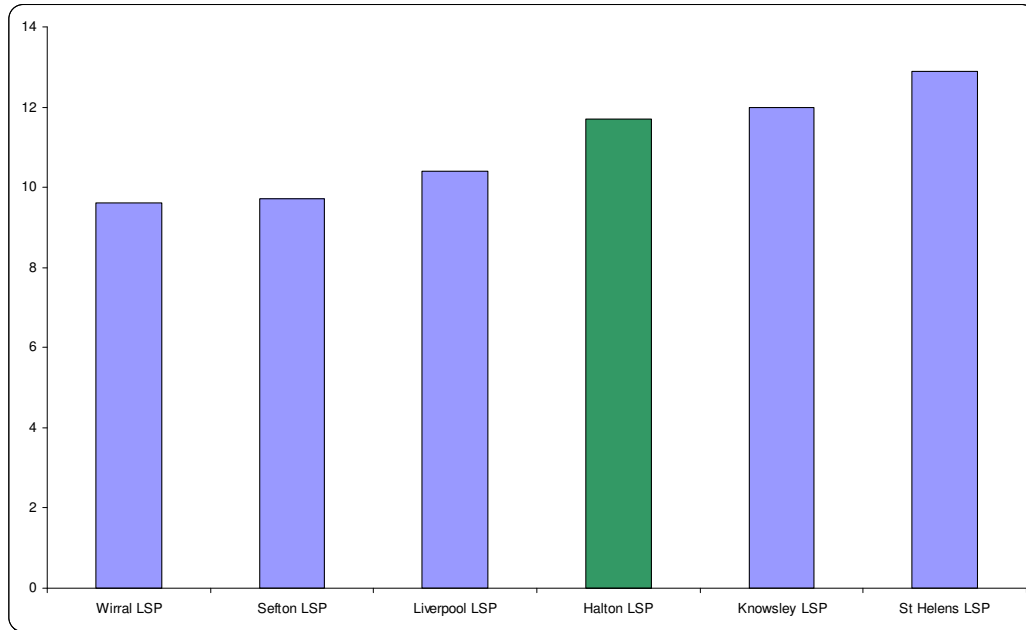
4.25   If we look at the evidence around air quality and carbon emissions, and health and obesity, it is clear that there are common goals around the need to promote a more active and less polluting use of transport through increased cycling and walking, as well as ensuring the location of key services are made accessible to non car users. Halton has provided much of the proposed 'Greenways' network which are generally off road routes for walking, cycling and sometimes horse riding. These Greenways have helped deliver Halton's Safer Routes to School initiatives. Halton now needs to investigate and promote solutions to address identified problems in its in Air Quality Management Areas (AQMAs).

Figure Seven: % of Reception Age Children Obese & Overweight 2008
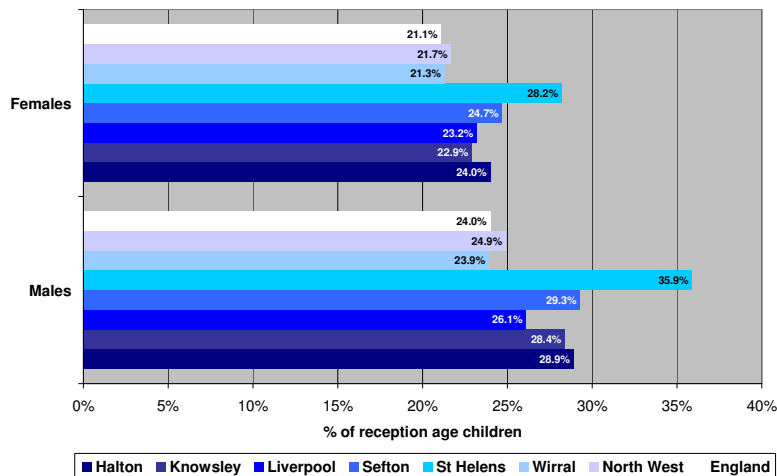
Source: North West Public Health Observatory

Figure Eight : % of Year 6 Children Obese & Overweight 2008
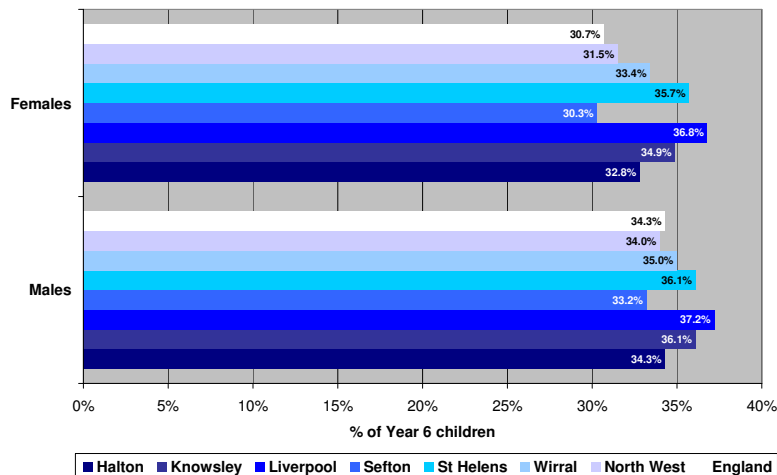
Source: North West Public Health Observatory

4.26 Another clear link between transport and health is in relation to road traffic accidents. Good progress has been reported during the lifetime of the current Halton Local Transport Plan in reducing the numbers of people killed and injured on Halton's roads.

4.27 What has emerged most clearly from our assessment of the evidence is the disparity between the mobility rich areas and the disadvantaged areas where the costs of transport restrict ability to travel and where some of the worst impacts of transport in relation to air quality and traffic accidents are most keenly felt.

5. **Planning for the future**

5.1 We and our Merseyside partners now have a sophisticated transport model that helps us make judgements about what may happen in

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the longer term and how demand for transport may change and grow. The model uses data about economic, housing and population projections and data on how the area may change over the coming 16 years through for example, the planned major developments planned at Liverpool Waters and at Wirral Waters (Ref. j). It uses 2008 as its base year and covers two main time periods

- Short term, up to 2014, and
- Longer term, to 2026.

5.2   As noted in paragraph 1.9, it is important to note that at this stage of our planning process we are presenting forecasts of what may happen based **on the current transport network.**

The forecasts

5.3   Maps Four and Five below show where growth is forecast to occur across the LCR in terms of employment and housing. The housing growth figures take into account the "Growth Point" status in Liverpool, Wirral and the Mid Mersey area (St Helens, Halton and Warrington), (Ref. k).

Map Four – Employment change between 2008-2024
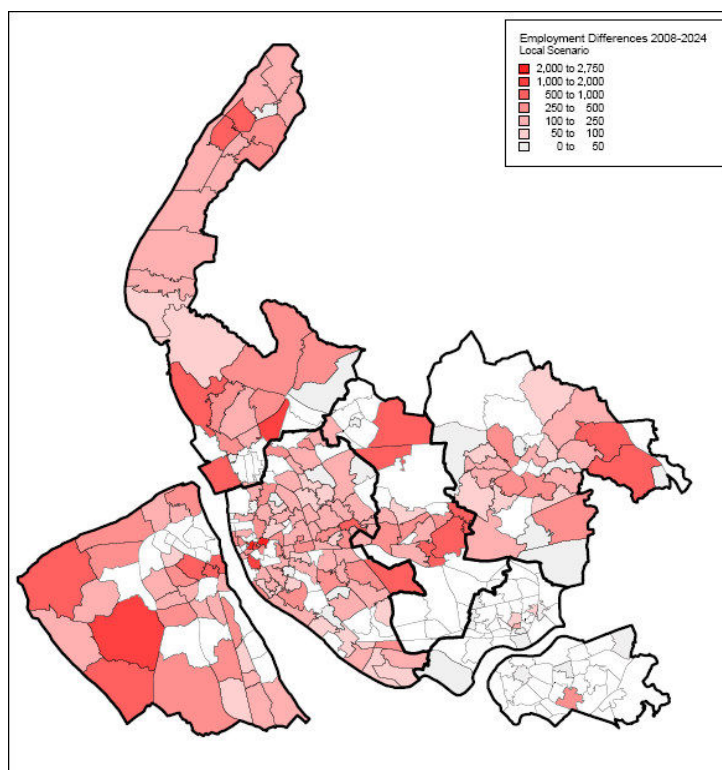
Source: Pion/ Cambridge Econometrics – MM utilised for LCRTM

Map Five – Housing change between 2008-2024
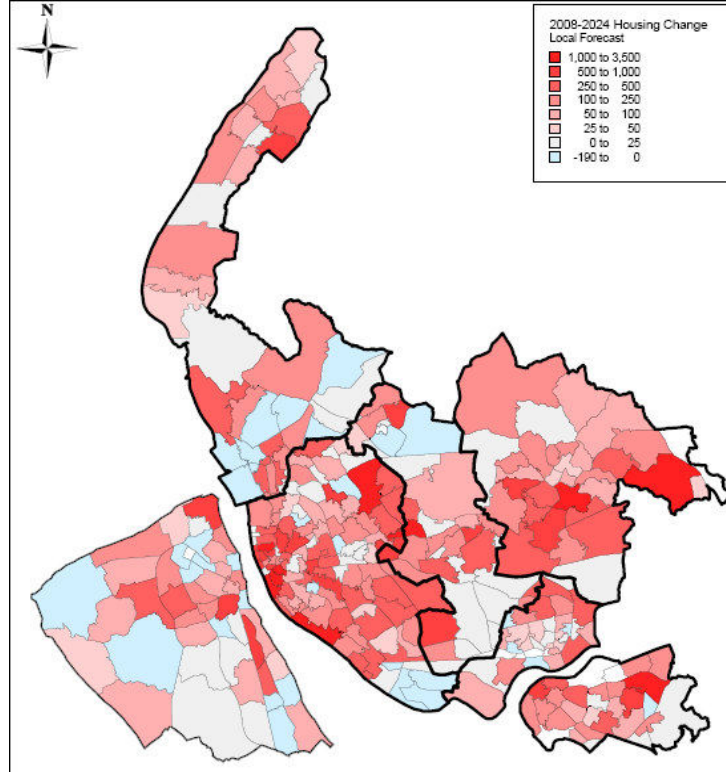
5.4 The impacts of these forecast changes are likely to be continuing trips, which will also arise in response to changing population and economic activity rates. This is shown in Figure Nine below. This shows a high and low range of possible traffic growth, but both follow established trends discussed previously in relation to the link between economic growth and a rise in journeys made. De-coupling this link between economic growth and transport demand is the major challenge for all urban areas and especially in light of the imperative to reduce our carbon emissions.

5.5 Significantly, the model also forecasts growth in the length of trips made. This may be a result of the fact that housing and employment areas are not always located in close proximity, given the propensity to locate employment growth away from residential areas. Linked to the growth in trips and traffic, it follows that travel times are also forecast to grow, as roads become more congested. Figure Ten and Map Six illustrate this for the high growth scenario.

Figure Nine – Range of Traffic Growth Forecasts
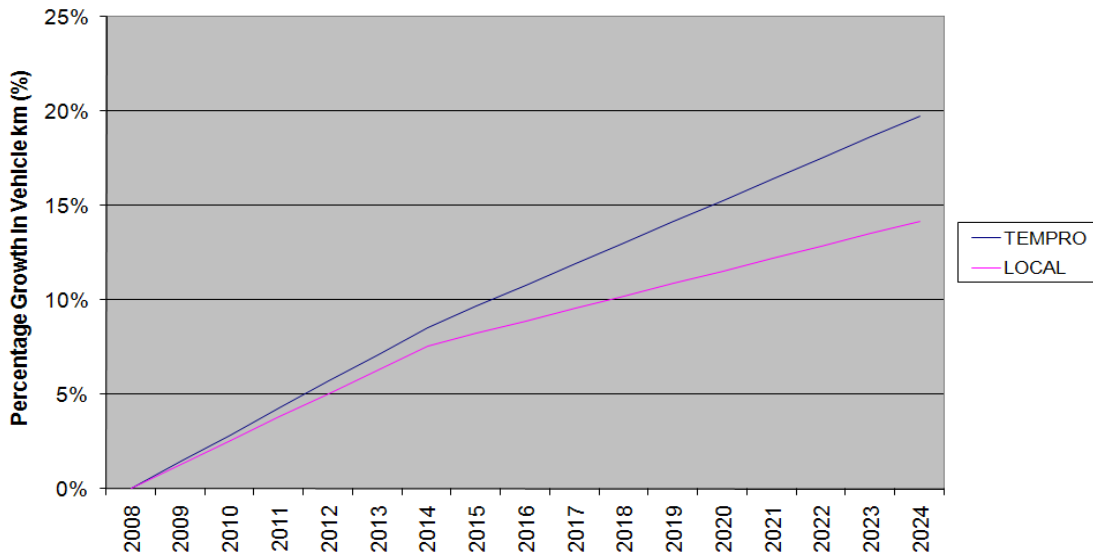
Figure Ten – Forecast change in trips and distance travelled 2008 – 2014 (am) *Need update specifically for Halton*
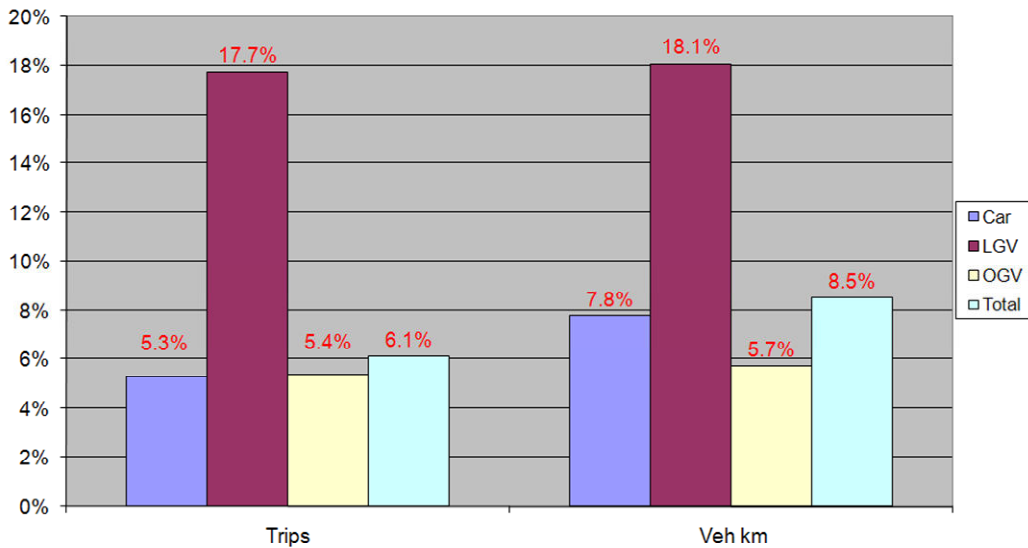
* LGV: Light Goods Vehicle, OGV: Other Goods Vehicle

5.6　A striking issue concerns the increase in the numbers of trips made by LGVs (Light Goods Vehicles) – 'white vans' predominantly. There is also a significant increase predicted in the length of these trips. This reflects changes to the way that freight is distributed, using regional warehouses and distribution hubs, for example, coupled with the rise in consumer trends such as internet-based home shopping.

Map Six – Forecast increase in journey times to Liverpool City Centre by 2024
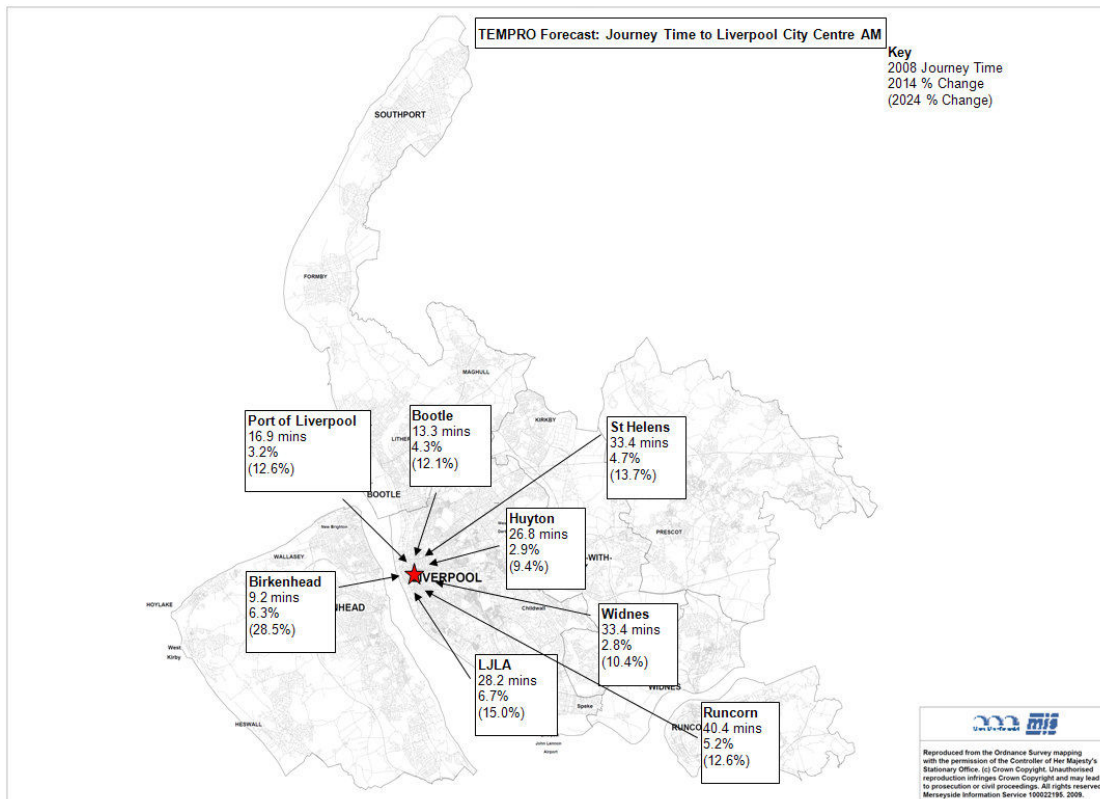
5.7 Longer distance trips contribute the most damage in terms of carbon emissions and will also adversely affect air quality. Addressing our reliance on a carbon based transport system is essential for a number of reasons over and above just climate change demands; we have already noted that some forecasts show peak oil production passing within the lifetime of this plan. Government projections suggest there are likely to be increased fuel costs in the region of 14-27% by 2024. This potentially has a major impact upon business, individuals and services.

5.8 The distribution of the numbers of trips by different lengths is important in helping define appropriate interventions. For example, the LCR strategy to encourage more housing choice within Merseyside and Halton and thereby reduce longer distance commuting in the longer term will help to reduce carbon emissions caused by longer trips. Increasing rail capacity will also help reduce long distance car commuting. Equally the large numbers of shorter trips under 5km in length, suggests that our emphasis on encouraging cycling and walking will help address carbon emissions and air quality but also improve health and access to services as well.

5.9 Model forecasts for changes in public transport usage have also been produced. These show a consistent story, following recent trends, with all indications suggesting that in a *do minimum* (no major new interventions) scenario a continued decline in bus usage is forecast. On rail, in contrast, growth is predicted. In Halton there are proposals for improvements to rail infrastructure which include:

- Enhanced car parking at Widnes Station to overcome the current shortfall;
- Provision of greatly enhanced car parking at Hough Green Station to encourage use as a P&R site;
- The Halton Curve proposal, which will provide a new rail service between North Wales, Chester, Runcorn, Liverpool John Lennon Airport and Liverpool Lime Street;
- In the event of the Halton Curve being delivered then there is also the possibility of new rail stations at Beechwood and Ditton;
- The emerging proposals for the 'Northern Rail Hub' around Manchester that would permit a half hourly service through Runcorn East Station;
- Greater use of rail electrification; and
- Emerging proposals for 'High Speed Rail'.

Growth for rail is also forecast by Network Rail as detailed in the Merseyside Route Utilisation Strategy (RUS), (Ref. I). Network Rail's forecasts for the Merseyrail network suggest up to a 40% increase in patronage by 2020, creating some significant pressure on the network, particularly at Liverpool Central station.

5.10 Halton needs to maintain its transport infrastructure in order to reduce cost of repairs in the longer term. This will avoid the need for unnecessary road works and hence delays, ensure resilience is built in and service levels are maintained. Halton also needs to consider the possible effects of climate change on the transport network in terms of more extreme weather conditions. Recent events especially the severe winters have placed an increasing emphasis on winter maintenance and highway maintenance. The transport network also needs to be in a 'fit for purpose' condition in order to accommodate emergencies and other unplanned incidents.

6. **The Challenges and Opportunities**

6.1 The aspirations for economic growth that have been identified brings with them major implications for transport requirements in Halton and the City Region. However, planning and providing for transport will in turn be dependent upon what is happening in other policy areas.

6.2 We must endeavour to understand the underlying changes that may be taking place within the region. Examples are;

- As the economy becomes more knowledge-based, workers' propensity to travel longer distances to work may be likely to increase. So, perversely, whilst the City Region may secure significant growth in employment, there is a risk that adjacent areas will benefit from the resulting housing demand. This reinforces the imperative for City Region housing initiatives, such as 'The Mid Mersey Growth Point' to provide more suitable housing in proximity to employment.
- Equally, if the skills of the workforce are not improved then job creation within the LCR may be reliant upon drawing in workers from outside causing the increase in longer distance commuting noted above and increasing disadvantage in the centre of the City Region.
- Likewise employment creation at locations that are not well served by public transport, such as Deeside Industrial Park and Omega could begin to reverse traditional travel patterns. More widely, new business models (such as remote working, and 'double –hubbing' – that is having more than one formal workplace with a single employer) are likely to give rise to still more complicated travel-to-work patterns.

This assessment reinforces the importance of the integrated approach adopted within the MAA to be continued and reinforced as an essential element to the delivery of our LTP.

6.3   Taking this into account, our assessment of the current situation allied to forecasts for the longer term lead to the following broad conclusions.

i)   We have been successful in our delivery of LTP2, and are meeting most of our targets.

ii) This has given rise to a largely free flowing road network, meaning that congestion is not yet generally a critical issue, although there are some problems at specific times of day or at certain locations. There is however ongoing congestion issues to address which will need enhanced highway infrastructure. For example, the SJB remains a serious congestion problem despite slightly lower traffic flows as a result of the economic downturn. In order to address this problem the construction of the Mersey Gateway project will be of the upmost importance. The maintenance of the SJB also remains an major issue even with the Mersey Gateway project in place.

iii) Our transport infrastructure is a valuable asset and must be maintained to high standards, and appropriate measures

taken to ensure mitigation of adverse weather conditions, for instance.

iv) Halton's economy has been growing, but there has been an uneven distribution of increasing prosperity, leading to:-
   – Continued increase in car trips and travel distances. This has been exacerbated by the continuing fall in the cost of motoring compared particularly to the cost of using the bus.
   – Past planning and housing policies have also led to a reliance on car for access to key services and opportunities and increased commuting over longer distances.
   – There is also the problem of providing more efficient housing types in areas with no services or facilities or with poor public transport to and from them. The integration of land use planning and transport as a result becomes ever more important.
   – This growth in car use and distance travelled by the mobility rich, leads to more congestion, road casualties and pollution and leads to negative consequences that bear most heavily in disadvantaged areas.
   – Conversely, for these communities, high public transport costs and poor transport options lead to short travel horizons, and reduced choice.

v) There has been continued growth in rail use partly as a result of increased longer distance commuting but growth is seen across all income bands, leading to capacity constraints at certain key locations.

vi) There has been a continuing reduction in bus use across Merseyside and Halton.

vii) Health concerns must shape future transport policies given, for example, the threat to public health and the economy of Liverpool City Region from a projected rise in obesity (60% of adults by 2050). Greater car dependency will only make this problem worse.

viii) Over the past five years we have seen some increase in cycle usage but a decrease in walking. Linking health and transport concerns suggests clear common goals around cycling and walking to address obesity and health, assist with creating a low carbon economy and provide cheap and convenient access to jobs and services.

ix) The ports and logistics centres of Merseyside plus Liverpool John Lennon Airport have continued to grow leading to:-
  – Growing tourism sector;
  – The potential growth of strategic freight distribution across the LCR as a result of the 3MG; and
  – Continued increase in general freight movement, movement, which includes particularly strong growth in usage of vans.

x) There is clear support from many quarters for supporting the role of transport in shaping many aspects of the life of the City Region.

xi) Across the world, Sustainable Cities are economically successful cities. Halton being part of the LCR will benefit from this association.

6.4 Arising from our assessment of the current situation, allied to forecasts for the longer term, we believe there are a number of **key messages** that inform our future direction with LTP3. These are:-

- Halton must continue its efforts to secure the Mersey Gateway because of the substantial benefits it can bring to the borough and sub-region in terms of reduced congestion, economic regeneration, environmental improvement and sustainable transport.
- We have a large and valuable asset that must be maintained.
- Not to adapt and change is not an option. We must support continuing regeneration, reduce our carbon levels and promote a healthy lifestyle.
- At least in the short term we must do this with less funding, as we will not have the same levels of government transport funding in LTP3 as we have had to date. We will have to be smarter and more creative with the funding we have.
- We have a unique opportunity to use LTP3 as a catalyst to create a sustainable borough and successful City Region.
- Halton will want to continue to regenerate its town centres.
- Halton will want to build on the recent successes of investment in Widnes town centre and apply the same principles to Runcorn Town Centre, but this will put further pressure on the transport network.
- Economic regeneration brings pressures on the highway network due to increased traffic growth and on the need to provide good quality public transport and improve air quality;

this will necessitate changes and additions to critical sections of the highway.

- It will want to ensure the successful development and implementation of major developments including 3MG, HBC Fields, Runcorn Docks, Daresbury Science and Innovation Centre and Building Schools for the Future.
- Increased demand for trips will necessitate more investigation and provision of Intelligent Transport Systems (ITS), Smartcard technology, Demand Responsive Transport and parking management.
- Halton has developed the Mersey Gateway Sustainable Transport Strategy; this will inform the strategy for Halton's LTP3.
- Sustainable modes of travel (public transport, cycling and walking) must be promoted and supported by the LSP partner agencies to allow the Borough and Merseyside to contribute to Government priorities for Transport and thus achieve a healthier, safer and more prosperous environment for all.
- Halton is seeking to deliver improvements to railway infrastructure and rail services; examples include improvements to stations at Hough Green, Widnes, Runcorn and Runcorn East; working with Network Rail to improve frequency of rail services and; working with Merseytravel to improve cross boundary rail services.

6.5   We are now able to define the key challenges and opportunities we must address.

Table One – Challenges and Opportunities

Challenges	Opportunities
• Supporting economic regeneration and growth whilst reducing carbon levels • Significant pressures of potential rising car ownership and car usage • Increasing levels of long distance commuting into the region • Rising freight demand on the roads, particularly vans • In the longer term rising demand will impact on business efficiency and environment • Continuing lack of integration of land use and locational choice for services and employment locations, leading to inaccessible sites for those without access to a car and unnecessary levels of road traffic and parking requirements • Challenges in securing consideration and provision for sustainable modes in the design of new developments • Reducing the negative transport impacts on disadvantaged communities • Health impacts of transport not fully acknowledged. Increasing levels of cycling and walking is essential against current low levels of use.	• Widespread support for effective transport can provide a catalyst and competitive edge • Agreement with all Local Authorities to the 'Choice of Travel' Supplementary Planning Document' (SPD), which provides a framework for promoting sustainable travel choices • Integration with Local Development Frameworks (LDFs) and Local Strategic Partnerships (LSPs) to ensure better land use and transport integration • Acting jointly with Government and other stakeholders to implement MAA • To work jointly with our City Region and Housing Growth Point partners in contributing to economic growth, housing provision and to a low carbon economy through the promotion of sustainable transport modes. • Completion of schemes in the pipeline such as Mersey Gateway, the SJB major maintenance scheme, Halton Curve and other rail improvements • progress in the development of the Mersey Gateway Project which is awaiting Ministerial Approval subsequent to Public Inquiry in summer 2009 • The benefits offered by the Mersey Gateway and the Mersey Gateway Sustainable Transport Strategy • Improved park and ride at rail stations

• Parental choice - Access to schools leading to increased use of car and less cycling and walking.	• The use of major developments to promote sustainable travel, for example the possible new railway station to serve Daresbury Science and Innovation Campus • Potential for bus quality partnerships and introduction of smartcard technology • To work with our LSP partners to identify accessibility issues and to promote joint working and funding of initiatives that provides improved access to initiatives • High numbers of short trips offer opportunities for shift to sustainable modes linked to a transformational public health programme via walking and cycling • A sustainable travel city *region* can generate investment and jobs • A clear opportunity for lower cost sustainable solutions and Smarter Choices
Challenges	**Opportunities**
• Image of bus remains a barrier to future growth • Costs of bus transport • Rail capacity may act as a constraint on future growth • Finance will be extremely tight • Using evidence to justify actions, together with clear prioritisation will be critical	• New technologies offer potential to cut travel and reduce carbon levels and poor air quality • The Rail network is a major asset and rail improvements such as the Northern Hub, rail electrification and Halton curve provide potential new and more frequent services that in turn will encourage greater use of this mode of travel • The growing acceptance of the climate change agenda and the opportunities afforded by it for sustainable travel initiatives, green travel plans, workplace travel planning, biofuels and electric vehicle technology

7.   **The Next Stage**

7.1   Once we have confirmed the challenges and opportunities based on the responses we receive from this report we will move on to the next stage. This involves the following elements:-

- Examine a range of possible options that may help address our challenges and opportunities, ranging from smarter choices through to transformational infrastructure
- Appraise these options and predict their effects
- Consult on preferred options and strategy. We anticipate this being undertaken in June / July 2010
- Following this consultation we will select options and decide priorities
- This will provide the platform for the shorter term Implementation Plans that will be drawn up in the autumn

7.2   It will be clear that there will be considerable financial constraints, at least in the short term. In addition, we must ensure we maintain our existing assets to a high standard. We must prioritise our actions in ways that maximise the benefits to be gained in addressing the goals we have set.

7.3   Table Two below summarises some of the key actions and interventions we will examine more closely to assess their impact on our challenges and opportunities. At this stage, this is not a definitive list, and the anticipated outcomes must be treated as tentative ahead of proper appraisal.

Table Two – Matching goals and priorities

Goals	Priorities	Anticipated outcomes
Ensure the transport system supports the priorities of the Liverpool City Region and Halton's Local Strategic Partnership	• Support the LCR Strategic Framework and transformational activities • Implement the MAA • Work with LSPs to set transport related targets in key policy areas • Explore use of Powers of Well Being	• Transport investment is targeted at local priorities. • Joint approach agreed with DfT • Transport provision supports Sustainable Community Strategy priorities • Potential source of new funding to address exclusion
Provide and promote a clean and low carbon transport system	• Support the LCR Low Carbon agenda • Develop Halton's rail system and pursue electrification of the Widnes, Hough Green and Hunts Cross line • Work with operators for continuous fleet upgrades	• Transport related carbon emissions are reduced. Air quality improved. Quality of life improved and costs reduced
Ensure the transport system promotes and enables improved health and wellbeing	• Work with health authorities to address obesity and other health priorities • Target interventions at disadvantaged communities to reduce transport impacts • Provide and promote greatly expanded cycle and pedestrian facilities • Actively improve Air Quality • Road casualty reduction to target particular areas and behaviours which show the highest risk • Expand Links2Work and other sustainable travel initiatives	• Supports low carbon and health priorities. Reduces costs to health sector and provides low cost alternatives for car transport for short journeys. Also provides low cost access to services • Continued reduction in road accidents • Low cost effective solutions that also address exclusion and accessibility

Goals	Priorities	Anticipated outcomes
Ensure the transport system allows people to connect easily with employment, services and social activities	• Ensure as a minimum, compliance with all Equalities requirements • Secure a long term future for 'Links2work, and Independent Travel Training • Ensure joint planning and delivery with Halton's Employment Strategy • Work with partners on joint planning and delivery to ensure all services are accessible to all • Examine new public transport service arrangements and potential role of taxis, the provision of door-to-door services and demand-flexible services	• Secure equality of travel opportunity for all • Aligns with priorities of LCR Strategic Framework and City Employment Strategy
Ensure the transport network supports the economic success of LCR by supporting local employment, key economic drivers and the efficient movement of people and goods, including access to international, national and regional networks, through the provision of high quality transport infrastructure and information	• Obtain approval to the Mersey Gateway project and successfully manage the procurement, construction and all works associated with it • Implement in conjunction with DfT a smart card as part of the Mersey Gateway Sustainable Transport Strategy • Develop new generation highways and public transport information systems • Ensure successful delivery of existing schemes such as the SJB Major Maintenance Scheme and Halton Curve • Develop a Park and Ride Strategy in conjunction with neighbouring authorities • Support Superport including access to 3MG and Runcorn Docks • Ensure the efficient operation of the strategic freight	• The Mersey Gateway will deliver economic growth, increased use of public transport, walking and cycling, improved and more reliable journey times and network resilience • Reduce congestion on main corridors • Reduce cost of travel by revised family of tickets or smartcards and open up new journey opportunities particularly for disadvantaged communities. • An efficient freight and public transport network that supports

Goals	Priorities	Anticipated outcomes
	network	business efficiency • The development of Superport, 3MG and Runcorn Docks as a centre for sustainable freight distribution – operationally and as a centre of expertise
Maintain our transport and highway assets to a high standard	• Use Network Management Duty to the full to ensure efficient movement on the highway • Ensure adequate funding for maintenance. avoiding any further deterioration of our transport infrastructure • Ensure that we are able to respond appropriately to emergency situations, for example, flooding, severe winters and strong winds	• Efficient and well maintained assets supporting the operation of the network, and prepared for a range of adverse conditions.

8.   References

a) Merseyside is defined as the five local authorities of Knowsley, Liverpool, Sefton, St Helens and Wirral. The Liverpool City Region is defined as Merseyside plus Halton. The LCR now has a shadow 'Cabinet' made up of the six local authority leaders acting to address issues of common concern across the area.

b) Multi Area Agreement, (MAA) Multi Area Agreements are cross-boundary Local Area Agreements which allow local authorities to tackle cross-boundary issues such as transport, housing, economic development and employment generation in a coordinated manner. The Liverpool City Region MAA covers the boroughs of Halton, Knowsley, Liverpool, St Helens, Sefton and Wirral. The Local Democracy, Economic Development and Construction Act 2009 provides for the possibility of MAAs being given 'statutory' status. This would bring the potential for further devolution of powers from central government to the city region level.

c) DaSTS. Delivering a sustainable Travel System. DfT November 2008.

d) The Future of Urban Transport. DfT November 2009.

e) Disadvantaged Areas. Disadvantaged Areas are defined as the number of Super Output Areas (neighbourhoods) across Merseyside in England's worst performing 10% where high levels of multiple deprivation remain acute.

f) Local Strategic Partnerships and Transport. A review was conducted of each of the 5 Merseyside LSP's Sustainable Community Strategies (SCS) to identify where transport can support the work of the LSP's in delivering their Local Area Agreements. Full details are available at www.transportmerseyside.org

g) LTP Evidence Base Review. Mott McDonald March 2010. Full details are available at www.transportmerseyside.org

h) Liverpool City Region Transport Model. Full details are available at www.transportmerseyside.org

i) Liverpool City Region; Inclusion in the Complete Mobility Index. For the Foresight Group. McLean Hazel. August 2009.

j) Liverpool City Region Economic Assessment. TMP. Pion Economics January 2010. (As yet unpublished)

k) Housing Growth Points. Housing Growth Points are specific locations supported by government through funding for infrastructure projects and essential studies to support sustainable growth. The Mersey Heartlands (Liverpool and Wirral) and the Mid Mersey Authorities of Warrington, St Helens and Halton are designated as Growth Points.

l) Merseyside Route Utilisation Strategy March 2009.

9. **<u>Getting involved</u>**

Throughout this report we have detailed a number goals, challenges and opportunities. In order to obtain your views on these we have put together a questionnaire which will help us in the development of our LTP3. These are now listed in the attached questionnaire.

[**Draft questionnaire**]

**Third Halton Local Transport Plan
Consultation**

Q1. Thinking about the last 10 years[1] (Local Transport Plans 2001-2006 and 2006-2011), **to what extent have the following characteristics of Halton transport network changed? (Please cross one box on each line).**

Answer options: A great deal, To some extent, Not very much, Not at all, D/K.

Congestion

Air quality

Road safety

Accessibility of key services to non car users

Opportunities for cycling and walking

The disparity between the mobility-rich and mobility-poor areas of the borough.

Q2. Below is a list of goals for the development of transport in Halton in the next 16 years proposed by 2026. Please indicate what level of priority you think each goal should be given. (Please cross one box on each line).

Answer option: High priority, Medium priority, Low priority

1. Halton transport system is an integral part of the Liverpool City Region and Halton Strategic Partnership's plans.

2. Halton transport system provides and promotes clean and low carbon forms of transport.

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3. Halton transport system enables the borough's citizens to conduct a healthier lifestyle and to improve their wellbeing.

4. Halton transport system ensures that local residents can easily reach work / education / training, services and social activities.

5. Halton transport system contributes to the economic success of the Liverpool City Region by supporting local employment and ensuring the efficient movement of people and goods within the region.

6. The assets of Halton transport system are maintained to a high standard.

Q3. After considering all of the goals for the development of transport in Halton proposed by 23026, please select three most important goals. (Please write the corresponding number on the boxes below. For example, if your first priority is clean and low carbon form of transport write 2 in the first box).

Answer option: First priority, Second priority, Third priority

Q4. Are there additional goals that should be considered in addition to the above ones? (Please write in the space below).

Q5. In order to achieve the above-mentioned goal, a number of specific objectives been proposed. Please indicate what level of priority you think each of these objectives should be given. (Please cross one box on each line).

Answer option: High priority, Medium priority, Low priority

GOAL 1: Halton transport system is an integral part of the Liverpool City Region and Halton Strategic Partnership's plans.

Objective 1. Support the LCR Strategic Framework and transformational activities.

Objective 2. Implement the MAA

Objective 3. Work with LSP's to set transport related targets in key policy areas

Objective 4. Explore use of Powers of Well Being

Are there any other Goal 1 related objectives we should consider? (Please write in the space below).

GOAL 2. Halton transport system provides and promotes clean and low carbon forms of transport.

Objective 1. Support the LCR Low Carbon agenda.

Objective 2. Develop Merseyrail as carbon neutral.

Objective 3. Work with operators for continuous fleet upgrades

Are there any other Goal 2 related objectives we should consider? (Please write in the space below).

GOAL 3. Halton transport system enables the borough's citizens to conduct a healthier lifestyle and to improve their wellbeing.

Objective 1. Work with health authorities to address obesity and other health priorities.

Objective 2. Target interventions at disadvantaged communities to reduce transport impacts.

Objective 3. Provide and promote greatly expanded cycle and pedestrian facilities.

Objective 4. Actively improve Air Quality

Objective 5. Road casualty reduction to target particular areas and behaviours which show the highest risk

Objective 6. Expand the Travelwise programme

Are there any other Goal 3 related objectives we should consider? (Please write in the space below).

GOAL 4. Halton transport system ensures that local residents can easily reach work / education / training, services and social activities.

Objective 1. Ensure as a minimum, compliance with all Equalities requirements.

Objective 2. Secure a long-term future for Lets Get Moving and Workwise.

Objective 3. Ensure joint planning and delivery with the City Employment Strategy.

Objective 4. Work with partners on joint planning and delivery to ensure all services are accessible to all

Objective 5. Examine new public transport service arrangements and potential role of taxis, the provision of door-to-door services and demand-flexible services

Are there any other Goal 4 related objectives we should consider? (Please write in the space below).

∎∎

GOAL 5. Halton transport system contributes to the economic success of the Liverpool City Region by supporting local employment and ensuring the efficient movement of people and goods within the region.

Objective 1. Implement a revisited Park and Ride Strategy.

Objective 2. Work with operators to develop a new fares structure.

Objective 3. Implement in conjunction with DfT a 'county' wide smart card.

Objective 4. Develop new generation highways and public transport information systems

Objective 5. Ensure successful delivery of existing schemes such as Hall Lane and Edge Lane road improvements

Objective 6. Support including access to the Port at Seaforth.

Objective 7. Seek continuous improvements to Merseyrail.

Objective 8. Ensure the efficient operation of the strategic freight network

Are there any other Goal 5 related objectives we should consider? (Please write in the space below).

● ●

GOAL 6. The assets of Halton transport system are maintained to a high standard.

Objective 1. Use Network Management Duty to the full to ensure efficient movements on the highways

Objective 2. Ensure adequate funding for maintenance, avoiding any further deterioration of our transport infrustructure

Are there any other Goal 6 related objectives we should consider? (Please write in the space below).
● ●

Q6. Do you have any comments or concerns about the Challenges and opportunities outlined in table 1? (Please write in the space below).

Q7. Any other comments or concerns? Please add any other comment or concern that you may have in relation to the new Halton Local Transport Plan. (Please write in the space below).

To answer these questions online and read further information on LTP3 please go to www.halton .gov.uk
If you would prefer to respond to us in writing, please post your comments on the questions above to:

HBC

The five-year Halton Local Transport Plan (LTP) runs until 2011and is a long-term strategy and delivery programme of transport investment and service improvements.

It aims to give Halton a safer, sustainable, efficient and integrated transport network, accessible to all.

www.halton.gov.uk

REPORT TO:	Executive Board
DATE:	8Th April 2010

DATE: 8Th April 2010

REPORTING OFFICER: Strategic Director, Environment and Economy

SUBJECT: Transport Capital Implementation Programme 2010/11

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is to seek approval to the inclusion of the 2010/11 Transport Capital Implementation Programme into the Council's 2010/11 Capital Programme.

2.0 RECOMMENDATION: That the Executive Board recommends the Council to approve:

(1) tThe incorporation of the Transport Implementation Programme for 2010/11, (Shown in Appendix A), in the sum of £9,412,114 into the Council's 2010/11 Capital Programme.

3.0 SUPPORTING INFORMATION

3.1.1 During the period of the first Local Transport Plan (LTP, (2001/2 – 2005/6) the amount of LTP funding allocated was, in part, dependant on annual assessments of the progress that each authority had made in delivering its LTP.

3.1.2 However, the commencement of the second LTP (2006/7 – 2010/11), (LTP2) brought with it a much less rigorous reporting requirement, based upon a collaborative approach between the DfT and the local authorities, to enable weaknesses in progress to be jointly addressed and strengths built upon.

3.1.2 This new approach required the de-coupling of the link between funding and performance, which resulted in the DfT, in its November 2007 settlement letter confirming the block allocations for the period 2008/9 – 2010/11 for both Integrated Transport Capital and Highways Capital Maintenance.

3.2 LTP Integrated Transport Allocation

3.2.1 Appendix A sets out the proposed schemes and interventions which in 2010/11 will contribute to the delivery of the Shared Transport Priorities, and Regional & Local Priorities contained in the Local Transport Plan and the Mid-Term Review. In addition to the

allocations for local safety schemes, walking, cycling and transport, specific funding has been made available to continue improvement schemes at Hough Green and Widnes Railway Stations.

3.2.2 The Integrated Transport Allocation is £64,000 less than last year (3% reduction) which has resulted in a trimming of the budgets across the various initiatives. **The integrated Transport allocation for 2010/11 is £1,767,000.**

3.3 Highways Capital Maintenance

3.3.1 Three-year allocations for the Highways Capital Maintenance Block were based on a new formula, which were notified in the 2007 settlement letter. These allocations were between 11% & 16% less than indicative allocations previously announced for LTP2 maintenance programmes, although the allocation for 2010/11, the final year of the settlement is £167,000 higher than last year (an 8% increase). **The Highways Capital Maintenance allocation for 2010/11 is £2,190,000.**

3.3.2 In addition to the Block allocation, Halton was also allocated £14,288,000 of additional funding from the national Primary Route Network (PRN) Bridge Strengthening and Maintenance allocation. (See paragraph 3.5 below). This has enabled the Highways Capital Maintenance allocation to be strongly biased towards road maintenance. For 2010/11 this will again permit a substantial programme of carriageway and footway maintenance to be implemented across the Borough. However, it should be noted that initial indications from the DfT are that highway capital budgets are likely to be significantly reduced in future years and this could potentially have serious resource and performance implications for the service.

3.3.3 Last year, the Board were informed of a proposed re-profiling of the Road Maintenance element of the Highways Capital Maintenance Block, aimed at increasing the resources available for footway maintenance in order address problems which had been identified by condition surveys and performance indicators. In 2009/10 thirty-six footway reconstruction schemes were implemented across the Borough, a substantial increase on previous year's programmes. It is proposed in 2010/11 to maintain this level of funding, to continue to make progress on the replacement of flagged footways in residential areas and the safety benefits which accrue from this work.

3.3.4 The increased allocation for 2010/11 will also enable improvement schemes on Halton's independent footpath network to be brought forward. The proposed 30% increase on last year's independent footpath budget will allow reconstruction, resurfacing and drainage improvement works to address various problems including tree-root

damage, landscape area wash-down and flooding, which have been identified and raised by members.

3.3.5   The condition of Halton's carriageways, particularly those forming the classified road network, remains good and Halton continues to rate highly in comparison with other Authorities for this performance indicator.   However, the two recent severe winters has undoubtedly had an effect on our roads with an increased number of potholes and carriageway defects which have occurred over the winter period. Higher levels of revenue expenditure on the winter maintenance service during the two year period 2008/10 has to an extent been compensated by reduced spend on routine highway repairs.   The combination of these factors has resulted in additional pressures and need for structural maintenance.   It is proposed to increase the budget share for carriageway structural maintenance by around 20% to enable us to begin to address these issues.

3.4   Detailed Implementation Programme

3.4.1   It was agreed at the Executive Board Meeting 2nd March 2006 that the authority to agree each year's detailed implementation programme of the LTP 2006/7 – 2010/11 be delegated to the Strategic Director, Environment, (now the Strategic Director Environment and Economy) in consultation with the Executive Board Member for Planning Transportation and Development (now the Executive Board Member for Planning, Transportation, Regeneration and Renewal) (Minute EXB181),

3.4.2   The individual schemes for the Integrated Transport and Highway Maintenance Blocks will be drawn from the programmes included in LTP2 and shown in Appendix A

3.5   Bridge Strengthening and Maintenance on the Primary Route Network

3.5.1   Halton was allocated £14,288,000 of additional funding for use between 2008/9 and 2010/11.   This was from the national Primary Route Network (PRN) Bridge Strengthening and Maintenance allocation to enable much needed maintenance and inspection work on the Silver Jubilee Bridge (SJB), to be undertaken.   This funding replaces some of that identified in the SJB Major Maintenance Scheme bid, which was submitted in 2006.   Government announced on 26th March this year that further funding up to £18,600,000 will be invested in maintenance of the SJB, which will allow the full programme of works to continue, with a scheduled completion date of 2016.   **The PRN Bridge Strengthening and Maintenance allocation for 2010/11 is £4,980,000**

3.6   Halton's Capital Programme

3.6.1 The Council allocated a total of £300,000 in the capital Programme over the period 2008/09 to 2010/11, aimed at bringing private streets up to adoptable standards. The issues surrounding the adoption of private streets are varied and complex. Whilst the Private Street Works Code provides a precise, detailed framework to work within, it is very prescriptive and can be unwieldy to operate. Establishing current ownership of the street and gaining the agreement of owners to adoption are both key to the successful development of proposals. Furthermore, reaching agreement on an acceptable, affordable scheme and then determining owner's contributions to the cost of improvement work is fraught with difficulty.

3.6.2 In response to resident's requests, we have sought to progress one particular scheme, but have been frustrated by these types of issues, with the result that the capital budget for adoptions has under-spent. Section 228 of the Highways Act provides a mechanism for the Street Works Authority to undertake works in a private street and, subject to notice to the owners of the street, to adopt as publicly maintainable. This approach would not require financial contribution to the scheme from the owners.

3.6.3 Approval to agree the programme of work for adoptions has been delegated to the Strategic Director Environment and Economy, in consultation with the Executive Board Member for Planning Transportation and Development (now the Executive Board Member for Planning, Transportation, Regeneration and Renewal) (Minute EXB181). It is proposed that a priority list of prospective streets for adoption, based upon agreed assessment criteria (including; ownership, public benefit and affordability) be prepared for approval, which will form the basis for a programme of improvements and adoption in 2010/11. **The Council's Capital Programme for bringing streets to adoptable standard for 2010/11 is £100,000**

3.6.4 The Council's 'Flood Defence' Programme comprises a range of improvement and refurbishment schemes. Last year it was anticipated that part of the capital allocation would be used as a possible contribution to a planned Environment Agency (EA) flood relief scheme for Keckwick Brook at Sandymoor. Keckwick Brook is classified as a Main River and comes under the responsibility and control of the EA. Unfortunately the EA have not yet been in a position to progress this comprehensive scheme, although there was a possibility to implement one element of it, the provision of a silt trap for Keckwick Brook.

3.6.5 In November 2009 Halton submitted an 'Early Action' Bid for DEFRA funding that would be matched by allocations of £50,000 from the Homes & Communities Agency (HCA) as adjacent landowners, and from Halton's Capital Programme. Whilst the bid did not exactly fit the strict DEFRA criteria for surface water flooding, the EA accepted that the scheme was worthy of a bid. Unfortunately, we learned on 19th March that the bid had not been successful. However, the HCA

allocation was also tied into the adoption of the pedestrian subway which forms part of the Keckwick Brook culvert and flood relief infrastructure. In order to allow adoption to proceed, the HCA have paid this sum to Halton and it will be held in the capital budget pending the design and implementation of an acceptable scheme to mitigate the effects of flooding.

3.6.6 Work will continue to de-silt culverts and highway/land drainage systems at known flooding 'Hotspots' throughout the Borough. **The Council's capital 'Flood Defence' Programme for 2010/11 is in the sum of £100,000**

3.6.7 The Council's capital funding allocation for street lighting will be used for the renewal of street lighting equipment (lighting columns, lanterns, signs and bollards, etc.) and will address the replacement of age expired equipment and enable improvements to save energy. **The Council's 'Street Lighting' Capital Programme for 2010/11 is in the sum of £200,000**

3.7   Area based Grant

3.7.1 Halton's Road Safety Grant, which is funding used to help support the Cheshire Safer Roads Partnership was also confirmed in the November 2007 Settlement Letter. The revenue element of this grant, is incorporated into the area based grant and Halton's allocation within this for 2010/11 is £87,837. **The capital element of the Road Safety Grant for 2010/11, which will be paid as direct capital grant, is in the sum of £75,114.**

3.7.2 Halton continues to be allocated an element of De-trunked Roads Maintenance Grant, which is used to maintain the Widnes Eastern Relief Road. However, indications from the DfT are that it is unlikely that this grant will be available for maintenance of this road and associated infrastructure in future years. This would place significant pressure on existing budgets. The De-trunked Roads Maintenance Revenue Grant for 2010/11 is £219,175, which will also be included in the area based grant allocation

3.8   The final Transport Capital Implementation Programme for 2010/11 will be in-line with the capital budget to be agreed by the Council. This programme will be included in the Highways, Transportation and Logistics Department's Service Plan.

4.0   POLICY IMPLICATIONS

4.1   The programmes of work to deliver the strategies are contained within the Council's second Local Transport Plan, which was approved by the Executive Board on 22nd June 2006.

5.0   OTHER IMPLICATIONS

5.1 **Resource Implications** – The report outlines the programmes of work to be implemented during 2010/11, which are proposed to be the subject of detailed approval by the Strategic Director Environment and Economy, in consultation with the Executive Board Member for Planning, Transportation, Regeneration and Renewal.

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

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**
The 2010/11 Transport Capital Implementation Programme will assist children and young people in accessing services in the Borough and improve road safety.

6.2 **Employment, Learning and Skills in Halton**
Measures contained within the 2010/11 Transport Capital Implementation Programme are expected to improve access to employment, training, and learning facilities within the Borough thereby contributing to the Council's efforts to tackle unemployment, worklessness and the problems associated with the current economic downturn.

6.3 **A Healthy Halton**
The 2010/11 Transport Capital Implementation Programme will help to encourage local communities to adopt more healthy lifestyles through the introduction of measures to increase the use of cycling and walking for local journeys and which could help address health problems such as obesity.

6.4 **A Safer Halton**
The 2010/11 Transport Capital Implementation Programme incorporates measures to reduce road casualties in the Borough, to improve road safety and to provide a safe and serviceable highway network.

6.5 **Halton's Urban Renewal**
The 2010/11 Transport Capital Implementation Programme will continue to support the ongoing regeneration of Halton, although funding is not proposed to be targeted at specific regeneration initiatives, during 2010/11.

7.0 RISK ANALYSIS

7.1 A risk associated with the report is the failure to deliver against the Transport Capital Implementation Programme. This risk will be

managed through regular progress meetings with senior managers to enable early action to be taken, should the need arise.

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

Document	Place of Inspection	Contact Officer
Three Year Local Transport Capital Settlement (2008/09) Letter from DfT Dated 27 November 2007	Highways Transportation and Logistics Department, Rutland House, Halton Lea, Runcorn	Dave Cunliffe
Halton Borough Council, Local Transport Plan 2006/07 to 2010/11	Highways Transportation and Logistics Department, Rutland House, Halton Lea, Runcorn	Dave Cunliffe

Appendix A
TRANSPORT CAPITAL IMPLEMENTATION PROGRAMME 2010/11

LOCAL TRANSPORT PLAN ELEMENT	£000
Highways Capital Maintenance Allocation	
Bridge Assessment, Strengthening & Maintenance	
Bridge Assessment	25
Bridge Strengthening	100
Minor Bridge Works (SJB Complex)	100
Other Bridges	275
Sub total	**500**
Road Maintenance	
Structural Maintenance of Carriageways	550
Independent Footpath Network	180
Footway Reconstruction	720
Lighting	170
Cycleways	70
Sub total	**1690**
Total for Bridge & Highway Maintenance	**2190**
LTP Integrated Transport Allocation	
Local Safety Schemes:	**150**
Quality Corridors:	
Walking	200
Cycling	175
Bus Route Improvements	242
Sub total	**617**
Interventions Outside Quality Corridors:	
Cycling	105
Walking	65
Bus Interchanges	215
Integrated Transport including Forward Planning	265
Intelligent Traffic Systems	40
Sub total	**690**

Other Improvements:	
Rail Station Improvements	
Hough Green	250
Widnes	60
Beechwood (design)	0
Direct Contribution to Regeneration	0
Real Time Information	0
Sub total	**310**
Total for Integrated Transport	**1767**
Halton's Capital Programme	
Adoptions	100
Flood Defence	100
Street Lighting	200
Total for Halton's Capital Programme	**400**
Road Safety Grant – Contribution to Cheshire Safer Roads Partnership (Capital only)	**75.114**
PRN Bridge Strengthening & Maintenance	
Bridge Maintenance (on SJB Complex)	4580
Other Bridges	400
Bridge Assessment	0
Sub total	**4980**
Total Capital Programme 2009/10	**9412.114**

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director, Adults & Community
SUBJECT:	Widnes Recreation Club
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To determine a way forward for the provision of services at the venue previously known as Widnes Recreation Club.

2.0 RECOMMENDATION:

(1) **the Strategic Director of Adults & Community, in conjunction with the portfolio holders for Environment, Leisure and Sport and Corporate Services be authorised to market test for expressions of interest to develop the Widnes Recreation Club site; and**

(2) **following market testing, the Strategic Director and Portfolio holder be authorised to move to letting a lease in line with the approach as itemised in Paragraph 4 below.**

3.0 SUPPORTING INFORMATION

3.1 Widnes Recreation Club was originally founded by I.C.I. as a Sports and Social Club for their employees in Widnes. In 1995 with the scaling down of I.C.I's employment in the area the club's freehold was passed to Halton Borough Council, and the membership of the club were given a 25 year lease of the premises through a group of Trustees, with a Management Committee responsible for the day to day operations. The Club was a not for profit organisation and re-invested income in the Clubhouse and encouraging sporting and community activity.

3.2 In recent years the Club struggled to survive financially. A combination of lack of income, primarily through the Social Club and the increasing burden of coping with urgent repair and renewed works meant that the members of the Club resolved, on 9th December 2009 to cease trading on 31 December 2009. At that point the lease was surrendered back to the Council.

3.3 The Council gave an undertaking to ensure that the operation of the pitches and changing rooms would continue, irrespective of the future of the Club. This commitment has been honoured.

3.4 At the point of closure, there were 7 major sports, 24 sections, 55

teams and over 600 participants using the sporting facilities on a regular basis. There was also a significant community usage of the indoor facilities, ranging from snooker, darts, photography, table tennis, indoor bowling and dance. It is understood that most of the indoor groups have been successful in finding alternative premises.

4.0 THE FUTURE

4.1 The Council now needs to consider the future of the site.

4.2 Whilst the Club supported the significant sporting activity, it also offered extensive facilities for catering, socialising and licensed premises.

4.3 The proposal now is to seek expressions of interest to undertake the management and development of the site in line with Halton's priorities, but with no additional financial burden to the Council taxpayer. The ownership of the site will remain with the Council.

4.4 As such it is suggested that: -

a) Expressions of interest should be sought from organisations with the ability to manage the site as a centre of sporting activity, and a centre of sporting excellence, for both outdoor and indoor activity. Organisations should be able to demonstrate proven experience of managing a major sporting venue.

b) The current level of activity should be maintained, but could grow to encompass different sports and recreational pastimes.

c) All expressions of interest should set out very clearly how their vision contributed to Halton's strategic priorities, and in particular how their activities tackle the improving health agenda and involve and engage with community activities.

d) Clear proposals for the management of the site.

e) Proposals for investment into the site. The current clubhouse is in a state of disrepair. The provision of sports activities has changed since the inception of the site in 1925. Significant investment into the site is required.

f) Clear, robust and sustainable business plans over the medium term that demonstrate the investment (e above) and revenue planning that ensures the financial viability of the facility. This presumes that management organisations would own the right to revenues generated by the improvement of the site, after entering into satisfactory leasing agreements.

g) The Strategic Director of Adults & Community, in conjunction with the Portfolio Holder for Environment, Leisure and Sport be authorised to market test for expressions of interest, and to enter

into negotiations with possible partners to achieve the outcomes as itemised in (a-f) above, in line with Council Standing Orders.

h) A pre-qualification questionnaire will be produced to be used to inform the evaluation criteria to select applicants. The questionnaire will cover the areas of

Technical competence
Company background/history
Financial stability
Equality and Diversity
Health and Safety
Environmental Matters
Quality Management
Sustainability

5.0 POLICY IMPLICATIONS

5.1 The current and future development of the site is in line with the Council's Sports Strategy.

6.0 FINANCIAL IMPLICATIONS

6.1 The basis of proposals would be that there was no extra cost to Halton's Council taxpayers.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 **Children & Young People in Halton**

The scheme will develop continued participation in physical activity.

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

Increased participation in line with the Council's Sports Strategy.

7.3 **A Healthy Halton**

Sport and physical activity is generally acknowledged to improve health and well-being and to contribute to the preventative agenda.

7.4 **A Safer Halton**

Participation in sport can combat anti-social behaviour.

7.5 **Halton's Urban Renewal**

The proposal offers the opportunity to re-develop the current site and significantly upgrade facilities.

8.0 RISK ANALYSIS

8.1   A decision has to be taken on the future of the site. Otherwise it will fall into a state of disrepair.

9.0   EQUALITY AND DIVERSITY ISSUES

9.1   Any expression of interest would have to demonstrate policies and procedures in line with Council and Statutory responsibilities.

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

None under the meaning of the act.

Agenda Item 9a

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director - Resources
SUBJECT:	Calendar of Meetings – 2010/2011
WARDS:	Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To approve the Calendar of Meetings for the 2010/2011 Municipal Year attached at Appendix 1 (N.B. light hatched areas indicate weekends and Bank Holidays, dark hatched areas indicate school holidays).

2.0 RECOMMENDATION: That Council be recommended to approve the Calendar of Meetings for the 2010/2011 Municipal Year, attached at Appendix 1.

3.0 SUPPORTING INFORMATION

None.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton**
None.

6.4 **A Safer Halton**
None.

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

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None under the meaning of the Act.

2010/2011 Year Planner

HALTON BOROUGH COUNCIL

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NB Lightly shaded areas indicate weekends and Bank Holidays; dark shaded areas indicate school holidays.

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

REPORT TO:	Executive Board
DATE:	8th April 2010
REPORTING OFFICER:	Strategic Director – Resources
SUBJECT:	Halton Borough Council's People Strategy
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

The purpose of the report is to present a draft of the Council's People Strategy for consideration and comment.

2.0 RECOMMENDATION: That the Executive Board approve the attached People Strategy for Halton Borough Council.

3.0 SUPPORTING INFORMATION

3.1 Members will be aware that the Council has initiated two processes, which will have a significant impact on the way it organises itself.

3.2 These are:

1) The Efficiency Review, which is changing the way we work;

2) The work with the Leadership Centre, to improve the way that the Council's Management Team and Executive Board work, and in particular, make space for the development of strategic policy, complemented by the advice from Sensei UK to Management Team on managing change.

3.3 A major factor in any organisation's ability to implement change will be dependent upon the availability and potential of its workforce. This is why Halton Borough Council is developing a People Strategy.

3.4 The Strategy has been prepared by a cross-directorate working group, which also included a representative from the Trade Unions.

3.5 A People Strategy is founded upon the principle that developing their 'people' best develops organisations. If our people are well trained, are well motivated and they feel that they are being treated well, and then good organisational performance will follow.

3.6   What is a People Strategy?

3.7   Whilst there are many similarities between a Workforce Development Plan, a Human Resource Strategy and a People Strategy, there are also some notable distinctions. Workforce Development Plans help us to decide how many employees are needed now and will be needed in the future to prepare for and respond to workforce planning issues. A Human Resource Strategy can create a framework to ensure that we recruit, retain and reward the right number of people with the right skills to deliver our strategic priorities.

3.8   However, a People Strategy is an overarching strategy for how people will be deployed, managed and developed within the organisation and how they will be expected to behave. A key driver in the development of any People Strategy is the relationship between delivering customer focused services and ensuring that there is an appropriate workforce in place to do this.
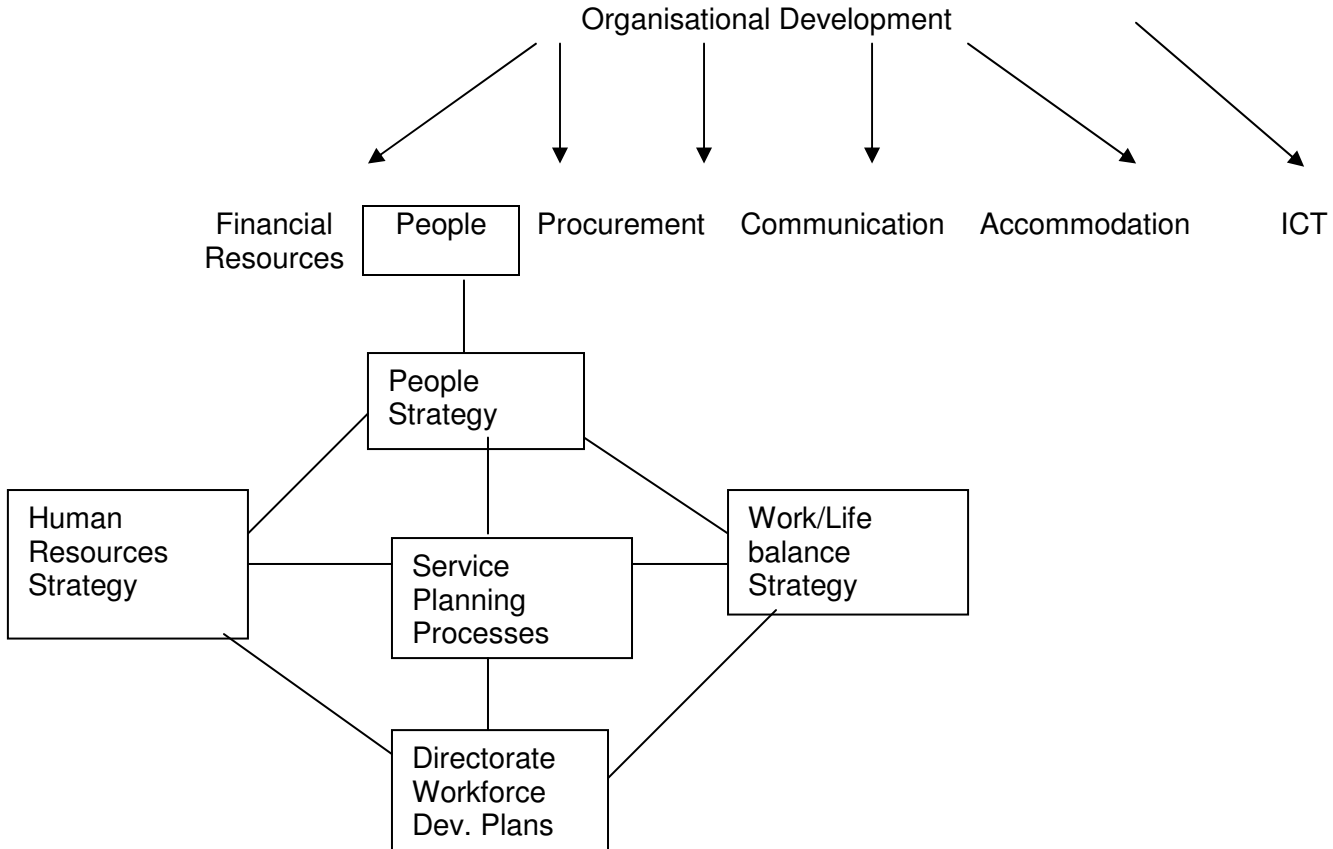
3.9   Purpose of a People Strategy

3.10   At Halton Borough Council, we recognise that a strategic approach is needed to develop a workforce, which is best able to deliver our corporate objectives. To achieve this, we need the right people, working in the right way and within the right culture.

3.11   Therefore, through the development of a People Strategy the organisation will be able to address leadership, skills development, recruitment and retention and pay issues in a structured and coordinated way.

3.12   Developing a People Strategy is helping us to plan for the future by providing a framework for us to assess our current workforce and people management activity and identify any gaps that need to be filled. The strategy can then act as a forerunner to directorate Workforce Development Plans, which provide information on operational/practical human resources requirements in greater detail.

3.13   Our People Strategy is divided into nine sections:

Section 1 – outlines why we have developed a People Strategy. We make reference to the role people play in improving organisational performance. The development of a People Strategy is helping us to plan for the future by providing a framework for us to assess our current workforce and people management activity. It also allows us to address leadership, skills development, recruitment and retention and pay issues in a structured and coordinated way.

Section 2 – provides a summary of 'where we are now' in relation to the background and strategic context for the development of our

People Strategy. The section also explores the environment in which we operate, 'where we are going' and how internal and external factors have influenced the development of people based priorities for the organisation.

Section 3 – outlines 'what we want to achieve', our vision for the type of organisation we would wish to develop and emphasises the close links between Halton's Community Strategy and Halton Borough Council's corporate plan and the harmony that exists between our borough-wide and corporate priorities. This section also reaffirms the importance of our workforce in driving forward and implementing these priorities. However, the section also recognises that if our People Strategy is to be implemented successfully, then 'People' issues must be firmly embedded within our business/service planning processes

Section 4 - having outlined in earlier sections, the vision and type of organisation we would like to have in the future, section 4 introduces the 'how we are going to get there' and includes the key strategic aims that will enable us to achieve our vision, identifying the priority actions needed to achieve this. Key priorities are:

1. Attract, develop, and retain excellent people;
2. Prepare for change, and promote improvement
3. Value the diversity of our workforce
4. Develop leadership
5. Maintain our 'can do' business culture
6. Meet customer needs
7 Recognise the role of partner agencies in meeting customer needs
8 Promote and fulfil the duty to safeguard children and adults of Halton

Section 5 – This section focuses on key areas of work, which we would wish to implement.

Section 6 – Implementing the Strategy provides information on an action plan and supporting strategies and documents, for example, work force development plans.

Section 7 – provides a summary of the Efficiency Review process.

Section 8 – evaluating the strategy; here we emphasise the fact that our People Strategy is not a 'one off document' and will need to be continually reviewed and refreshed. This will only be possible if people strategy strategic aims are embedded within the operational and service planning processes of our organisation and we set out plans for how we intend to do this.

Section 9 - Appendices

4.0 POLICY IMPLICATIONS

Members are advised that it would be the intention to launch the strategy prior to the implementation of the Council's new structures in April 2010. This is because the People Strategy will be used as a reference point for ensuring that we continue to develop and maintain a workforce that can provide and deliver the services that our customers both want and need. It will also help us to focus on the wider workforce planning as well as learning and development activity needed to implement the Efficiency Review Programme.

5.0 OTHER IMPLICATIONS

A People Strategy provides a framework for planning our future workforce requirements in a structural and co-ordinated way. Its main purpose is to bring together into one place a strategy for how our people will be deployed, managed and developed within our organisation.
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6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

6.2 Employment, Learning and Skills in Halton

6.3 A Healthy Halton

6.4 A Safer Halton

6.5 Halton's Urban Renewal

The key to the People Strategy is that it focuses on how we manage our people to deliver our Corporate Priorities. If we implement the People Strategy action plan it will help us to deploy our resources to agreed priorities in the best way possible. The People Strategy is also being used to flag up and transfer areas of notable practice across the organisation, and to identify areas where improvements can also be made. Therefore, this approach has positive implications for all the Council's priorities.

7.0 RISK ANALYSIS

There are no significant risks arising from this report.

8.0 EQUALITY AND DIVERSITY ISSUES

The importance of Halton's Equalities Scheme is reflected in the Council's People Strategy. A key driver in the development of our

People Strategy has been the relationship between delivering customer focused services and ensuring that there is an appropriate workforce in place to do this.

To do this, at the core of the document is a commitment to Value the Diversity of Our Workforce. This aim focuses on building a diverse workforce that is best placed to understand the needs of our customers, the people of Halton.

The ultimate aim of the People Strategy will be to make it possible for Halton Borough Council to take a leading role in securing a better future for the people of Halton. To achieve this, our People Strategy will allow us to make sure that:

"The Council is a first class employer that engages a well-trained, motivated and committed workforce in a working environment of trust, cooperation and respect".

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

Document	Place of Inspection	Contact Officer
People Strategy 0151 471 7526	Municipal Building	Wesley Rourke

HALTON BOROUGH COUNCIL
PEOPLE STRATEGY 2009-2012

Contents

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Efficiency Review Summary

8. **<u>Evaluating the Strategy</u>**

Measuring Success
Identifying Performance Indicators

9. **<u>Appendices</u>**

People Strategy Improvement Plan
Service Plan PESTLE Analysis
Risk Assessment of People Strategy

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FOREWORD BY THE CHIEF EXECUTIVE

The demands on Local Government are increasing. Customer expectations are rising and the challenges facing the public sector as a whole are growing. Halton Borough Council acknowledges that it needs to embrace continuous change if it is to maintain and deliver its strategic priorities.

We know that in anything that we do our key goal is to raise the quality of life of in the borough. To do this, we need to continue to make better use of public money to deliver our services in the most efficient and effective way possible. The development of a People Strategy can help us to achieve this because it provides the framework for planning our future work force requirements in a structured and coordinated way.

We need to make sure that the Council continues to deliver customer focused services, and that we have a workforce that is able to do this.

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EXECUTIVE SUMMARY

Our People Strategy is divided into nine sections:

Section 1 – outlines *why we have developed a People Strategy*. We make reference to the role People play in improving organisational performance. The development of a People Strategy is helping us to plan for the future by providing a framework for us to assess our current workforce and people management activity. It also allows us to address leadership, skills development, recruitment and retention and pay issues in a structured and coordinated way.

Section 2 – provides a summary of *'where we are now'* in relation to the background and strategic context for the development of our People Strategy. The section also explores the environment in which we operate, *'where we are going'* and how internal and external factors have influenced the development of people based priorities for the organisation.

Section 3 – outlines '*what we want to achieve'*, our vision for the type of organisation we would wish to develop and emphasises the close links between Halton's Community Strategy and Halton Borough Council's corporate plan and the harmony that exists between our borough-wide and corporate priorities. This section also reaffirms the importance of our workforce in driving forward and implementing these priorities. However, the section also recognises that if our People Strategy is to be implemented successfully, then 'People' issues must be firmly embedded within our business/service planning processes. The section further emphasises the partnership approach to workforce planning that Halton is progressing, and makes reference to Halton's Children's Trust Arrangements, Safeguarding, Integrated processes and front line delivery.

Section 4 - having outlined in earlier sections, the vision and type of organisation we would like to have in the future, section 4 introduces the *'how we are going to get there'* and includes the key strategic aims that will enable us to achieve our vision, identifying the priority actions needed to achieve this. Key priorities are:

1. Attract, develop, and retain excellent people;
2. Prepare for change, and promote improvement
3. Value the diversity of our workforce
4. Develop leadership
5. Maintain our 'can do' business culture
6. Meet customer needs
7 Recognise the role of partner agencies in meeting customer needs
8 Promote and fulfil the duty to safeguard children and adults of Halton

Section 5 – This section focuses on key areas of work, which we would wish to implement.

Section 6 – Implementing the Strategy provides information on an action plan and supporting strategies and documents, for example, work force development plans.

Section 7 – provides a summary of the Efficiency Review process.

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Section 8 – evaluating the strategy; here we emphasise the fact that our People Strategy is not a 'one off document' and will need to be continually reviewed and refreshed. This will only be possible if people strategy strategic aims are embedded within the operational and service planning processes of our organisation and we set out plans for how we intend to do this.

Section 9 - Appendices

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SECTION 1 - INTRODUCTION

Recognising the need to continually improve, the Council has initiated two processes which will have a significant impact on the way it organises itself in order to deliver its priorities. These are:

1. The Efficiency Review Which is changing the way we work.

2. The work with the Leadership Centre sensei UK to, improve the way that Management Team and the Executive Board work, and in particular, make space for the development of strategic policy

As these processes develop they will form the context for Organisational Development (OD) within Halton Borough Council, to ensure that we take a whole organisation approach to planning for, and bringing about, significant improvements in the services we provide.

Organisational Development – a people based approach

There are a number of OD assessment tools and techniques aimed at supporting whole organisation improvements. One approach, the People Based approach, states that if OD is concerned with the ability of an organisation to adapt to change, then the availability and potential of its work force, will be a major factor in determining whether an organisation is capable of *implementing* change.

This is why Halton Borough Council is developing a People Strategy.

What is a People Strategy?

A People Strategy is founded upon the principle that developing their 'people' best develops organisations. If staff are well trained, are well motivated and they feel that they are being treated well, then good organisational performance will follow.

The Purpose of our People Strategy

The purpose of this People Strategy will be to bring together in one place a strategy for how people will be deployed, managed and developed within our organisation and how they will be expected to behave. The strategy will be effective from 1st January 2010 and will run until 31st March 2012. The accompanying action plan will be reviewed on an annual basis.

A key driver in the development of any People Strategy is the relationship between delivering customer focused services and ensuring that there is an appropriate workforce in place to do this.

Our People Strategy will, therefore, identify (all) the people management implications of delivering corporate objectives and set out how people management activities will support the achievement of these objectives.

We will use this People Strategy to set out our vision for our workforce and to set out a series of improvements that we will make to achieve this vision.

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In 2005 the organisation published its workforce development plan. In 2007 it was agreed that the document should be reviewed to acknowledge the development of other corporate strategies.

Organisational Strategies

Organisational Development

| Financial Resources | People | Procurement | Communication | Accommodation | ICT |

People Strategy

Human Resources Strategy

Service Planning Processes

Work/Life balance Strategy

Directorate Workforce Dev. Plans

As part of this review, we felt that we needed to take a step back, and acknowledge that a more strategic approach is needed to develop a workforce, which is best able to deliver our corporate objectives. A cross-directorate Steering Group was established to lead on work force planning issues.

Importantly, a Strategic Director, who does not have day-to-day responsibility for Human Resources issues, chairs the group. This has helped to develop the Strategy in a wider corporate context.

Alongside the cross-directorate Steering Group, directorate level sub-groups have been set up. These groups have been a useful communications network for gathering the views of colleagues across the organisation on workforce planning issues. These views have informed the key people aims presented later in this document. The groups have also undertaken gap analysis work, which again, has been fed into the action plan appended to this strategy. The group has also championed the People Strategy within respective Council directorates, taking soundings and obtaining employee opinions on implementing the strategy.

Our starting point has been a need to ensure that our organisation will have "the right people, working in the right way and within the right culture".

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Although our existing Workforce Development Plan has helped us to decide how many employees are needed now and will be needed in the future to prepare for and respond to workforce planning issues, the development of this People Strategy precedes this work as it will enable us to address leadership, skills development, recruitment and retention and pay issues in a structured and coordinated way.

Developing a People Strategy is helping us to plan for the future by providing a framework for us to assess our current workforce and people management activity and identify any gaps that need to be filled.

This document will, therefore, act as a forerunner to an updated Workforce Development Plan, which will subsequently provide information on operational/practical requirements in greater detail.

The aim of this strategy will be to make it possible for Halton Borough Council to take a leading role in **securing a better future for the people of Halton**. To achieve this, our People Strategy will allow us to make sure that:

"The Council is a first class employer that engages a well-trained, motivated and committed workforce in a working environment of trust, cooperation and respect". [1]

Our corporate plan, which is aligned with the Borough's Community Strategy, sets out, within available resources, what we plan to achieve over the next five years. It focuses on how we will deliver our strategic priorities i.e.

- A Healthy Halton
- Halton's Urban Renewal
- Halton's Children and Young people
- Employment Learning and Skills in Halton
- A Safer Halton

It also identifies the key issues and challenges facing us. These include preparing for and responding to new legislation, delivering efficient and effective services within a context of reducing budgets. There is also a move towards greater community engagement, and the use of co-procurement and commissioning methods with emphasis on developing and delivering shared services both within and outside the Borough.

These challenges are picked up in greater detail in section 2 of this strategy, where further detail on how we will respond to these challenges will be provided in section 3.

People Management Aims

In drawing up this strategy our research reveals that there are a number of issues and themes that resonate across many Local Authorities. In the background and strategic context of this document we also outline other internal and external factors that have shaped our strategic aims. The Local Government Pay and Workforce Strategy 2006 also provides guidance on key issues for our sector. Finally, as part of the Council's Corporate Planning Framework, each service plan includes a PESTLE analysis and a summary of this in relation to people management issues is provided in appendix 1.

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[1] Halton Borough Council Corporate Plan 2006-2011.

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SECTION 2 - BACKGROUND & STRATEGIC CONTEXT

Government Policies

Recent Government policies have had far reaching implications for workforce planning the public sector.

For example, The Local Government and Public Involvement in Health Act 2007, as well as the Lyons Review emphasise the co-ordinating, the leadership and the brokering role of local government in "place shaping". Government asserts that if improvements in public services are to be made, then local authorities and their partners need to be given more powers to shape services and communities. At the same time, expectations regarding the quality and nature of public services are rising; service delivery is changing with a growing emphasis on delivering services *with* users, often through multi-agency working.

Equally, the Comprehensive Spending Review 2007 presented a number of challenges in respect of workforce development. This includes a focus on driving forward an efficiency programme to deliver cash savings of at least 2.5 per cent per year over a three-year period.

It is expected that streamlining processes and increasing collaboration across the public sector as a whole will make many of these savings. Pay and Workforce Plans are to be developed in line with the Government's 2% pay target. There is an assumption that resources will be redirected to "frontline" services with a focus on customers. Other efficiency gains are anticipated in areas such as how we procure goods and services and the use of ICT in service delivery and better information sharing between departments and organisations within this framework.

Workforce issues – Demographic Change

Nationally the UK has an ageing population with a falling birth rate and a decreasing death rate.

This presents workforce challenges to Local Authorities both as providers of health and social care services, but also as employers. In regard to the latter, The Age and Employment Network reported in 2005 that younger people are staying in education longer, workers are working longer and a significant growth in labour has been in the group of 'Over 50s'. Equally, recent legislation ('Employment Equality (Age) Regulations 2006 bans age discrimination in terms of recruitment, promotion and training and this places duties on employers to attract employees of all ages.

Borough Profile

The Index of Multiple Deprivation (IMD) for 2007 suggests that levels of deprivation have reduced in the Borough. In 2007 the IMD ranked Halton as 30th most deprived Authority in England compared to 16th in the 2000 Index. However, it still ranks as one of the most deprived districts in England. Although located in Cheshire, Halton shares many of the social and economic problems more associated with its urban neighbours on Merseyside. Halton is ranked in the IMD as the 3rd highest authority in terms of deprivation on Merseyside, behind Knowsley and Liverpool, and 10th highest in the North West. Neighbouring authorities St Helens (47th), Wirral (60th) and Sefton (83,) are way down the table compared to Halton.

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Halton has some of the most deprived wards in the country in terms of child poverty. Several parts of Halton are amongst the poorest in the country. In Widnes, the most deprived areas are Kingsway, Riverside and Appleton. In Runcorn, the most deprived areas are Castlefields, Halton Lea and Windmill Hill. However, there are many affluent areas of the borough as well. These are located mainly on the outskirts of both towns and comprise of several new housing estates.

The following data will have a significant impact on Halton Borough's approach to Workforce Planning.

Employment

Claimant unemployment in the Borough has risen from 5.0% in January 2000 to 5.9% in November 2009. Halton still has the 5th highest claimant rate in the North West in. Research shows that the skill base of the local area is relatively poor compared to the United Kingdom as a whole and surrounding local economies. Halton has a low percentage of adults with further education qualifications and low rates of numeracy and literacy. All told, there is a mismatch between skills in the local workforce and jobs available in the borough, and it is anticipated that in the future over 95% of new jobs will need qualifications of at least NVQ 2 level and over 70% at NVQ 3 and above.

Percentage of adults with further education qualifications and low rates of numeracy and literacy. All told, there is a mismatch between skills in the local workforce and jobs available in the borough, and it is anticipated that in the future over 95% of new jobs will need qualifications of at least NVQ 2 level and over 70% at NVQ 3 and above.

Halton's Ageing Population

Forecasts suggest that Halton's population is ageing at a faster rate than England as a whole, which reflects a long-term demographic trend of an aging population.

Over 65's made up 13.6% (16,100) of population in 2003 and will be 22.1% (26,000) by 2028, this represents an increase of 61.5% in over 65's and 100% in over 85's. The over 65 population, is expected to rise annually, for example by 200 people between 2006 and 2007 and a further 300 between 2007 and 2008. The largest proportionate growth is in over 85 years population. There is also an increase in the number of older people with more complex needs, particularly around homelessness, alcohol abuse and dementias as people live longer.

This shift to an older population will have a large effect on demand for social care, local government and health services unless outcomes are improved through effective, adequate prevention. However health and social care are still focussed on meeting need as it arises, i.e. once someone has had a fall or is in difficulty. That is not sustainable given the levels of health in the Borough. The relative increase in older people also reduces the number of informal carers available, which necessitates a stronger focus on supporting the carers that there are and developing preventative services that reduce social isolation.

Recruitment and Retention Issues

In 2005, Halton's Local Strategic Partnership commissioned a Workforce Development Strategy for the Borough, which identified borough-wide recruitment and retention

difficulties, exacerbated by the borough-wide low qualification, and low skills problems highlighted below:

Proportion of Working Age Population with High Level Qualifications (NVQ Levels 2, 3 and 4+)

Halton has the lowest percentage of working age people with higher-level qualifications at 49.9% this is significantly lower than the North West regional average.

Percentage of Working Age Population with No Qualifications

In the North West the area with the lowest amount of unqualified people is Cumbria with 9.6% of people. The area where the most people have no qualifications is Merseyside with 21.2% of the Working Age population. Halton is the second worst area with 19.9%. The percentage of no qualifications is higher than the North West and National averages (17% and 14.3% respectively).

An increased importance has been placed upon making sure that those who are in or looking for employment have the correct skills to gain and stay in employment throughout their working lives. Currently there are 6 million unskilled workers in the economy nationally, however it is estimated that this will fall to around half a million by 2020.

Percentage of Working Age Population with Low Qualifications

Low qualifications are qualifications under NVQ Level 2. Within the North West, Halton has the highest amount of people with low qualifications (39.2% of the working age population for comparison the North West average is 31.7%).

Employers' Organisation Recruitment and Retention Survey

The Recruitment and Retention Survey undertaken by the Employers Organisation for Local Government revealed that in 2004, 93.6% of all authorities reported experiencing recruitment and retention difficulties with one or more professional and managerial occupations.

The highest recruitment difficulties existed in Planning, Environmental Health and Social Workers for children and families.

Halton Borough Council Workforce Profile

In January 2007 the Council appointed KPMG as an efficiency partner to:

- Undertake a rigorous assessment of the Council's current baseline position with regard to activity, cost efficiency and productivity.

Work included a Comprehensive Value Chain Analysis (VCA) exercise.

A matrix analysis of staff time allocations identified activity proportions in certain functions and was used to ascertain how well the Council prioritises and delegates for example, the proportion of time the organisation allocates to **management activity** in priority front line functions, the level of **specialist** input into the procurement support function, **transactional activity** i.e. the time spent on repeated tasks specific to a service or professional function. It also identifies the time spent on **administration.**

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A second step of the analysis established the proportion of staff time allocated to:

- Strategic functions, such as policy or strategic finance;
- Frontline functions such as customer contact or delivering an in-house service; or
- Support functions, such as transactional finance, HR, or property and building services.

KPMG published a report and presented recommendations to the Council in October 2008. This work has provided an evidence base for identifying efficiency opportunities across the Council and is also being used to inform the implementation this strategy.

In addition, we have acknowledged that further work has been required to strengthen the data we hold on our organisation's workforce. Much of this work has been incorporated into the People Strategy Action Plan referred to later, and resources are being made available to populate the TRENT database. Data will focus on:

- Number of vacancies – proportion of vacant posts
- Number of applicants for jobs – levels of recruitment
- Numbers of agency staff – proportion of posts covered by agency staff and average times
- Turnover – frequency of staff leaving the employment of the Local Authority
- Number of staff that hold a relevant professional qualification
- Number of staff that hold a relevant vocational qualification
- The highest academic qualification held
- Ethnicity
- Sexual orientation
- Reasons for leaving employment
- Destination of leavers – where staff go on leaving the Local Authority.
- Sickness Absence – the number working days lost due to sickness absence
- Pay Rates – i.e. an analysis of positions held according to gender and age across the Council

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SECTION 3 - WHERE THE PEOPLE STRATEGY FITS INTO THE CORPORATE PLANNING FRAMEWORK

Vision, Values and Objectives of the Council:

Halton's Community Strategy – 'Making it Happen in Halton'

Halton's community strategy sets out the steps that we all need to take to bring about real improvements in the borough. To achieve this, the borough's strategic partners have agreed five strategic themes:

- A Healthy Halton
- Halton's Urban Renewal
- Halton's Children and Young people
- Employment Learning and Skills in Halton
- A Safer Halton

Our vision is that **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 within safer, stronger and more attractive neighbourhoods.**

Aligned to the Community Strategy, the Council has in place a corporate planning framework to deliver its strategic priorities. The framework has a hierarchy of plans that ensure the priorities are cascaded down the organisation and progress against targets are measured and reviewed. This framework is summarised as follows:-

The Corporate Plan is a five-year document (2006 –2011) and is at the apex of the framework pyramid. It details the strategic priorities together with the key objectives, shared improvement targets and the key outcomes that the Council will work towards over the life of the Plan. The Corporate Plan themes mirror those of the Community Strategy referred to above.

Linked and aligned to the Corporate Plan are the departmental service plans. They provide a clear statement on what the individual services are planning to achieve and to show how they contribute towards achieving the strategic and resource priorities of the Council. They are an essential tool for making key decisions about future service provision and the level of resources required e.g. financial, people & skills and assets

The departmental service plans sit within the established corporate planning framework and are central to the Council's performance management arrangements. The Directorate Workforce Plan determines the future staff resources, skills and competencies required to deliver existing, new and improved services. It is a key resource document that supports the corporate planning framework and is directly linked to the set of service plans in the directorate.

Ultimately, Halton Borough Council acknowledges the role effective people management plays in improving the services we deliver to our communities and our corporate structures and plans match the Borough's key strategic themes as identified in the borough's community strategy.

To make a real impact on the strategic priorities it was essential that the financial, human and physical resources and the means of information and communication of the Council were effectively managed and organised. Therefore, the Corporate Plan identified the four Resources Priorities to support the key objectives for each of Halton's strategic themes. These are:

- Attracting and managing financial resources effectively
- Organisation, people, skills and culture
- Managing the Council's physical resources of land, buildings, equipment and materials
- Managing information and communication

The Council's Role as a Local Employer

This People Strategy also accords with the Employment, Learning and Skills theme identified in both the Community Strategy and Corporate Plan. As a major employer within the borough we will implement actions to raise the skills and qualification levels of our workforce.

Corporate Governance

Since achieving Unitary Authority status in 1998, Halton Borough Council has demonstrated a proven track record in managing and delivering services for the people of Halton. The Council boasts one of the lowest Council Tax rates in the North West.

In 2005, 2006, 2007 and 2008, the Audit Commission confirmed Halton to be a 4 star authority that is "improving well". The Audit Commission wrote;

"The Council knows its area well and its ambitions are firmly based on evidence, on a detailed understanding of local problems and opportunities, and on consultation with local people. The ambitions are clearly articulated and are well understood by the Council's partners and by the Council's own staff".

In 2006 the Council was commended in the Municipal Journal awards Council of the year category and as a CPA four stars rated Local Authority, Halton has seen major achievements in tackling the severe economic and social problems that still face the borough.

Where a People Strategy fits in to Service Planning Processes

Section 1 of this document has summarised how the (successful) implementation of corporate priorities is dependent upon how effectively we manage our People through the development of a People Strategy.

The diagram below illustrates that to achieve this, we will need to embed People Management issues into the development of our Service Plans and, therefore, our. Service Plan procedures and processes will be used as a signposting instrument for ensuring that our operational practices accord with the key aims of the People Strategy.

Service Plans will, however, be predicated by directorate level workforce development plans, which will be used as and aid to identifying and deploying staff resources in line with priorities and needs identified in respective service plans. Workforce development Plans will respond to the uniqueness of issues at a 'local' i.e. directorate and or departmental level.

The diagram also identifies the relationship between service planning and our commitment to Investors in People (IiP). In Halton this is channelled through the Employee Development and Review Process (EDR), where individual employee training plans are produced. We apply IiP principles to ensure that all our employees have equal and fair access to training opportunities. We also use the EDR process to not only prepare people for the jobs that they are doing now, but also to prepare them for the jobs of the future.

People Strategy within the context of the Service Planning Framework

Strategic Context

Community Strategy

People Strategy Workforce Development

Corporate Plan

Workforce Planning

Operational Context

Departmental Service Plans

Divisional Plans

Personal Plans
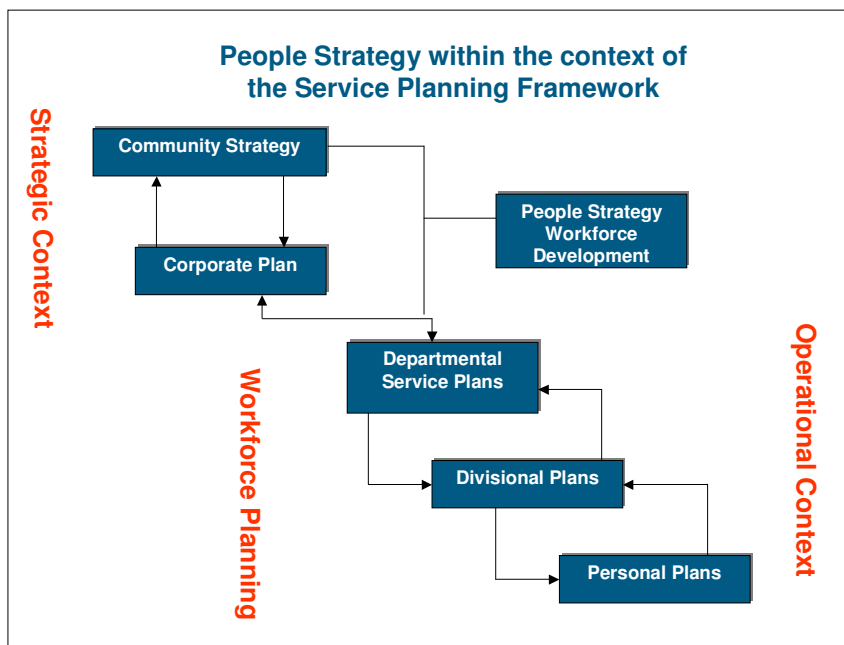
Halton' Children's Trust Arrangements

Halton has developed Children's Trust arrangements that promote inter-agency governance and integrated strategy. This means we ensure that our thinking and planning (strategy) are joined up and we have in place a system, which brings together all organisations to provide challenge support and accountability (governance) to make sure we are making improvements.

Our Children's Trust brings together a number of senior representatives from a variety of agencies, organisations and professionals that work with children, young people and their families locally. **Children's Trust Members**. Their purpose is to create a collective and innovative strategic response to meeting the needs of children locally with the explicit expectation that their decision making and drive will improve outcomes and make a difference to the lives of children and young people in Halton.

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The importance of building these strong and sustainable relationships across the range of strategic planning arrangements cannot be underestimated in our continued commitment to improving outcomes for children and young people. Therefore the impact and importance to us of this wider planning network in supporting our goals and ambitions for children and young people have to be considered and utilised.

Halton's Safeguarding arrangements.

Halton's Safeguarding Children Board (HSCB) was formally established in February 2006 and we are proud of our achievements so far in building an acceptance across communities and partners of the importance of safeguarding and in particular disseminating the message that safeguarding is everybody's business.

As parents and professionals caring and working with children and young people safeguarding is part of everything we do. Therefore, throughout the plan and throughout our promises and efforts to improve outcomes for children and young people our commitment to safeguarding will be and is an essential aspect in everything we do. We will also continue to embed safeguarding as a crucial aspect to all of our relationships with children and young people.

The key to this will be the role and relationship HSCB has with the Children's Trust. It is particularly important that HSCB has the capacity and ability to challenge and scrutinise the safeguarding practice and planning decisions made with the Children's Trust in addition to making sure the operational demands associated with effective safeguarding practice are considered and acted upon appropriately by all Board and Trust members.

A significant responsibility of HSCB is to share learning across services, agencies and professionals as a way to continue to develop our workforce and the skills they need to carry out effective safeguarding practice. This responsibility includes delivering training and overseeing policy development that meet with up to date guidance and best practice.

A Multi-Agency Safeguarding Unit has been established which includes staff with lead responsibility for safeguarding in Health, Education and Police. This team will strengthen multi-agency working and ownership of safeguarding by making effective use of knowledge and expertise across the Children's Trust. This integrated way of working will also ensure that the important challenge and scrutiny of practice across all professional areas will be applied in a coordinated way. It will also enable public engagement activity to be managed from a "Centre of Excellence" and enable greater coordination and efficiency of work.

The Unit will also develop and administer a formal procedure for managing conflict of opinions between professionals from different services relating to the safety of a child.

The Safeguarding Unit will lead the ongoing development of rigorous auditing processes across the range of multi agency services available for children and young people in the borough. These auditing mechanisms are critical to improving safeguarding practice and in monitoring the quality of frontline service delivery. This will provide an opportunity to scrutinise specific practice issues or themes e.g. resulting from a Serious Case Review. It is also an opportunity to share good practice across agencies in Halton. The Safeguarding Unit will also report on the Audit Findings on a quarterly basis to the Children's Trust and HSCB.

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Partnership working has been the cornerstone to improvements in Halton. Our JAR in 2008 commented upon "the high degree of co-operation between partners and stake holders and the strong involvement of the community and voluntary sector. The vibrancy and commitment of Third Sector organisations is key to success in Halton and we will continue to build upon these strong foundations in the coming years.

The Third Sector contributes real added value in terms of bringing additional funds to Halton and has the flexibility to respond to the needs of children, young people and families particularly in times of crisis and where mainstream support is not accessed.

Locally based organisations are uniquely placed to engage families in areas of disadvantage and families who are often marginalised. With these families local providers are delivering significant elements of progress that reflect real and demonstrable improvements in circumstances.

Third Sector representation and their ability to bring a unique sense of creativity and innovation to our inclusive planning arrangements for commissioning of services demands that Third Sector organisations will continue to work with the statutory organisations in Halton to drive improvements in services and outcomes.

However the world moves on and we want to improve. By building on these firm foundations we will ensure that the process of commissioning will be used as a 'tool for improvement'. The development of our Children's Trust means that we are in a healthy position to accelerate progress.

Integrated processes and front line delivery

Integrated processes and front line delivery will describe how our partnership will join up the way we do business to improve how we deliver services and supports to children and young people.
This section will also offer a description of how we are going to continue to develop our workforce in ways that promote integrated working and integrated delivery, again so we can continue to make sure children and families are receiving the help and guidance in the most responsive and flexible way

Integrated Workforce Strategy
We know that our local workforce is the most significant tool that will improve outcomes and assist children and young people in achieving their goals and ambitions. We are currently using innovative ways to develop our teams and the skills of our workforce around the needs of communities. Using the Organisational Development Services (ODS) model of Population Centric Workforce Planning, we are thinking beyond qualifications and professional labels and addressing how real improvements can be offered by matching skills and knowledge to the needs of our children and young people. (For more information see the **Children's Integrated Workforce Development Strategy**)

Developing and implementing such creative approaches to strategic and operational planning arrangements offers a significant opportunity, but the ambitions we have for our children and young people demand we tackle the challenges within our communities using the means and talents we have available to us.

Our current activity includes a wide ranging partnership approach to understanding our workforce better, so we are better prepared to develop their skills and knowledge in the

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future. To assist us in this task we are currently undertaking a comprehensive needs analysis as part of a research exercise developed by the Children's Workforce Development Council. It is expected this will enable us to understand those areas within our workforce, which may need further development as well as focussing activity on the areas that are likely to have the greatest positive impact on both our priorities and the Every Child Matters outcomes.

The plans we have to make sure services identify and intervene as early as possible:

Halton's Children's Trust partners are fully committed to ensuring that we concentrate on preventing issues escalating rather than storing up problems for the future.

We have major plans to introduce needs led locality working. For Halton our goal is to have Children's Trust Teams based in locality areas across Halton. It is expected these teams will be able to respond quickly, sensitively and flexibly to the calls of families or professionals for extra support to enable families to receive the help when they need it.

The teams will also provide professional advice and support for professionals already working within our communities.

We are currently piloting this approach in one community and anticipate the values, goals and approaches we have built into this pilot will not only secure its success but also allow us to roll out the new way of working across the whole of Halton.

We are still in the early stages of learning from this pilot and will continually review and assess the most appropriate methods and skills necessary to support families before their concerns or issues escalate and require more significant measures. So far we have made sure the composition of the teams is based upon what we know about the needs and issues within each community.

As we role this pilot out across the borough we expect there will be a core team of staff from a range of professional backgrounds, who will work as part of a team located together within one of our local communities. There will also be a virtual team of specialist workers who can be called to provide specific support depending on assessed need. It is this virtual team that we anticipate will differ across communities and locality teams, as this team will offer the specialist care, knowledge and support families may need in specific circumstances.

SECTION 4 - EMPLOYEE OPINIONS/VIEWS ISSUES THAT THE STRATEGY WILL ADDRESS

In drawing up this strategy we also sought the views of employees and asked colleagues to identify key issues, which should be taken into account when formulating an action plan. A series of focus groups were held in directorates where colleagues were asked to prioritise actions for the future

This work was supplemented by a workshop facilitated by the NW Employers' Organisation aimed at identifying 'where we are' and 'where we need to be' and 'how we are getting there' in the development of a people strategy. It provided an opportunity to take stock of our achievements and to recognise that there are a number of processes and procedures that we have already implemented which will help us to develop a People Strategy for Halton Borough Council.

Summary of key issues:

A summary of the points raised is set out below.

- More flexible / remote working following the advances in IT. Potential exists to rationalise office accommodation by adopting different working practices. This would have an impact on the way that staff would need to be managed.
- Succession planning – needs to be considered to minimise the impact of losing key members of staff with lots of experience in specialist areas. This could be achieved by rotation of responsibilities / provision of training / work shadowing etc. to ensure that a wider number of staff get experience of specialist areas.
- The changing focus of work that Financial Services staff are involved in is resulting in less work being suitable for the more junior members of staff. It is likely that this trend will continue, increasing the need for more experienced / better qualified staff requiring less direct supervision.
- Recruitment / retention – difficult to forecast until the outcome of JE is known. Many local authorities have cut back on professional training for accountancy / audit staff, which is having the effect of reducing the pool of qualified staff likely to apply for vacancies.
- The efficiency agenda, the Council's budget position and future restraints on public sector spending are going to require all areas of the Council to review staffing levels and working practices to ensure that they provide vfm.
- Governance in relation to IT and associated projects with focus and strategy
- A recognition of the dependence on IT
- IT Induction and Smarter Working training
- The changing focus of the work professional staff are involved in will result there being less work for more junior members of staff, thus increasing the need for more experienced and better qualified staff.
- Succession planning needs to addressed to minimise the impact of losing key members of staff with lots of experience in specialist areas. Options that could be considered include rotation of responsibilities, further training; work shadowing, which would ensure more staff have experience in specialist areas.
- Major Projects are already and will continue to require additional specialist support from professional advisors. This area may demand skills in areas not currently available to the Authority.

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- The People Strategy is developed with regard to other internal inter-related strategies e.g. 3-year financial forecast, IT strategy and accommodation strategy.
- There is a view that all recruitment and retention issues are dealt with on a financial basis
- Flexible and remote working needs to be developed in consultation with the accommodation and IT strategies and consideration given of adopting different working practices. At present there is no incentive to promote different types of working, as the potential for savings has not been realised. However, there is potential to rationalise office accommodation if/when strategic decisions are made. This would also impact upon staff management.
- Career grade schemes should be developed and extended as a way of encouraging and motivating staff
- The EDR process should be used more effectively to encourage staff development
- Staff should be given more information and understanding of the whole set of services we provide to the community as a way of promoting their role in a large organisation
- Training provision in the Authority should be publicised more and its structure to assist staff to progress should be made more accessible
- The benefits of working in Halton should be publicised much more e.g.: beneficial terms & conditions of employment, pension, leave, flexi, small authority, free parking
- Bureaucracy within the Authority should be reduced significantly
- An acknowledgement from senior management of the consequences of their decisions on the workforce e.g. the effects of taking away small benefits which demotivate staff,
- Consideration should be given to Business Process Re-engineering
- A form of "reward" system to motivate staff e.g. additional increments, flexibility to managers to reward for exceptional work, additional days leave for no sick in a specific period and other "work perks".
- More structures with regards to prioritisation of work with some form of "road map".
- Proper systems should be adopted as a matter of urgency to ensure that there is appropriately accessible management information on the existing workforce i.e. numbers, retention rates, qualifications etc
- Realistic investment in training particularly for IT
- Strategic decisions need to be taken at the highest level as to how the Authority wishes to progress in relation to flexible/remote working to ensure that all such policies enable the Authority to benefit by e.g. a reduction in the requirement for office space
- Proper strategies for succession planning in all areas need to be developed
- Career grade schemes to be developed and used more widely to encourage staff development
- Halton Borough Council to be more pro-active in promoting its conditions of service and as a place to work
- Consideration is given to the effect on the workforce of negative decisions by management and also to incentives that could be introduced at very little cost.

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The key messages arising from this consultation work focused on:

- Consistency in developing workforce plans across the organisation;
- The need to include workforce planning in our corporate planning framework;
- The need to link workforce planning to financial planning;
- Further work with partners in joint partnership planning is required.

Diversity

Diversity issues featured prominently in the consultation process described above.

The Council's Corporate Equality and Diversity Group (CEDG) provides leadership in the promotion and development of equality and diversity issues across the organisation. Whilst there are legal duties to which we should adhere, it is our aim to exceed our statutory duties through the promotion of fairness in how we recruit and retain staff and how we implement policies, which encourage greater diversity within and across our workforce. We have recently invested resources in Neighbourhood Management to promote community cohesion and we are striving to ensure that our employee profile reflects local demographics.

The CEDG is helping the organisation to move towards the Equality Standard for Local Government level 4 and has developed an action Plan divided into 4 work streams:

Leadership and Corporate Commitment
Consultation and Community Development and Scrutiny
Service Delivery and Customer Care
Employment and Training

EDRs will include a requirement to demonstrate how employees contribute to the promotion of Equality and Diversity. Reviewers must also ensure that reviewees have an appropriate understanding of equality and diversity issues and set key tasks to enhance the Equality and Diversity of the Council and its services.

- mobile working
- co-locating e.g. supermarkets, Job Centre Plus etc to make services more accessible
- the Authority and its staff should not be penalised for taking appropriate risks
- flexible and other forms of home working

SECTION 5 - PEOPLE STRATEGY AIMS AND OBJECTIVES

Our People Strategy brings together in one place a strategy for how people will be deployed, managed and developed within our organisation and how they will be expected to behave.

Our People Strategy will, therefore, identify (all) the people management implications of delivering corporate objectives and sets, in the accompanying action plan, out how people management activities will support the achievement of these objectives.

Halton Borough Council's overarching aim is **to secure a better future for the people of Halton**. The People Strategy sets out our vision for our workforce and sets out a series of priorities leading to improvements that we will make to achieve this vision.

The 6 strategic priorities are:

1. Attract, develop, and retain excellent people;
2. Prepare for change, and promote improvement
3. Value the diversity of our workforce
4. Develop leadership
5. Maintain our 'can do' business culture
6. Meet customer needs

These aims will form the basis of our Improvement and Action Plan set out in Appendix 1 of this strategy.

1. Attracting, developing, retaining excellent people

This aim focuses on developing and maintaining a culture where everyone can contribute and where our employees' skills and knowledge are applied in the most appropriate way.

Priority Actions:

- Adoption of Skills Pledge;
- Modern Apprenticeships Programme;
- Implementing a management competency framework;
- Developing a skills pathways programme.

2. Preparing for change, promoting improvement

This aim focuses on engendering a proactive approach to managing change, encouraging creativity managing and taking risks.

Priority Actions:

- Development of Excellence Programme;
- Development of Workforce Development Plans for all directorates;
- Providing Training to support partnership working.

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3. Valuing diversity

This aim focuses on building a diverse workforce that is best place to understand the needs of our customers, the people of Halton.

Priority Actions:

- Mainstreaming equality and diversity in service planning;
- Redrafting Home working Policy;
- Introduction of EIA assessments.

4. Developing leadership

This aim focuses on building on the work of the Leadership Centre to maintain and develop the Council's pivotal role in serving the needs of local people…

Leaders are prevalent across the organisation, they are not confined to senior people in the organisation. Our strategy seeks to identify potential, build knowledge and experience from within the organisation.

Priority Actions:

- Develop Leadership programme;
- Implement Master Classes on leading Change.

5. Promoting our 'can do' business culture

This aim focuses on building on Halton's reputation as a 'can do' organisation. Despite the issues and challenges facing us, we have not used these circumstances as an excuse for non-achievement; but rather, we have a growing reputation as an organisation that gets the job done.

Priority Actions:

- Further promote use of MSc Project Groups;
- Roll out Project management Training;
- Promote innovation by further developing staff suggestion scheme.

6. Meeting customer needs

This aim focuses on promoting innovative, new ways of working and applying a business orientated approach to how we operate

Priority Action:

- *Maintain a Customer Service Programme (for all employees)*

***7.* Recognise the role of partner agencies in meeting customer needs**

- *This aim recognises that through partnership working customer experience will be improved and we will be more efficient*
- *Priority Actions:*
- *Include partners in the work force development plan*

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- *Use formal agreements with partners such as Section 75 Agreements with Health agencies to identify and deliver integrated services*

8. Promote and fulfil the duty to safeguard children and vulnerable adults in Halton
This aim recognises that "safeguarding is everybody's business " and requires the awareness of all employees
Priority action :
Training and work force plans will promote training in safeguarding

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SECTION 6 - IMPLEMENTING STRATEGY

The accompanying action plan (Appendix 1) also highlights the implementation of Supporting Strategies such as:

1. Implementing a Human Resources Strategy

The Council recognises the importance of having effective people management processes in place. Developing a formal Human Resources Strategy helps provide information about what we already do and what more we can do to strengthen these processes.

This strategy will create a framework for our people management practices, to ensure that we **recruit** and **retain**, the right number of people with the right skills who are able and motivated to deliver the strategic goals of the Council and who are **rewarded** appropriately for their contribution both financially through their terms and conditions and by being a proactive employer offering flexible ways of working.

2. Preparing Workforce Development Plans

It is proposed that each directorate of the Council will be required to update workforce development plans on an annual basis. Whilst directorate workforce development plans will prepare for and respond to local issues, corporate guidance will be updated to ensure that content will be consistent across the organization.

3. Implementing the Work Life Balance (and well being) Strategy

The Council has recently introduced a Work Life and Well Being Strategy. The Strategy points to existing flexible working arrangements in place, but states that there is an opportunity to introduce additional initiatives to ensure that employees obtain the best possible balance between working lives and their home lives.

4. Implementing a Consistent Approach to Training and Development Plans

The development and delivery of Training Plans varies across Halton Borough Council and a consistent approach to employee training will be progressed through the implementation of this strategy.

5. Implementing the Skills for Life Strategy

This Strategy responds to the Employers' Organisation Local Government Skills for Life Strategy, which encourages employers to promote a sustained and strategic approach to workplace Skills for Life.

SECTION 7 – THE EFFICIENCY REVIEW

During 2009/10 the Council has conducted an efficiency review. The outcome of this has been a significant restructuring of the organisation with effect from April 2010. The principle features are:-

1)   A simplifying of management structures with fewer managers in floated structures.

2)   The consolidation of support services into corporate centres of excellence (finance, admin, policy etc. brought together under single professional bands).

3)   A rolling three year programme of service review.

4)   Following the re-allocation of support staff to centres of excellence, services departments have been restructured to reflect current and future requirements.

The initial impact of this will be a reduced workforce working within new structures.

The process has been based on a review of current activity by KPMG and supported by extensive training and support. A Staffing Protocol sets out the relevant HR policies.

This people Strategy is an essential component of our approval to delivering this organisational change.

SECTION 8 - EVALUATING OUR PEOPLE STRATEGY

The development of a People Strategy is an ongoing process. Whilst the strategic aims highlighted earlier in this document may not change, service needs and demands will, and, therefore, the context in which the People Strategy will operate will need to be reviewed. We intend to do this annually in line with our corporate planning framework processes.

In order to measure and evaluate the success of the strategy we acknowledge that there are gaps in the information and data we hold and therefore, further work is required to set a baseline position. This will be based on understanding what performance measurement information is currently available, what further information is required, and what processes will need to be in place to collate the required information. The establishment of a baseline position is included in the People Strategy action plan.

Performance indicators and progress against targets will be managed using existing HR information systems, such as exit interviews, Employee Development Reviews, and employee surveys. Our Improvement plan/action plan presents a balance of quantifiable and process measures. Equally, the action plan identifies a number of 'quick-win' as well as longer-term actions required.

It is proposed that we will work with the Efficiency Review project team to consider how HR practices and procedures impact on business outcomes; similarly part of the review will consider the costs of employing people alongside the cost of buying in services.

SECTION 9 – APPENDICES

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People Strategy Draft Action Plan

STRATEGY MANAGEMENT OBJECTIVES

Objective	Actions	Success Measure	Lead Officer	Resources Required/Comment	By When?
To achieve a baseline position	To collect baseline data	Baseline position prepared	Hazelle Jones	TRENT via Human Resources	Produced annually to inform workforce development plans (March 2010)
To assess risks to the successful implementation of the strategy	To undertake and review a risk assessment of the strategy	Risk assessment undertaken, risks identified and mitigation actions introduced	Work force Planning Group	Strategic Risk Management Division	April 2009 (achieved)
To promote and communicate People Management activity across the organisation	To introduce a staffing protocol	Greater Awareness of people strategy	Workforce Planning Group	Support from Communications and Marketing; COMT	January 2010

1. ATTRACTING, DEVELOPING, RETAINING EXCELLENT PEOPLE

Objective	Actions	Success Measure	Lead	Resources Required/Comment	By When?
To address recruitment challenges facing Halton BC	1. To implement fair and equal pay structures across the organisation	*Job evaluation process completed*	Hazelle Jones	Appeals taking place.	March 2010
	2. implement a programme of apprenticeships across	Reduced use and cost of agency staff;	Gerry Fitzpatrick	Discussions are taking place to	Implemented by January

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	the Authority.	Reduced number of posts being advertised/readvertised.		consider Lancs County Council model. The project is being progressed through the LSP employment learning and skills partnership	2010
	3. To adopt a Management and Development Pathway process	*baseline data will inform these success measures.*	Hazelle Jones	The pathways programme is already in place	October 2010
To implement the Council's Skills for Life Strategy	1. Adoption of 'skills pledge' 2. Complete action plan 3. Implement action plan	All employees possess or are working towards at least basic and level 2 equivalent skills in Maths and English	Corporate Staff Development Group	Progressing as part of core HR activity. This is being picked up through the interview process as well as corporate induction	Ongoing
To introduce and maintain consistent and safer recruitment and selection processes across the Council	1. Develop a fair recruitment and selection process 2. Provide support to managers to implement the revised process	Safer recruitment and selection process Higher levels of recruitment and retention of talented employees particularly in key occupational areas	Hazelle Jones	Progressing as part of core HR activity	October 2010
To develop a consistent approach to career development and succession planning	1. Develop as a package, a skills pathway programme 2. Develop and implement a succession planning process across the Authority	Increase in employee satisfaction rates, employees see increased opportunities for development. Successor employees identified for key posts	Corporate Succession planning group	Progressing as part of core HR activity	Ongoing

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To identify trends in recruitment, turnover and market demand for skills	By providing data from the TRENT system on an annual basis	Data readily available to map and prioritise workforce planning requirements i.e. numbers, retention rates, qualifications	IT and Human Resources	Information is now available. E.g. incorporated into Corporate & Policy workforce development plan	Ongoing
To implement a management competency framework that is consistently applied across the Council	1. undertaking a skills mapping/audit exercise 2. develop a competency framework and implement to ensure integration with relevant policies and procedures (e.g performance review and development	Overview of employees' skills and knowledge available across the organisation Competency framework developed and implemented.	Central Training team Central Training Team	Competency framework agreed for introduction 1st April 2010 and training undertaken	April 2010

2. PREPARING FOR CHANGE, PROMOTING IMPROVEMENT

Objective	Actions	Success Measure	Lead	Resources Required/comment	By When?
To manage change effectively	1. development of excellence programme and project management capability 2. Develop channels for two way communication	Excellence and project management capability embedded within the organisation Implementation of revamped cascade briefing sessions	Human Resources	Being taken forward as part of Learning and Development Programme	September 2009 (Achieved)
to ensure effective workforce planning across the Authority	1. development of effective directorate workforce plans 2. development of integrated workforce plans with partners	Reduction in overheads, time lost, reduction in vacancies	Directorate Leads from Working Group		Annual –1st April each year

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Objective	Actions	Success Measure	Lead	Resources Required/Comment	By When?
To embed partnership working within the culture of the Council.	By providing training to support partnership working with colleagues in other organisations;

By utilising key partners | Efficiencies arising from greater collaborative working | LSP Partnership team | Included in the central training calendar. Also through Local Strategic Partnership events | April 2010 |
| As above | For example for recruitment support, T.U.s to help promote learning, Employers' Organisation for advice, LSC for skills needs analysis etc.

Partnership Working Conference

Corporate Partnership Training | Efficiencies arising from greater collaborative working | LSP Partnership team | Included in the central training calendar. Also through Local Strategic Partnership events | April 2010 |

3. VALUING DIVERSITY

Objective	Actions	Success Measure	Lead	Resources Required/Comment	By When?
To promote equality of opportunity for all our employees	By developing fair and equitable employment development and reward packages.

By development of workforce representative groups | Employees will feel rewarded, motivation levels increased.

Employees feel there are no barriers to making a contribution because they may be in a minority group | Corporate equality and diversity group | To be considered through development of Council's Human Resources Strategy | Tbc Ongoing |
| To ensure that the Council has a diverse workforce at | By mainstreaming equality and diversity in service planning and Employee Development | A workforce that represents the local community; an organisation that provides | Corporate equality and diversity | To be considered through development of | Ongoing |

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all levels that reflects the communities we serve	Review processes By introducing EIA assessments By including equality and diversity principles in induction courses	services that are what local people want (Places Survey – customer satisfaction indicators)	group	Council's Human Resources Strategy	
To achieve Equality Framework for Local Government Excellent Level	Mobile working; co-location of services with other sectors; Redrafting of home-working strategy	The Council successfully meets its commitment to Local Employer Partnership	Corporate equality and diversity group	Link to community cohesion work through LSP	2011
Community Cohesion	Develop protocol with job agencies to ensure efficient advertisement of vacancies with priority given to priority customer groups	Employees become more aware of the whole set of services that we provide to the community	Corporate equality and diversity group	Link to community cohesion work through LSP	Ongoing
To implement the Work Life Balance (and well-being) Strategy	By Introducing a managing absence course for managers By assigning welfare officer support to each directorate	A positive profile of Local Government careers and the promotion of Halton as an employer of choice Reduction in employee absence rates. Reduction in accommodation/office space required	Completed		Completed

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4. DEVELOPING LEADERSHIP

Objective	Actions	Success Measure	Lead	Resources Required	By When?
to ensure effective leadership capability throughout the organisation	1. Developing leadership competencies 2. Develop a leadership programme for employees who demonstrate leadership potential. ILM7 leadership, management and development programme Chester university Business School master classes on leading change	Employees are provided with increased autonomy	Human Resources and via Cascade group	Existing training budgets	March 2010
to develop community leadership capability within the borough					

5. PROMOTE A 'CAN DO' (BUSINESS) CULTURE.

Objective	Actions	Success Measure	Lead	Resources Required	By When?
To cultivate business management skills within the organisation	To introduce business mentor programme	Implementation of programme	Gary Collins	Existing Resources	December 2010
To roll out HM Treasury's Operational Efficiency Programme	Produce OEP action plan	Implementation of Action Plan	Rob Ross	Existing resources	December 2009

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(OEP)					
To promote innovation across the organisation	Staff suggestion scheme MSc project group(s) Business Improvement Project Management Training		Alan Graham Hazelle Jones Mike Horsley Corporate Training	Existing resources	Ongoing
CAA Managing Resources	1) To self assess against HR key lines of enquiry. 2) To develop an action plan based on findings of Audit commission	Use of resources	Hazelle Jones	Existing resources	(1) Jan 2010 (2) Sept 2010

6. MEETING CUSTOMER NEEDS

Objective	Actions	Success Measure	Lead	Resources Required/Comment	By When?
To promote excellent relationships with our customers (internal and external)	By maintaining a customer service programme for all employees (not just frontline staff) Pursue Customer Service Excellence standard (set by cabinet office	Increased customer satisfaction rates Corporate assessment completed	Customer Service Excellence Working group	Assessment to be competed by December roll out to HDL & Revenues and benefits by March 2010, then further roll out.	December 2009
Engaging with	Establish baseline using	Increased and improved	Review of	Need to consider	tbc

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customers	postcode analysis and use ACORN software to analyse service users and non users	information concerning use and non-use of council services	community engagement is taking place e.g. develop internet access and database to map and track community development and engagement activity.	resources required to undertake baseline work	

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APPENDIX 2

PESTLE: Workforce Issues Halton Borough Council.

The PESTLE analysis below captures workforce-planning issues identified in departmental service plans.

Political issues	Economic issues
The 5 Boroughs Partnership NHS Trust's new model of care for mental health services 'Change for the Better' will impact on the way mental health service are delivered. The reconfiguration of PCT's resulting in a new PCT: Halton and St Helen's PCT. This has led to the requirement to form a new relationship with the PCT and also to take account of the changed function of the PCT. The introduction of Practice based commissioning should move commissioning budgets to GP's and local consortia. The North Cheshire Hospitals Trust has redesigned the roles of Warrington and Halton hospital sites with the move to elective activity at Halton and more acute care at Warrington. The social work service has been redesigned accordingly. There is a risk that funding does not follow services moving out of hospital system into community settings. **Every Child Matters:** The Every Child Matters: Change for Children Agenda introduced a new approach to the well-being of children and young people from birth to age 19. The aim is for every child, whatever their background or their circumstances, to have the support they need to: • Be healthy • Stay safe • Enjoy and achieve • Make a positive contribution • Achieve economic well-being The Agenda promotes early intervention and co-ordinated service provision delivered through stronger partnership working and children's trusts.	Halton's generally poor health statistics mean increase pressure on front line services. Services need to ensure that they are designed to deliver greater efficiency and value for money without detrimental impact on those people who use them. Pressure on the Community Care Budget has meant a stricter application of Fair Access to Care services, resulting in care packages being re-assessed and in some cases re-designed for some people. Supporting People – Reductions in Supporting People Grant will increase budget pressures in operational areas. Business support will be required to assist services in ensuring projects after VFM within the funding requirements. External Grant Funding – Exit Strategies will need to be identified and become integral to the commissioning process. New Regulations on the processes for naturalisation came into force from 1 November 2005 and there is a requirement for applicants to have confirmed English Language ability (speaking and listening) at Entry 3. **Child Poverty:** Halton has an open ended target to reduce child poverty by 40%, and so far has managed a 10% reduction. National economic picture will result in a reduction in real financial resources available to local government from April 2011.

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Children's Plan:
The Children's Plan, published in December 2007, sets out the government's plans (via the Department for Children, Schools and Families') for the next ten years via a range of key strategic objectives.

Halton Children's Trust:
The Children's Trust is responsible for strategic planning of services to children and young people, including developing and implementing the Children and Young People's Plan and Children's Trust arrangements.

Halton Safeguarding Children Board:
The Board was established in April 2006 in line with the requirements of the Children Act 2004, and links into the Halton Children and Young People's Strategic Planning arrangements and the Halton Children and Young Peoples Plan.

External Inspections:
These take various forms ranging from Ofsted inspections through to unannounced inspections of Contract, Referral and Assessment (Safeguarding) and 3 yearly inspections of Safeguarding and Children in Care.

Social issues	Technological change
Pressure on the Community Care Budget has meant a strict application of Fair Access to Care services, resulting in care packages being re-assessed and in some cases re-designed for some people.	**ContactPoint:** This is a quick way for a practitioner to find out who else is working with the same child or young person, making it easier to deliver more coordinated support. This basic online directory will be available to authorised staff who need it to do their jobs. Halton was designated as an early adopter authority and went live in January 2009.
A number of Government initiatives and legislative requirements have put social inclusion higher on the social care agenda.	
There is an increase in the number of young people with more complex needs and a growing number of ageing people with learning disabilities; therefore, there is increasing pressure on resources within adults' services.	**Electronic Common Assessment Framework:** The electronic CAF system (eCAF) for Halton has been piloted with practitioners from a range of voluntary and statutory agencies. A new eCAF system within Halton is available for testing and has been built on the Children and Young
A number of Government initiatives and	

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legislative requirements have put social inclusion higher on the social care agenda.

Health: Statistics show that health standards in Halton are amongst the worst in the country and single it out as the aspect of life in the borough in most urgent need of improvement. The population is ageing which could put even greater demands on the health and social care services. At the same time lifestyle choices in the borough, especially among the young, in terms of diet, smoking, alcohol, exercise and other factors continue to give cause for concern for the future.

The numbers of long term unemployed eligible for support under government schemes seems to be falling and emphasis is shifting to worklessness, of which there is much in Halton and as such there could be a bigger client group that can be supported. Clear implications for HPIJ and the Employment Team.

The increased commitment of resources to support the area forum as strategies are updated and work plans rolled out.

The need to attract the hardest to engage adults in adult learning classes and employment initiatives.

Pupil numbers are declining. This presents a number of issues concerning the LEA's duty to provide the appropriate number, but not excessive numbers, of school places.

Reducing pupil numbers makes it difficult to meet Government targets on spending per pupil (for central administration).

Loss of Pupil Numbers at 11+ Numbers leaving the Authority at 11+ continues to be high. Approximately 155 pupils left Halton at 11+ in 2005. The continued development of Halton High School will have an important role in arresting this trend, as will the drive to raise attainment in all High Schools.

People's Database. In 2007 the DCSF announced the decision for the implementation of a national eCAF solution which will be operational across England in approximately 2010. Halton is currently in the decision making process as to whether to pursue the local or national eCAF solution.

Integrated Children's System:
Halton currently has an in-house ICS System live across all 9 Halton Children's Social Care front line teams. However, we are in the process of moving to CareAssess and aim to have a fully implemented ICS System in line with the anticipated DCSF deadline of October 2009.

14 to 19 Online Prospectus & Common Application Process (CAP):
Halton has implemented a searchable Online Prospectus of 14-19 learning opportunities available within the borough and also opportunities across greater Merseyside.
In October 2008 Halton launched an online post-16 application system; also know as the Common Application Process (CAP). The CAP is an integral part of the online prospectus, allowing young people to browse for courses and apply online directly to a provider.

Halton Virtual Learning Platform:
The DCFS e-strategy requires every school learner in England to have access to a personalised online learning space (Learning Platform) with the potential to support e-portfolios. Halton's Learning Platform is currently being developed and promoted within the Authority, with a number of collaborative projects beginning to take place.

Building Schools for the Future (BSF):
Key to the success of BSF is the integration of learning and teaching, physical environment/buildings, infrastructure and technologies. Our vision is for an ICT enabled learning community, which covers not just the students and teachers but also extends the provision of learning across to the

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	community, and therefore builds on our current ICT strategy. Through BSF, ICT will transform the way that education is delivered in Halton ensuring it is a real tool for the delivery of education and is embedded across all schools. **Electronic Common Assessment Framework:** Halton has established a multi-agency group to oversee the development of an electronic CAF system (eCAF). The development of the Safer Stronger Communities agenda will impact on service delivery, particularly in respect of Anti-Social behaviour and Neighbourhood Management. The Government agenda for sport and physical activity will dictate the delivery for sports development. Initiatives such as a single national planning application form, electronic submission via the Planning Portal, increased internet based services, 'Expert Systems' for planning advice and information and PARSOL (Planning & Regulatory Services On-Line), will all impact upon the way aspects of our Planning service will be delivered. Work is still ongoing to develop an integrated health and social care mental Health system across the 5 Boroughs Partnership. Following a successful pilot of assistive technology in a number of properties within Halton, the rollout of assistive technology will continue to offer real alternatives to care and reassurance to carers and families. Work is still ongoing to roll out Single Assessment. E-forms are now being used in a number of teams to improve generation of documentation and care plans. Work is underway to improve information about services available on the Halton Website. There are also developments in

	the use of self-assessment and the use e.g. digital cameras in relation to adaptation work. The launch of Consumer Direct North West contact centre will enable officers to take the Consumer Protection service to the socially excluded (who wouldn't otherwise contact the service) and raise awareness of statutory rights amongst this vulnerable group.
Legislation	**Environmental**
The Mental Capacity Act 2005 received Royal Assent in April 2005 and was fully implemented by April 2007. The Carers (Equal Opportunities) Act 2004 came into force in England on 1st April 2005. The Act gives carers new rights to information, ensures that work, life-long learning and leisure are considered when a carer is assessed and gives Local Authorities new powers to enlist the help of housing, health, education and other Local Authorities in providing support to carers. The Statutory Code of Practice on the Duty to Promote Disability Equality, which was introduced in the Disability Discrimination Act 2005, came into force in December 2006. The Duty required that a Disability Equality Scheme be in place by public sector organisations by December 2006. The action plan developed as part of the Scheme continues to be implemented corporately and departmentally. **Children Act 2004** provides the legislative spine for the Every Child Matters agenda. It aims to minimize the risks and improve outcomes for children and young people by transforming the way children's services are organised and improving joint working between agencies. **Adoption and Children Act 2002** became operational from December 2005, introducing comprehensive changes to adoption services. The Act makes the child's welfare the paramount	The Council has signed up to the Local Authority Carbon Management Programme in The programme will guide the Council through a systematic analysis of its carbon footprint, outline opportunities to help manage carbon emissions, develop Action Plans for realising carbon and financial savings; and embed carbon management into the authority's day-to-day business. As part of the programme the Council will development a Carbon Management Strategy and Implementation Plan by March 2008 to reduce energy bills and carbon emissions over the next five years. Through the Strategy and Implementation Plan, Council services will need to encourage closer examination of their policies around procurement, transport and the use of renewable energy. The Councils waste management section is working to appoint volunteer 'Recycling Champions' across all services, to ensure that all employees, members and contractors are encouraged to use recycling facilities that exist within their working environment. The Council will continue to seek, and to take advantage of all opportunities to promote recycling and effective waste management within the community.

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consideration in all the decisions by courts and introduces the use of the 'welfare checklist' into adoption work. It also highlights the need to prevent delay in planning for permanence and adoption and places a duty on local authorities to ensure that the support and financial assistance needed is available to people affected by adoption. The Adoption and Fostering Service has been restructured in order to ensure services are delivered in accordance with the new legislation.

Childcare Act 2006: The new Childcare Act aims to transform childcare and early years services in England, taking forward some of the key commitments from the Ten Year Childcare Strategy, published in December 2004. The Act will require authorities to improve the five Every Child Matters outcomes for all pre-school children and reduce inequalities in these outcomes, secure sufficient childcare for working parents and provide a better parental information service. The Act also reforms and simplifies early years regulation and inspection arrangements. It is anticipated that the main provisions of the Act will come into effect in 2008.

Local Government White Paper Strong and Prosperous Communities: The White Paper promotes community and neighbourhood engagement, and will strengthen the council's role in leading community-wide improvements.

It develops the role of overview and scrutiny in relation to external bodies, and provides new requirements on service providers to engage with Sustainable Community Strategies and Local Area Agreements. There are changed requirements for council constitutions, and announced changes to the performance management and inspection regimes.

 "Care Matters: Transforming the Lives of Children in Care:" The Green Paper, was launched for consultation in October 2006 and sets out a radical package of proposals for transforming the lives of children in care, and will have major resource implications.

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Education and Inspections Act 2006:
the Act contains a duty on governing bodies to promote well-being and community cohesion, and to take the Children and Young People's Plan into consideration when undertaking this duty. The Act introduces a new duty for Local Authorities to promote the use of sustainable travel for children attending school and young people of 6th Form age. It also amends the School Admissions Code of Practice having a stronger statutory basis than its predecessors.

Extended Schools Prospectus 2005:
The prospectus sets the agenda for all schools and children and families to be able to access a core of extended services which are developed through multi-agency partnership.

14-19 strategy aims to develop a coherent 14-19 phase of education where young people are committed to continuing learning whether in school, college or the workplace. The Strategy aims to encourage more young people to stay in school beyond 16 by increasing curriculum flexibility and choice, extending the programme of studies for learners in the16-19 age group and improve the vocational offer.

Under the 2004 Civil Contingencies Act, Council's have a duty to promote business continuity to businesses and voluntary sector agencies in their administrative area. In taking this forward, Halton Council's Business Development Division, in conjunction with the Risk Management Division, have taken the lead in discharging the Council's responsibilities under the Act.

The Local Government White Papers "Our Health, Our Care, Our Say" and "Strong and Prosperous Communities" promote improved health and well being outcomes for people, community and neighbourhood engagement

The new Carers (Equal Opportunities) Act 2004 strengthens	Modernisation of Day Services. Review of management

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the requirements on services to ensure that all carers are effectively supported. White Paper - Our Health, Our Care, Our Say. This paper places a stronger emphasis on the involvement of people who access social care services and their carers being involved in service planning and delivery to ensure services are needs led (Joint Strategic Needs Assessment) and outcome focussed (Comprehensive Area Assessment). White Paper – Strong and Prosperous Communities. Local authorities will need to consolidate their role as 'place-shapers' and strategic leaders. They will also work collaboratively to build cohesive communities. Priority areas improve include: reducing inequalities; partnership working with LSP and LEAs; health improvement and strengthening health commissioning.	structure to deliver unified Day Service across Halton. Includes specific role to ensure Performance Management intrinsic within service. Senior roles have specific service developmental responsibilities. More community-based individual and group work to be undertaken. Support staff upgraded to facilitate more autonomous working within the community. Community Mental Health services delivered in more community-based settings. Review current working arrangements as part of partnership. Re-design of Intermediate Care. With integrated management, an increase in workforce requirements and the number of services delivered, this will impact on the staff involved.	

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The 2007 Mental Health Act. Putting people first through a radical reform of public services, including a strategic shift towards early intervention and prevention. Every person receiving support will have choice and control over the shape of that support in all care settings. NSF Long Term Conditions. One of the workforce implications of the NSF is a greater emphasis on joint working and the development of multi-disciplinary teams. Social Care registration. Under the General Social Care Council (GSCC) regulations, the next group of social care workers to be formally registered has been agreed as domiciliary care workers, although in the first instance, this will be voluntary. Independent Safeguarding Authority. Legislative framework for a new vetting and barring scheme for people who work with children and		

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vulnerable adults. In line with "Putting People First: a shared vision and commitment to the transformation of adult social care" (the ministerial concordat launched during 2007), the Directorate has set up a new Personalisation team. A Transforming Adult Social Care Change Board (TASC) has been established to take responsibility for the implementation of Personalisation, split into the four work-streams of Finance System, Workforce, Commissioning and Outcomes. The implementation of Personalisation will have major impacts on many areas of the social care workforce with the introduction of new systems, new ways of working and different job roles over the implementation period. The Integrated Local Area Workforce Strategy (InLAWS) is a joint initiative between Skills for Care and the Association of Adult Social Services (ADASS).		

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The projects main aim to develop effective ways to support Directors of Adult Social Services with workforce commissioning across their local area. The vision is to have the right workforce doing the right things at an achievable cost. This will involve brining service commissioning, financial and workforce strategies into balance.		

APPENDIX 3

RISK ASSESSMENT OF PEOPLE STRATEGY

CHART 2 – RISK ASSESSMENT FORM

Organisation/department/function/project: Halton Borough Council

Business Objective: People Strategy

Completed by: Wesley Rourke   **Date Completed:** 23/12/08

No.	Risk (Threat/Opportunity to achievement of business objective)	Assessment of Risk (As it is now)			Risk Treatment Measures	Assessment of Residual Risk (With control measures implemented)			Risk Policy
		Impact (Severity) (I)	Likelihood (Probability) (L)	Risk Score (I x L)		Impact (Severity) (I)	Likelihood (Probability) (L)	Residual Risk Score	
	Human Resources ability to recruit and retain staff applying and developing appropriate skills	4	3	I2 H	1. Implement and review People Strategy Action Plan. 2. Engage managers in embedding People Strategy into service plans. 3. Consultation	2	3	6	M

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	Contracts and Partnerships outsourced services not delivered. Different ways of working may require new skills and competencies	2	2	4	1. Prepare tendering briefs with input from Council's Procurement Team. 2. Work with partners that are to commission resources based on LSP priorities. 3. Undertake training and awareness raising.	2	2	4	L

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CHART 2 – RISK ASSESSMENT FORM

Organisation/department/function/project: Halton Borough Council

Business Objective: People Strategy

Completed by: Wesley Rourke   **Date Completed:** 23/12/08

No.	Risk (Threat/Opportunity to achievement of business objective)	Assessment of Risk (As it is now)			Risk Treatment Measures	Assessment of Residual Risk (With control measures implemented)			Responsible
		Impact (Severity) (I)	Likelihood (Probability) (L)	Risk Score (I x L)		Impact (Severity) (I)	Likelihood (Probability) (L)	Residual Risk Score	
	The political development of a People Strategy will require political approval to changes in structures, deployment of staff	3	4	H 12	1. Outline issues to Council's Executive Board 2. Prepare Project Plan 3. Consultation with employees, employee representatives, Elected Members	1	4	4	L
	Social changes in population will impact on the type and level of services provided	2	4	8 M	1. Gather research and intelligence on demographic profile of Borough 2. Develop partnerships with other organisations to initiative better ways for joint working	1	4	4	L

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CHART 2 – RISK ASSESSMENT FORM

Organisation/department/function/project: Halton Borough Council

Business Objective: People Strategy

Completed by: Wesley Rourke   **Date Completed:** 23/12/08

No.	Risk Threat/Opportunity to achievement of business objective)	Assessment of Risk (As it is now)			Risk Treatment Measures	Assessment of Residual Risk (With control measures implemented)			Responsible	Timescale / Review Frequency
		Impact (Severity) (I)	Likelihood (Probability) (L)	Risk Score (I x L)		Impact (Severity) (I)	Likelihood (Probability) (L)	Residual Risk Score		
	Technology: Changes in technology will impact on the number of employees and skills required	2	2	L 4	1. Review IT strategy 2. Consult with IT Services (Client liaison)	2	2	4	L	
	Environmental primarily relates to accommodation required	3	3	9 M	1. Accommodation Strategy 2. Update/revisit home-working policy	2	3	6	M	
	Finance – greater constraints on Local Authority e.g. Gershon and CSR settlement	4	4	16 H	1. Implement succession planning 2. Promote policy corporate develop efficiency model 3. Work with Efficiency Review Project Team	3	4	12	H	

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Agenda Item 9c

REPORT TO:	Executive Board
DATE:	8 April 2010
REPORTING OFFICER:	Strategic Director – Children & Young People
SUBJECT:	Corporate Information Governance Handbook and Allied Policies and Procedures
WARD(S)	Borough-wide

1.0   PURPOSE OF THE REPORT

1.1   To present to Executive Board a new policy framework for Information Governance with the Council.

2.0   RECOMMENDATION: To endorse the new Corporate Information Governance Handbook and Allied Procedures.

3.0   SUPPORTING INFORMATION

3.1   The Council has a Corporate Information Governance Group which has met over the last year to produce a user friendly information guidance document. A range of Workshops have been held to develop policies and guidance for: Information Security; Records Management & Document Retention; and Information Sharing. At the same time the Council's Data Quality Lead Officers Group has addressed policies and guidance for Data Quality.

3.2   Following this work a range of new or revised policy documents have been produced together with the Corporate Information Governance User Handbook (CIGUH). See Appendix 1.

3.3   Following the formal approval of the CIGUH, the Handbook, with links to the Council's policy documents embedded in the Handbook, will be available on the Intranet. Paper copies will be available to those staff who do not have ready access to the intranet.

3.4   The CIGUH will effectively act as the Council's Policy for Information Guidance.

3.5   The CIGUH requires full implementation and rigorous application across Council Services in order to ensure the Council maintains the highest standards in Information Governance.

3.6   The CIGUH and allied guidance will be communicated in the following ways:
   - It will be incorporated into Staff Induction materials and the Council's Induction Programme.
   - It will be maintained by the Council's Information Governance

Group which has representation of all Directorates and which will become the responsibility of the new Resources Directorate.

- It will be incorporated into mainstream Training Programmes
- Initially it will be communicated to all staff and Members (including casual or temporary staff) across the Council.

4.0 LEGAL IMPLICATIONS

The Corporate Information Governance User Handbook and Allied Policies and Procedures reflect best practice as well as the requirements of the law. The legal framework also underpins the Council ICT Standing Orders which form part of the Constitution. A wide range of legal duties affect Information Governance. By no means all of them are related only to information held on computer. The principal pieces of legislation are:

- Data Protection Act 1998;
- Freedom of Information Act 2000;
- Environmental Information Regulations 2004;
- Regulation of Investigatory Powers Act 2000;and
- Computer Misuse Act 1990.

In addition there are various Codes of Practice, Technical Guidance notes and Circulars issued by the Information Commissioner and Ministry of Justice.

5.0 POLICY IMPLICATIONS

5.1 The CIGUH is the new policy framework for the Council. It brings together a range of policies and procedures relating to Information Governance.

6.0 OTHER IMPLICATIONS

6.1 The maintenance and updating of the CIGUH will require dedicated support. The Council will therefore need to set aside resources in kind to do this. It is suggested that the work sits within the Resources Directorate, but supported by a cross Directorate team of officers.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 **Children & Young People in Halton**

The safeguarding of children and young people will be enhanced by the adoption of the CIGUH as we maintain the highest standards of information security.

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

None

7.3 **A Healthy Halton**

None

7.4 **A Safer Halton**

None

7.5 **Halton's Urban Renewal**

None

8.0 RISK ANALYSIS

8.1 The Corporate Information Governance Group has undertaken a full risk analysis of Information Governance as part of the process of developing the Handbook. Risks in respect of Information Governance have been dealt with in each chapter of the Handbook.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 All information in relation to client's information security should ensure that it is fair, transparent, accurate and non-discriminatory.

10.0 REASON(S) FOR DECISION

10.1 Having a CIGUH ensures compliance with the Council's statutory duties regarding information security.

11.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

11.1 The Council has a range of information on Information Governance. Given that the highest standards of Information Governance are called for there is no alternative to such a new operational framework for information security.

12.0 IMPLEMENTATION DATE

12.1 12th April 2010.

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

Document	Place of Inspection	Contact Officer
NHS Information Governance Document	Municipal Building, Kingsway, Widnes	Christine Lawley
Working Papers submitted by Officers	Municipal Building, Kingsway, Widnes	Christine Lawley

Corporate
Information Governance
User Handbook

Contents

1.0 Introduction

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1.1 Information Governance

"*Information governance is a framework for handling personal information in a confidential and secure manner, to appropriate ethical and quality standards, in a modern local authority*".

Information governance sits alongside research governance and corporate governance. It provides a framework to bring together all of the requirements, standards and best practice that apply to the handling of personal information. It provides a consistent way for staff to deal with the many different information-handling requirements, initially including:

🔒 Information governance management

🔒 Confidentiality and data protection assurance

🔒 Information security assurance

🔒 Corporate information assurance.

All staff need to learn about information governance to help ensure that they follow the best practice guidelines on information handling to enable them to manage personal information for the benefit of the public. The public will know that their records will not be disclosed inappropriately.

How this guidance will help you

This user handbook gives you a brief introduction to information governance and summarises the key user procedures that have been developed to support the Council's information governance policies.

The aim of this booklet is to ensure that you are aware of your roles and responsibilities for information governance.

It is your responsibility to ensure that you read the associated procedures and guidelines, which are available on the Council's intranet site under the information governance pages.

Remember…
Everyone is responsible
For information governance

2.0   Information governance policy statement

Objective

The objective of information governance is to maximise the value of organisational assets by ensuring that data is:

- Held securely and confidentially
- Obtained fairly and lawfully
- Recorded accurately and reliably
- Used effectively and ethically
- Shared and disclosed appropriately and lawfully

Policy

The purpose of the policy is to protect the Council's information assets from all threats, whether internal or external, deliberate or accidental.

It is the policy of the Council to ensure that:

- Information will be protected against unauthorised access
- Confidentiality of information will be assured
- Integrity of information will be maintained
- Information will be supported by the highest quality data
- Regulatory and legislative requirements will be met
- Business continuity plans will be produced, maintained and tested
- Information security training will be available to all staff
- All breaches of information security, actual or suspected will be reported and investigated.

The user procedures and guidelines produced to support the policy apply to the Council and all its staff, agency staff, seconded staff and contractors.

3.0   Information Governance key user procedures

3.1   Human Resources Security

DO ✔
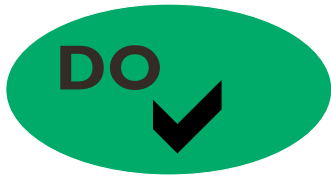
🔒 Be aware of your responsibilities for information security

🔒 Remember that you have signed a confidentiality agreement within your contract of employment

🔒 Be aware that unauthorised disclosure or misuse of personal data will be treated as a serious disciplinary offence

🔒 Ensure that temporary staff and third party users sign a confidentiality agreement

🔒 Be aware of information governance procedures and guidelines

🔒 Ensure that you receive appropriate training to enable you to carry out your work efficiently

🔒 Ensure that your training needs are assessed on a regular basis

🔒 Know how to report security incidents

🔒 Be aware that the Council has a formal disciplinary process for dealing with staff who violate Council policies and procedures.

DO NOT ✖

🔒 Attempt to prove a suspected security weakness, as testing a weakness might be interpreted as potential misuse of the system.
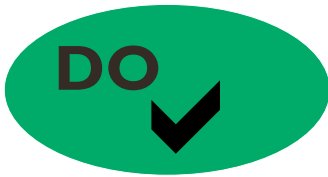
🔒 Allow third parties access to the organisation's hardware, without correct authorisation.

🔒 *Ignore security incidents!*

3.2   Physical Security

DO ✔

🔒 Ensure all IT equipment is reasonably protected against theft and unauthorised access

🔒 Follow the procedures for use of portable computer devices, mobile phones and removable media

🔒 Ensure that assets are disposed of in accordance with the Council's procedures

🔒 Wear ID badges

🔒 Ensure that visitors sign a visitors' book and receive a visitors ID badge

🔒 Challenge unidentified visitors in a controlled area

🔒 Escort visitors in secure areas at all times

🔒 Operate a clear desk and clear screen policy:

♦   Confidential information should be locked away when not required

♦   Incoming and outgoing mail points should be in secure areas

♦   Confidential information should be cleared from printers and fax machines immediately

♦   Password protected screensavers will be installed on all PCs (where possible)

♦   PCs will not be left logged on and unattended **-** Ctrl-Alt-Delete, lock workstation

🔒 Ensure keys to premises are securely stored

🔒 Site computer screens away from unauthorised viewing

🔒 Ensure that all deliveries are correctly checked, recorded and distributed in a secure manner

DO NOT ✗

🔒 Take the Council's equipment, information or software off-site without authorisation

🔒 Leave equipment unsecured in public areas

🔒 Tell others what keys you have been entrusted with

🔒 Disclose the codes for security keypad locks.

3.3   Environmental Security
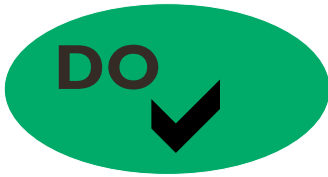
🔒 Be aware of the building fire procedures

🔒 Know how to raise an alarm

🔒 Recognise the sound of the fire alarm
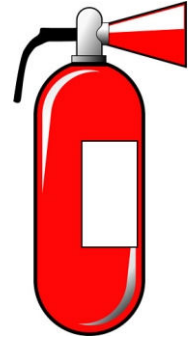
🔒 Know how to safely evacuate the building through two separate routes

🔒 Know where the fire assembly points are

🔒 Keep fire doors closed

🔒 Maintain a neat and tidy environment and do not store anything that will burn next to a Source of heat (heaters, plugs, extension cables, electric sockets, IT equipment).

🔒 Ensure that cabling does not trail and do not overload extension cables e.g. Running a double adaptor from a four-gang extension resulting in 5 appliances being plugged in.

🔒 Ensure that cabling does not trail and the electric source is not overloaded

🔒 Be vigilant when drinking around electrical equipment.

🔒 Store inflammables near to any source of heat
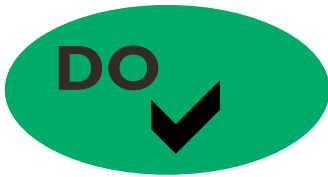
🔒 Site electrical equipment near to sources of water, e.g. pot plants, vase of flowers etc.

🔒 Attempt to tackle an outbreak of fire unless you are trained or to facilitate an escape

3.4   Protection against malicious software

DO ✔

🔒 Ensure that anti-virus software is operating and is up to date

🔒 Update virus checking software regularly on laptops

🔒 Ensure that all files on electronic media of uncertain origin are virus checked before being loaded onto the network

🔒 On discovering a virus:

- ♦ Note any symptoms

- ♦ Immediately shut down PC

- ♦ Do not use infected media on another PC

- ♦ Report it immediately to the IT Helpdesk

- ♦ Ensure that all other possibly infected equipment is isolated

- ♦ Use write-protected CD-Rom where possible

DO NOT ✘
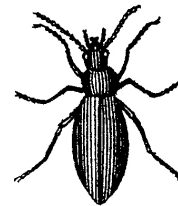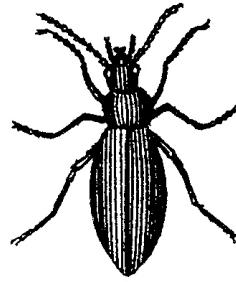
🔒 Remove or disable anti-virus software from a PC

🔒 Change the way anti-virus software is configured

🔒 Load unauthorised software including screensavers/games

🔒 Use unauthorised software on the Council's equipment

🔒 Attempt to "clear" an infected PC

🔒 Open email with suspicious attachments; contact IT Helpdesk for guidance

🔒 Accept any freeware advertised as it may contain spyware/adware, software used to gather Information about you and the organisation.

3.5 Data back-up, restore and file storage

DO ✔

🔒 Store confidential information on a shared area on the network - This will then get back up regularly and frequently by ICT Services

🔒 Archive files and documents on a regular basis - delete documents you don't need anymore in line with the Retention Schedule Policy available in the Records Management Policy on the intranet

🔒 Use removal
(Including CD-Rom, USB memory sticks etc)

🔒 Misuse CD-Rom; exposure to heat will damage the surface and the data

DO NOT ✖

🔒 Store any information on your computer

If you do not have a shared area on the network to store information then raise a Work Request via IWantIT (available on the Intranet)
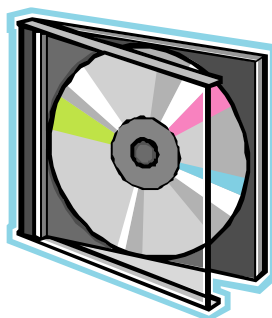
3.6   Exchanges of information and software
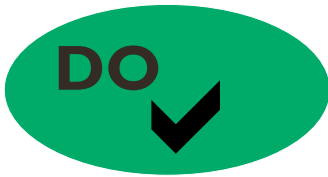
🔒 Be aware of safe haven guidelines for confidential information, e.g. faxes

🔒 Telephone the recipient and ask them to wait by the fax machine whilst you send the document

🔒 Ask them to acknowledge receipt

🔒 Check the number dialled, and check again before sending

🔒 Where possible use pre-stored numbers

🔒 Send a test fax first

🔒 Take care when making a phone call to make sure that you do not reveal confidential information, e.g. by being overheard

🔒 Take care when listening to answerphone messages, e.g. close the door when retrieving messages

🔒 Be aware of the guidelines for confidentiality

🔒 Leave confidential messages on answering machines

🔒 Leave confidential information on white boards

🔒 Leave confidential information in message books

🔒 Have confidential conversations in public places or open offices or meeting places with thin walls

🔒 Disclose sensitive or personal information to anyone on the phone or via fax, unless you are sure they are who they say they are and that they need to know those details

3.7 Email security
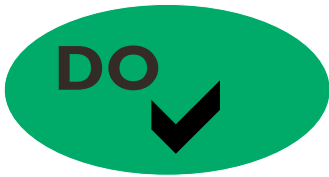
🔒 Be aware that the e-mail system is primarily used for business use. Occasional and reasonable personal use is permitted provided that it does not interfere with the performance of your duties and is in your own time.

🔒 Be aware that the Council may inspect email addresses and contents (including personal e-mail) without notice

🔒 Follow the email guidelines for e-mail etiquette and best practice, unacceptable use and retention of messages

🔒 Be aware that the same laws apply to email as to any other written document

🔒 Keep the number of email in your in box to a minimum

🔒 Use an auto signature

🔒 Be careful about content - email is easily forwarded

🔒 Check your inbox regularly

🔒 Use out of office assistance to advise people when you are not available

🔒 When required, ensure email delegates are set up appropriately to allow access to your emails whilst out of the office, on holiday etc.

🔒 Use the address book (or contacts) where possible, to prevent incorrect addressing

🔒 Be aware that you do not own the documents that you or your colleagues create and you do not have intellectual property rights over them

🔒 Report to IT any email that you receive, or become aware of that may be regarded as illegal or offensive

🔒 Be aware that your mailbox may be opened to access information if absent, e.g. sickness or holiday

🔒 Remove any personal contents from your mailbox and personal drive when leaving employment (it may be made available to a replacement or line manager)

🔒 When sending an email, consider carefully who it needs to be sent to.

DO NOT ✗

🔒 Leave email logged in and unattended

🔒 Speak to the media, analysts or to the public on behalf of the Council via email unless you are duly authorised to do so

🔒 Use an email to set up, maintain or promote personal business

🔒 Send email that is or could be considered to be sexually or racially offensive, pornographic, defamatory, abusive, profane, could be construed as bullying, criminal or for any other unauthorised purpose

🔒 Use email for commercial activities or to advertise goods

🔒 Create or forward chain mail

🔒 Send to large numbers of people unless you are sure it is directly relevant to their job - Spamming is not permitted.

🔒 Send sensitive or personal data via a .gov.uk email address. Ensure it is sent securely via a .gcsx.gov.uk account (if you are unsure, contact the ICT Helpdesk)

3.8 Internet security

DO ✔
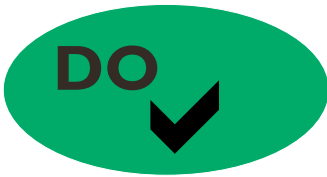
🔒 Be aware that the internet and intranet is primarily for business use. Occasional and reasonable personal use is permitted provided that it does not interfere with the performance of your duties, and it is in your own time.

🔒 Follow the guidelines for internet use

🔒 Be aware the same laws apply to internet communications as for written documents

🔒 Remember that the Council reserves the right to use monitoring and filtering software to prevent access to sites which are not work related or may have offensive or illegal content

🔒 Remember that the Council reserves the right to undertake audits to monitor usage of the internet to ensure that it is not being used inappropriately

🔒 Be aware that inappropriate use may result in prosecution and/or disciplinary action

🔒 Be aware of spyware and adware software programs that surreptitiously monitor your actions. This software is used to invade your privacy gathering data about you and your organisation. Often bombarding systems with pop-up ads, causing countless problems to networks.

If you are offered something for nothing in an advert, you could be getting far more than you bargained for

DON'T CLICK

DO NOT ✘

🔒 Leave the internet logged in and unattended   you are responsible for what happens under your login

🔒 View, download, transmit or archive any information, graphics, pictures, music, video clips that are contrued as bullying, defamatory, obscene, racist, sexual, or of a criminal nature

🔒 Load executable programs or applications from the internet, this includes software and shareware

🔒 Set up, maintain or promote personal business for commercial activities or to advertise goods or services

🔒 Speak on behalf of the organisation in newsgroups or chat rooms

🔒 Use the internet and web access in a manner that breaks any of the Council's policies

3.9 **User access control -** The system will lock your PC if left unattended for an amount of time. Best practice dictates that you remember to lock it when leaving the PC unattended.

🔒 The network requires you to have an individual logon to access it. Ensure that any applications containing personal information that you use is accessed in a similar manner.

🔒 Select quality passwords with a minimum of six characters which are:

- ♦ Easy to remember
- ♦ Not based on anything somebody else could easily guess, e.g. names, telephone numbers etc.
- ♦ A combination of letters and numbers
- ♦ Avoid re-using or recycling old passwords

🔒 Keep passwords confidential - you are responsible for information entered using your password. Failure to protect your password or workstation could result in disciplinary action

🔒 The network will require you to change your password at 90 day intervals. Ensure that you also change application passwords appropriately.

🔒 If there is any indication of system compromise then please alert the ICT Helpdesk and change your password.

🔒 Use password protected screensavers when away from your desk (activated by Control+Alt+Delete - lock workstation)

🔒 Be aware that you are responsible for any activity performed under your logon ID and password. This includes any activity undertaken by someone else while your PC is left logged in and unattended without a password-protected screensaver.

🔒 Ensure that you log off correctly i.e. don't just switch the machine off. Exit and shut down.

🔒 Leave a PC logged in and unattended

🔒 Use someone else's ID or password

🔒 Write a password down.

🔒 Connect any unauthorised hardware to the Council's network, this will be considered a disciplinary offence

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3.10   Home Working

DO ✔

🔒 Obtain authorisation prior to working from home.

🔒 Ensure that updated anti-virus software is used.

🔒 Ensure that any Council equipment is used only by you, for authorised work only.

🔒 Be aware that your legal duty to maintain confidentiality relates to data taken home.

🔒 Ensure that a risk assessment is undertaken if you need to use confidential information at home.

🔒 Follow procedures for the use of portable computer devices, mobile phones and removable media.

🔒 Be aware that you use your own PC at your own risk. The Council will not be responsible for fixing faults etc.

🔒 Be aware that you cannot connect your own PC to the Council network remotely

🔒 Take regular data backups and ensure that they are stored and transported, securely.

🔒 Be aware that it is your responsibility to ensure that you work in a suitable environment (health and safety). If in doubt, please speak to your health and safety advisor.

🔒 Ensure that all confidential and sensitive data is removed from your PC before disposal or giving to someone else.

DO NOT ✗

🔒 Email confidential or sensitive data to or from a home PC

🔒 Connect your Council PC wirelessly to your router at home.

3.11 Compliance Requirements

🔒 Be aware that the Council is obliged to abide by all relevant European Union legislation.

🔒 Be aware of the following legislation:

🔒 Data Protection Act 1998 (see DPA procedures).

🔒 Freedom of Information Act 2000 (See FOI procedures).

🔒 Access to Health Records Act 1990.

🔒 Copyright, Designs and Patents Act 1988

🔒 The Computer Misuse Act 1990.

🔒 Human Rights Act 1998.

🔒 Follow the Caldicott principles. All health and social services departments must have a Coldicott Guardian, who must be a senior manager. The Caldicott Guardian makes sure that where confidential personal information is shared (eg with local NHS or other care partners), this is done properly, legally and ethically.

🔒 Code of Connection

🔒 Be aware that all staff are responsible for information security.

🔒 Breach legal requirements.

🔒 Be ignorant of the legal requirements that affect you.

🔒 Copy software illegally.

🔒 Breach copyright laws.

3.11.1   Data Protection Act (DPA) Policy

The Council needs to collect personal information about people who it deals with so it can carry out its business and provide services.

Such people include clients, staff (present, past and prospective), suppliers and other business contacts. No matter how it is collected, recorded and used e.g. on a computer or on paper personal information must be dealt with properly to ensure compliance with the Data protection Act (DPA) 1998.

The lawful and proper treatment of personal information by the Council is extremely important. The success of our business and the confidence of our service users and staff is achieved by everyone knowing their roles and responsibilities. We ensure that the Council treats personal information lawfully and correctly.

The Council fully supports and complies with the eight principles of the Act.

Personal data must:

- Be processed fairly and lawfully.

- Be obtained or processed for specific lawful purposes

- Be adequate, relevant and not excessive

- Be accurate and kept up to date

- Not be kept for longer than necessary

- Be processed in accordance with rights of data subjects.

- Be kept secure.

- Not be transferred outside the European Economic Area (EEA) unless there is adequate protection.

All staff will:

- Observe all forms of guidance, codes of practice and procedures about the collection and use of personal information.

- Understand and comply with the eight DPA principles.

- On receipt of a subject access request from an individual for information held about them, immediately notify their line manager or the information governance team.

The Council will:

- Provide training for all staff who handle personal information.

- Carry out regular checks to monitor and assess processing of personal data to ensure the Council's DPA notification is kept up to date.

- Develop and maintain DPA procedures to include roles and responsibilities, notification, subject access, training and compliance testing.

**THE COUNCIL'S DATA PROTECTION LEAD IS WITHIN
THE RESOURCES DIRECTORATE**

3.11.2   Freedom of Information Policy (FOI) Policy

The Freedom of Information Act (FOI) was passed in 2000 and replaces the Open Government Code of Practice that has been in place since 1994. The Act gives the public a general right of access to all types of recorded information held by public authorities.

The Act places a statutory obligation on all public bodies to publish details of all recorded information that they hold and to allow, with a few exceptions, the general public to have access to this information on request.

The Council recognises the importance of the Act and will ensure that appropriate systems are put in place to publicise what recorded information is kept by the Council and how this information can be accessed on request by the general public. The overall responsibility for this policy is with the Chief Executive.

All staff will, through appropriate training and responsible management:

🔒   Observe all forms of guidance, codes of practice and procedures about the storage, closure, retention and disposal of documents and records.

🔒   Be aware that ultimately the general public may have access to any piece of information held within the Council and must pay due regard to how they record information as part of their normal duties.

🔒   On receipt of an information request, immediately notify the FOI lead.

🔒   Provide information promptly when requested by the FOI lead (the Council has only **20 working days** to respond to a request).

The Council will:

🔒   Maintain and publish a publication scheme.

🔒   Provide all staff with an introductory briefing on the FOI Act and related procedures.

🔒   Develop and maintain clear procedures for recognising and responding to requests for information under FOI.

🔒   Develop and maintain a comprehensive record management strategy that supports FOI.

The Council's FOI Lead is Paul Martin - Ext. 1066

**The Council's FOI Legal Advisor is: Rob Barnett,
Group Solicitor (Policy Regeneration) - Ext. 1052**

3.12 Software and data management

Be aware that shareware, freeware and evaluation software is bound by the same policies and procedures as all software. Advice must be sought from the ICT Helpdesk if you require this type of software

Be aware that the software policies apply to laptop and hand-held devices as well as desktops.

Be aware that the Council forbids the use of any software that does not have a licence, and anyone found to be using, or in possession of, unlicensed software will be subject to disciplinary procedures

Respect all computer software copyrights and adhere to the terms and conditions of any licence to which the Council is a party

Store licenses, invoices and original media securely for software purchased locally

Actively and frequently undertake housekeeping of your data

Install software without authorisation including freeware, shareware, trial software

Install non-business software e.g. games, unless authorised to do so

Copy software from the Council's systems onto your own PC, e.g. at home

Store personal data on Council systems, e.g. photographs, music files, videos

Remember
All PCs are actively monitored and audited.
Any unauthorised software will be detected, and may result in disciplinary action.

3.13 Records Management Policy

🔒 Be aware of the Records Management Policy and procedures and ensure that you:

- ◆ know the retention times for records

- ◆ follow the corporate filing structure when creating records

- ◆ ensure records are disposed of appropriately

- ◆ know who your local records manager is

- ◆ be factual, consistent and accurate, e.g. ensure records are

- ◆ Ensure documents are written as soon as possible after an event has occurred

- ◆ written clearly, legibly and in such a way that they cannot be erased

- ◆ readable on any photocopies

- ◆ clear, unambiguous, and concise (where possible)

- ◆ written in terms that the service user can understand

🔒 Ensure manual records are:

- ◆ Formally booked out from their normal filing system

- ◆ Tracked if transferred, with a note made or sent to the filing location of the transfer

- ◆ Returned to the filing location as soon as possible

- ◆ Stored securely within the office, arranged so that the record can be found easily if needed urgently

- ◆ Stored closed when not in use so that contents are not seen accidentally.

- ◆ Inaccessible to members of the public and not left even for short periods where they might be looked at by unauthorised persons

- ◆ Held in storage with clear labelling indicating sensitivity and permitted access

Use unnecessary abbreviations, jargon, meaningless phrases, irrelevant speculation or offensive subjective statements.

Record personal opinions/comments.

Leave sensitive or confidential information where it can be accessed inappropriately.

4.0   How to report an information security breach

A security breach, loss of data etc. is any event, which has resulted in, or could result in:

🔒 The disclosure of confidential information to any unauthorised individual

🔒 The integrity of the system of data being put at risk

🔒 The availability of the system or data being put at risk

🔒 An adverse impact, e.g.

🔒 Threat to personal safety or privacy

♦ Legal obligation or penalty

♦ Financial loss

♦ Disruption of activities.

All incidents, or information indicating a suspected incident, should be reported as soon as possible to your line manager.

If data is lost the Council would consider notifying the Information Commission of the loss and inform those people whose information has been lost.

REPORT TO: Executive Board

DATE: 8 April 2010

REPORTING OFFICER: Strategic Director - Resources

SUBJECT: Corporate Customer Service Standards

1.0   PURPOSE OF REPORT

1.1   To consider the attached Corporate Customer Service Standards for the Authority.

2.0   RECOMMENDATION
That Executive Board:

     i)   Approve the draft Corporate Customer Service Standards and Guidance Notes for staff

     ii)   Continue to support the process to develop, promote and monitor the Standards, as part of gaining accreditation of the Cabinet Office Customer Service Excellence Standard as outlined in the report below;

3.0   BACKGROUND

3.1   In February 2008 the Cabinet Office launched its approach to improving standards within Customer Services with the introduction of the Customer Service Excellence Standards to replace the Charter Mark. At this time the authority was undertaking a scrutiny review of Corporate Customer Complaints. At its meeting on 3rd June 2008 the Corporate Services Policy and Performance Board recommended that the Complaints review be followed up by a scrutiny review of Customer Services taking on board the new Customer Service Excellence Standards.

3.2   The two strands to this Scrutiny topic were:
- to explore how best to implement the new Customer Excellence Standard, produced by Cabinet Office in February 2008, in order to help drive improvement and consistency in customer service across the organisation

- to develop an overarching Customer Care Strategy which sets out the key areas the Council needs to focus on in order to secure improved outcomes for its customers.

3.2   The Customer Service Strategy was completed, supported and passed on by the Corporate Services PPB to the Executive Board for its meeting of 15th January 2009, where it was also approved.

3.3   The first actions from the Customer Services Strategy Action Plan involved the procurement of a company to work with the Council in the pursuit of the Customer Services Excellence Standard. In April 2009 a company called Customer Services Excellence Assessment Services (CSEAS) was appointed.

3.4   Following consultation with the assessment company a building block approach to accreditation has been agreed. That is, the Council is taking a step by step approach to accreditation that builds information and involvement from one stage to the next.

3.5   The first step is the collection of corporate evidence in relation to the 5 criteria in the Standard. The 5 criteria are: Customer Insight, the Culture of the Organisation, Information and Access, Delivery, and Timeliness and Quality of Service. Within these 5 criteria there are a total of 57 elements, against which the Council must gather evidence to meet with the requirements of these elements. There will be a pre-assessment of the corporate elements in May 2010 and a full assessment in July 2010. The Council will not receive accreditation from the corporate assessment but a template will be compiled, which other services can then use in their bid for accreditation, along with their own examples of how they meet the 5 criteria. Having the corporate template reduces the workload for service areas as they already have some evidence to support their claim for accreditation and their evidence is the second part of the building blocks. The next stage will be to focus on HDL and Revenues and Benefits. Once these have been accredited the Council will learn from their experience and use this to help prioritise other services for accreditation and then roll out a full programme of accreditation.

3.5   Provided that the Corporate element is achieved in July 2010, it is hoped that the accreditation of HDL and Revenues and Benefits will follow quickly and a roll-out programme designed by the end of the year with key services going for accreditation over the following 24 month period.

3.6   Alongside this, it has been necessary to ensure that all staff, officers, Members, partners and the public, have some degree of understanding about what the Council is trying to achieve through Customer Service Excellence.   To do this, a set of Corporate Customer Services Standards have been developed, as attached to this report. These will be promoted in a variety of ways. In particular, staff will receive training in relation to the new Corporate Customer Service Standards.

4.0   PROGRESS TO DATE
4.1   As noted above the Customer Services Strategy was supported by Corporate Services PPB and approved by Executive Board in January 2009. Following this a company was appointed to help work towards accreditation and to undertake the assessment process. So far work

has begun on collecting corporate information but in particular a set of Corporate Customer Service Standards have now been developed to ensure we focus our Customer Service efforts in the right direction. Information about the Standards was gathered from services within the Council. Desk based research was also carried out, which involved gathering information about Corporate Customer Service Standards from other authorities.

4.2   Some services will have more specific or advanced service standards in which case, the Corporate Standards will form the minimum Standards that a service must adhere to, especially were none currently exist.

4.3   The Communications Team have begun to develop promotional materials for a media release to staff, partners and the public in April (2010), provided the Standards are approved

4.4   In addition, a staff guide has been prepared, and further work is being undertaken with the corporate training section to incorporate the Standards into the in-house Customer Training courses. Particular consideration is being given to training that will enable staff to deal with practical front-line issues and to ensure staff and Members are able to contribute to the continuing development of Customer Service Standards. Some training of this nature is already provided but will be extended to ensure a wider coverage of staff.

4.5   An approach for monitoring the Standards across the Council is also being developed, which will give more precise consideration to the timing of e-mail and written responses and over time consideration will also be given to developing a wider range of methods for communicating, such as text messaging.

4.6   The full programme of promotional activities will include: cascade briefings, 'roadshows', focus groups, use of the 'In Touch' magazine and establishing customer care 'champions' in each service. The purpose is to give people a common 'vision' of what a customer-focused organisation looks like and what is expected from them.

4.7   The Corporate Services PPB recently gave consideration to the Standards in their meeting of 23rd February 2010 and continues to endorse this progress in pursuit of the Customer Service Excellence Standard and all comments made by them have been incorporated into the Standards, Strategy and Action Plan.

4.8   The Council already have a good level of customer services but the Corporate Standards will help to build on the current position and it is proposed that these Standards be approved by the Executive Board and to progress with the development of related training, communication and monitoring aspects and the pursuit of accreditation of the Cabinet Office Customer Service Excellence Standard.

5.0   FINANCIAL IMPLICATIONS

5.1   There will be a cost for undertaking the promotion of the Standards but this will be contained within existing budgets.

6.0   POLICY IMPLICATIONS

Failure to progress this agenda will impact upon our CAA assessment but more importantly the standards of service we provide our customers.

7.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The corporate customer service strategy will impact on all council directorates and priorities and its development should assist in more effective services and outcomes for customers.

8.0   RISK ANALYSIS

Failure to adopt the standards may disadvantage the Council's approach to customer services and outcomes.

9.0   EQUALITY AND DIVERSITY ISSUES

The strategy and achievement of the Standard will ensure equal and fair access to customer services by all customers and potential customers

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

Document	Place of Inspection	Contact Officer
Notes of Topic Group Meetings	2nd Floor Municipal Building Kingsway Widnes	Rob MacKenzie
Notes of Officer Group meetings and final draft Customer Services Strategy, Action Plan and Corporate Customer Service Standards.	6th Floor Municipal Building Kingsway Widnes	Dwayne Johnson
Minutes of Executive Board meeting of 15th January 2009	Committee Services 3rd Floor Municipal Building, Kingsway Widnes	Angela Scott

Halton Borough Council
Customer Service Standards

Halton Borough Council's Customer Service Standards, set out in this document, tell you how we will work with you to give you a service that meets your expectations. These expectations will be met in any contact you have with the Council and all of its employees.

Our Halton Direct Link One Stop Shops and Contact Centre give you easy access to all Council services. Specially trained advisors are available to support your enquiries and will be able to deal with most issues from beginning to end.

Access to our services

We make our services easily accessible. You can contact us in the following ways:

In person at our One Stop Shops:

Halton Lea **-** Concourse Level, Rutland House, Halton Lea, Runcorn, WA7 2ES

Widnes - Brook Street, Widnes, WA8 6NB

Runcorn - Church Street, Runcorn, WA7 1LX

Ditton - Queens Avenue, Ditton, Widnes, WA8 8HR

Opening times

Monday to Friday 09.00am to 5.30pm
Saturday opening time are currently being revised (to follow)

On the Telephone:

You can call us 24 hours a day, 7 days a week by ringing: **0303 333 4300**
Minicom Service is available on **0151 907 8346**

By visiting our website
www.halton.gov.uk

By e-mail
hdl@halton.gov.uk

Customer Charter

In our interactions with you we will:
- Be polite and professional at all times

- Treat you fairly and not discriminate against you

- Try to resolve your query at the first point of contact where possible

- Explain clearly what we have done and will do next

- Explain clearly what needs to be done, by whom and to what timescales

- Ensure you leave knowing which department is dealing with your enquiry and at what stage your enquiry is at if not completed

- Protect information you give us ensuring all personal data is dealt with in accordance with legislation

- Aspire to meet and better your expectations

- Welcome customer feedback to assist us in improving our service

In return our employees have a right to:

- work in a safe environment free from aggressive or threatening behaviour

- be treated politely.

Help us to help you by letting us know:

- in good time if you need to cancel or rearrange an appointment

- if you need an interpreter or language signer

- immediately if you are unhappy with the service you have received

- if you are pleased with the service you have received.

If you call at one of our offices we will:
- Provide a welcoming, clean, safe environment which is easily accessible

- Ensure you are greeted by a member of staff who is wearing a name badge so you know who you are speaking to

- Aim to see you within 10 minutes of arrival at any Council Building or within 10 minutes of your appointment time

- Listen to you and react to your needs appropriately

- Provide easy to understand information and make suitable arrangements for those customers who need hearing, visual or interpretation assistance or other support needs

- Make sure that any information provided is accurate, useful and beneficial and is provided in an appropriate format

If you telephone us we will:
- Aim to answer your call in an average of 30 seconds

- Ensure a member of staff answers your call in a friendly and professional manner, clearly stating their name and department so you know who you are talking to
- Make sure that if we have to transfer your call, we will tell you why and who you will be transferred to

- Provide easy to understand information and make arrangements for those customers who need hearing or interpretation assistance, or other support

If you email or write to us we will:
- Provide a full response within 10 working days

- Ensure all letters of response have a return address, contact name and telephone number

- Record the details of your enquiry and process your request for service if required

- Ensure that if we cannot answer your query directly, it is re-directed correctly and request a prompt reply on your behalf

- Respond in clear, concise and easy to understand language ensuring all information is accurate, relevant and suitable for your needs

Our complaints and compliments procedure

We want you to be happy about the service you receive from us. We welcome any comments, compliments and complaints about the services to enable us to maintain the standards set out above.

If you wish to make a complaint or compliment about any service you can:

- Visit **www.halton.gov.uk** and complete the contact us form.

- Ring the Contact Centre which is open 24 hours a day on 0303 333 4300 and speak to one of our Customer Service Advisors who will deal with your enquiry

- E-mail hdl@halton.gov.uk

- Visit your nearest Halton Direct Link One Stop Shop and one of our Customer Service Advisors who will deal with your enquiry.

- Write to The Policy and Performance Department at

  Halton Borough Council
  Municipal Building
  Kingsway
  Widnes
  Cheshire
  WA8 7QF

Alternatively, you may wish to feedback through your local Councillor who will submit comments on your behalf

Staff Guide to Helping
Halton Borough Council achieve the Customer Service Standards

Halton Borough Council has set Customer Service Standards which define how we will work with our customers to give them a service that meets their expectations. These Customer Service Standards are available in leaflet format and on the website at web address to be added

Every officer of the council has a role to play in helping the council achieve these standards, not just front line staff, and it is important to recognise this. This Guide aims to explain what our service Standards are and how you can help us achieve them.

In all your interactions with a Customer you must ensure that:-

- You are polite and professional at all times

- You treat them fairly and not discriminate against them in anyway

- If you can not help the customer find someone who can without passing the customer from department to department

- Explain clearly what you have done for them and what you will be doing for them

- Explain clearly what need to be done, who's responsibility this is, and the timescales to be met so that they can expect to get an outcome or a response

- Ensure that the customer knows which department is dealing with their enquiry and at what stage their enquiry is at if not completed

- Protect information they give us ensuring all personal data is dealt with in accordance with legislation e.g. data protection regulations

- Aspire to meet and better the customer's expectations

- You encourage Customers to provide feedback on the service they have received to allow us to improve our services.

Face to Face Communication

Introduction

Customers can often feel nervous about visiting, or being visited by, a large organisation such as the Council. It is your role as a representative of the Council to ensure that they are put at ease and receive the service they require.

Standards

- Provide a welcoming, clean, safe environment which is easily accessible
- Ensure the Customer is greeted by a member of staff who is wearing a name badge so they know who they are speaking to
- Aim to see the Customer within 10 minutes of arrival at any Council Building or within 10 minutes of their appointment time
- Listen to the Customer and react to their needs appropriately
- Provide easy to understand information and make suitable arrangements for those customers who need special arrangements – e.g. hearing, visual or interpretation assistance
- Make sure that any information provided is accurate, useful and beneficial and is provided in an appropriate format

How to achieve the standards

- Always ensure that when you are dealing with Customers that you have your ID Badge clearly on display
- Greet visitors proactively with "Good morning" or "Good afternoon" as appropriate. Don't wait for them to approach you
- Don't forget your manners - Invite the customer to sit down, don't assume they don't have standards
- When visiting customers at their home, introduce yourself and the purpose for your visit. Always show your ID card
- Address the customer professionally, using their name. Do not use familiarities such as "love" or "mate" this can be offensive to some people
- Maintain good eye contact and use positive body language to show the customer that you are listening
- Be aware of the customer's body language to assess their reaction to what you are saying

- Ask open questions (how, what, when, where, etc.) to establish what the customer requires
- Re-cap by summarising the enquiry in your own words
- Always tell the customer what you are doing and what will happen next
- Avoid passing on any enquiry that you could deal with yourself
- Ensure that another officer has access to your diary so if you are unable to come into work, contact can be made with any customers that you have appointments with
- Arrive on time for appointments, but where this is not possible ensure you make contact with the customer to let them know you will be late and why
- If there is paper work to be completed, offer the customer support in doing this or refer them to their nearest Halton Direct Link One Stop Shop who will be able to assist them
- Ensure you are aware of the Council's translation and Interpretation service and can access it when needed

Telephone Communication

Introduction
Most customer contact with the Council is by telephone so it is important that you are professional and effective when responding to phone enquiries.

Standards
- Aim to answer all calls in an average of 30 seconds

- Ensure a member of staff answers the Customers call in a friendly and professional manner, clearly stating their name and department so they know who you are talking to

- Make sure that if we have to transfer your call, we will tell you why and who you will be transferred to

- Provide easy to understand information and make arrangements for those customers who have support needs, such as hearing or interpretation assistance

How to achieve the standards
- Always ensure office cover is maintained between the core office hours of 9.00 to 17.30 Monday to Thursday and 9.00 to 16:40 on a Friday
- Ensure that you answer all calls as soon as possible. Don't ignore a ringing phone or assume someone else will answer it
- Speak clearly when answering the phone and state your name and service area
- Ensure you answer the phone with an appropriate pitch and tone to your voice. Effectively answering "with a smile on your face"

- If you are to be away from your phone (even briefly), divert calls to another officer who is available – advise them that you are doing this, and when you will be back
- If you hear a phone ringing pick it up, even if it is not yours
- Try to resolve the customer's enquiry even if it isn't your main service area. If you can't help offer to take a message and tell them who will be contacting them – don't ask them to call back later
- Have a pen and notepad by your phone so that you can note down key pieces of information during the call
- Summarise the details to ensure you have understood the resolution that the customer wants
- Keep the customer informed of what you are doing, for instance if you need to go away from the phone to obtain some information, or need to transfer the call to another officer
- When you need to go away from your phone to check some details, put the customer on hold so that they can not hear conversations in the office
- Offer to call the customer back if it will take some time to find the information needed to resolve their enquiry
- Ensure you are aware of the Council's Interpretation Service and can access it when required
- Do not eat or chew whilst on the phone
- Always thanks the customer for their call and check if there's anything else you can help with

E-mail Communication

Introduction

An increasing number of enquiries are now received via e-mail. Responses to these enquiries must be to the same standard as for any other written correspondence and adhere to the same timescales.

All contacts which are generated through the "Contact Us" form on the Council Website and e-mails to HDL are managed by Halton Direct Link. Where they have the information they will respond directly to the customer within the timescales given. If e-mail response requires information from the specialist departments the e-mail will forwarded to the appropriate service for them to respond to the Customer. HDL will contact the Customer and inform them which department is dealing with the enquiry and that they should expect a full response within 10 working days.

Standards

- Provide a full response within 10 working days
- Record the details of the enquiry and process the request for service if required
- Ensure that if we cannot answer your query directly, it is re-directed correctly and request a prompt reply on your behalf
- Respond in clear, concise and easy to understand language ensuring all information is accurate and relevant and suitable to the Customers needs

How to achieve the standards

- You must respond to any e-mails from customers within 10 working days
- If you can't respond within 10 working days, send a 'holding' letter to the customer explaining why and when you expect to be able to respond fully
- Each department is responsible for monitoring there own response times
- If you receive an e-mail which has been forwarded to you by HDL to respond you must ensure you send the Customer a full response within 10 working days of the initial e-mail. Please copy HDL into the response so that they can attach the response to the customers record within the CRM system
- Begin your e-mail messages with an appropriate salutation
- Set a signature into your outgoing messages which contains your name, job title, location and phone number
- All outgoing e-mails to members of the public need to have a link to The Council's survey on e-mail responses so that the customer can comment on our service and response time - Link is xxxxxxxxxx
- Do not write your e-mails in capitals – this is considered to be like shouting
- Use appropriate language – don't for example use colloquialisms or text shorthand
- Spell check your messages before sending them out. This can be set to run automatically
- If you receive an e-mail directly that you will not be handling, advise the customer of the details of the officer you have passed the enquiry to
- Use the 'out of office' facility when you will be unable to respond to e-mails
- Give access to your e-mail to another officer so that they can check messages if you are off sick. Check with your manager what the arrangements are in your service
- Arrange for an 'out of office' response to be implemented on behalf of any officers who are unexpectedly away from work for a prolong period
- Do not use jargon or technical terms
- Ensure you are aware of the Council's translation service and can access it when needed

Written Communication

Introduction

Letters are sent out by all sections of the Council every day. It is important that
a standard corporate style is used, both in layout and accessibility of the language
used. For further information on the Council's Corporate Style please refer to the Corporate Communications Guide – copies of which are available from Communications and Marketing.

Customers must be able to understand any documentation we send to them and it is important we use 'Plain English', and that they receive it promptly and in their preferred format. Please be aware of Customers with visual impairment or other support needs.

Standards

- Provide a full response within 10 working days

- Ensure all letters of response have a return address, contact name and telephone number

- Record the details of the Customers enquiry and process your request for service if required

- Ensure that if we cannot answer the Customers query directly, it is re-directed correctly and request a prompt reply on their behalf

- Respond in clear, concise and easy to understand language ensuring all information is accurate and relevant and suitable for your needs

How to achieve the standards

- Respond to letters as soon as you can. Don't wait for the response deadline
- Use 'Plain English' guidelines when drafting correspondence – please see the Corporate Communications Guide
- Never use a typeface smaller than font size 12point. 14point is the minimum size recommended for readers with a visual impairment
- Use an accessible font – one without embellishments to the letters (san serif)
- Avoid the use of jargon or technical terminology
- Only use an abbreviation after the full word has been written with the abbreviation in brackets
- Ensure you are aware of the Council's translation service and can access it when needed

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