

# Public Document Pack



## Executive Board

Thursday, 19 March 2020 2.00 p.m.  
The Boardroom, Municipal Building

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

**Chief Executive**

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

#### PART 1

Item	Page No
<b>1. MINUTES</b>	<b>1 - 10</b>
<b>2. DECLARATION OF INTEREST</b>	
Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
<b>3. LEADER'S PORTFOLIO</b>	
<b>(A) CORPORATE PEER CHALLENGE 2019 - RESPONSE</b>	<b>11 - 37</b>

*Please contact Angela Scott on 0151 511 8670 or  
Angela.scott@halton.gov.uk for further information.  
The next meeting of the Committee is on Thursday, 9 April 2020*

<b>Item</b>	<b>Page No</b>
<b>4. CHILDREN, EDUCATION AND SOCIAL CARE PORTFOLIO</b>	
<b>(A) DRAFT ONE HALTON ALL-AGE CARERS STRATEGY</b>	<b>38 - 80</b>
<b>(B) SECTION 117 MENTAL HEALTH ACT POLICY AND PROCEDURE - KEY DECISION</b>	<b>81 - 118</b>
<b>(C) HALTON BOROUGH COUNCIL AND NHS HALTON CLINICAL COMMISSIONING GROUP : JOINT WORKING AGREEMENT (BETTER CARE FUND)</b>	<b>119 - 156</b>
<b>(D) CONTRACT FOR THE PROVISION OF DAY, RESIDENTIAL &amp; NURSING HOME CARE CONTRACT - KEY DECISION</b>	<b>157 - 161</b>
<b>(E) LCR PARTNER PROVIDER ARRANGEMENTS</b>	<b>162 - 166</b>
<b>5. TRANSPORTATION PORTFOLIO</b>	
<b>(A) AMENDMENTS TO POLICY FOR VEHICLE ACCESS CROSSINGS OVER FOOTWAYS AND VERGES</b>	<b>167 - 180</b>
<b>6. ENVIRONMENTAL SERVICES PORTFOLIO</b>	
<b>(A) EUROPEAN REGIONAL DEVELOPMENT FUNDING (ERDF) RENEWABLE ENERGY SCHEME</b>	<b>181 - 184</b>
<b>7. ECONOMIC DEVELOPMENT PORTFOLIO</b>	
<b>(A) VOLUNTARY SECTOR FUNDING – GRANT ALLOCATION 2020/21</b>	<b>185 - 188</b>
<b>8. RESOURCES PORTFOLIO</b>	
<b>(A) ANNUAL REVIEW OF CONSTITUTION 2020/21</b>	<b>189 - 191</b>
<b>(B) GAS SUPPLY CONTRACT</b>	<b>192 - 194</b>
<b>(C) REVIEW OF COUNCIL WIDE FEES AND CHARGES</b>	<b>195 - 228</b>
<b>(D) PENSIONS DISCRETIONS STATEMENT 2020/21</b>	<b>229 - 239</b>
<b>9. PHYSICAL ENVIRONMENT PORTFOLIO</b>	
<b>(A) ARRANGEMENTS FOR DELIVERING A WARDEN SERVICE TO THE GYPSY TRAVELLER SITES</b>	<b>240 - 247</b>

***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.***

**EXECUTIVE BOARD**

*At a meeting of the Executive Board on Thursday, 27 February 2020 in The Boardroom, Municipal Building*

Present: Councillors Polhill (Chair), D. Cargill, Harris, R. Hignett, S. Hill, Jones, T. McInerney, Nelson, Wharton and Wright

Apologies for Absence: None

Absence declared on Council business: None

Officers present: A. Scott, G. Cook, D. Parr, M. Vasic, M. Reaney, E. Dawson and S. Wallace-Bonner

Also in attendance: None

**ITEMS DEALT WITH  
UNDER POWERS AND DUTIES  
EXERCISABLE BY THE BOARD**

EXB78 MINUTES

The Minutes of the meeting held on 16 January 2020 were taken as read and signed as a correct record.

**CHILDREN, EDUCATION AND SOCIAL CARE PORTFOLIO**

EXB79 HOME BASED RESPITE CARE SERVICE IN HALTON

The Board considered a report of the Strategic Director, People, which sought a waiver of Procurement Standing Orders for the continued provision of the Home Based Respite Care Service in Halton.

The Board was advised that home based respite care provided practical help, personal care and emotional support to people in their own homes. The service supported carers and the cared for to help them to remain independent for as long as possible.

It was reported that the contract with the current provider, Crossroads Care North West, was due to end on 31 March 2020. A continuation of the service with this provider would support the Council in its development of out

*Action*

of hospital services with NHS Halton Clinical Commissioning Group, the One Halton place based approach and support the Council's commitment to providing breaks for carers in line with local and national targets for independent living. Therefore, a waiver of the relevant Procurement Standing Orders was sought to extend the contract for the period 1 April 2020 to 31 March 2022, with an option to extend for a further one year.

RESOLVED: That

- 1) the contents of the report be noted; and
- 2) a waiver in compliance with Procurement Standing Order 1.14.4 iv of Part 3 of Procurement Standing Orders is approved.

Strategic Director  
- People

#### EXB80 REFURBISHMENT OF MILLBROW CARE HOME

The Board considered a report of the Strategic Director, People, which provided details of the proposed refurbishment of Millbrow Care Home.

The Board was advised that at the time of purchase by Halton Borough Council in 2017, Millbrow Care Home building was in disrepair. During the Care Quality Commission (CQC) inspection in February 2019, they recognised the improvements that had been made in all areas, with particular focus on care, which had been rated as 'Good'.

It was reported that some initial building work had taken place to ensure the establishment was habitable and fit for purpose. However, as the building was in need of major refurbishment, the work would be divided into three phases. The first phase, subject of this report, focused on the needs of the residents to ensure the environment was suitable for good quality care provision.

RESOLVED: That

- 1) the report be noted;
- 2) the Board agree the refurbishment plans; and
- 3) the Board agree funding for the project.

Strategic Director  
- People

## RESOURCES PORTFOLIO

### EXB81 BUDGET 2020/21 - KEY DECISION

The Board considered a report of the Operational Director, Finance, which outlined a recommendation to Council in respect of the Budget, Capital Programme and Council Tax for 2020/21.

It was noted that at the time of writing, the Cheshire Fire Authority and the Cheshire Police and Crime Commissioner had not set their budget and Council Tax precept. However, final figures would be reported to Council when the information was available.

The Board was advised that the Medium Term Financial Strategy (MTFS), approved at its meeting on 14 November 2019, had identified funding gaps of around £7.9m in 2020/21, £15.1m in 2021/22 and £4.4m in 2022/23. The Strategy had the following objectives:

- Deliver a balanced and sustainable budget;
- Prioritise spending towards the Council's priority areas;
- Avoid excessive Council Tax rises;
- Achieve significant cashable efficiency gains;
- Protect essential front line services and vulnerable members of the community; and
- Deliver improved procurement.

In terms of consultation, it was noted that the Council used various methods to listen to the views of the public, and Members' own experiences through their Ward work was an important part of that process. Individual consultations had taken place in respect of specific budget proposals and equality impact assessments would be completed where necessary.

Appendix B outlined proposed budget savings for 2020/21, totalling £4.230m. The departmental analysis was shown in Appendix C and the major reasons for change from the current budget were shown in Appendix D.

The Board was advised the final Local Government Finance Settlement figures were awaited, along with confirmation on some 2020/21 grant allocations including the Public Health grant. It was confirmed that the Council would continue to participate in the pilot of the 100% Business Rates Retention Scheme, as part of the Liverpool

City Region (LCR).

Further information was provided on the budget outlook, Halton's Council Tax, Precepts for Parishes, Police, Fire and Liverpool City Region Mayor, the Capital Programme, Prudential Code and School Budgets.

Reason(s) for Decision

To seek approval for the Council's Revenue Budget, Capital Programme and Council Tax for 2020/21.

Alternative Options Considered and Rejected

In arriving at the budget saving proposals set out in Appendix B, numerous proposals had been considered, some of which had been deferred pending further information, or rejected.

Implementation Date

4 March 2020.

RESOLVED: That

- 1) Council be recommended to adopt the resolution set out in Appendix A attached to the report, which includes setting the budget at £115,770m, the Council Tax requirement of £52.179m (before Parish, Police, Fire and LCR Combined Authority precepts) and the Band D Council Tax for Halton of £1,475.70;
- 2) Council be recommended to approve the revenue budget proposals for 2020/21 set out in Appendix B and Capital Programme set out in Appendix F, both attached to the report; and
- 3) from 1 April 2020 the level of Empty Homes Premium on dwellings that have been unoccupied for between 2 and 5 years remain at 100%. The level of Premium on dwellings unoccupied for more than 5 years be increased to 200%.

Operational  
Director - Finance

EXB82 2019/20 QUARTER 3 SPENDING

The Board considered a report of the Operational Director, Finance, which reported on the 2019/20 Quarter 3 spending as at 31 December 2019.

A summary of spending against revenue budget up to 31 December 2019 was attached to the report at Appendix 1. This provided individual statements for each department. The Board was advised that, in overall terms, revenue expenditure was £3.790m above the budget profile. Whilst the overspend position had increased since Quarter 2, the trend had slowed over the previous 3 months as action taken by all departments continued to restrict spending.

The Board was advised that a number of budget savings proposals approved by Council in March 2019 were yet to be implemented. These were detailed in Table 1. The main budget pressures continued to be within the Children and Families Department. In addition, service demand for Adult Social Care had increased over the year.

The report also provided details of other services which had experienced budget variances including the Children and Families Department; Community and Environment Department; the Education, Inclusion and Provision Department; ICT and Support Services; Adult Social Care including the Complex Care Pool. An underspend in Corporate and Democracy was noted.

The Capital Programme had been revised to reflect a number of changes in spending profiles as schemes had developed, and these were detailed in the report.

RESOLVED: That

- 1) all spending continues to be limited to only absolutely essential items;
- 2) Departments continue to seek to implement the 2019/20 budget savings proposals listed in Table A, which were approved by Council in March 2019;
- 3) Strategic Directors take appropriate action to ensure that overall spending was contained as far as possible within their total operational budget by year-end; and

Operational  
Director - Finance

- 4) Council be recommended to approve the revised Capital Programme as set out in Appendix 2 attached to the report.

EXB83 CAPITAL STRATEGY 2020/21

The Board considered a report of the Operational Director, Finance, on the Council's Capital Strategy for 2020/21.

It was reported that all councils were required to produce a Capital Strategy annually, the aim of which was to ensure that the Council understood the overall long-term policy objectives and resulting capital strategy requirements, governance procedures and risk appetite.

Members were advised that the Capital Strategy should be read in conjunction with the Treasury Management Statement, included on the same agenda. It was noted that the successful delivery of the Capital Strategy would assist the Council in planning and funding its capital expenditure over the next three years.

RESOLVED: That Council be recommended to approve the 2020/21 Capital Strategy, as presented in the Appendix attached to the report.

Operational  
Director - Finance

EXB84 TREASURY MANAGEMENT STRATEGY STATEMENT 2020/21

The Board considered a report of the Operational Director, Finance, proposing the Treasury Management Strategy Statement (TMSS) which incorporated the Annual Investment Strategy and the Minimum Revenue Provision Strategy for 2020/21.

The TMSS was attached to the report and detailed the expected activities of the treasury function in the forthcoming financial year (2020/21).

The Local Government Act 2003 required the Council to "have regard to" the Prudential Code and to set Prudential Indicators for the next three years, to ensure that the Council's capital investment plans were affordable, prudent and sustainable. The Act therefore required the Council to set out its treasury strategy for borrowing as well as an Annual Investment Strategy, which set out the Council's

policies for managing its investments and for giving priority to the security and liquidity of those investments. However, Government guidance stated that authorities could combine the statement and the strategy into one report, and the Council had adopted this approach.

Members noted that the provision of a Minimum Revenue Provision Policy Statement was required and a formal statement for approval was contained within the report at paragraph 2.3, with Appendix A detailing the full policy.

RESOLVED: That Council be recommended to adopt the policies, strategies, statements, prudential and treasury indicators outlined in the report.

Operational  
Director - Finance

EXB85 DIRECTORATE PERFORMANCE OVERVIEW REPORTS FOR QUARTER 2 2019 - 20

The Board considered a report of the Strategic Director, Enterprise, Community and Resources, on progress against key objectives/milestones and performance targets for the second quarter to 30 September 2019.

The Board was advised that the Directorate Performance Overview Report provided a strategic summary of key issues arising from the relevant quarter for each Directorate. The Board noted that such information was key to the Council's performance management arrangements and Executive Board had a key role in monitoring performance and strengthening accountability. Performance Management would continue to be important in the demonstration of value for money and outward accountability.

RESOLVED: That the report, progress and performance information be noted.

EXB86 CALENDAR OF MEETINGS 2020/21

The Board considered a report of the Strategic Director, Enterprise, Community and Resources, which set out the proposed Calendar of Meetings for the 2020/21 Municipal Year, which was appended to the report for information.

RESOLVED: That Council be recommended to approve the Calendar of meetings for the 2020/21 Municipal Year, as appended to the report.

Strategic Director  
- Enterprise,  
Community and  
Resources

**PHYSICAL ENVIRONMENT PORTFOLIO**

**EXB87 LOCAL DEVELOPMENT SCHEME**

The Board considered a report of the Strategic Director, Enterprise, Community and Resources, which sought approval for the update to Halton's Local Development Scheme (LDS).

The Board was advised that the LDS was a public statement of the Council's three year work programme for the production of the Local Plan. Councils were required to prepare and keep up to date an LDS and to set out the timetable for the production of their Local Plan. It was noted that this update would cover the remaining stages in the preparation of the Delivery and Allocations Local Plan.

RESOLVED: That

- 1) the Halton Borough Council Local Development Scheme 2020 Revision (Appendix 1) be formally adopted and shall have effect from 28 February 2020; and
  
- 2) authority be delegated to the Operational Director: Policy, Planning and Transportation in consultation with the Executive Board Member, Physical Environment, to approve any minor changes to the wording and/or timelines of the production of documents in the Local Development Scheme as required prior to publication.

Strategic Director  
- Enterprise,  
Community and  
Resources

**EXB88 SCHEDULE 12A OF THE LOCAL GOVERNMENT ACT 1972 AND THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

The Board considered:

- 1) whether Members of the press and public should be excluded from the meeting of the Board during consideration of the following item of business in accordance with Section 100A (4) of the Local Government Act 1972 because it was likely that, in view of the nature of the business to be considered, exempt information would be disclosed, being information defined in Section

100 (1) and paragraph 3 of Schedule 12A of the Local Government Act 1972; and

- 2) whether the disclosure of information was in the public interest, whether any relevant exemptions were applicable and whether, when applying the public interest test and exemptions, the public interest in maintaining the exemption outweighed that in disclosing the information.

RESOLVED: That as, in all the circumstances of the case, the public interest in maintaining the exemption outweighed that in disclosing the information, members of the press and public be excluded from the meeting during consideration of the following items of business in accordance with Section 100A (4) of the Local Government Act 1972 because it was likely that, in view of the nature of the business, exempt information would be disclosed, being information defined in Section 100 (1) and paragraph 3 of Schedule 12A of the Local Government Act 1972.

## **RESOURCES PORTFOLIO**

### **EXB89 DISPOSAL PROGRAMME - KEY DECISION**

The Board considered a report of the Strategic Director, Enterprise, Community and Resources, which sought approval to the Council's Disposal Programme.

The Board was reminded that in September 2019, it had approved an asset, acquisition and retention strategy, which formed the rationale for the proposals outlined in Appendices A and B, attached to the report.

#### Reason(s) For Decision

The approval to the schedule would form the Council's disposal programme for assets, surplus to the requirements of the Council.

To allow development of the sites for alternative uses.

#### Alternative Options Considered and Rejected

The approval to declare sites surplus to requirements was necessary under the Council's Constitution.

#### Implementation Date

Once approved, recommendations would be immediately acted upon.

RESOLVED: That Executive Board

- 1) approves the Disposal Programme and sites identified in Appendix A attached to the report, as surplus to requirements and to be sold;
- 2) approves the sites to be retained in Council ownership identified in Appendix B attached to the report; and
- 3) authorises the Operational Director, Economy, Enterprise and Property and the Operational Director, Legal and Democratic Services, in consultation with the Resources Portfolio holder, to progress the implementation of the Disposal Programme.

Strategic Director  
- Enterprise,  
Community and  
Resources

**MINUTES ISSUED: 3 March 2020**

**CALL-IN: 10 March 2020 at 5.00 pm.**

**Any matter decided by the Executive Board may be called in no later than 5.00pm on 10 March 2020.**

*Meeting ended at 2.40 p.m.*

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	19 March 2020
<b>REPORTING OFFICER:</b>	Chief Executive
<b>PORTFOLIO:</b>	Leader
<b>SUBJECT:</b>	Corporate Peer Challenge 2019 - Response
<b>WARDS:</b>	Borough Wide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to publish the Corporate Peer Challenge report produced by the Local Government Association for the Council and to suggest a series of actions to address the recommendations in the report.

## **2.0 RECOMMENDATIONS: That**

- 1) the Corporate Peer Challenge report be received and welcomed; and**
- 2) the Action Plan attached at Appendix B be approved and adopted.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 The Council invited the Local Government Association to visit the authority and undertake a Corporate Peer Challenge towards the end of 2019, as it was some years since the Council last had one.
- 3.2 The Peer Team considered five key questions which form the core components of the Peer Challenge. Those five questions can be found in the Peer Report attached to this report as Appendix A. In addition, the Council asked the Team to look at three other issues:
- How progress made in the Borough can be maintained.
  - How the Council acted in the Borough as an influencer and enabler of others.
  - How the Council approached organisational development and how its workforce is being supported and shaped to meet future priorities.
- 3.3 The Peer Team (details of the make up of the Team can be seen in their final report at Appendix A) spent four days in Halton and during that time:

- Spoke to over 130 people.
- Gathered information and views at over 40 meetings.
- Collectively spent over 300 hours in determining their findings.

3.4 It is worth stressing that the Corporate Peer Challenge is not an inspection but is improvement focused and tailored to meet the Council's needs. It recognises that issues that the Council is already aware of and doing something about may well feature in the report.

3.5 Having undertaken their review the Peer Team produced a detailed report (Appendix A) for the Council to consider. As mentioned earlier, it is not an inspection report and it is therefore a matter for the Council to decide how it deals with the report and the recommendations made within it.

The Peer report outlines eleven key recommendations and at Appendix B to this report there are a series of suggested responses to each of those recommendations.

If those suggestions are accepted by the Board, then that Appendix will effectively become the Council Action Plan in response to the Peer report.

3.6 In addition to the recommendations in their report the Peer Team make many positive comments about the Council and its recent performance. A few key quotes from the report are listed below:

“Whilst in population terms the Council is small its achievements have been and continue to be significant”.

“The Council's achievements to date have happened in spite of a significantly challenging financial position”.

“The Council is held in high regard by its partners as a strong place leader for Halton”.

“In addition, positive member and officer relations over a significant period have been observed in Halton which have helped the Council focus on tasks at hand and 'protecting the most vulnerable' ”.

3.7 Perhaps, most importantly, is the following quote from the Team, as this is the one from which they have developed their recommendations:

“To sustain existing levels of performance and to achieve future priorities, it is the view of the Peer Team that the Council must now adapt the way in which it operates”.

3.8 There are two key issues that will have a significant bearing on the Council's ability and capacity to deliver over the coming months.

They are, the all-out elections in May 2020 and the outcome of the Government's "Fair Funding Review". The Fair Funding Review will provide a clearer picture of the resources that will be available to the Council over the next three to four years. The all-out elections signal the beginning of a 'new' Council and are therefore seen as the most appropriate time for the Council to review its priorities and the way it operates with both its partners and the public.

- 3.9 Those two key issues and their respective timings have been influential in developing the Council's Action Plan and response to the Peer Team's recommendations. It is clear that the greatest threat to the Council's ability to deliver good services and to continue the economic growth of the Borough, as recognised in the report, is the lack of funding. The outcome of the Fair Funding Review is the most significant issue facing the Council and it is therefore important that it continues to work with both the Liverpool City Region authorities and Sigoma (Special Interest Group of Metropolitan Authorities) to lobby the Government to ensure Halton's needs are recognised and reflected in any new funding arrangements.
- 3.10 The timings of some of the Actions in the Appendix B are therefore related to the two issues highlighted above.
- 3.11 The Board is asked to approve the Action Plan at Appendix B.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The development and delivery of the actions in the Action Plan may well result in the introduction of new policies for the Council and, indeed, the amendment of existing ones.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 There may well be resource implications attached to the delivery of the Actions in the Plan. One of the key observations of the Peer Review Team was that the Council had a lack of corporate capacity within the organisation as a result of budget reductions and that this was being felt across the organisation. In part of its overall budget considerations the Council is being asked to set aside £500,000 to support the delivery of the Peer Review Team's recommendations.
- 5.2 Clear justifications for accessing that resource will have to be made before any of it is released.

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

6.1 The delivery of the Peer Team's recommendations will have implications for the continued delivery of all of the Council's priorities.

**7.0 RISK ANALYSIS**

7.1 The ongoing reduction in resources will continue to place risks on the effective delivery of Council's services. Delivering priorities and the way it works is one way to ensure that the Council focuses on the most important issues. The Peer Team recognised that the overwhelming priority of the Council was to look after the most vulnerable members of the community. Reflecting and reviewing the Council's priorities will help in continuing that focus but that may well continue to have consequences for other services.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 There are no quality and diversity issues associated with this report. However, issues may emerge during the delivery of the actions and any equality and diversity implications will be picked up through the Council's normal arrangements.

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

9.1 None.



# Corporate Peer Challenge

## **Halton Borough Council**

10<sup>th</sup> – 13<sup>th</sup> September 2019

Feedback Report

## 1. Executive Summary

Halton is a distinctive borough. It is part of both the Liverpool City Region and Cheshire sub-region and has a population of 128,432 residents. Most residents live in either Widnes or Runcorn - two towns which sit on opposite banks of the River Mersey. Whilst in population terms the Council is small (being the 4<sup>th</sup> smallest unitary in the country) its achievements have been and continue to be significant.

One example of this is the success the Council has had over a number of years in driving economic growth. Whilst doing this the Council has also laid a platform for future potential inclusive growth through investments such as the Mersey Gateway Bridge. In recent years the Council, working with its partners has also managed to bring about improvements in outcomes for local young people.

These are just a couple of examples which show how the Council has taken steps to “protect the most vulnerable” either in the short, medium or long term. This is the priority in Halton which is referenced most regularly by both members and officers of the Council.

The Council's achievements to date have happened in spite of a significantly challenging financial position. A funding reduction of 29.1% since 2010 has been managed (which equates to a reduction in spending of £64 million). At the time of the peer challenge, a further £26 million was expected to be required over the next three years although this was subject to adjustment as a result of the Chancellor's public spending announcement for 2020/21.

Given increasing service demand, the difficult financial context as well as the cumulative impact of the decisions taken to get to this point, the key challenge from the peer team is about ensuring that the Council's achievement and the progress made locally are sustainable.

To sustain existing levels of performance and to achieve future priorities, it is the view of the peer team that the Council must now adapt the way in which it operates.

This will mean changes both in how the Council operates internally (and the type of capacity required in future) but also reforming how the Council works with its partners and communities. These changes are inextricably linked and will require the development of a new ‘operating model’. This is referenced throughout this report and should take the form of a series of principles that will direct how the Council and its services operate in future. These principles should be used to shape, inform and test decision making and represent a step change in how the Council increasingly co-delivers alongside partners, community groups and the community.

The Council is held in high regard by its partners as a strong place leader for Halton. The move to a more sustainable approach to public service delivery in Halton will now require the Council to build on the good partner relationships that exist, by developing strategic partnership working. This will require a clear strategic vision which is equally owned by all partners and communities. Underpinning this, a set of specific priorities which will lead to the vision being realised will also be required. This may mean the Council and partners sharing responsibility, capacity, capability and resource on the right terms, when it's right for Halton.

There is capacity, capability and opportunity locally and regionally that the Council can tap further into by adopting different roles. This will help ensure that achievements are sustained and priorities are achievable in the medium and long term.

Internally, the Council has less corporate capacity than similar councils elsewhere. Whilst a “can do” mentality has been a real asset to the Council in managing to get to this point, this can no longer be at the expense of the time and capacity required to think and plan strategically into the medium and long term. Whilst this includes how the priorities for the place of Halton are delivered, it also includes how the Council plans for and delivers within the future funding envelope.

In recent years the Council has begun to increasingly use one-off saving measures and has trimmed capacity where it has become available – absorbing as much as possible of the work that remained. The balance now needs to be moved back to developing more sustainable, longer term and strategically planned saving proposals. This will require modifications to the existing budget process and additional capacity to support transformation.

In doing this, the Council will benefit from its stable, visible and highly regarded political and senior officer leadership which is recognised both internally and regionally. In addition, positive member and officer relations over a significant period have been observed in Halton which have helped the Council focus on the tasks at hand and “protecting the most vulnerable”.

For many officers these relationships have built up over a number of years on the back of a sense of shared pride in what the Council has been able to achieve. For the next stage of the journey – as the Council looks to evolve its approach to a more sustainable model - the Council will need to bolster the existing, longstanding workforce with new, additional transformation capacity over a fixed period to help the Council to make this change.

As the Council goes on this transformation journey it will also need to consider in more detail the workforce profile of the organisation. This can help to pinpoint where key skill sets sit that could be used to more strategic effect, as well as the most crucial capacity gaps being faced now and in the future. An organisational development strategy can then be developed which is carefully aligned to the new vision and subsequent behaviours and values required of the Council when acting to a new operating model.

## 2. Key recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations onsite, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to the Council:

- 1) **Work with partners and the community to co-produce and co-deliver a long-term vision for Halton which is underpinned by an agreed set of specific priorities to achieve it.** This should be informed by qualitative and quantitative resident insight and led by a place based system.
- 2) **Engage with partners about the roles the Council and they can take in delivering these priorities and where responsibility, resource, capacity and/or capability can be shared to achieve the priorities for Halton sustainably.**
- 3) **Use this to identify and articulate a new corporate operating model for the Council.** This should state the specific behaviours and values required of officers and members in making the new operating model work.
- 4) **Review the amount of corporate capacity available at the Council.** Examples of this include transformation, policy, performance and data analytics, organisational development, finance, bid writing, project and programme management. Look at how and where these functions and activities can be strengthened or more closely aligned to support the sustainable delivery of your priorities.
- 5) **For at least a fixed period, add additional senior capacity which will support the Council to transform from its current operating model to the new, more sustainable model.** This additional, senior capacity should work alongside members, officers and partners and be supported by an alignment (virtually or otherwise) of the key functions required to bring about a successful and sustained transformation to the new operating model. This additional senior capacity should be aligned to the functions required to make the transformation required happen.
- 6) **Review the existing workforce profile in detail both as it is now and how it needs to be in light of the new operating model.** Use this to set out a strategic approach to organisational development which seamlessly connects officer development and the resources available for this with the development needs of the new organisation.
- 7) **Review the budget setting approach linked to an updated medium term financial strategy to enable more, longer term, strategic and sustainable savings proposals to be developed, staged and implemented.** This process must be closely linked to the vision and priorities for Halton and should inform the Council's new operating model.

- 8) **Following the forthcoming boundary review and subsequent local elections, review local governance arrangements** to ensure that the Council is getting the most benefit it can from the current model of governance in enabling and supporting all members to perform their roles.
- 9) **Review the model of local community engagement in place.** Included within this is the role that all members can play in drawing on the insight of local residents, building capacity and helping the community to both find and develop solutions.
- 10) **Bring together the due diligence, evidence and options appraisal information into a consistent, robust, singular business planning process for all investments or savings proposals.** This is crucial for the Council and will help ensure all decisions are consistently assured against key questions and criteria. This will help document a robust evidence base for future decisions which states the risks, issues, performance and policy implications of decisions made. It will clearly articulate any risk mitigation and monitoring arrangements.
- 11) **Review the Performance Management Framework to ensure the right type and amount of information is available to support effective decision making and accountability.** Asking where performance information goes, for what purpose it is produced, how it is currently used and how could it be provided differently will help to ensure a performance management framework is in place which is of most benefit to the Council.

### 3. Summary of the Peer Challenge approach

#### The peer team

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Halton were:

- **Tony Oakman** (Chief Executive – Bolton Council).
- **Cllr Sir Stephen Houghton** (Leader – Barnsley Metropolitan Borough Council).
- **Miranda Carruthers-Watt** (City Solicitor and Monitoring Officer - Salford City Council).
- **James Winterbottom** (Director of Children’s Services – Wigan Council)
- **Lorraine Hallam** (Contractor and former HR Director – Leeds City Council)
- **Nigel Broadbent** (Head of Finance - Calderdale Council)
- **Shadow – Matt Dodd** (LGA Programme Manager)
- **LGA peer challenge manager: Dan Archer** (LGA Programme Manager).

## Scope and focus

The peer team considered the following five questions which form the core components looked at by all Corporate Peer Challenges cover. These are the areas we believe are critical to councils' performance and improvement:

1. Understanding of the local place and priority setting: Does the council understand its local context and place and use that to inform a clear vision and set of priorities?
2. Leadership of Place: Does the council provide effective leadership of place through its elected members, officers and constructive relationships and partnerships with external stakeholders?
3. Organisational leadership and governance: Is there effective political and managerial leadership supported by good governance and decision-making arrangements that respond to key challenges and enable change and transformation to be implemented?
4. Financial planning and viability: Does the council have a financial plan in place to ensure long term viability and is there evidence that it is being implemented successfully?
5. Capacity to deliver: Is organisational capacity aligned with priorities and does the council influence, enable and leverage external capacity to focus on agreed outcomes?

In addition, the Council asked for specific feedback on how the progress made to date in Halton could be sustained and how the Council was adapting its approach towards being more of an influencer and enabler locally, working in tandem with your partners and the local community. The Council also asked the team to look at their approach to organisational development and how the workforce is being supported and shaped to meet the future priorities.

## The peer challenge process

It is important to stress that this was not an inspection. Peer challenges are improvement focussed and tailored to meet individual councils' needs. They are designed to complement and add value to a council's own performance and improvement. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The peer team used their experience and knowledge of local government to reflect on the information presented to them by people they met, things they saw and material that they read.

The current LGA sector-led improvement support offer includes an expectation that all councils will have a Corporate Peer Challenge every 4 to 5 years. Halton Borough Council had a Corporate Peer Challenge in 2013. Where relevant to do so, findings from that previous peer challenge have been referenced in this report.

The peer team prepared for the peer challenge by reviewing a range of documents and information in order to ensure they were familiar with the Council and the challenges it is facing. The team then spent 4 days onsite at Halton, during which they:

- Spoke to **more than 130 people** including a range of council staff together with councillors and external partners and stakeholders.
- Gathered information and views from **more than 40 meetings**, visits to key sites in the area and additional research and reading.
- Collectively spent **over 300 hours to determine their findings** – the equivalent of one person spending more than 8 weeks in Halton.

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team at the end of their on-site visit (13<sup>th</sup> September 2019). In presenting feedback to you, they have done so as fellow local government officers and members, not professional consultants or inspectors. By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

## 4. Feedback

### 4.1 Understanding of the local place and priority setting

Halton is a unitary authority located in the North West of England which straddles the upper estuary of the River Mersey. The estuary separates the principal towns of Runcorn and Widnes, both of which have distinctive identities. Widnes was part of Lancashire and Runcorn part of Cheshire up until local government re-organisation brought them both within the Cheshire County Council boundary in 1974. This was followed by moving into a new unitary council in 1998 when Halton Borough Council was formed. This history however means the two towns have individual histories which presents both opportunities and challenges to the Council in how it 'leads the place' and how it has been able to administer public services locally. Both members and officers in Halton understand this distinctive historical identity well.

The Council has used a well-developed understanding of place to prioritise economic growth and regeneration of Halton which has happened at pace over a number of years. The most visible example of this being the Mersey Gateway Bridge which has laid an infrastructural platform for further future economic growth, by "bringing Halton together".

The potential this change to the physical connectivity of Halton should not however be limited to economic growth and there is an opportunity to look at the wider potential this may have for the future delivery of public services locally.

Enhancing the role and use of citizen insight to understand if and how resident's perceptions of place are changing and what this may mean for how they wish to access public services in future can have an important role in transforming future delivery models. To meaningfully inform genuine transformation, this type of engagement is not possible solely through individual service – customer interactions and would require a wider citizen/resident perspective.

As the democratically elected leaders of place, all members have a crucial central role in community engagement. There is potential to further support and refresh the community roles that members have in gathering insight and building community capacity, more detail on which is given within the 'Leadership of Place' section. The benefits of wider, more comprehensive resident intelligence should be used to inform the Council's transformation journey but is of equal value to other partners in Halton including the voluntary, community and faith sector (VCFS).

It is now the time for the Council to refocus its work with partners, the VCFS sector and the local community to genuinely co-produce a new long-term vision for Halton using this insight which may go up to 2030 or beyond. Given the changing nature of public service and the pressures placed on it both by a reduction in public spending and an increase in demand – this vision must now more than ever be collectively owned.

To make it happen, a clear set of strategic priorities should be mutually agreed between the partners, with specific accountabilities put in place for each partner for the delivery of these

priorities. This will likely involve the Council taking different roles in the delivery of the vision, doing less by itself and sharing responsibility with others when it is in the best interests of delivering sustainably for Halton. More on this is shown under the 'Leadership of Place' section below.

The Council taking new roles alongside others will mean defining a new operating model for the Council as well as a set of behaviours and values that will need to be met in order for the Council to fulfil this new role. These need to be consistently lived and used to shape all other strategies, business, service, financial and organisational development plans (to name a few).

## 4.2 Leadership of Place

The Council recognises the importance to the borough of being an active member of the Liverpool City Region. The Council has been successful in informing the priorities of the Combined Authority (CA) of which it is a member and securing subsequent funding for highways and transportation, regeneration and learning and skills to Halton via the devolution deal for the city region. The Leader is one of the longest standing members of the CA Board, and there is also member representation on the CAs Transport Committee and its scrutiny committees. In addition, the Council's long-standing commitment to the Cheshire Sub-Regional Leaders Group is evident. The borough forms part of the Cheshire Constabulary and the Cheshire Fire Service and elected members serve on both the Cheshire Fire Authority and the Cheshire Police and Crime Panel.

This demonstrates a quite unique sub-regional context within which the Council operates. With this comes the opportunity of engaging and influencing across a wider geographic footprint although this also places additional demands on the capacity of senior members and officers.

The Council is highly regarded by partners in Halton and has developed positive working relations. Partners locally consider the Council to be a caring organisation which has built a reputation for 'getting things done'.

The Council, as with many others across the local government sector faces growing demand for services and increasingly challenging saving requirements. It has also seen a significant reduction in officer capacity over recent years. What was clear to the peer team is that the Council now needs to develop a new approach in order to continue to 'get things done'. This new approach should be informed by engagement with local residents and partners, to then co-producing a new long-term vision for Halton, underpinned by a clear set of agreed and equally owned strategic priorities.

If the vision and priorities are co-produced successfully, the commitment to delivering the vision will be evident in how the Council, partners and the community work together differently based on shared impact and sustainability. New ways of working will involve the Council, partners, the voluntary, community and faith sector, local businesses and local residents both giving and taking on different responsibilities and roles.

Making this happen will require the Council and partners taking a step back and dedicating time to strategically plan how they work together differently for a more sustainable impact. This will include what partners can do for each other – and be held to account for, but also what they can do differently together, supporting each other in new ways to ensure better outcomes for the people of Halton. It will also include how the Council and partners are able to increasingly utilise local assets including the insight, capacity and capability of the strong, locally proud communities in Halton.

Effective engagement with the local Clinical Commissioning Group (CCG) is particularly important given the socio-demographic and population health challenges faced in Halton and the inseparable impact they often have on social care needs. The Council should continue to work closely with Halton CCG to achieve greater integration between the two organisations. This will mean reflecting on the role that the Council takes in partnership with the CCG to help ensure the best possible outcomes for Halton.

An example of this is in how the Council comes together with others for strategic commissioning. More is included on this under ‘Capacity to Deliver’. The Council and CCG have and continue to benefit from shared working arrangements with a number of Council and CCG staff co-located at the Runcorn Town Hall site, where the peer team were able to observe this joint working in action. The Council also now includes the Halton CCG Director of Commissioning on the senior management team which has been another way in which positive working relationships have been built that the Council can further build on.

There is genuine appetite and potential in the voluntary, community and faith sector in Halton. In defining the new operating model for the Council, it is important to consider the role that the voluntary, community and faith sector can also have in the sustainable delivery of the next set of priorities for Halton. This will mean identifying the ways in which the relationship could be reformed to release this potential. Doing so would include looking at how the Council works with the sector as well as how it engages and commissions the sector. Looking at how the Council can best support the re-established voluntary sector assembly is one part of this. Having a named senior lead at the Council would be an important first step in reviewing this relationship and embedding any reform consistently with the voluntary, community and faith sector.

Private sector partners in Halton hold the Council in the highest regard, as quoted by some “the best Council we deal with” and believe that “...working with Halton is like working with another business”. By this it is meant that the Council is agile and pragmatic when dealing with local businesses and supporting them. As the Council moves into a new operating model, it could now significantly benefit from the assets and opportunities that have been developed in the private sector as well as the relationships formed. One such opportunity may be in further considering the potential that the Sci-Tech Daresbury Park could bring for achieving your place-based priorities for Halton as well as furthering your digital ambitions, given that the Sci-Tech Daresbury Park is a world leading research and business campus in science, engineering and health.

To help the Council implement a new operating model alongside others, a “story of place” should be developed under the new vision. This should build on the stories residents and

partners tell through engagement of where Halton has been, how it has now changed, what is important now and where Halton is heading in the future. Within this the changing role of the Council working with partners and community can then be articulated. A dedicated communications approach should inform how this story is told to different audiences in helping it to be recognised and genuinely owned. This will also help the Council to put future spending decisions into a strategic Halton context, to embed the new operating model and can also be used when engaging with residents as well as partners.

Members of the Council are proud of their democratically elected community leadership roles and the connection they have with their local communities. Following the forthcoming boundary review, the Council have committed to a governance review. Whether it is part of this review, or before then, the Council may also wish to review how members are supported in their roles within the Council and within the community. An example may include how members are supported to promote and develop real engagement at a ward level with all local communities. As community leaders, ward members are well placed to fully understand the plans and priorities in their communities and to ensure that local insight is gathered and understood. One example of this is in how members are informed of forthcoming communications that may affect their wards, which they can then use to engage with local residents and feed insight back.

The team spoke with members about their role in the community in gathering insight, building capacity and helping residents and community groups to both find solutions and solve issues. There is an appetite amongst members to do more of this community capacity building as part of their roles. There are models in place elsewhere that have combined community engagement and community capacity building with real effect which the Council may now wish to look at and pilot locally. This is an example of where the Council may benefit from looking at alternative approaches and good practice being shown elsewhere in the sector.

### **4.3 Organisational leadership and governance**

The Council operates through the Leader and Cabinet model with the Cabinet (known as the Executive Board) chaired by the Leader of the Council. Subject to parliamentary process, the Council is due to implement a Boundary Review in May 2020 which is expected to reduce the number of members from 56 to 54. Following this review and the subsequent election results, the Council is committed to reviewing its governance arrangements to ensure these remain fit for purpose. The members and officers that the peer team spoke to believe that the Leader and Cabinet model is fit for purpose and “helps to get the job done”.

The peer team support the commitment to review how the current model of governance is used and would recommend that a particular focus of this review is to ensure all members are suitably informed and engaged in the decision-making process. This should also include consideration of how all members can be supported to play an increasingly crucial role in building community capacity as part of a new overarching operating model.

It will also be of benefit to review how all members of the Council are supported in their roles in the community. This includes having the right amount of information, in a clear and accessible

way. The amount of information shared should be fit for purpose – to inform, advise, engage, learn and to aid accountability. More on this can be found under the ‘Capacity to Deliver’ section.

The Council as part of the governance review may also wish to consider how the Council’s business is discussed at Full Council. An agenda which gives members the opportunity to discuss other issues, such as the big strategic items for Halton may be of benefit. It may also be useful to have an area on the agenda where “reports back” can be brought and debated.

In the Council’s last Corporate Peer Challenge in 2013, a recommendation was made that the Council “review the Policy and Performance Board (PPBs) role to scrutinise matters before they are presented to the Executive”. During this peer challenge it is evident that this has now been put in place and is valued by members. This has been as a positive development and members report feeling able to influence decision making through this. Following the boundary review and local elections, the Council may now wish to look at the arrangements for call in and whether these could be improved to support the use of additional scrutiny when needed.

The Council has in place a comprehensive member development programme which provides a wide range of learning and development opportunities which are valued by members. Within this programme all members have the opportunity for an annual review to identify development requirements. As the Council moves forward into a new operating model which will have implications and opportunities for both the member and officer roles, reflecting these in the member development programme and accessing the relevant external member development training on offer will be important.

Relations between members and officers in Halton are positive. This has helped the Council to deliver despite the challenges it faces. A long period of stable political and officer leadership has also been an asset to the Council in dealing with the challenging funding position and the increasing demand pressures experienced.

The Leader and CEX of the Council are seen as having a positive working relationship and have a personable and open approach which is appreciated both inside and outside the Council. This is symptomatic of the positive working relations between members and officers across the Council.

The Council has an established strategic management team which meets regularly and includes the chief finance officer. Beyond this is a tier of operational directors in a similar arrangement to most councils. At this level, operational directors do not meet routinely. The Council may benefit from this cohort being brought together more regularly to to share issues, challenges and opportunities as part of supporting the Council to develop more joined-up and strategic solutions. This will help the Council in dealing with its challenges, achieving its priorities and consistently implementing the next operating model.

#### 4.4 Financial planning and viability

Reduced public spending has continued to have a significant impact on the Council. A funding reduction of 29.1% since 2010 has been managed which equates to a reduction in spending of £64 million. At the time of the peer challenge a further £26 million was expected to be required over the next three years. This has brought major challenges for the Council in setting a robust, balanced budget each year. The Chancellor's recent announcement of additional local authority funding for 2020/21 gives the opportunity to update the medium term financial strategy and adjust some underlying budget pressures.

During this period, whilst financial and other resources (such as officer capacity) available to the Council have reduced considerably, the demand for the Council's services have increased steadily, in particular those relating to Adult and Children's Social Care. As a result, managing spending pressures within a significantly reducing budget has been clearly challenging. 2018/19 was the third consecutive year in which the Council recorded an overspend position against the available budget, increasing from £0.6m in 2016/17 to £1.0m in 2017/18 and more than doubling to £2.4m in 2018/19. These overspends have been met from reserves but this is clearly an approach that cannot be sustained.

Initial budget savings approved by Full Council in December 2018 amounted to £4.7m of which £1.2m were one-off. In addition to this, the second set of savings approved by Full Council in March 2019 amounted to £4.6m of which £3.6m were one-off (the largest being the release of a £2.4m Liverpool City Region business rate reserve).

Due to the ongoing financial pressure placed upon the Council and increasing demand, the Council is now in a position in which overspending against the revenue budget is increasing and future savings have a significant reliance on one-off (rather than year-on-year) savings, a number of which will then return in future years.

It is now the time to review the budget setting process in light of this. This should be done to help the Council to more closely align its spend against the vision and priorities for Halton, as well as the role that the Council will take in achieving this, given the move to a different operating model. Space for and time to develop new, strategic savings proposals will be required in this revised process. A number of the savings proposals that come out of this may also require a longer lead in time and investment which should be factored in and planned for accordingly. Examples of this lag may be in terms of the time between implementation and cost reduction (where prevention is concerned) or in other cases the necessary engagement process required with all members, partners and the community. These savings proposals should be planned, in suitable detail over a minimum of a three year period.

Getting this space and time will require additional capacity in some core services but also in additional external transformation capability, both of which are featured in the 'Capacity to Deliver' section below. Whilst the year-on-year revenue budget position is very challenging, there is still room for some 'invest to save' one off investment which the Council can use to do this backed by robust business cases. Reserves and balances have been retained at adequate levels compared to other similar unitary councils and the Council has some flexibility

to use capital receipts which it could use to invest in transformation, if this can bring about ongoing savings or reductions in demand after this one-off funding has gone.

Like many councils, the most significant overspend in 2018/19 was in Children and Families (C&F) which saw an overspend of £4.1m (17.5% of its £23.4m budget). This was despite £3m of growth being allocated to the service in the 2018/19 budget. The Council has acted to address overspend here, most notably its approach to increasing the recruitment of in-house foster carers. This has had considerable success, leading to a position whereby the Council is currently spending £0.4m less against this budget than was forecast in April. There is good practice in how this has been implemented in Halton which others in the sector can learn from. Despite the financial pressures the Council has faced, spending against the High Needs Block (which is funded separately via the Dedicated Schools Grant) has been kept under control at a time when other authorities are experiencing pressure in this area.

The overspend against the Children and Families budget however is significant and given the additional demand pressures being placed on this service area, has reached a point whereby the Council should now review whether these ongoing overspends require permanent, additional revenue funding as part of future budgets. Clarifying this will help the Council in setting a relevant budget which can be monitored more easily during the year for financial performance. In areas where overspend does occur, putting in place cross organisational budget recovery plans which bring together functions corporately from operational to strategic levels with clear roles and responsibilities can help in managing known pressures or overspends and holding each other to account.

The Council has recently purchased a value for money tool which can be used to interrogate Council spend compared to similar councils elsewhere and the outcomes they achieve. This will help in setting future budgets by identifying any areas of the budget which are showing particularly strong financial performance compared to outcomes achieved and any areas where more could be done. This can help in the process of arriving at new, ongoing savings options. Being able to show to members the relative budget spend of the Council (compared to similar councils elsewhere) – particularly against their political priorities will be an important part of the new budget process and in more closely aligning the vision for Halton with Council spend.

There is room for improvement when risk assessing new capital projects, their value for money and how they contribute to the Council's priorities. A clearer process that is better understood, with greater transparency would add to the process. To give itself the ongoing assurance it requires, the Council should review the processes that underpin decisions on capital projects and in particular, the way in which robust due diligence is developed, evidenced and captured, through comprehensive, accessible and clear options appraisals and business plans. Demonstrating this process takes place and is documented is crucially important. The process and record is there to consistently test and clearly communicate the financial, policy, performance and risk implications of decisions and the steps to mitigating known risks or issues as well as the governance and monitoring arrangements around these. They are there to protect the Council, officers and members in robust decision making. The Council has available to it external capacity that can also be engaged in bringing external

perspectives and assurance as part of the decision-making process for both major decisions and in managing the challenging overarching funding position.

In recent years the Council has been successful in being able to use effective treasury management to reduce some of the pressures on net revenue expenditure. The Council has been able to make good use of its available capital to take some pressures off the revenue budget.

#### **4.5 Capacity to deliver**

Officers in Halton are proud of working at a “can do” Council and a “Council that makes things happen”. The question posed to the peer team by the Council at the start of the peer challenge was how the Council can continue to sustain what it is doing for Halton, given the challenges now being faced.

The funding reductions the Council have experienced have significantly reduced the amount of capacity to deliver, with fewer staff and managers across the organisation. This was recognised during the Council’s last peer challenge in 2013 and is clearly more pressing now.

This reduction in capacity is now being felt in many areas of the Council and was particularly visible during the course of this peer challenge in the lack of corporate capacity within the organisation. This includes the capacity for activities such as transformation, policy, performance, HR, finance, project and programme management. This was a deliberate strategy deployed as a way of protecting more of the frontline services – in particular those that have direct contact with the most vulnerable.

A number of officers in ‘corporate’ or ‘enabling’ functions reported repeatedly taking on additional responsibilities beyond their original skill set. This has happened as staff have left the organisation and then have not been replaced. Whilst this has been seen to be the case in a number of authorities over the last 5-10 years, this has now happened to an extent that a number of officers report feeling too stretched and only being able to deal with the challenges immediately ahead rather than making planned, strategic changes that could include delivering differently, reducing demand or costs. One example of this was in the way in which savings proposals were being increasingly sought and put forward – an approach which appears no longer sustainable.

Whilst the Council is reviewing the corporate capacity it has and where this needs to be strengthened, there may be some opportunities to align similar roles within the organisation. This can give some functions additional flexibility and resilience as well as create opportunities for skill sharing. One example of this may be in the use and distribution of performance, business and strategic intelligence capacity.

It would also be of benefit at this stage to review the use of performance information, evidence and insight across the Council to ensure the right type and amount of information

is available to support effective decision making and accountability. Asking where performance information goes (as well as where it could/should), for what purpose it is produced, how it is currently used and how could it be provided differently will be of benefit. This may include improving the type of performance information shared with members for example – to make this more easily accessible and usable. This would help support informed decision making and scrutiny. Whilst members receive a significant amount of detailed information it would now be beneficial to assess whether more information is leading to members feeling more informed or whether a change of approach could help to do this. The ability to effectively analyse information is key to this. The Council may wish to put training in place to support the development of this skill set in a way that does not mean simply producing more information.

The Council's approach to a Public Health Dashboard may be an example of this, particularly if coupled with the Council's digital potential. This could be used to present a clear dashboard of the measures that matter most to members (such as the measures relating to the key priorities as well as the organisational and financial health). As in examples elsewhere digital solutions can be used to interrogate this information further, and in more digestible chunks as required.

The Council has benefitted from embracing digital solutions. Colleagues in finance recognise particularly the contribution this has had on dealing with the demand and funding challenges the Council has faced to date. ICT has been used to help services work in a more agile, efficient and effective way. It has also been used in individual service areas to particular effect – such as supporting the contact centre to manage and plan for demand. There may now be an opportunity to look at how this can be used more strategically in supporting the delivery of the Council's key priorities.

To deliver the type of transformation required and at the pace required, additional external capacity will be required at a senior level for a fixed period. This will be to work with senior members, senior officers internally as well as partners externally to develop and then implement a new operating model for the Council. This additional senior capacity would be required to work with the strategic and operational directors to ensure this way of working is embedded consistently across the organisation but would also benefit from bringing together into a singular team or virtual team the core functions required to support the delivery of the corporate transformation programme.

The peer team are of the view that the Council may find it beneficial to review the existing approach to shared strategic commissioning in Halton, within which there may be real opportunities. There also may be an opportunity to further align commissioning functions. The pooled budget in Halton was highlighted in the previous Corporate Peer Challenge in 2013 and there are now other examples elsewhere of how far these arrangements can go which the Council might learn from when deciding where to take this next locally.

The new operating model the Council arrives at should state the set of expected behaviours and values for members and officers which are essential to it. For officers, these should then be used alongside a detailed workforce profile to shape a new organisational development strategy. The Council has a committed workforce who recognise the

pressures the Council is facing. There is a low turnover rate of just over 8% and with only 3% of the workforce aged under 24 and with 57% aged over 45 there is a need for the Council to develop succession planning in order to address the imbalance in the profile as a large proportion of staff approach retirement age.

Officers are proud to work at the Council and examples were given of people who have stayed at the Council despite opportunities elsewhere. Officers at the Council are very grateful for the professional development that the Council has invested in them, with a number of officers speaking positively about the ILM Level 5 and Level 7 courses they have studied or are currently studying.

The Council has made a real effort in recent times to ensure a consistent application of pay grades following Job Evaluation and has done so via a managed process. In assuring whether the Council has the right type of capability and capacity, the Council may reflect on the skills that are essential to it and whether in some areas the current pay bandings remain resilient given the market elsewhere. There may be in a small number of cases the opportunity to use some flexibility to ensure the Council can retain particularly hard to replace skills.

## 5. Next steps

### Immediate next steps

We appreciate the senior managerial and political leadership will want to reflect on these findings and suggestions in order to determine how the organisation wishes to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. Claire Hogan, Principal Adviser is the main contact between your authority and the Local Government Association (LGA). Her contact details are [Claire.hogan@local.gov.uk](mailto:Claire.hogan@local.gov.uk). Claire will arrange to meet with the CEX in the weeks following the peer challenge to discuss any support needs that the LGA or those elsewhere in the sector can help with.

In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

### Follow up visit

The LGA Corporate Peer Challenge process includes a follow up visit. The purpose of the visit is to help the Council assess the impact of the peer challenge and demonstrate the progress it has made against the areas of improvement and development identified by the

peer team. It is a lighter-touch version of the original visit and does not necessarily involve all members of the original peer team. The timing of the visit is determined by the Council. Our expectation is that it will occur within the next 2 years.

### **Next Corporate Peer Challenge**

The current LGA sector-led improvement support offer includes an expectation that all councils will have a Corporate Peer Challenge or Finance Peer Review every 4 to 5 years. It is therefore anticipated that the Council will commission their next Peer Challenge before 2024.

**CORPORATE PEER CHALLENGE 10-13 SEPTEMBER 2019  
FEEDBACK REPORT**

**RECOMMENDATIONS  
AND SUGGESTED ACTIONS**

**Recommendation 1**

**Work with partners and the community to co-produce and co-deliver a longterm vision for Halton which is underpinned by an agreed set of specific priorities to achieve it.** This should be informed by qualitative and quantitative resident insight and led by a place based system.

**Proposed Action**

The action will pick up the first three recommendations from the Peer Team. It is proposed that a series of activities be initiated across a number of partners and the public between now and the new Council being in place in May.

The activity would be focused on three things:

- Checking/validating that the Council priorities that have been so far for some considerable time are still the right ones.
- Informing public/partners about the ongoing financial challenges facing the authority and the tough choices it is facing (austerity has not ended for local government).
- To identify what partners and the public can do to help make those choices together and what the public and partners can do to help mitigate some of the potential lack of resources.

Those activities would involve various techniques to achieve these outcomes, including:

- Seminars
- Using existing groups and relationships
- Public survey work to gain a representational view from the public
- Inside Halton Borough Council
- Other

The results of that work would then be used by the new Council to develop its programme over the next five years.

This should dovetail in with the results of the Local Government Spending Review when the Council might receive classification as to its future Government grant position, beyond a single year settlement.

**Recommendation 2**

**Engage with partners about the roles the Council and they can take in delivering these priorities and where responsibility, resource, capacity and/or capability can be shared to achieve the priorities for Halton sustainably.**

**Proposed Action**

**Recommendation 3**

**Use this to identify and articulate a new corporate operating model for the Council.** This should state the specific behaviours and values required of officers and members in making the new operating model work.

**Proposed Action**

**Recommendation 4**

**Review the amount of corporate capacity available at the Council.** Examples of this include transformation, policy, performance and data analytics, organisational development, finance, bid writing, project and programme management. Look at how and where these functions and activities can be strengthened or more closely aligned to support the sustainable delivery of your priorities.

**Proposed Action**

The Council is being recommended to establish a fund to enable the Council to strengthen its corporate capacity as part of the 2020/21 budget development process. Particular emphasis being placed on its own internal review processes. It currently has little capacity to initiate change and review the way it operates. To look at alternative ways of doing things requires resources and a particular skill set, that the Council once had through its Efficiency Programme. Any access to the fund would have to be supported by a clear business case to be considered by Management Team and then Elected Members.

The Council is being asked to set aside £500,000 for this purpose as part of its 2020/21 budget considerations. There are already skills available across the organisation and part of the process would be to bring those skills and capabilities together in a 'virtual team'. However, care would be needed not to place further burdens on already stretched individuals so the practicalities of backfilling gaps would need examining.

#### **Recommendation 5**

**For at least a fixed period, add additional senior capacity which will support the Council to transform from its current operating model to the new, more sustainable model.** This additional, senior capacity should work alongside members, officers and partners and be supported by an alignment (virtually or otherwise) of the key functions required to bring about a successful and sustained transformation to the new operating model. This additional senior capacity should be aligned to the functions required to make the transformation required happen.

#### **Proposed Action**

It is suggested that such a position(s) should report directly to the Strategic Director, Enterprise, Community and Resources and that any resources to be appointed in this was follow the process outlined in the recommendation above.

#### **Recommendation 6**

**Review the existing workforce profile in detail both as it is now and how it needs to be in light of the new operating model.** Use this to set out a strategic approach to organisational development which seamlessly connects officer development and the resources available for this with the development needs of the new organisation.

#### **Proposed Action**

This work is already underway and being undertaken through the Policy, People, Performance and Efficiency Division.

**Recommendation 7**

**Review the budget setting approach linked to an updated medium term financial strategy to enable more, longer term, strategic and sustainable savings proposals to be developed, staged and implemented.** This process must be closely linked to the vision and priorities for Halton and should inform the Council's new operating model.

**Proposed Action**

It is suggested that this piece of work takes place once the long term position of local government finance is known. That is, when the Council hopefully receives a financial settlement lasting more than one year. It is proposed that the review be undertaken by the Budget Working Group, who would consult all members of the Council as part of the process. The Council's existing budget process has been successful in managing significant budget reductions, although not without consequences; any new arrangements need to be carefully considered.

**Recommendation 8**

**Following the forthcoming boundary review and subsequent local elections, review local governance arrangements** to ensure that the Council is getting the most benefit it can from the current model of governance in enabling and supporting all members to perform their roles.

**Proposed Action**

This work is to be picked up by the Structures Working Group following the local elections in May. This was agreed at a recent meeting of that Group.

**Recommendation 9**

**Review the model of local community engagement in place.** Included within this is the role that all members can play in drawing on the insight of local residents, building capacity and helping the community to both find and develop solutions.

**Proposed Action**

This will be picked up as part of the work identified against recommendation no 1.

**Recommendation 10**

**Bring together the due diligence, evidence and options appraisal information into a consistent, robust, singular business planning process for all investments or savings proposals.** This is crucial for the Council and will help ensure all decisions are consistently assured against key questions and criteria. This will help document a robust evidence base for future decisions which states the risks, issues, performance and policy implications of decisions made. It will clearly articulate any risk mitigation and monitoring arrangements.

**Proposed Action**

It is proposed that a single template be produced by the Finance Team which would be used to complement the existing reporting process. It should assist the decision making process for both Management Team and Elected Members. Thresholds would need to be set as to which projects/investments the template should be applied to.

**Recommendation 11**

**Review the Performance Management Framework to ensure the right type and amount of information is available to support effective decision making and accountability.** Asking where performance information goes, for what purpose it is produced, how it is currently used and how could it be provided differently will help to ensure a performance management framework is in place which is of most benefit to the Council.

**Proposed Action**

The existing framework has served the Council well but it is accepted that it could do with a review and would benefit from being simplified. Those performance reports are the principal tools used by the PPBs to hold the executive to account. It is suggested that the Chairs' Group carries out this piece of work, presenting its recommendations to the rest of the Council.

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	19 March 2020
<b>REPORTING OFFICER:</b>	Strategic Director, People
<b>PORTFOLIO:</b>	Children, Education & Social Care
<b>SUBJECT:</b>	Draft One Halton All-Age Carers Strategy
<b>WARD(S)</b>	Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

- 1.1 To present the final draft of the One Halton All-Age Carers Strategy to Members of the Executive Board.

## 2.0 **RECOMMENDATION: That Executive Board approve the Strategy and Delivery Plan.**

## 3.0 **SUPPORTING INFORMATION**

### 3.1 **Background**

Halton Borough Council and NHS Halton Clinical Commissioning Group (CCG) have a joint Carers Strategy that was produced a few years ago. It was felt timely to re-establish a Carers Strategy Group to focus on developing a new One Halton All-Age Carers Strategy so that we have a holistic and joined up approach across Halton. The group was established and involved a range of community and voluntary organisations, as well as statutory groups who work with carers. The new strategy is based on a good practice guidance and the requirements as defined by the Care Act 2014.

### 3.2 **Consultation in the development of the Carers Strategy**

Throughout the development of the Carers Strategy, there have been a number of consultation events across Halton, as below.

- *Carers Forum - 7<sup>th</sup> March 2019* the Carer's Centre and Halton Borough Council organised a Carer's Consultation Event which took place at the Stadium in Widnes. All carers known to the Council and the Carer's Centre were invited and over 80 people attended the event.
- *Carers Week 8<sup>th</sup> – 16<sup>th</sup> June 2019* - Carers had the opportunity to complete a short questionnaire to feed into the development of this strategy based on what carers thought was working well and what could be improved. This also included a short session with young carers through the R-Time Young Carers Group.

- *Carers Forum – 15<sup>th</sup> October 2019* - This was a drop in event held at the Stadium in Widnes. Carers were offered the opportunity to have their voice heard, and to review the draft carers strategy. For those people who were unable to attend the event, the Carers Centre sent out the strategy on email and a questionnaire was distributed.

### 3.3 Draft Strategy

#### 3.3.1 Contributions to the draft strategy came from all members of the Carers Strategy Group including:

Citizens Advice Halton; Carers Centre; Alzheimer's Society; Age-UK Mid-Mersey; GP Federation; British Red Cross; Crossroads Care NW; Bridgewater; Department for Work and Pensions; NW Boroughs; NHS Halton CCG; and adult and children's services from Halton Borough Council.

#### 3.3.2 The Delivery Plan has been drafted from the gaps in services that were identified from the development of the strategy document. The Delivery Plan will be a "live" document that will drive priority areas for improvement forwards, ensure continuity and be led by the Carers Strategy Group in the first instance who will meet on a quarterly basis.

### 3.4 Launch of Carers Strategy

Once approved, the strategy will be launched across Halton through a number of different means, including a Carers Forum at the end of April organised by the Carers Centre, through the R-Time young carers group, as well as via the Communications and Marketing team on social media and the Council's website, etc.

## 4.0 **POLICY IMPLICATIONS**

#### 4.1 There are two main pieces of legislation that define how local authorities and providers support carers, namely the Care Act 2014 and the 2014 Children and Families Act. The [Care Act 2014](#) and the [Children and Families Act 2014](#) introduced a number of reforms to the way that care and support for adults with care needs are met. It requires local authorities to adopt a whole system, whole council, whole-family approach, coordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children.

## 5.0 **OTHER/FINANCIAL IMPLICATIONS**

#### 5.1 To ensure continuity of the Carers Strategy and Delivery Plan, the first priority is to decide which group will lead on the implementation

and monitoring of this. In the first instance, the Carers Strategy Group will take on this responsibility, meeting on a quarterly basis.

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

**6.1 Children & Young People in Halton**

The implementation of the All-Age Carers Strategy in Halton aims to improve experiences for young carers and their families and support them by giving them opportunities to reach their full potential whilst undertaking their caring duties.

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

None identified.

**6.3 A Healthy Halton**

The implementation of the All-Age Carers Strategy in Halton aims to support adult carers to improve their experiences throughout their time as a carer and beyond.

**6.4 A Safer Halton**

None identified.

**6.5 Halton's Urban Renewal**

None identified.

**7.0 RISK ANALYSIS**

7.1 It is vital that the needs of Carers in Halton are met. This is strengthened by national guidance detailing clear areas to be included and addressed.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment has been completed for this strategy.

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

None.



# ONE HALTON CARERS STRATEGY 2020 - 2023 And DELIVERY PLAN

**Contents**

Foreword ..... 4

1.0 INTRODUCTION..... 5

    1.1 The aim of this strategy ..... 5

    1.2 Who is A Carer?..... 5

    1.3 National Context ..... 5

    1.4 Local Context ..... 6

        1.4.1 What do we know about Carers in Halton..... 7

    1.5 Where are the gaps? ..... 8

2.0 Identification and Recognition of Carers ..... 9

    2.1 How do I know I'm a Carer? ..... 9

    2.2 What are the benefits to registering as a carer? ..... 9

    2.3 Where are the Gaps?..... 10

3.0 Involving and Listening to Carers..... 11

    3.1 Carers Consultation Event ..... 11

    3.2 Carers Week 8<sup>th</sup> – 16<sup>th</sup> June 2019 ..... 12

    3.3 Carers Forum – 15<sup>th</sup> October 2019 ..... 12

4.0 Young Carers..... 14

    4.1 Education..... 14

        4.1.1 Young Carer in Schools (YCiS) Award ..... 14

        4.1.2 Educational opportunities ..... 15

    4.2 Where are the Gaps?..... 15

5.0 Transition to Adulthood..... 17

    5.1 Where are the Gaps?..... 17

6.0 Employment and Skills..... 18

    6.1 Where are the gaps? ..... 19

7.0 Older Carers ..... 20

    7.1 Age UK Mid-Mersey..... 20

    7.2 Where are the gaps?..... 23

8.0 Carers of People with Dementia ..... 24

    8.1 Where are the gaps? ..... 25

9.0 Health and Wellbeing of Carers..... 27

    9.1 The impact of being a Carer ..... 27

    9.2 Mental health ..... 27

    9.3 Flu Immunisation ..... 28

    9.4 Cancer screening ..... 28

    9.5 General health check ..... 28

9.6 Where are the gaps?..... 29

10.0 When the caring role ends ..... 30

10.1 Where are the gaps?..... 30

DRAFT

## Foreword

This new All-Age Carers Strategy in Halton aims to take a more joined-up and holistic approach to supporting Carers. Carers are a valued part of the community of Halton and Halton Borough Council (HBC), NHS Halton Clinical Commissioning Group (CCG) and the voluntary sector share a commitment to work together to improve the lives and opportunities for children, young people and adults who are carers in Halton.

Every year, across the country, more and more people take on a caring role. The enormous contribution of our carers not only makes an invaluable difference to the people they support, but it is an integral part of our health and social care system.

The Strategy and the Delivery Plan set out our current position, the areas for improvement that we need to focus on over the next 3 years and the outcomes for individuals that we want to achieve. The Delivery Plan has been developed in conjunction with children and adult carers, along with the key providers of services within Halton. We would like to thank everyone who has been involved with the development of this Strategy and Delivery Plan.

Rob Polhill  
*Leader of the Council and  
Chair of the Health and Wellbeing Board*

## 1.0 INTRODUCTION

### 1.1 The aim of this strategy

This high level strategy is designed to support all carers in Halton, and ensures that services across the borough work in collaboration with key partners to implement Halton's priorities, as well as national priorities. The strategy aims to identify areas that require improvement, based on the views of adults and child carers in Halton, that link in to the national statutory guidance and national consultation.

### 1.2 Who is A Carer?

A carer is someone who provides unpaid support to a family member or friend who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Each carer's experience is unique to their own circumstances. Carers can be any age, from children to older people, and from every community and culture. Some carers may be disabled or have care needs themselves.

The Care Act's definition of an adult carer is ".....someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation."

The Carers Trust<sup>1</sup> definition of a Young Carer is "...someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol."

### 1.3 National Context

There are two main pieces of legislation that define how local authorities and providers support carers, namely the Care Act 2014<sup>2</sup> and the 2014 Children and Families Act<sup>3</sup>. The **Children and Families Act (2014)** aims to ensure that all **children**, young people and their **families** are able to access the right support and provision to meet their needs. The **Act** outlines a new Code of Practice for **children** and young people with special educational needs and disabilities (SEND).

The [Care Act 2014](#) and the [Children and Families Act 2014](#) introduced a number of reforms to the way that care and support for adults with care needs are met. It requires local authorities to adopt a whole system, whole council, whole-family approach, coordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children. This means that children's and adults' services must have arrangements in place to

<sup>1</sup> <https://carers.org/about-us/about-young-carers>

<sup>2</sup> <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-8-the-law-for-carers>

<sup>3</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

assess young carers and ensure that no young person's life is unnecessarily restricted because they are providing significant care to an adult.

Carers are now recognised in law in the same way as those they care for. The Care Act gives carers the right to an assessment based on the appearance of need. Eligibility criteria do not apply to a carer's assessment (though they do apply for eligibility for services). The Care Act places a duty on local authorities to:

- Prevent, reduce and delay the need for support, including the needs of carers;
- Provide information and advice to carers in relation to their caring role and their own needs; and
- Work together with NHS partners and others in delivering the Care Act functions.

**The NHS Long-Term Plan**<sup>4</sup> January 2019 states that carers will benefit from greater recognition and support. The NHS will improve how they identify unpaid carers, and strengthen support for them to address their individual health needs by introducing best-practice Quality Markers for primary care that highlight best practice in carer identification and support. In terms of Young Carers, the NHS will roll out "top tips" for general practice which have been developed by Young Carers, which include access to preventative health and social prescribing, and timely referral to local support services.

#### 1.4 Local Context

Halton has a number of key local strategies and policy documents that are key drivers in areas of priority for health and social care. The documents are all accessible on the HBC website at [www.halton.gov.uk](http://www.halton.gov.uk), and include the One Halton Health and Wellbeing Strategy 2017 – 2022; Halton Joint Strategic Needs Assessment (JSNA) 2017; Pan Cheshire Local Safeguarding Children's Board Procedures 2017; Adult Social Care Local Account 2017/18; Safeguarding Adults in Halton: Interagency Policy, Procedures and Good Practice Guidance 2015 – 2018; and Children, Young People and Families Plan 2018 – 2021.

#### Overview of Halton's population

The population of Halton, as of 2018, is older on average than that of England.[1] There is a greater proportion of the over-all Halton population aged 50-69 than England and, a much lower proportion of the population aged between 15 and 44. This emphasises the potential for an ageing population to impact upon the borough's working age population. Although there are currently a lot of people of working age in Halton, many are within 10-20 years of retirement age and so this may present issues with workforce population in the future.

<sup>4</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

The age breakdown of Halton’s population is expected to change over the next two decades. The proportion of people over the age of 74 is expected to swell and the proportion of children and people of working age is expected to contract. This is the case nationally also, but is predicted to be emphasised more so locally. As of 2018 12.2% of Halton’s population are aged 70 and above, whereas, in 2041 Halton’s projected population aged over 70 will represent almost a fifth (19.5%) of the entire population of the area.

**1.4.1 What do we know about Carers in Halton**

The last Census in 2011 identified that the population of Halton included 12% of carers, or 15,018, broken down as follows:

Indicator	Halton 2011 Census %	Halton 2011 Census number
Provides 1 – 19 hours unpaid care a week	6.4%	8,009
Provides 20-49 hours unpaid care a week	1.9%	2,440
Provides 50 or more hours unpaid care a week	3.6%	4,569

In comparison, from our own figures, we know that in Halton there are currently 5,534 carers who are known to our services. The majority of these are registered with the Carers Centre and receive support from them. This shows that there are many more carers out there who have not identified themselves as a carer, or have not registered with the Carers Centre.

The Carers Centre collate information on a regular basis and the information below is a snap-shot of their data, based on a few different categories, to give an overview of what we know about Halton’s carers. Below is a breakdown of all carers in Halton (that we are aware of) covering gender, ethnicity and age of carers in Halton as of August 2019. The data shows us that although the majority of carers in Halton are from a White British background, there are at least 12 other ethnicities of carers and this is something we need to consider when working with carers.

Gender	
Male Carers	1,842
Female Carers	3,692
<b>Total</b>	<b>5,534</b>

Age	
0 – 17 years old	719
18 – 64 years old	3,258
65 plus	1,557
<b>Total</b>	<b>5,534</b>

Ethnicity			
White British	5230	Indian	5
White Irish	30	Pakistani	1
Any other white background	18	Bangladeshi	7
White and Black Caribbean	5	Chinese	1
White and Black African	1	Black African	1
White Asian	14	Black Caribbean	3
Any other missed/multiple ethnic background	17	Non Stated	201
<b>Total</b>			<b>5,534</b>

Carers do have the opportunity to register formally as a carer through their GP so that their GP can signpost them to further support, but many carers do not know about this, and/or are not asked about their caring role by their GP. Although GPs record information about carers, the numbers are quite low in comparison to the data from the Carers Centre. This is an area that we need to focus on improving and will be highlighted in the Delivery Plan as an area for further development.

### 1.5 Where are the gaps?

- Understanding the full picture of carers in Halton.
- Standardised procedures for identification of carers through GPs.
- Ethnicity – increase the range of offers available to ethnic groups identified as carers – the Carers Centre can produce literature in different languages and forms (braille), if requested. They do not have a stock of these but can be ordered if needed. They have access to interpreters if there are any language barriers.

## 2.0 Identification and Recognition of Carers

The easiest ways to be formally recognised as a Carer are through your social worker undertaking a carer's assessment, registering as a carer through your GP or registering as a Carer with the Carers Centre.

### 2.1 How do I know I'm a Carer?

Many people with caring responsibilities don't see themselves as carers, but rather as a parent, spouse, son, daughter, partner, friend or neighbour. They support their family and do not think of themselves as "carers" or are not recognised as Carers by professionals and/or the community. Many carers would never use the term carer, even if they are one, as it's not how they wish to view their role and also it positions the cared-for person in the role of a dependent person, which they might not want to be viewed as.

**Myth buster - If I reach out for support or register as a carer, the person I care for could get taken away by social services/or I could get taken into care?**

This is the biggest concern we hear from carers wanting to reach out for support. **But the truth is**, this only happens in really extreme cases as a last resort, like if someone is being harmed or is in an unsafe situation.

### 2.2 What are the benefits to registering as a carer?

Research has shown that having support in your caring role can reduce feelings of isolation, help you to do more of the things that you like doing, improve health problems and help carers continue in their caring role.

By identifying as a carer (you don't have to be called that), carers can access lots of support to help them in their day-to-day lives, from social care services, the Carers Centre, the NHS or the voluntary sector or from more mainstream services like adult education centres, libraries and community centres.

When a carer registers with the Carers Centre they can access all their services which includes:

- Information and advice; emotional support; counselling; pamper sessions; podiatry; trips; training; coffee/support groups and carer funding.

The Carers Centre also refer onto other organisations for carers' assessments, respite, benefits advice, health improvement, etc.

#### **Hannah's story**

Hannah is elderly and has numerous health conditions. She lives independently in her own home however she also receives support from her daughter on a daily basis.

Hannah's daughter, Sarah visits her mum each day and enjoys spending time with her. They often have a cup of tea and a slice of cake and catch up on what each other has been doing throughout the week. Sarah supports her Mum to do her shopping, supports her with all of her medical appointments and assists with the practical aspects of her finances; going to the bank etc. Sarah does not consider herself to be a carer for her mum. She states that she provides the support as her daughter and does not wish to/feel it's important to be formally recognised as a carer.

### **2.3 Where are the Gaps?**

- Improved joint working across partners
- Working in Schools to promote awareness of carers
- Information sharing and raising awareness of carers within GP Surgeries
- Publicity around carers to be more widespread- including the following areas:
  - Bus Stops
  - Social Media
  - Local Radio
  - Taxi's
  - Community Transport

### 3.0 Involving and Listening to Carers

A number of different events have taken place across the year to capture the views of carers to feed into this strategy.

#### 3.1 Carers Consultation Event

On 7<sup>th</sup> March 2019 the Carer's Centre and Halton Borough Council organised a Carer's Consultation Event which took place at the Stadium in Widnes. All carers known to the Council and the Carer's Centre were invited and over 80 people attended the event.



### 3.2 Carers Week 8<sup>th</sup> – 16<sup>th</sup> June 2019

As part of Carers Week, the Carers Centre held a number of events to highlight the importance of the caring role and to connect carers to other carers in Halton. Over 230 carers attended the week's events which included two information and advice events, a bingo night and a cream tea afternoon.

Carers also had the opportunity to complete a short questionnaire to feed into the development of this strategy based on what carers thought was working well and what could be improved. This also included a session with young carers through the R-Time Young Carers Group.

During carers week the Carers Centre held outreach in several venues throughout the borough promoting carers and identifying members of the public who had a caring role. Within their office they hired a marquee for the garden which enabled them to hold events during the week. These events included an adult carers information day where we invited 20+ services from the borough to come along and host a stand on the services they offer in the borough, the day was then for carers to drop in at any time to find out what support is available.

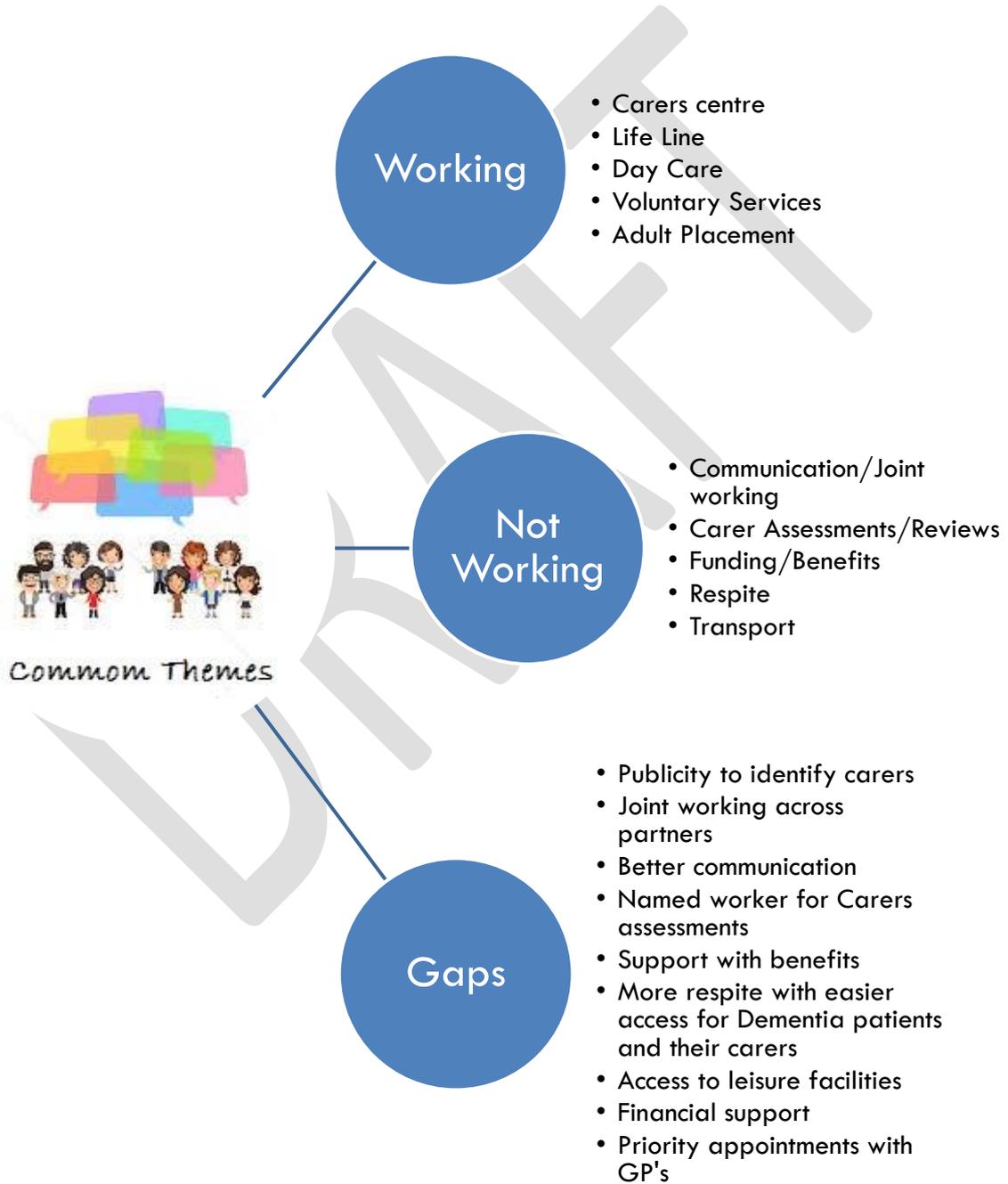
The Carers Centre also had a similar day dedicated to young carers support and services in Halton. They were able to hold three fundraising activities during the week which included a prize bingo, a cash bingo and a craft fayre. All these events were open to registered carers and residents of Halton. The final event was held on Friday which was a strawberry tea event where carers were invited to the Carers Centre to celebrate the work they do, a spot of lunch was provided with entertainment.

For Halton Carers Centre, Carers Week was a great success and feedback that was received from Carers and other organisations in the borough was very positive.

### 3.3 Carers Forum – 15<sup>th</sup> October 2019

This was a drop in event held at the Stadium in Widnes. Carers were offered the opportunity to have their voice heard, and to review the draft carers strategy. For those people who were unable to attend the event, the Carers Centre sent out the strategy on email and a questionnaire was distributed.

**Common themes** have been pulled out from all the feedback we have received and are captured below. More detail can be found at the Appendix to this strategy.



## 4.0 Young Carers

### 4.1 Education

Of all the different services and agencies, schools come into contact with the biggest number of young carers in most communities though not all will be aware just who their young carers are. Every school in Halton has a designated person for young carer issues. Young Carer Workers from the carers Centre liaise closely with schools and school can often provide a safe space for young carer drop in services and reviews to take place.

#### **Myth buster - Will people treat me differently if they find out I am a young carer?**

We know that young carers can worry that they will be bullied if people find out. However, we also know that people who bully others often do so because they feel the person they are bullying is "strange" or "different." There are many thousands of young carers in this country; there is nothing strange about it. The more young carers who come forward and are open about who they are, the less likely they are to be bullied. If you do find that you are bullied, there are lots of things we can do to help.

#### 4.1.1 Young Carer in Schools (YCiS) Award

Halton schools are encouraged to apply for the YCiS award. This national initiative was developed jointly by the Carers Trust and The Children's Society and is free to all schools, making it as easy as possible to support young carers and recognise good practice. The award process comes with a range of resources, guidance, and practical tools to help your school raise awareness about issues affecting young carers and remove any barriers to education and school life.

Bronze, silver and gold awards are all based on five key principles of understand; inform; identify; listen and support.

Schools in Halton have found these principles build on their existing initiatives to support vulnerable pupils in the school community. Halton Carers Centre and representatives from the young carers strategy group can be contacted to support schools with the application process.

#### 4.1.2 Educational opportunities

The 14 – 19 Team in Halton work with young people who are not in education, training and through their work have the opportunity to identify if there is a barrier to participation because of caring responsibilities.

Those that are in further education, training or employment are the ones we are less likely to have recorded as a Young Carer, especially if they've transitioned from school straight into Post 16 education or training without needing support from the 14-19 team. This means that the overall figure for Post 16 Young Carers that is held on this system is not a true reflection of all 16 & 17 young carers in the borough.

#### 4.2 Where are the Gaps?

- More choices for young carers
- More Youth clubs
- Courses: e.g. First Aid refresher course
- Support for young carers who are siblings of disabled children

##### Jack's story

Jack withdrew from Further Education course due to the pressure of his caring responsibilities and the effect this was having on his own physical health. A Young People Caseworker from the 14-19 Team referred Jack to an Engagement Worker from Career Connect to explore Jack's short and long term careers aims. Further to this Jack was referred to a Coach, commissioned by the 14-19 Team, who provided support to address emotional/environmental and health barriers to participation in education or training. With intensive support Jack obtained part time employment and plans to build on this by gaining an apprenticeship in the near future.

##### Holly's story

Holly didn't achieve full potential in school due to the complexities of her caring responsibilities. At 16 years old Holly did not progress to Post 16 education or training. A Young People Caseworker from the 14-19 Team referred Holly to a Coach, commissioned by the 14-19 Team, who provided intensive 1-1 and peer coaching sessions. Holly progressed to completing an employability programme, including attaining Level 2 Maths and English and plans to build on this by gaining an apprenticeship in the near future.

**Young Carers Poem**

*I am a Young Carer!*

*We are young carers part of an elite group,  
Part of a special task force, the unseen troops.*

*The camouflage we wear, truly is the best.  
We walk through the streets, yet look just like the rest.*

*We work around the clock, to help the ones we love,  
And we will never stop, until the work is done.*

*Our mission is a tough one, often misunderstood,  
Not able to do the kinds of things, a child of our age should.*

**Halton Young Carer – aged 12 years**

## 5.0 Transition to Adulthood

As young carers reach the transition age (between 16 and 25 years old) they will face the possibility of leaving school to attend college, university, training and find a job. These are significant challenges for any young person and can be considerably more challenging for young carers.

Young adult carers (between 18 – 25 years old) can have very different needs and circumstances to young carers and services need to reflect this difference.

Young adult carers will also make the transition from services provided by Children's Services to those provided by Adult Social Care, as well as engaging in the universal services aimed at supporting adults.

When a young carer reaches the age of 16, the Carers Centre will include them in both young carer and adult carer information and activities to support them during the transition to adulthood. This can be a difficult time for some young carers, especially if there is only one carer in the family.

Young people in Halton have told us that they struggle in the transition period as they feel too old for traditional children's services but that equally adult services do not seem to always appreciate their needs as young people. This is an area for improvement in Halton.

For young carers transitioning to adult carers the Carers Centre follow the Young Carer – Adult Young Carer plan. When a young carer turns 16 years of age they are introduced to the adult carers support team and given a named support worker so they can, over the two years, start getting to know the adult team. They can also use both Young Carers Services and Adult Services too in this timeframe.

### 5.1 Where are the Gaps?

- Support with Transport costs, e.g. there are bus passes available to travel to and from school, but out of school it is difficult to access activities.

## 6.0 Employment and Skills

Enabling people with caring responsibilities to fulfil their employment and skills potential

The Department of Health and Social Care "Carers Action Plan 2018 – 2020"<sup>5</sup> states that around one in nine working people have informal caring responsibilities, but many of these experience substantial challenges in balancing employment and their caring role.

A government-funded and independently evaluated project looked at what works to support carers to remain in or return to the workplace. The Carers in Employment<sup>6</sup> (CiE) project took place between 2015 and 2017 with nine Local Authorities who were encouraged to develop local solutions to support carers to remain in or return to work. The project found that there is a complex set of challenges when supporting carers in work, and highlighted the importance of raising the profile of working carers as a group in the workplace. Some employers involved with the project introduced carer-friendly HR policies and practices and encouraged flexible working arrangements.

### Denise's story

Denise cares for her husband; he had had multiple mobility and health conditions for several years. She was feeling overwhelmed and contacted the project team; she received funding for a weekend of respite care. Staff encouraged her to approach her employer's HR department and found her employers to be supportive and flexible. In addition to flexible working, her employer teamed up with a third party specialist care agency to provide emergency support. Denise is now entitled to five hours paid care from an outside agency, funded by her employer.

Part of the work of Halton's Carers Centre involves going into workplaces to work with employers to identify and assist working carers. This entails providing tips and practical examples to employers of ways that can help them make the most of their working carers workforce, improve their staff wellbeing and reduce both turnover and sickness. They also provide regular drop in sessions with several organisations within Halton for working carers which are based at the worksite so that carers who cannot attend the Carers Centre during the open hours can meet with Centre staff to discuss their caring role.

<sup>5</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/713781/carers-action-plan-2018-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf)

<sup>6</sup> <https://www.scie.org.uk/carers/employment>

## 6.1 Where are the gaps?

- Employer support for Working Carers in organisations within Halton.

### **Myth buster - Is it true that if I register as a carer I won't be able to stay employed or continue studying?**

Caring can of course be hard and time-consuming, so often people find it hard to continue working or studying. But the truth is, registering as a carer means you can get access to the support you need to enable you to continue working, studying and caring, if that is something you wish to continue. Carers often tell us they want to stay in employment or continue their academic or career paths, and the support and advice we offer can help you achieve this.

DRAFT

## 7.0 Older Carers

“Responding to the Voice of Older Carers – building on what works”<sup>7</sup>, Research in Practice states that the number of older carers is increasing and for many people becoming a carer later in life involves the transition from a more independent life to the role of a carer, when social care professionals may become involved in their lives, often for the first time.

The Princess Royal Trust for Carers (2011) carried out an online survey of 639 older carers and highlighted these key findings (which although it is nearly 10 years old, are still pertinent today):

- Carers aged 60-64 experience the most financial difficulty, often juggling work with caring responsibilities for more than one person.
- The majority of older carers report caring for 60 or more hours per week – particularly those carers aged 70 or over.
- Two thirds of older carers have long-term health problems or a disability themselves. Commonly reported conditions are arthritis and joint problems, back problems, heart disease, cancer and depression.
- One third of older carers reported having cancelled treatment or an operation they needed due to their caring responsibilities.
- Over three-quarters of carers aged 60-69 said caring had a negative impact on their mental health.
- Less than half of carers aged 70 and over who have to lift the person they care for do not feel they can do this safely and confidently.
- More than eight out of ten older carers have worries for the future, about what will happen to the person they care for if they can no longer care.
- More than one third do not get breaks away from caring, and a further third get a break only once every two to three months or less.



### 7.1 Age UK Mid-Mersey

In 2011 there were 8.2 million carers in the UK, but by 2015 these numbers had risen to over nine million; these carers are helping loved ones who have increasingly complex and multiple care needs.

Of these, there are now over two million carers aged 65 and over, 417,000 of whom are aged 80 and over and many of them have themselves health and social care needs. Age UK analysis shows over 37 per cent of carers aged 80 and over are providing 20 hours or more of care a

<sup>7</sup> [www.ripfa.org.uk](http://www.ripfa.org.uk)

week, while 34 per cent are providing 35 hours or more. Yet nearly two thirds of older carers themselves have a health condition or disability, while 72 per cent report feeling pain or discomfort, rising to 76 per cent for those who provide 20 or more hours of care a week. Carers often also feel lonely and isolated or excluded from society.

Further evidence from Age UK research indicates that although overall the numbers of carers are rising, there has not been a substantial increase in the proportion of the population providing care. This is set alongside rapidly rising levels of unmet need and the impact of changing family structures, greater geographic dispersal, and rising State Pension age this suggests that the provision of informal care has not been able to fill the gap left by declining provision of formal care services.

Locally, Age UK Mid Mersey have been a strong advocate for the ethical care charter and worked in the community to highlight the work done by carers, both paid and unpaid in supporting the often desperate care needs of an ageing population. Much of our core work, funded by the local authority includes the provision of extensive and often complex face to face advice and support to older carers and families to access a range of support to improve the welfare, living conditions, independence and quality of life of local older residents. The demand for this work is constantly rising and increasingly complex.

Our Community work on dementia and on safeguarding dovetails into care needs and the organisation is active on a range of strategic boards that influence the shape and quality of services in the care sector. A live case study below demonstrates the impact on and support given to an older carer in Halton.

#### Age UK Mid-Mersey - Halton Case Study

##### ABOUT THE PERSON

A married couple Tom and Sadie are aged 70 and 68 respectively. They live in social housing in the Widnes area. They are both retired and have both been in ill health for several years. Also living in the family home is a dependent adult son, whom Tom and Sadie care for with limited input from outside agencies.

##### WHAT WAS THEIR PROBLEM?

Tom had seen the Age UK Mid Mersey (AUKMM) Widnes Market outreach stall whilst he was out shopping. He approached the AUKMM stall with concerns initially about his adult son who was in ill health but was not claiming any benefits. AUKMM Information Officer was able to explain to Tom that because his son was under 50 years of age AUKMM would be unable to help directly with his son however it was

explained to Tom that we could do a warm referral to Halton CAB to obtain help and support for his son.

The Age UK Mid Mersey Information Officer then asked Tom about his circumstances and if there was anything we could help with further. Tom then revealed that he was in rent arrears with his landlord and struggling to manage due to his own poor health. Tom revealed that his wife was in very ill health and had her Personal Independence Payment (PIP) benefit stopped because she did not attend for a medical. Sadie had been on Disability Living Allowance (DLA) for 10 years due to her health and finds it extremely difficult to look at all her health problems and could not face the stress of going to have a medical assessment. The loss of income has exacerbated the family's financial situation and wellbeing.

#### **WHAT DID YOU DO TO MAKE A POSITIVE DIFFERENCE?**

The information officer suggested another ill health benefit called Attendance Allowance and ordered the form and explained to Tom that Sadie would not have to attend a medical to qualify for the benefit. The Information Officer also explained that they would do a full benefit check to get them both the help they needed.

#### **WHAT OUTCOMES DID YOU ACHIEVE?**

The Age UK Mid Mersey Information Officer arrange an appointment to go out to see Tom and Sadie on a home visit to complete a full benefit check and the attendance allowance forms for both of them subject to qualification.

The home visit produced a successful outcome with both Tom and Sadie awarded Attendance Allowance at the higher rate of £85.60 per week in addition Sadie received a backdated payment of £1112.80.

The Age UK Mid Mersey Information Officer also contacted Widnes Link and the couple received a backdated rent award of £1276.34 to cover all the rent arrears.

#### **ADDED BENEFITS**

Tom and Sadie were not on guaranteed pension credit and once Attendance Allowance was awarded the Information Officer was able to secure a payment of £34.95 per week this included the care element so both clients are now able to receive free dental care and spectacles.

In addition, to help with winter fuel bills the Information Officer secured Warm Home Discount of £140. Their son who was referred to Halton CAB is now on

Universal Credit and in the process of applying for PIP and this has taken away the financial pressure the family was experiencing.

#### QUOTES/FEEDBACK FROM OLDER PERSON

*What did the older person say about the service, its quality, the difference it's made?*

Sadie in her own words said "relief I do not have to go through all the stress of a medical a lot of pressure has been taken away. I feel thankful my husband approached you and you took the time to visit me and I feel grateful for all the help you gave me and how sympathetic and professional you have been".

Tom visited Widnes Market recently and advised the Information Officer that the family is taking a three day holiday in Wales to visit a relative something which would have not been possible before the intervention.

#### 7.2 Where are the gaps?

- More support with Direct Payments
- Availability and range of Respite Care especially in terms of pre-booking
- Training for older carers.

## 8.0 Carers of People with Dementia

Caring for someone with dementia can be different from caring for people affected by other types of illness or disability because of the complex, unpredictable and progressive nature of the illness. Carers of people with dementia are likely to have higher than normal levels of stress, and report higher levels of depression than carers of other older people<sup>8</sup>. Consequently, carers' needs for practical and emotional/psychological support to relieve the emotional stress of caring are especially high.

The Carers Trust paper 'A road less rocky – supporting carers of people with dementia' (revised 2018) identified that carers experience common gaps at critical points in the dementia journey including from diagnosis, taking on an active caring role, dealing with a decline in a loved one's capacity, when decisions about when residential care need to be made and advanced care planning.

There are a number of evidence based resources to support the dementia carers' journey, including:

- NICE Guideline 97 'Dementia : Assessment, management and support for people living with dementia and their carers'
- NICE Quality Standard 184 'Dementia'
- Alzheimer's Society Local Dementia Profile for Halton recommendations
- Prime Minister's Challenge on Dementia 2020

In response, Halton has in place a number of different services for carers of people with Dementia:

- **START** – Psychological resilience building course for family carers of people with dementia, delivered by the Carers Centre
- **Dementia Carers Group** – support for carers of people with dementia run by the Carers Centre.
- **Post diagnosis course** – information provision for both the person with dementia and the carer about practicalities of living with dementia including end of life planning, financial and legal matters as well as links to local support, delivered by NHS North West Boroughs Trust
- **Dementia Advisor service** – 1:1 information, service navigation, signposting and practical advice delivered by The Alzheimer's Society.
- **Admiral Nurse Service** – community based service supporting the families/carers of people with dementia who have complex needs.
- **Voluntary and community sector support and activity groups** – there are a number of groups such as memory cafes, activity and social groups and friendship groups.
- **Resources** – Including 'dementia books on prescription' and Halton Dementia Action Alliance website

<sup>8</sup> Moise, Schwarzingler and Um (2004) *Dementia care in 9 OECD countries: a comparative analysis*, OECD Health Working Paper no. 13, OECD: Paris

Halton Borough Council are reviewing local dementia priorities for adult social care as at September 2019. Priorities for Halton that are directly relevant to carers include: advanced care planning, growing Halton's dementia friendly community, supporting research and enabling carers to maintain their caring role – including access to respite services.

### 8.1 Where are the gaps?

- More Dementia-friendly activities to do in Halton
- More publicity around information on places to go for people with Dementia
- More services provided by the NHS for those with Dementia
- Raise awareness of accreditation for Dementia-friendly places in Halton.

DRAFT

**My Personal experience – Caring for relatives****Christine Lee**

In 2007 my dad began to experience problems with his memory and ability to eat and swallow. After numerous phone calls, appointments and assessment he was diagnosed with vascular dementia. At the time, myself and family had no insight as to what this meant and how it was about to impact on my dad's life and all of us as a family.

The problems and concerns his illness presented were overwhelming. We all felt we were lost and didn't know where to turn for help. The support that was offered in the form of social groups for carers, activity group for dad, training sessions through the carers centre were inaccessible as our lives were completely directed by caring for my dad and supporting my mum. Between our own family commitments and work there was no free time to attend any groups and my dad would not entertain attending anything.

I began to do my own research on dementia and found useful information on the Alzheimer's society website about the illness itself, benefits and setting up an L.P.A which proved to be invaluable.

At no point did I or my family identify ourselves as being carers for dad, we were simply looking after him.

Further down the line a social worker became involved and mentioned a carer's allowance break fund that we could all apply for. This we did and it was helpful to be given some money to spend on ourselves, however what we really required was a regular break from the caring role that dictated our lives, providing an opportunity to take a break, rest and consider ourselves and our own needs and interests, in order to successfully continue in our caring role and endure the emotional and physical demand it placed upon us.

My dad lost his battle with dementia in 2014. His journey was long, painful and frustrating. As a family we did feel let down by the health and social care professionals.

I am now a carer for my mum who was also diagnosed with vascular dementia 4 years ago. My previous care experience gave me an insight as to what to expect. We do now receive 4 free hours carers break support each week that makes a difference. I feel that people living with dementia, their families or carers should receive more financial support in order for them to continue to live well with dementia at home and it should not be means tested. This I believe should be the case for anyone living with a terminal illness.

## 9.0 Health and Wellbeing of Carers

When it is your responsibility to look after someone else, it's very easy to forget to look after yourself too. It is more important than ever to make sure that as a carer, you are as fit and healthy as you can be to so that you are able to provide the best care and support for the person you care for. Around 71% of carers experience poor physical or mental health.<sup>i</sup> It is important that you make time for you, even down to making and keeping regular health check-up appointments with your GP and your dentist. There are some specific things you can do to help yourself:

### 9.1 The impact of being a Carer

The impact of being a carer can be both physical and emotional. Not all carers will recognise themselves as such as often see their role as just a natural part of their family life. Saul Becker is a leader in the study of young carers and has developed resources to help workers explore the impact of their caring role through tools and questionnaires that help measure the range of physical care tasks undertaken as well as the positive and negative aspects of caring. These tools are readily available to practitioners and carers alike. (Joseph, Becker & Becker 2012<sup>9</sup>).

Young Carers in Halton have spoken about the positive impact of being a young carer such as building stronger relationships with family, learning life skills and increasing their confidence. Being a young carer can be positive and rewarding. Families and practitioners can work together to ensure that the caring role is not excessive, harmful or inappropriate.

### 9.2 Mental health

Looking after someone else can be an emotional challenge as well as a physical one. Taking care of your own mental health and well-being as a carer can be difficult and carers are more likely to experience emotional stress, depressive symptoms and clinical depression. The carers UK annual Survey 2015 showed that of 5000 carers surveyed, 84% of carers feel more stressed; 78% feel more anxious and 55% reported that they suffered from depression as a result of their caring role.<sup>ii</sup>

It is important that carers can access a variety of care and support for their mental health. This may be as regular respite to engage in non-carer activities and hobbies or just to take time out. It may be ensuring access to mental health and support services such as talking therapies, IAPT, social prescribing, or peer support services are available. It is important to ensure that all services and programmes are flexible enough to enable carers to make good use of them. Primary care services must also

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<sup>9</sup> Stephen Joseph, Fiona Becker & Saul Becker; 2012; *Manual for Measures of Caring Activities and Outcomes For Children & Young People* (2<sup>nd</sup> Edition); Carers Trust in association with Young Carers International Research and Evaluation, School of Sociology and Social Policy, The University of Nottingham. ISBN 13 9780853582533

ensure that they are aware of carers to be able to offer the most effective treatment and support options and engage in mental health discussions at any opportunity.

### 9.3 Flu Immunisation

Flu can be an unpleasant illness, but for older people or those with a long term health condition it can be particularly serious and lead to complication such as bronchitis and pneumonia and can often result in a hospital stay. The flu vaccination is offered free to carers and is available at the GP or local pharmacy every year from September to March. Call your GP to arrange the most appropriate time to have your flu vaccination, a local pharmacy may have a wider range of time availability that better suit around your caring commitments.

### 9.4 Cancer screening

Cervical cancer screening is a programme to check the health of the cervix (the opening of the womb from the vagina) and is available to women aged between 25 and 64. Appointments can be booked at your GP, if you haven't received a reminder for a while, call your GP and check if you are up to date. There are a variety of options available to carers to make it easier to attend; your GP may be able to make an appointment at a convenient time for you, but screening can also be done at GP extra which offer evening and weekend appointments or at Family Planning services, which may be more flexible around times that suit you best.

Breast cancer screening is a programme offered to women routinely between the ages of 50 to 70 every three years (though in some areas women may be called from 47 to 73 years of age). The screening checks for anything abnormal in the breast tissue. If you think you are overdue for your breast screen, call your GP or the Breast Screening Unit at Warrington Hospital ([www.whstnkbss.nhs.uk](http://www.whstnkbss.nhs.uk)). In Halton, the Breast screening is provided in rounds, in a mobile unit within the community, but if you are overdue and the unit is not currently in Halton, you may need to go to the hospital for your screening. Call the breast screening unit and they will be able to help you find an appointment time that may fit best around your caring role.

Bowel cancer screening is a simple test that you can do in the comfort of your own home and posted back in an envelope, no need for appointments. The test is to look for blood which could indicate a problem in the bowel. The test is offered to everyone every 2 years from the age of 60 to 74. If you haven't completed your kit, you can call **0800 707 60 60** to request a new one.

### 9.5 General health check

If you are not feeling your best, you can make an appointment at any time to chat to your GP. The NHS also offer a free Health Check which is a check-up for adults aged 40-74. It is designed to spot the early signs and risk factors of health conditions such as stroke, kidney disease, heart disease, type 2 diabetes and dementia. As we get older

we are at increased risk of developing these conditions. The Health Check helps to find ways of lowering your risk. If you are in the age range and haven't had a recent Health Check, call your GP.

It is important to keep your home, and the home of the person you support, warm. Living in a cold home negatively affects health and wellbeing. The very young, the elderly and those with health conditions such as cardiovascular and respiratory disease are particularly vulnerable to the effects of the cold. Support is available in Halton to help those who are struggling to heat their home or afford the costs of heating. Our partners can provide advice on the best fuel tariff for you and any benefits or government discounts you may be eligible for. They can also access support for energy efficiency measures such as new boilers or for managing fuel debt, where applicable. You can access this support free of charge via the council website's self-referral form, or by contacting our partners Energy Projects Plus (0800 043 0151) or Cheshire Green Doctor (0808 168 3547) directly."

#### 9.6 Where are the gaps?

- NHS Services not being fully up to date on situation
- Carer lists at GP Surgeries for priority appointments
- Podiatry appointments are over subscribed
- Young adults, people who have physical illnesses, not enough support
- Publicise access to leisure facilities – such as Halton Leisure Card

## 10.0 When the caring role ends

When the caring role ends, carers become known as “former” carers. This might happen for a number of different reasons, e.g. the cared for person goes into permanent residential and nursing care, the cared for person does not require care any longer or the cared for person passes away.

The carer may have been a carer for long time and may still require some support around the changes that have happened.

In Halton, the Carers Centre continues to support former carers with a range of services to help them re-adjust to their change in circumstance. This includes counselling around “end of caring” issues, practical support and advice in the event of the death of the care for person, and a training programme offering courses such as how to access leisure, training and employment opportunities, skills for “moving on and being independent” and volunteering opportunities.

When a caring role ends and the carer informs the Carers Centre of this either via notifying the centre or at review, if they wish to remain on the books for a further year they will complete a review of how they are. During this phase the Carers Centre will remind them about the counselling service as well as the former carers group and that they are entitled to continue accessing services, bar personalised breaks, for a period of up to 12 months.

Some quotes from former carers:

*'I look forward to meeting my friends at the group each month, we arrange to go on days out and holidays during the year, we are there if anyone needs to talk about their problems.'*

*'I enjoy our once a month meeting groups and our days out, we have food and chat. It really is a lovely group to be part of.'*

*'I appreciate the support I get from the group, it is a friendly atmosphere where you can have tea & cakes and feel fully supported.'*

## 10.1 Where are the gaps?

- Leaflet/checklist to publicise the following areas:
  - Benefit checks – follow-ups, how to refer to Bereavement Services, voluntary work/paid employment, support when registering a death, automated support when caring role ends, e.g. letter to benefits agency, carer’s centre, bereavement support, etc.

FEEDBACK FROM CARERS

APPENDIX

What are we trying to achieve?	What is currently working?	What isn't working?	Where are the Gaps?
Identifying / recognising carers	Having Support Family Reablement GP Carers Association Information from individual support groups	Communication No flexibility for working carers with GP Lack of services in certain Demographics Barriers created due to data protections and confidentiality Integrated support, networking, not enough support or awareness Knowledge of accessibility Employees not recognizing carer responsibilities Council Carers	Joint working across partners Working Carers Working in Schools GP Surgeries Information Card Publicity in the following areas: Bus Stops, Social Media, Local Radio, Taxi's, Community Transport
Benefits of Registering as a Carer	The Carers Centre Information Advice Support Trips Activities Therapies Treatments Supportive and Proactive	Communication Information on access to services and benefits	Joint working across Partner agencies, ensuring that all carers are aware of the carers centre and the support they offer
Involving / Listening to Carers	Being kept informed Feeling looked after Adult Social Services Carer Centre Collaborative Working	Not enough practical support from HBC Public Transport Access to GP appointments Feeling isolated Communication Access to information Interpersonal relationships with cared for person Respite difficult to access No support or inclusion for carer Integrated support, networking, not enough support or awareness Services are slow, getting no answers Benefits complex	Communication/joint working/linking in with partner agencies More effective communication between HBC and Carer Centre Named worker for Carers Regular contact with HBC Respite breaks in own homes Day Services Information to be available in Libraries

		Carers assessments	
Young Carers	CHAPS Chestnut Lodge Special School	Choices for young carers Appeals to be supported for siblings of disabled children, but lack of awareness of what's available for parents No child hoist facilities in HBC No understanding of what parents need Woodview LA – NHS Local Service for Disabilities	
Education	First Aid Course START Course		Courses: e.g. First Aid refresher course
Transition to Adults		Transport is expensive Changes to benefits should be automatic	Support with benefits
Employment / Skills			
Older Carers	Lifeline Stroke Nurses	Direct Payments / Respite	
Carers of People with Dementia	Easing the pressure since diagnosis Lifeline Admiral Nurses	Dementia friendly things to do Looking where to get the support from More information on places for people dementia More respite Support with Cost Direct Payments / Respite	Support with visual and hearing impairment More respite for longer More services provided by the NHS for those with dementia
Health and Well-being of Carers	Liaison with Carer Centre families understanding Mental Health	Feeling lonely	Access to leisure facilities
Mental Health	Adult Placement CPN Support	Discharge from Brooker Centre	Communication
Impact of Being a Carer	Plenty of activities on Getting a break Good support Support for cared for person	HHC Podiatry appointments are over subscribed Discharge from Brooker Centre Benefits Working / Caring balance	Young adults, people who have physical illnesses, what support is available? Not enough social care support

		<p>If the person being cared for doesn't recognise they need caring for. Then it is hard to get letter from professional to confirm your caring role</p> <p>Feeling that you have to manage on your own</p> <p>No support internationally (except blue badge)</p>	<p>Respite care for carers and help financially with respite care</p>
General Health	Support from GP	NHS Services not being fully up to date on situation	Carer lists at GP Surgeries for priority appointments
When Caring Ends	Carers Centre – support 12 months after	Bereavement services and support - ASC need to know about and how to do referrals	<p>Benefits checks – need to ensure follow-up</p> <p>Consider referral to voluntary services – needs to be right for the individual</p> <p>Better support on how to register death etc.</p> <p>Confusion over what point do we stop supporting a carer</p> <p>Include note on carefirst on death notification as to whether they had a carer – could trigger follow-up e.g. letter to benefits agencies, carer's centre, etc.</p> <p>Is there a role for the contact centre in relation to follow up</p>



## ONE HALTON ALL-AGE CARERS STRATEGY DELIVERY PLAN 2020 – 2021

1 LOCAL PLANNING AND LEADERSHIP					
REFE-RENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
1.1	Carers Strategy group to implement strategy and delivery plan	Set quarterly dates from April 2020.	January 2020	Hannah Sloan, HBC Admin	Completed
1.2	Standardised procedures for identification of carers through GPs	Link in to GPs, ascertain current practice and adopt standard procedure for all GPs.	March 2021	Mel Connell, PCN leads	
1.3	Increase the range of offers available to ethnic groups identified as carers	Carers Centre to use data to produce relevant materials specifically for ethnic groups in Halton.	Ongoing	Carl Harris, Carers Centre	
1.4	Kitemark/accreditation for organisations to raise profile of carers in the Borough.	Look at the viability of national scheme for Carer-accredited services.	June 2020	Hitesh Patel, Citizens Advice	
1.5	Identify external funding opportunities for Carer Services.	Review any external funding opportunities specific to Carers and work	Ongoing	Policy Team, HBC	

1.6		together as a multi-agency group on developing these funding opportunities.			
	Promote new Strategy and raise awareness locally	Link in to Carers Forum; and HBC's process	April 2020	Carl Harris, Carers Centre/Emma Sutton-Thompson, HBC	

2 IDENTIFICATION AND RECOGNITION OF CARERS					
REFE-RENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
2.1	More publicity for the identification and recognition of carers	Use of Carers Week, etc. to promote carers	Ongoing	Carl Harris, Carers Centre	
2.2	Information sharing and raising awareness of carers in GP surgeries	Increase publicity of carers within GP surgeries	Ongoing	PCN leads	

3 YOUNG CARERS AND EDUCATION					
REFE-RENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
3.1	More youth club opportunities	Review current provision of youth club opportunities in the borough	March 2021	John Bucknall, Commissioner for Youth Provision, HBC	

3 YOUNG CARERS AND EDUCATION					
REFE- RENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
3.2	Increased training opportunities for young carers, e.g. First Aid refresher, etc.	Increase the amount of training opportunities for young carers	March 2021	Janice Maddison, Think Family Principal Manager	
3.3	Support for young carers who are siblings of disabled children	Review current arrangements for support to young carers who are siblings of disabled children		Disabled Children's Services	

4 EMPLOYMENT AND SKILLS					
REFE- RENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
4.1	Employer support for working carers	Raise awareness of working carers throughout businesses in the borough	Ongoing	Carl Harris, Carers Centre	

5 OLDER CARERS					
REFE- RENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
5.1	Additional support with Direct Payments	Review current support to carers re: Direct Payments	September 2020	Andrea Holland, DP Team, HBC	

5 OLDER CARERS					
REFE- RENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
5.2	Pre-planned respite care available in the borough	Review current respite care availability and access to pre-planning this	September 2020	Marie Lynch, HBC	

6 CARERS OF PEOPLE WITH DEMENTIA					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
6.1	Continuation of HBC's commitment to the Liverpool City Region Dementia Pledge, including working towards becoming a dementia friendly community.	Retain Halton's status as 'working towards becoming a dementia friendly community' through continued work to meet the dementia friendly communities criteria, including raising awareness of dementia within the organisation and wider community	Ongoing	Dementia Group	Regular (min monthly) updates to the Halton Dementia Action Alliance (HDAA) webpage with links to local support, events, activities, news and resources.

6.2	<p><b>Living well with dementia in Halton</b> Many people can live well for years following a diagnosis, and with the right information and support at the right time people can live independently and continue to actively contribute to society.</p> <p><b>Support for Carers of people with dementia.</b> Education for carers about the disease and access to respite can be a valuable element in supporting carers to maintain their own health and wellbeing, enabling them to continue in their caring role.</p>	<p>Provide the person with dementia (PWD), and their family members or carers, with information that is relevant to their circumstances and the stage of their condition. Connect them to local provision and community assets, help to navigate health and social care systems.</p> <p>Evaluate the suitability and capacity of the existing respite offer for dementia, and feasibility for strengthening the respite offer for carers and PDW, if required. Continue to provide carers of people with dementia psychoeducation and skills training (START) and promote access to relevant social activities.</p>	Ongoing	Dementia Group	<p>The Community Dementia care Advisor/Support service has been recommissioned from October 2019 to September 2020, with an option for a further 1 year extension. The service provides 1:1 information, service navigation and connecting to community assets for the person living with dementia and family/carers.</p> <p>START is delivered as part of the Halton Carers Centre offer to carer of people living with dementia</p>
6.3	Additional services provided by the NHS for those with Dementia	Review current services for those with Dementia	October 2020	Dementia Group	

7 HEALTH AND WELLBEING OF CARERS					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
7.1	Carers lists at GP surgeries for priority appointments	Ensure GPs have up-to-date carers lists so that they can access priority appointments	September 2020	PCN Leads/Carers Centre	
7.2	Access to leisure facilities for carers	Publicise access to leisure facilities such as Halton Leisure Card	June 2020	Carl Harris, Carers Centre	

8 WHEN THE CARING ROLE ENDS					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
8.1	Support with benefit checks	Develop checklist/leaflet to support carers with complex benefits system	October 2020	Carers Centre	
8.2	Support for carers when registering a death	Develop checklist to support carers with registering a death	October 2020	Carers Centre	

8.3	Automated support when caring role ends, e.g. letter to benefits agency, carers centre, bereavement support, etc.	Develop checklist to support carers when the caring role ends	March 2021	Carers Centre	
8.4	Support to access to voluntary work/paid employment for former carers	Promote access to voluntary work/paid employment for former carers	Ongoing	Carers Centre	

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**REPORT TO:** Executive Board

**DATE:** 19 March 2020

**REPORTING OFFICER:** Strategic Director, People

**PORTFOLIO:** Children, Education and Social Care

**SUBJECT:** Section 117 Mental Health Act policy and procedure

**WARD(S)** Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

1.1 This report presents to the Executive Board a new policy and procedure for the delivery of the statutory duties across health and social care services of the aftercare provisions of Section 117 Mental Health Act (henceforward known as “Section 117”). It describes the duties and functions of Section 117, the people to whom it applies, the circumstances under which it should be used, the contents of the policy and procedure and the future steps to be taken. It submits the policy and procedure for approval by Executive Board.

## 2.0 **RECOMMENDATION: That**

- 1) **Executive Board consider the contents of this Report; and**
- 2) **Approve the Section 117 policy and procedure.**

## 3.0 **SUPPORTING INFORMATION**

### 3.1 **Context:**

3.1.1 Section 117 Mental Health Act 1983 places a duty on local authorities and CCGs to work together to deliver aftercare services for a people who have been detained in hospital under certain sections of the Act, specifically those which impose a requirement for treatment (rather than assessment or temporary detentions, for example). The Code of Practice to the Act requires LAs and CCGs to develop a joint policy and procedure to describe how the duty will be discharged.

3.1.2 Although this places a duty on the two organisations to work together, Section 117 is actually a three-way process, involving as it does the local specialist Mental Health Trust in the actual delivery of

aftercare planning. Any policy and procedure therefore has to address the commissioning requirements of both the local authority and the CCG, the way in which the policy is put into operation by the North West Boroughs and the local authority, and the interplay between these two processes, to determine how the duties, funding responsibilities and funding are apportioned. This makes the development and delivery of an effective policy and procedure very complex, and it also means that full agreement has to be reached across all three bodies before it can be implemented.

3.1.3 Although this statutory requirement has been in place for many years, the local operation of Section 117 has largely depended on a goodwill relationship between the CCG and the local authority, in determining the financial responsibilities to be undertaken by both organisations in delivering individual Section 117 aftercare plans. National guidance is vague as to how this should be apportioned, and there had been some hopes that this would be addressed in the upcoming revisions to the Mental Health act. However, following the recent general election, it now seems that any revision to the Mental Health Act will not be in place until at least 2022, and in any case there are no proposals to alter the requirements and duties of Section 117. It seems timely, therefore, that the Borough Council and CCG should develop a jointly-agreed policy and procedure for the operation of this important piece of legislation. This is submitted as a separate document.

3.1.4 The following paragraphs describe in brief the key elements and issues in the policy and procedure; for greater detail, please refer directly to the policy and procedure itself.

### 3.2 **Who is eligible for Section 117 aftercare?:**

3.2.1 Section 117 Mental Health Act 1983 describes the aftercare arrangements that apply to certain categories of patients who have been detained in hospital under the Mental Health Act. In simple terms, the duties apply to all people who have been detained in hospital for treatment (as opposed to assessment), or those who have been the subjects of various hospital orders imposed by the Courts; it also applies to people who are subject to Community Treatment Orders, who are liable to recall to hospital if they break the terms of the Order. For more detail, please see Sections 2 and 3 of the policy document (pages 8 – 10).

### 3.3 **What is Section 117 for and what services does it include?:**

3.3.1 There is no specific definition in either the Mental Health Act or its associated guidance to say what is or is not an aftercare service; it is essentially left to local services to determine this. However, the act and guidances are clear that the purposes of section 117 aftercare are (in summary):

- Meeting a need arising from or related to a person's mental health disorder
- Reducing a risk of a deterioration in the person's mental health disorder
- Reducing the risk of readmission for treatment of the mental disorder.

Section 117 is therefore intended to be a duty on local councils and CCGs to establish services and supports for people which meet their needs and aim to both prevent deterioration and prevent the need for further compulsory inpatient treatment.

3.3.2 Again, there is no specific guidance as to what services should be included as part of a section 117 aftercare plan. There is, however, clear guidance that any services should only be in place to meet a mental health need; any physical health condition does not fall within the remit of Section 117. This is all discussed more fully in section 5 of the policy and procedure.

#### 3.4 **How long does Section 117 aftercare last?:**

3.4.1 There is no time limit on the operation and delivery of Section 117, and this is an issue which has caused problems around the country for many years. Essentially, the requirement is that the Section 117 aftercare arrangements should last for as long as the person needs it (or until they die or move away, in which latter case the arrangements should be transferred to another area). However, in practice this has meant that some people have remained subject to the arrangements for an indefinite period.

3.4.2 This has in part been due to a lack of clarity about what should be in an aftercare plan, and in particular what the outcomes should be and how success can be measured. The policy and procedure places great emphasis on the need to develop clear and focused aftercare plans, with outcomes that can be measured at each review. This should allow the multidisciplinary teams working with the individual to be more confident in discharging the arrangements when they can be shown to have achieved their objectives. This may take some time but it provides a more robust framework to use. This is described further in section 6 of the policy document.

#### 3.5 **Who should be responsible for delivering Section 117 aftercare?:**

3.5.1 In the large majority of cases, the individual concerned will be receiving ongoing support in the community from a multidisciplinary team based within the specialist mental health Trust. A care co-ordinator will be identified, who will act as the main point of contact in the case for all agencies, and who will ensure that regular reviews

of the aftercare plan take place.

- 3.5.2 However, in some cases, and after a period of time has passed, it may no longer be necessary for the individual to be receiving care from the specialist mental health Trust, because their condition has improved to the extent that they can now be supported within primary care. The problem with this is that most GPs do not have a specialist mental health multidisciplinary team around them, and frequently do not have specialist mental health knowledge themselves, so there is a real risk that the individual Section 117 patient will not receive the same standard of care and review as before. This has been addressed in the draft policy (section 6.4), with the suggestion that the CCG will need to employ a lead Section 117 officer who takes on the role, in these limited number of cases, of care co-ordinator and organiser of reviews.

**3.6 Funding implications of Section 117 aftercare:**

- 3.6.1 Any service or support provided to an individual under Section 117 cannot be charged financially to that individual, which is one of the reasons why it is so important to be absolutely clear in the aftercare plan as to what is being provided. The cost of the service provision falls directly to the local authority and to the CCG. This does not of course apply to any service which is provided to meet a physical health need, which will always be subject to the local authority's charging policy.
- 3.6.2 This is another area which has, across the country, caused a lot of debate and division, in terms of deciding how the costs should be apportioned between the local authority and the CCG. Various formulae have been tried and have failed, mainly because it can be very difficult in mental health service provision to separate out what is a social care need from what is a need which should be met by the NHS. In Halton, the pragmatic approach is that, if the local authority and CCG are in agreement that Section 117 should apply to an individual, then costs should be apportioned on a 50:50 basis. This is an approach which has been incorporated into the policy document.
- 3.6.3 As with other social services care packages, the costs of individual aftercare packages under Section 117 are funded through the pooled budget agreed between the Council and the Clinical Commissioning Group. Although the policy and procedure is new, the provision of jointly-funded mental health aftercare in Halton is not, and has indeed been in place for many years. The policy and procedure would not add any unexpected financial burdens to the Council.

**3.7 Other issues covered in the policy document:**

**3.7.1** A few other issues are covered in the policy document:

- A glossary of terms has been included because this will be a public document, and a lot of the terminology needs some explanation
- Section 3.4 explains the situation with respect to a person's immigration status, including people excluded from public funding: essentially the duty to provide Section 117 aftercare continues in these situations
- Section 6.2 stresses the need for a person's carer to be involved, where possible or appropriate, in the development and monitoring of the aftercare plan. There can be difficulties with this, if the individual concerned does not wish for carer involvement, but the principle is clear and should always be considered
- As indicated elsewhere in this Report, there is a strong emphasis on considering the needs of children when an adult with mental health problems is discharged back to their home (Section 6.5). This will also include any consideration of whether additional support is needed for the family if there is a potential for compromised parenting
- Sections 7.1 and 7.2 show the steps to be taken to identify the responsible CCG and local authority in each case.

**3.8 Recommendations and next steps:**

**3.8.1** This is a new policy and procedure for the Borough Council, and one which has considerable implications for the way mental health aftercare services are delivered to individuals and their families. It is a joint policy with NHS Halton Clinical Commissioning Group, which has been closely involved with its development throughout. Lead officers on Section 117 from the CCG have scrutinised the policy document and have made suggestions for change, all of which have been incorporated into this latest document. It is now being taken for approval through the CCG's governance processes.

**3.8.2** This policy and procedure has been closely scrutinised by the Adult Social Care Senior Management Team and the Chief Officer's Management Team, and has been agreed by both. On that basis, it is recommended that the Executive Board also agree the Section 117 policy and procedure.

**3.8.3** Essentially, although the policy and procedure is about the commissioning relationship for Section 117 aftercare between the Council and the CCG, there is a third element to the process: putting it into effect. Much of the document therefore focuses on the practicalities of applying Section 117: who should be involved in the planning, how it should take place and what an effective aftercare

plan should look like.

- 3.8.4 This therefore means that a third body, the North West Boroughs Mental Health Trust, will also need to adopt the processes described in the policy document, and training will need to be put in place for the teams that will use the policy. This is expected to be done internally, however, and should not incur any expense (other than staff time). These steps will take place after any approval is given by the Executive Board.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 This is a new policy and procedure for the Council.

#### 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 The operation of the draft policy and procedure does not, in itself, have any additional financial implications for the council. It does, however, address a key issue: the nature of the funding responsibilities for Section 117 aftercare between the local authority and the CCG. It recommends that in general a 50/ 50 split should be the agreed outcome, except in rare circumstances which are outlined in the document.

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

- 6.1 **Children & Young People in Halton:** a small number of children and young people are detained for treatment each year under the Mental Health act. The provisions of section 117 and the aftercare arrangements apply equally to them. In addition, a section has been included in the policy and procedure which draws practitioners' attention to the need to consider the implications of an adult's mental health on children, when developing any aftercare plan (see Section 6.5 of the policy document).
- 6.2 **Employment, Learning & Skills in Halton:** there are no direct implications for employment, learning and skills in Halton. However, it is possible that an individual aftercare plan could consider and include employment and training issues, as people with mental health problems can experience significant disadvantage in these areas.
- 6.3 **A Healthy Halton:** this policy and procedure is intimately linked with the care of individuals with complex and high risk mental health needs. As such, each aftercare plan links directly to the promotion of positive mental health for an individual. It is also expected that a person's physical health and wellbeing are considered as part of the aftercare planning process.

6.4 **A Safer Halton:** as indicated above, people subject to Section 117 aftercare will usually have complex and sometimes high risk behaviours. Any aftercare planning will specifically include detailed risk assessments and contingency planning, which are reviewed on a regular basis as part of the overall aftercare review process.

6.5 **Halton's Urban Renewal:** there are no implications for Halton's urban renewal.

7.0 **RISK ANALYSIS**

7.1 It is a statutory requirement that all localities should have a published joint Section 117 policy and procedure across the local authority and CCG areas. The existing arrangements are very out of date and are not fit for purpose, so this draft policy and procedure addresses all t necessary issues. The matter has been registered as a formal risk within the CCG.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equalities Impact Assessment has been completed for this policy and procedure. A Stage 2 assessment is not required.

9.0 **REASON(S) FOR DECISION**

9.1 This is a decision which has a potential impact on all residents of the borough, whether they are patients detained under the relevant sections of the Mental Health Act, or their carers or family members. It is a new policy and procedure, which puts into place in a clear way practices which have been established locally for some time.

10.0 **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

10.0 There are no alternative options that needed to be considered in the development of this policy and procedure.

11.0 **IMPLEMENTATION DATE**

11.1 1<sup>st</sup> April 2020

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

Document	Place of Inspection	Contact Officer
Mental Health Act 1983	Vine Street Mental Health Resource Centre	Lindsay Smith Divisional Manager Mental Health
Mental Health Act Code of Practice	As above	Lindsay Smith Divisional Manager Mental Health

Equalities Impact Assessment	As above	Lindsay Smith Divisional Manager Mental Health
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Other logos to be included subject to approval

# Section 117 Policy and Procedure

September 2019

# Contents

Section	Content	Page
	Policy Summary	2
	Glossary of Terms	3
	Acknowledgements	7
1.0	Introduction	8
2.0	What is Section 117 aftercare?	8
3.0	Who is eligible for Section 117 aftercare?	9
4.0	What are the key elements of the Section 117 aftercare?	10
5.0	What are the Section 117 aftercare services, and what are they for?	11
6.0	Delivering the Section 117 aftercare planning process	12
7.0	Commissioning and funding arrangements	18
Appendix 1	Who should be involved in the Section 117 aftercare planning process?	23
Appendix 2	Mental Health Funding Process for Section 117 Aftercare Arrangements	24
Appendix 3	Funding Process Diagram	28

## Policy Summary

<b>Document name</b>	Section 117 Policy and Procedure 2019
<b>Version</b>	v.1
<b>Publication date</b>	TBC
<b>Review due date</b>	TBC
<b>Approved by</b>	TBC
<b>Status</b>	Mandatory (all named staff must adhere to guidance)
<b>Author</b>	Lindsay Smith, Divisional Manager Mental Health, Halton Borough Council
<b>Contributors</b>	Name(s), Job Title(s)
<b>Service area</b>	Mental Health
<b>Target audience</b>	All Adult Social Care Mental Health Staff/Social Workers from the agencies/authorities authorising this policy.
<b>Distribution</b>	Social Work Practice Managers, Mental Health Divisional Managers
<b>Related document(s)</b>	Each approving agency's/authority's mental health policies
<b>Superseded document(s)</b>	Section 117 Policy and Procedure 2015
<b>Equality Impact Assessment</b>	Completed

## GLOSSARY OF TERMS

Term	Definition
<b>Aftercare</b>	Care services provided to patients who have been discharged from hospital following admission under the following Sections of the Mental Health Act 1983 s.3, s.37, s.45A, s.47 or s. 48. A patient's entitlement to after-care section 117 begins when they are detained under the above sections. The duty to provide after-care is triggered at the point of discharge.
<b>Carer</b>	A <b>carer</b> is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support
<b>Care Programme Approach (CPA) Assessment. Care co-ordinator</b>	CPA is a way of co-ordinating community health services for people with mental health problems. It means that once you have an assessment detailing your needs, one person will be able to co-ordinate all aspects of your care for example, this could be your medical and social care and community services available to you. This assessment will be carried out by a care co-ordinator. Care co-ordinators are also sometimes called keyworkers or case managers
<b>Clinical Commissioning Group</b>	Clinical commissioning groups are groups of GPs that are responsible for designing local health services in England. They will do this by commissioning or buying health and care services. Clinical commissioning groups will work with patients and healthcare professionals and in partnership with local communities and local authorities.
<b>Immigration Status</b>	Refers to an individual's legal position with regard to their presence in the UK
<b>Local Authority</b>	At a local level, the country is divided into a series of local authorities or councils. These authorities are responsible for providing local services to the community such as education, adult and children social care, regeneration, leisure, housing and environmental services
<b>Medical Treatment</b>	Medical treatment" is defined in paragraph 1.17 of the Mental Health Reference Guide as including nursing, psychological interventions, specialist mental health habilitation (services for people who may never have developed a particular skill or ability), rehabilitation (where a person is re-learning or re-acquiring particular skills or abilities), care, medication and other forms of treatment that might normally be considered to be medical

<b>Mental Health Act 1983</b>	An act of parliament that governs the treatment and care of some individuals incapacitated through mental illness.
<b>“Deeming provisions” of the Act</b>	These are the sections of the Act which trigger a person’s entitlement to Section 117 aftercare, if they have been detained under one of the following Sections: Section 3 Section 37 Section 41 Section 45A Section 47 Section 48
<b>Section 3 Mental Health Act 1983</b>	This is commonly known as a “Treatment order”, and allows for people to be detained in hospital for treatment if they have a mental disorder which is to such a degree that they need to be treated in hospital, and that there is a risk to their health and safety or that of others. The treatment must be available.
<b>Guardianship Order (Section 7 Mental Health Act 1983)</b>	A Guardianship Order is an order which appoints a guardian to ensure that certain requirements are met by a person with a severe mental health problem. It is most commonly used to require a person to live in a certain place, but it can also require a person to attend for day care and to meet with their mental health professional workers. The Guardian is usually (but not always) the Local Authority. A person subject to Guardianship is not entitled to aftercare provided under Section 117, unless they have been previously detained under one of the deeming provisions of the Act.
<b>Section 17 Mental Health Act 1983</b>	This Section of the Act allows the patient’s Responsible clinician to agree arrangements for the person to have a period of leave away from the ward. This may be for a short period, to allow the person to visit a relative or their own home, for example, or it may be for longer, to help a person to be introduced for a few days to their new residential care placement. The patient remains subject to their detention order and can be recalled to the hospital if problems arise.
<b>Section 37 Mental Health Act 1983</b>	This is known as a hospital order, and is made by the Courts. It happens when a person is convicted of a crime punishable by imprisonment, where the convicted person has a serious mental illness and is in need of treatment.
<b>Section 41 Mental Health Act 1983</b>	This is what is known as a “restriction order”. It is applied in some cases a Section 37 order is discharged, and means that a person can live in the community but with some restrictions or conditions on them. These can include living in a certain place and accepting medical

	treatment, and keeping appointments with a supervisor, such as a probation officer.
<b>Section 45A Mental Health Act 1983</b>	This is known as a “hospital direction”, and is again applied by the courts, but this time after a person is convicted of an offence, the sentence for which is not fixed by law (it cannot apply to murder, for example, which has a fixed sentence). If a person has a severe mental illness, this Order can require them to receive hospital treatment, but once their mental health has improved, they can be returned to prison to serve out the remainder of their sentence.
<b>Section 47 Mental Health Act 1983</b>	This is an Order which allows the Ministry of Justice to approve the movement of a convicted prisoner from prison to hospital, if they have developed a severe mental illness which requires inpatient treatment. If the person’s sentence ends whilst they are still in hospital, and they still need treatment, then they can be kept in hospital.
<b>Section 48 Mental Health Act 1983</b>	This Order applies to prisoners who are on remand. If they develop a severe mental illness, Section 48 can be used to transfer them to hospital for treatment. If their mental health improves, they can then be returned to prison.
<b>Multi Disciplinary Team</b>	A multidisciplinary team (MDT) is a group of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation in cases.
<b>Ordinary Residence Regulations</b>	A term used in the Care Act to allocate responsibility for the patient’s aftercare on their discharge from hospital.
<b>Responsible Clinician (RC)</b>	A patient’s responsible clinician is defined as the approved clinician with overall responsibility for the patient’s care. All patients subject to detention or Supervised Community Treatment have a responsible clinician, who may be a nurse, occupational therapist, psychiatrist, psychologist or social worker
<b>Section 117 Register</b>	Register of service users on section 117. This register is currently maintained by the social services administration department who should be notified of any changes e.g. discharge from section 117 or transfer.
<b>Service User</b>	A service user is a person receiving any health or social care services, from going to the family doctor, the pharmacist, to accessing social services such as home care or direct payments.
<b>Supervised Community Treatment Order</b>	Supervised community treatment is a legal framework for ensuring that certain people receive compulsory care and treatment in the community. A CTO can only

	be made if you are detained under certain sections of the Mental Health Act
<b>Trust</b>	For the purpose of this policy this refers to North West Boroughs NHS Trust

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## ACKNOWLEDGEMENTS

All areas are required to develop a formal Section 117 policy and procedure, which then becomes a public document. The Author of Halton's policy and procedure would like to particularly acknowledge the policies of the following areas, which have been used in part to inform and improve this document:

Cheshire East

Bolton

Merseycare

Warrington

Southern Health

London

Lancashire Care

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## 1.0 INTRODUCTION

- 1.1 For some people with complex mental ill-health issues, where they may pose a risk to themselves or others, detention in hospital under the Mental Health Act may be the only way of ensuring that they get the care and treatment that they need at the time. It has long been understood that treatment and support for people in such circumstances will need to last beyond the time that the person is in hospital. This support – known as “aftercare” – may need to be provided for years, and will include a combination of treatment for the mental health condition and support with the social effects of having a severe mental health problem.
- 1.2 This was only recognised in law with the introduction of the Mental Health Act 1983. Section 117 of that Act imposed a duty on health and social services authorities to work together to provide aftercare for certain groups of people who received compulsory treatment under the Act. Prior to the introduction of section 117, there was no duty on these authorities to work together to provide aftercare, so the resources and services for people with complex mental health problems were patchy and depended on what local areas saw as their priority.
- 1.3 In 2000, central government issued two circulars to health services and social service authorities, which took this duty further. These circulars (Health Service Circular 2000/003 and Local Authority Circular 2000 (3)), which were compulsory for health and social services to follow, stated that:
- Social services and health authorities should establish jointly-agreed policies on providing Section 117 aftercare services
  - The policies should set out clearly the criteria for deciding which services should fall under the remit of Section 117 aftercare, and how they should be financed
  - The individual’s Section 117 aftercare plan should indicate which service is provided as part of the plan
- 1.4 It is with this in mind that this document has been developed. It aims to describe
- The responsibilities and duties of local authorities and NHS organisations
  - Who is eligible for Section 117 aftercare and what it is for
  - What kinds of services might be provided under Section 117
  - The funding implications, for individuals receiving Section 117 services, and for organisations commissioning or providing those services
  - The processes that should be used in setting up and discharging Section 117 aftercare

## 2.0 What is Section 117 aftercare?

- 2.1 Section 117 Mental Health Act 1983 describes the aftercare arrangements that apply to certain categories of patients. It is important to understand the full implications of this part of the Act if it is to be applied properly.
- 2.2 The key elements of the Act which trigger Section 117 aftercare (known as the “deeming provisions”) and some of its key subsections read as follows (some of the aspects of this Section which relate to other parts of the United Kingdom have been removed because there is little direct relevance to this policy document):

(1) This section applies to persons who are detained under Section 3, or admitted to a hospital in pursuance of a hospital order made under Section 37, or transferred to a hospital in pursuance of a hospital direction made under Section 45A or a transfer direction made under Section 47 or 48, and they cease to be detained and (whether or not immediately after so ceasing) leave hospital.

(2) It shall be the duty of the clinical commissioning group (CCG) and of the local social services authority to provide (or arrange for the provision of), in co-operation with relevant voluntary agencies, after-care services for any person to whom this section applies until such time as the clinical commissioning group and the local social services authority are satisfied that the person concerned is no longer in need of such services, but they shall not be so satisfied in the case of a community patient while he remains such a patient.

(6) In this section, “after-care services” in relation to a person means services which have both of the following purposes:

(a) meeting a need arising from or related to the person’s mental disorder and

(b) reducing the risk of a deterioration in the person’s mental conditions (and, accordingly, reducing the risk of the person requiring hospital admission again for treatment of mental disorder).

2.3 Other subsections affirm that the term “aftercare” includes services provided under the Care Act 2014 and the National Health Service Act 2006 and describes the application of Ordinary Residence Regulations.

### **3.0 Who is eligible for Section 117 aftercare?**

3.1 Following from the above, any person who has been treated under any of the above Sections of the Mental Health Act is entitled to receive aftercare services when they are discharged from the Section. This applies even if:

- the person remains in hospital on a voluntary basis after being discharged from any of these sections
- the person is released from prison, having spent some of their sentence in hospital under these Sections of the Act
- the person is going on to a Supervised Community Treatment Order
- the person is granted Section 17 leave under the Mental Health Act

3.2 Section 117 aftercare does not automatically apply to anyone subject to a Guardianship Order under the Mental Health Act, unless they have been previously detained under one of the qualifying Sections above.

3.3 A person continues to be entitled to Section 117 aftercare even if they are:

- returned to prison after being detained in hospital
- readmitted to hospital either informally or under another Section of the Act, such as Section 2

- 3.4 Immigration status: it should be stressed that Section 117 aftercare is an entitlement, irrespective of a person's circumstances. Regardless of a person's immigration status, immigration exclusions under Schedule 3 Nationality, Immigration and Asylum Act 2002 (which includes people excluded from public funding) do not apply.

#### 4.0 What are the key elements of Section 117 aftercare?

- 4.1 There are therefore two key and distinct elements to the provision of aftercare under Section 117:

- the relationship between the local authority and clinical commissioning groups in an area, in their commissioning and provision of aftercare services and
- the operational delivery of aftercare.

- 4.2 The relationship between the local authority and CCG: as is made clear in the quote from Section 117 above, local authorities and CCGs have a joint responsibility to ensure that appropriate aftercare services are in place for someone who meets the criteria for such services. This does not mean that they have to directly provide the services; they can use their commissioning power to identify and pay for other bodies to do this for them. The implications of Subsection 2 are:

- that local authorities and CCGs should work together to deliver appropriate aftercare for individuals. This does not have to be through the development of a formal agreement, but both organisations should be clear together as to their commissioning priorities with respect to aftercare provision
- CCGs and local authorities should be working with a range of bodies and organisations, including the voluntary sector, in order to ensure that appropriate aftercare services are in place
- The provision of aftercare under Section 117 is a duty which both CCGs and local authorities must follow.

#### 4.3 The operational delivery of Section 117 aftercare

Although the duty to ensure the appropriate provision of aftercare services falls on CCGs and local authorities together, the way this is organised and delivered depends to a large extent on the services that provide direct mental health care and treatment to people who have been detained under relevant provisions of the Act: that is, the NHS provider mental health trusts, some private mental health hospitals which are performing NHS functions, and the local authorities, in the form of their social work staff. Hence, the admission to hospital under one of the key provisions in Subsection (1), the assessment, treatment and care management process whilst they are being treated as inpatients, and the development of an appropriate aftercare plan to support the person back into the community, all require close cooperation between the relevant agencies. Outcomes need to be clearly identified and their effectiveness should be closely monitored to ensure that the aims of Subsection (6) (meeting needs arising from a person's mental disorder and aiming to reduce the chance of relapse and future readmission to hospital) are fully achieved.

- 4.4 Aftercare under Section 117 is therefore a combination of commissioning functions and operational delivery, and the two are inextricably linked. Indeed, CCGs and local

authorities, as service commissioners, should be closely and regularly reviewing the way front line aftercare services are delivered, and amending their own commissioning intentions accordingly. It is for this reason that this policy and procedures addresses the commissioning relationship between local authorities and CCGs, the way in which aftercare services are identified and delivered, and the relationship between the two processes.

## 5.0 What are Section 117 aftercare services, and what are they for?

5.1 There is no absolute definition in the Mental Health Act of what is or is not an aftercare service. The Care Act 2014 (Section 75 (5)) describes their purpose as follows (in summary):

- Meeting a need arising from or related to a person’s mental health disorder
- Reducing the risk of a deterioration in the person’s mental health disorder
- Reducing the risk of readmission for treatment of the mental disorder

5.2 Given that there is no specific definition of aftercare services, it follows that these services must depend on each individual’s identified mental health needs. The following list cannot be exhaustive as individual needs vary: they are examples only of the types of services that might be provided under the generic term of “aftercare”:

- Assistance from Community Psychiatric Nurses
- Medical supervision through outpatient appointments
- Psychiatric treatment
- Medication
- Domiciliary care or other community support
- Residential or nursing care
- Employment support

## 5.3 Provision of accommodation as a part of a Section 117 aftercare plan

Accommodation can be provided by a local authority as part of a Section 117 aftercare plan, but only if the need for the accommodation arises specifically from a person’s mental health need. In the case of *R vs London Borough of Camden* (2013), relating to a person with a brain injury who was seeking specialist accommodation as a part of their Section 117 aftercare, the following judgment was made:

“As a matter of law, Section 117(2) is only engaged vis-à-vis accommodation if:

- The need for accommodation is a direct result of the reason the ex-patient was detained in the first place (“the original condition”)
- The requirement is for enhanced specialised accommodation to meet the needs directly arising from the original condition and

- The ex-patient is being placed in the accommodation on an involuntary (in the sense of being incapacitated) basis arising as a result of the original condition”

To recap, therefore: there is no requirement arising from Section 117 to provide general accommodation, particularly where the need does not directly and specifically arise from the reason why the person went into hospital in the first place.

## 6.0 Delivering the Section 117 aftercare planning process

### 6.1 The Section 117 aftercare plan: the context

6.1.1 It is frequently said that aftercare planning begins at the point at which a person is admitted to hospital. In many senses, this is true, in that the aim of admission should be to ensure that the person is able to be discharged back into their community setting as quickly as possible, with the levels of support needed to sustain them once they are discharged. Clearly, though, this process can only be a starting point at the time of admission: the admitted person is likely to be in a state of considerable distress, and it could take some time until a comprehensive aftercare plan can be developed. It is essential, however, that the process should start as soon as possible.

6.1.2 The primary assessment, risk management and care management process within mental health services is the Care Programme Approach (CPA), which is used across the country as the main framework for working with people with complex mental health needs who are involved with secondary mental health services. This framework has a number of key features:

- It is a multidisciplinary approach to the identification and management of need
- Its clear focus is the individual, who should be as fully involved as possible
- It involves a detailed assessment of need and risk, which then requires a detailed outcome-focused care plan to address the identified needs and risks, and which may include a contingency plan for any potential deviations from the identified care plan
- It identifies a care co-ordinator, the person within the multidisciplinary team who is best placed to ensure the delivery of the care plan
- It identifies a review frequency, to ensure that the outcomes in the care plan are being met.

6.1.3 The Section 117 aftercare planning process follows this framework. However, the key issue is that the aftercare plan must be explicit about which services and supports are provided under section 117, to achieve the purposes identified in paragraph 2.2 (6) above. These services and supports will arise from the detailed assessment, and will be specifically agreed with the person concerned or their representative.

### 6.2 Who should be involved in the aftercare planning?

6.2.1 It is essential that the admitted person is as involved as possible in the development and implementation of their aftercare plan, although this may on occasion not be fully

possible if there are concerns about the person's mental capacity to take part. Even if there are such concerns, every effort should be made to involve the person and to try to determine their views; these should be carefully documented in the case records and any decision to exclude the person from the planning process because of concerns about their mental capacity should be justified by a formal Best Interests decision.

- 6.2.2 Similarly, it is essential to involve the person's carer\* in the aftercare planning process, particularly in the development of any contingency plans. Carers may have detailed and up to date information about a person's presentation and may be very familiar with any signs of relapse or changes in behaviour. It is important that the clinical team has access to this information in order to be able to formulate and implement an effective aftercare plan.

\*Note 1: it is essential that the patient's permission is gained before a carer is involved in any aftercare planning.

\*Note 2: a family member or friend may not always see themselves as a carer, but may instead see themselves as a partner, family member or friend. This does not matter; the important thing is that the clinical team should identify the key person (s) involved in a person's care and involve them as closely as possible in any decision making

- 6.2.3 The Mental Health Act Code of Practice, paragraph 34.12, provides an extensive list of those people who may be invited to attend an aftercare planning meeting. This is reproduced in full in Appendix 1.

### 6.3 What should go in to a Section 117 aftercare plan?

- 6.3.1 The Mental Health Act Code of Practice (paragraph 34.17) follows the national guidance on the Care Programme approach, and stresses that aftercare planning should start as soon as possible after admission to hospital. This will follow a detailed assessment of the person's needs.

- 6.3.2 The Code of Practice (paragraph 34.3) stresses that a CPA care plan (which will therefore act as a Section 117 aftercare plan) "aims to ensure a transparent, accountable and coordinated approach to meeting wide-ranging physical, psychological, emotional and social needs which are associated with a person's mental disorder".

- 6.3.3 The aftercare plan should include

- a treatment plan, detailing medical, nursing, psychological, and other therapeutic support for the purpose of meeting individual needs, promoting recovery and/ or preventing deterioration
- details of any prescribed medications
- details of any actions to address physical health problems or reduce the likelihood of health inequalities
- details of how the person will be supported to achieve their personal goals
- support in relation to social needs, such as (but not limited to) housing, occupation and finances
- support for carers
- actions to take if a person's mental health deteriorates

- guidance on actions to take if a crisis arises.
- 6.3.4 The assessment, risk management and care planning process must be demonstrably focused on the individual. It should include detail about their own wishes and feelings, and describe clearly their wishes for their future live; where possible and appropriate, the care plan should strongly reflect these aspirations.
- 6.3.5 It should be stressed again that it is essential that the elements of the care plan which fall within the provisions of section 117 aftercare are specifically identified, with clear outcomes, measures of success and (where possible) timescales for delivery. These will then form the baseline for the multidisciplinary team to assess the effectiveness of the interventions and will allow for effective and dynamic reviews. They will also clearly identify whether a situation has been reached which could permit the ending of the Section 117 aftercare because all identified aims have been met.

## 6.4 Who should be the care co-ordinator?

- 6.4.1 In most circumstances, the care co-ordinator will be drawn from the multidisciplinary team within the secondary mental health services. This person should be the team member who is best placed to ensure that the aftercare plan is delivered appropriately. It is not their job to deliver the plan themselves (although they may have key elements of the plan which are their responsibility); rather, they should be able to work with all the multidisciplinary team members to ensure the plan's delivery.
- 6.4.2 The care co-ordinator will have the authority to recall the multidisciplinary team if the plan needs to be revised, say in the event of a deterioration in the person's mental health. They are also responsible for ensuring that reviews of the care plan take place, at least on an annual basis but more frequently if needed.
- 6.4.3 On very rare occasions, the care co-ordinator will not be drawn from the multidisciplinary team within the secondary mental health services. This will be the case if the person's mental health has improved so much that they no longer need input from secondary mental health services and can appropriately be discharged from that care.
- 6.4.4 However, there may be a need for the services provided under Section 117 to continue even though they have been discharged from secondary mental health services. Under these circumstances, the responsibility for managing the aftercare reverts to primary care services. This raises some complicated practical questions, particularly in terms of the availability of a multidisciplinary team for review purposes, and for consultation if there is a deterioration in the person's mental health.
- 6.4.5 Under these circumstances, it is for the CCG, in consultation with the local authority, to manage the aftercare. In practice, this will most likely involve the GP managing the medication and ongoing treatment elements of the aftercare plan, whilst a CCG lead takes responsibility for ensuring that reviews take place as needed. It may be necessary to develop a protocol between the CCG and the Secondary Mental Health Trust for a fast-track process back into secondary care if there is evidence of a significant deterioration in the person's mental health.

## 6.5 Consideration of parenting responsibilities and the needs of children

- 6.5.1 It is clearly understood that the presence of a severe mental illness in a parent or other caregiver for a child is a potential indicator of risk of child abuse. It should be stressed that the vast majority of families with severe adult mental illness are competent and successful parents, but there is nonetheless a clear correlation with risk to children in some cases (along with other factors such as drugs/ alcohol abuse or domestic violence).
- 6.5.2 Additionally, there are considerable stresses and pressures on children and young people if there is an adult in the household with a severe or complex mental illness. The child/ young person is potentially more likely to face bullying, they are less likely to have friends to visit at times, their family lives may be very disrupted and at times chaotic, and they may take on inappropriate caring responsibilities for their age.
- 6.5.3 The Borough Council and CCG regard it as essential that any assessment and aftercare plan should take explicit account of the needs of any children under the age of 18 in the household. The Code of Practice hints at this when it says that consideration of the psychological needs of carers and family should be taken into account. However, the requirement is more than that: multidisciplinary teams should consider the impact of the parent's mental ill-health on the children, and have a duty to take steps to refer to children's services for support if they consider that the parent's mental ill-health could compromise their parenting and have an adverse impact on the child or young person.

## 6.6 Reviews of Section 117

- 6.6.1 Reviews of Section 117 should take place within the requirements of the local CPA policy, that is:
- Within three months of the start of the care plan
  - Annually thereafter
  - More frequently as the patient's needs dictate.

It is the responsibility of the care co-ordinator to ensure that the reviews take place and that all key people are invited to the meeting. They should also ensure that all meetings are minuted and that any changes to the care plan are circulated to all members of the multidisciplinary team.

- 6.6.2 In those rare occasions where the responsibility for care co-ordination has been transferred to primary care, then the Section 117 lead officer will take responsibility for organising all necessary reviews.

## 6.7 Section 17 leave

- 6.7.1 As a part of the process of recovery, it can be essential for a detained patient to have periods of leave from the ward. This can be for a variety of reasons: short visits to the person's home to prepare for discharge, visits to community resources and activities, or familiarisation with a new service or support, such as a residential care home. This leave is granted for detained patients under Section 17 of the Mental Health Act, and is therefore known as "Section 17 leave".
- 6.7.2 The leave can only be granted by the doctor or clinician who is responsible for the patient's care (known as the "responsible clinician"). Conditions may be attached to the leave and the patient can be recalled to the hospital if problems arise. Whilst the patient is on leave, they are still liable to be detained and there is still a bed available for them in the hospital. The CCG is therefore responsible for the funding and provision of any care and support that the person may need whilst they are on leave (such as a placement in a residential care home). Once the person has been discharged from hospital, of course, and is no longer therefore subject to Section 17 leave, then the locally-agreed funding arrangements for care and support will apply.

## 6.8 Discharge of Section 117 arrangements

- 6.8.1 Section 117 aftercare arrangements are put in place for very explicit reasons, as described in paragraph 2.2 (6) of this document. The services and supports are not intended to be in place indefinitely, but should remain in place whilst the person needs them and whilst they are still needed to achieve the goals of the aftercare plan. This is reinforced by paragraph 27.3 of the Mental Health Act Code of Practice: "the duty to provide aftercare services continues as long as the patient is in need of such services". Additionally, the Code confirms (in paragraph 27.19) that "the duty to provide aftercare services exists until both the primary care trust [CCG] and the local social services authority are satisfied that the patient no longer needs them".
- 6.8.2 This position has been confirmed by a number of court cases and Ombudsman's judgments. Essentially these stress that:
- The decision as to whether to discharge Section 117 aftercare is the responsibility jointly of the CCG and the local authority, but with advice from mental health services
  - Aftercare under Section 117 does not have to continue indefinitely
  - Any decision to discharge Section 117 should not be taken arbitrarily, but should be made on the merits of each case
- 6.8.3 The decision to discharge Section 117 aftercare should therefore be taken as part of the multidisciplinary review process, organised by the care co-ordinator, and should always involve decision-making representatives of the local authority and the CCG.
- 6.8.4 There are three circumstances, therefore, when Section 117 aftercare can be discharged:

- When a multidisciplinary review has determined that all aspects of the aftercare plan have been delivered and that the plan is no longer needed to prevent a deterioration in the person's mental health or reduce the risk of readmission; this still has to be formally agreed by the CCG and local authority

- On the death of the patient

- When the patient moves away and becomes the responsibility of a different CCG and local authority

6.8.5 Section 117 aftercare cannot be discharged solely on the grounds that:

- The patient refuses the services

- The care need is now being successfully met and the patient is settled in the community

- The patient has been discharged from the care of a consultant or specialist mental health services

- An arbitrary period of time has passed since the patient was discharged from hospital

- The patient is deprived of their liberty under the Mental Capacity Act

- The patient has returned to hospital informally or has been detained under Section 2 Mental Health Act

- The patient is no longer on Section 17 leave or subject to a Community Treatment Order

6.8.6 Section 117 guidance produced by the Association of Directors of adult Social Services on behalf of the pan-London CCGs, local authorities and specialist mental health Trusts suggests that the following factors can be considered to establish whether discharge from Section 117 may be appropriate:

- What are the individual's current assessed mental health needs?

- Have the individual's needs changed since their discharge from hospital under S117?

- What are the risks of return to hospital/relapse?

- Has the provision of after-care services to date served to minimise the risk of the individual being re-admitted to hospital for treatment for mental disorder/experiencing relapse of their mental illness?

- Are those services still serving the purpose of reducing the prospect of the individual's re-admission to hospital for treatment for mental disorder/experiencing relapse or has that purpose now been fulfilled?

- What services are now required for the individual's current mental health needs?

- Does the individual still require medication for mental disorder?
- Is there any ongoing need for care under the supervision of a consultant psychiatrist or any ongoing need for involvement of specialist mental health services such as a community mental health team?

6.8.7. This guidance goes on to suggest that indicators that S117 could be discharged may include any of the following:

- Stabilised mental health which no longer requires the level of care that has been provided under S117 in order to be maintained
- Services no longer needed for the purpose of reducing the risk of return to hospital or relapse

However, any decision should be taken with reference to the individual circumstances of each case and none of the indicators above should be used solely as grounds for discharge.

6.8.8 It should be stressed once more that there is a pressing need for all aftercare plans to be explicit about the needs which are to be met as part of a Section 117 aftercare plan, the outcomes which are intended to be achieved and the timescales in which the plans should be delivered. Without this, it is impossible to know whether the interventions are suitable for the person and are achieving

6.8.9 If there is any doubt as to whether it is appropriate or not to discharge an individual's Section 117 aftercare plan, then legal advice should always be sought.

## 6.9 Section 117 register

6.9.1 A register of all Halton residents subject to Section 117 aftercare will be held and maintained by the local authority. The reason for this to be held and managed by the local authority is that not all Halton residents subject to this provision are known to the local specialist mental health trust (the North West Boroughs) ; some may have been detained in specialist hospitals elsewhere in the country and not have had any contact with the North West Boroughs.

## 7.0 Commissioning and funding arrangements:

### 7.1 Identifying the responsible CCG:

7.1.1 For those people who have been detained in a hospital in their local area, the responsible CCG will generally be well known to the Trust in which they have been detained, and there will be close working relationships between the two organisations. However, many people are detained in settings which are far from their home area (in a secure hospital, for example, or a prison), and it is important that the CCG responsible for the aftercare is identified at the earliest possible stage.

7.1.2 The CCG which holds the responsibility for the aftercare of any qualifying patient is determined by the national "Who Pays" guidance, published by NHS England in August 2013, and revised in April 2016. In essence, the position is as follows:

- For people detained before 1st April 2013 or after 31st March 2016, the responsible CCG is the one where the patient was registered with a GP before their hospital admission
- For people detained after 1st April 2013 but before 31st March 2016, then wherever the person has been moved to (or has been placed) and is registered in their new area with a GP, then the new area becomes the responsible CCG if the person is again detained under a qualifying Section
- If a person is not registered with a GP, and is of no fixed abode, then a “usual residence” test applies, as described in Section B of the 2013 guidance. This is different from the term “Ordinary Residence”, and refers to the person’s own perceptions of whether they are resident in the UK, and if so where they see themselves as living. The latter area effectively determines which CCG would be responsible

## 7.2 Identifying the responsible local authority:

- 7.2.1 The determination of which local authority is responsible for meeting the Section 117 duties for an individual patient is to be found in Section 75 of the Care Act (and also Sections 19.14 – 19.22). The test for this depends on where the person was “ordinarily resident” at the time that they were detained.
- 7.2.2 Ordinary Residence is not specifically defined in the Care Act. However, the Statutory Guidance which accompanies the legislation refers to the case of *Shah v. London Borough of Barnet* as the source for the test. In that case, Lord Scarman said “ordinarily resident refers to a man’s abode in a particular place or country which he has adopted voluntarily and for settled purposes as part of the regular order of his life for the time being, whether of short or long duration”
- 7.2.3 The Statutory Guidance advises that “the concept of ordinary residence involves questions of both fact and degree. Factors such as time, intentions and continuity (each of which may be given different weight according to the context) have to be taken into account.”
- 7.2.4 The above test involves the place of abode to be voluntarily adopted which requires the individual to have the mental capacity to do so. For individuals who do not have the mental capacity to decide where to live one would look at all the circumstances of the case to decide where they are ordinarily resident, including whether they can be considered to remain ordinarily resident with their parents even after they have left home.
- 7.2.5 Where a person’s ordinary residence cannot be determined, then it will usually be the place to which the patient will be discharged from hospital.
- 7.2.6 If there is a dispute between local authorities as to which should be responsible for a person’s aftercare, and this cannot be resolved at a local level, then the matter can be referred to the Secretary of State for a final decision. Halton Borough Council’s approach is that the funding and responsibility for the aftercare planning will be retained without prejudice by Halton until the Secretary of State reaches a decision, to ensure that continuity of care remains uninterrupted for the person concerned.

### 7.3 Local Authority Protocol for the application of Section 117

- 7.3.1 Across the four local authorities which cover the Cheshire County footprint Halton, Warrington, Cheshire West and Chester, Chester East and also including Wirral Borough Council), a protocol has been agreed which prevents the transfer of the commissioning responsibility for Section 117 to another signatory local authority, even if the person concerned is no longer ordinarily resident in the first local authority. This is designed to ensure that high cost social care packages are not transferred to an authority which had not budgeted for this contingency in the first place.
- 7.3.2 This is a voluntary agreement so does not have the force of law behind it. However, it has been agreed at the most senior levels of each council and the protocol is expected to apply to all such situations. This protocol is being rolled out more widely across the North West Region.

### 7.4 Funding of services provided under Section 117 aftercare

- 7.4.1 The commissioning and funding of services to meet individual needs identified in a Section 117 aftercare plan is the joint responsibility of the person's CCG and local authority. In simplistic terms, this would mean that the CCG would fund all identified health needs, whilst the local authority would fund social care services. However, when providing support to someone with complex mental health needs, it is not easy to separate out what is a social care need from that of a health need, as the two issues are often very closely intertwined.
- 7.4.2 In addition, there are legal restrictions as to the types of service that local authorities and CCGs can commission. Local authorities cannot, for example, routinely fund services that would be seen as specifically health services (although there are some exceptions to this if the NHS service – such as the provision of general nursing care in a care home – is merely incidental or ancillary to the provision of the accommodation), and the same applies in reverse for the NHS. Across the country, various attempts have been made to devise formulae to apportion funding between CCGs and local authorities, but these have generally been cumbersome, difficult to apply in practice, and have generally failed as a result.
- 7.4.3 Under most circumstances, the local agreement between Halton Borough Council and NHS Halton CCG takes a purely pragmatic approach: that all new Section 117 aftercare services (as from the date of implementation of this policy) will be funded on a 50/ 50 basis between Halton Borough Council and NHS Halton CCG. The funding of existing aftercare services will be unaffected by this policy, unless the aftercare plan changes and effectively becomes a new plan.

### 7.5 The Process in Halton for obtaining Section 117 aftercare services funding

- 7.5.1 In order for both the CCG and the local authority to be able to make the decisions on funding care and support packages provided under the Section 117 aftercare arrangements, sufficient detail must be provided by the multidisciplinary teams working

with the individual. Without this detail, delays in commissioning an appropriate service may occur if the information is lacking.

7.5.2 If a funding decision is required in order to secure aftercare, then the following documents, attached as Appendices, provide the detail about the process to be used and the information to be provided:

- Appendix 2: Mental Health Funding Process for Section 117 aftercare arrangements
- Appendix 3: Funding Process Diagram

## 7.6 NHS Continuing Healthcare (including NHS Continuing Care for Children) and Funded Nursing Care

7.6.1 If all the required aftercare services relate specifically to a person's mental health condition, then it will not be necessary to assess for eligibility for NHS Continuing Healthcare (CHC). However, a person who is receiving Section 117 aftercare services may also have additional needs which do not fall within the scope of Section 117, but relate instead to their physical health. This is explained in the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (July 2009):

*“a person in receipt of aftercare services under S117, may also have needs for continuing care that are not related to their mental health disorder, and that may therefore, not fall within the scope of Section 117... it may be necessary to carry out an assessment for NHS continuing healthcare that looks at whether the individual has a primary health need on the basis of the needs arising from their physical problems.”*

7.6.2 People who have, or develop, physical health needs as well as their mental health needs may need to be assessed under the NHS Continuing Care or Continuing Healthcare Frameworks for funding to support their physical health needs. This, and any subsequent reviews of their eligibility, will be done as part of the Care Programme Approach process, and any CHC or CC requirements will be recorded in the care plan.

## 7.7 Direct Payments (DPs) and Personal Health Budgets (PHBs)

7.7.1 Under the Care Act 2014, all people with assessed eligible needs in social care have the right to a personal budget to meet those needs, and this includes a direct payment. Local authorities have a discretionary power (not a duty) to make DPs to people who are receiving Section 117 aftercare services: this gives greater flexibility to local authorities in those situations where there may be risks in making DPs for services which the person may prefer not to receive.

7.7.2 The NHS Mandate in April 2015 set out the expectation that CCGs would develop their plans to offer Personal Health Budgets to people with long-term conditions who may benefit from them. As from Monday 2<sup>nd</sup> December 2019, this is now in effect.

7.7.3 A PHB for Section 117 aftercare should be considered:

- Whenever planning is taking place for Section 117 during an admission to hospital or

- At any assessment held to review the person's Section 117 aftercare package of support in the community, which may be managed either by the local authority or the NHS. This will include Care and Treatment Reviews for adults, or Care, Education and Treatment Reviews for children and young people, who have a learning disability and/or autistic spectrum condition and are section 117 eligible.

7.7.4 Aftercare planning for all patients admitted to hospital for treatment for a mental health condition should be planned within the framework of the Care Programme Approach. However, if an eligible person's care is not being managed under this framework, this should not impact on their right to a PHB, as this right is not based on how services are locally delivered, but on their eligibility for Section 117 aftercare.

## 7.8 Disputes

7.8.1 Where a dispute as to the funding arrangements is identified, this will be managed by using the agreed Disputes Procedure between the local authority and the CCG.

DRAFT

***Who should be involved in the Section 117 aftercare planning process (paragraph 34.12, Mental Health Act Code of Practice)?***

In order to ensure that the after-care plan reflects the needs of each patient, it is important to consider who needs to be involved, in addition to patients themselves. Subject to the patient's views, this may include:

- the patient's responsible clinician
- nurses and other professionals involved in caring for the patient in hospital
- a practitioner psychologist registered with the Health and Care Professions Council, community mental health nurse and other members of the community team
- the patient's general practitioner (GP) and primary care team (if there is one). (It is particularly important that the patient's GP should be aware if the patient is to go onto a community treatment order (CTO), (see chapter 29). A patient who does not have a GP should be encouraged and helped to register with a practice
- any carer who will be involved in looking after them outside hospital (including, in the case of children and young people, those with parental responsibility)
- the patient's nearest relative (if there is one) or other carers
- a representative of any relevant voluntary organisations
- in the case of a restricted patient, multi-agency public protection arrangements (MAPPA)<sup>1</sup> co-ordinator
- in the case of a transferred prisoner, the probation service
- a representative of housing authorities, if accommodation is an issue
- an employment expert, if employment is an issue
- the clinical commissioning group's appointed clinical representative (if appropriate)
- an independent mental health advocate, if the patient has one
- an independent mental capacity advocate, if the patient has one
- the patient's attorney or deputy, if the patient has one
- a person to whom the local authority is considering making direct payments for the patient
- any another representative nominated by the patient, including anyone with authority under the Mental Capacity Act 2005 (MCA) to act on the patient's behalf

## Mental Health Funding Process for Section 117 aftercare arrangements

### Stage 1 – Preparation for funding application

**Prior to** making a referral for funding for 117 aftercare, please ensure the following have been completed within the last 8 weeks and reports are available to support funding application:

1. **Nursing report** from named nurse if in patient/ CPN for community patients - Detailed clinical assessment including baseline assessment of Mental Health, Physical Health and social needs with clear treatment needs identified which are generated from the assessment process. **Health Needs Profile/ Commissioning Care Plan.**



Health needs profile  
March 2018.doc



Commissioning Care  
plan Feb 2018.docx

2. **Medical report** from Responsible Clinician - detail of diagnosis, medical opinion and summary of symptomology with recommendations for treatment needs.
3. **Social Circumstance report** from Social Worker – detailed social assessment including relevant historical information with recommendations of treatment needs generated from assessment process /Summary support Plan
4. Other relevant reports if available – **Psychology, Occupational Therapist** – detailed reports of assessments completed and clinical opinion with recommendations of treatment needs
5. **Risk assessment, formulation and management plans** - detailed risk assessment, formulation and management plans indicating anticipated changes to risk on transfer of care to new provider with rationale for changes in risk. Detailed risk management plan, including proactive and reactive strategies to manage risk effectively

### Stage 2 – Multi-disciplinary Meeting – Treatment Options Appraisal – 117 Pre-discharge meeting

The MDT to meet and discuss care and treatment options based on report recommendations to identify types of services/care packages to be explored to support discharge, ensuring least restrictive options and local services are explored and exhausted first.

\*if a specialist service is required the care co-ordinator to contact the Specialist Mental Health Nurse at Halton CCG for additional support and guidance in identifying potential providers.

The named nurse/care co-ordinator to Complete the 117 aftercare Discharge Planning Document for provision to potential care providers

Relevant parties to attend MDT are:

- Patient and/or patient representative (carer/family member)
- Advocacy

- Responsible Clinician
- Named Nurse (if in-patient)
- Care Co-ordinator
- Social Worker
- CCG Mental Health Nurse – if complex case
- Occupational Therapist – if applicable
- Psychologist – if applicable

**Completion of 117 aftercare plan. Signed and agreed by Registered Clinician and Halton Borough Council Representative.**



117 aftercare plan  
Feb 2018.docx

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**Stage 3a – Referral to Providers**

Referrals to be completed to potential care provider by the care co-ordinator, via the 117 Aftercare Discharge Planning document. Where high cost specialist placements are being sought (such as specialist rehabilitation or hospital care), a minimum of three services to be explored from different services for the purposes of care options appraisal. Safety checks to be completed whilst awaiting outcomes of assessments.

**Stage 3b – Safety Checks**

Care Co-ordinator/ Social Worker to:

- Complete a service visit (if possible/necessary)
- Source the most recent CQC inspection report and scrutinise report
- Discuss with Contracts to enable checks to be completed
- Liaise with host CCG (if out of area) to check if there are any concerns regarding placing individuals in the service that we need to be aware of and expression of intention to place an individual in the service

If concerns are highlighted, further referrals to alternative care providers may need to be completed to ensure robust appraisal of options is completed.

**Stage 4 –Multi-Disciplinary Team meeting - Care Options appraisal**

On completion of safety checks and receipt of outcomes of referral (assessments), the MDT to reconvene to examine and consider any packages of care offered and identify the preferred provider based on the treatment plan offered.

**Stage 5– Funding Application Pack**

Care co-ordinator / Social Worker to complete and submit 117 Funding Application pack which includes:

- Reports and risk assessment from Stage 1
- Minutes of MDT – treatment options
- Referral reports and package of care offers – minimum of three
- Evidence of safety checks completed – CQC reports, any other detail available
- Minutes of MDT – care options appraisal
- Complete Halton CCG 117aftercare document
- Funding Request Form for all fully-funded CCG forms; otherwise the Support Plan Summary should be used
- Best Interests decisions if the person lacks the mental capacity to make key and specific decisions about the arrangements for their care, support, treatment or accommodation

CCG Mental Health Nurse to complete Complex Case Quality Assurance Document and book case in for review at MH Panel/ Complex Care Panel for 117 funding applications.

### **Stage 6 – Panel/ Funding approval**

117 funded cases will be presented at MH Panel by the care co-ordinator / social worker which will convene monthly fortnightly. This only applies to full CCG funded packages, packages over £1000/ week, or complex cases or those with unusual deviations from the usual rates.

Panel will consist of representation from both the Local Authority and the CCG who are authorised to agree funding.

#### **The following procedures to be considered:**

Complex care panel process HBC/HCCG

Enhanced Care policy/procedures HBC/HCCG

### **Stage 7 – Outcome of Funding Application**

117 cases will be agreed at panel by the Local Authority and CCG

On agreement of funding the care co-ordinator will:

- Arrange discharge meeting with MDT including new care provider to identify and plan safe transfer of care / discharge which includes:
  - Identification of admission date to service, including transportation, legal framework (MHA, CTO, DOL)
  - arrange 72 hour follow up on admission
  - Arrange 4 week review

Care package to be inputted on Care First system by social worker to support payment

### **Stage 8 – monitoring of placement**

- Care co-ordinator will maintain regular visits to ensure care delivered is in line with the 117 aftercare arrangements and the individuals on going needs are met.
- Responsible Clinician to maintain oversight of mental health in line with 117 aftercare requirements. If 117 is no longer required, the RC will take necessary steps to remove 117 arrangements and instruct application for alternative funding streams (CHC/FNC/LA funding)

DRAFT

## FUNDING PROCESS DIAGRAM

### STEP 1:

Ward arrange 117 planning meeting  
Invites: care co-ordinator, social worker, CCG, advocate and family  
\*any other professionals involved as necessary

MEETING TO IDENTIFY PATHWAY ON DISCHARGE – COMMUNITY/117 OR EXTENDED HOSPITAL STAY

REPORTS TO BE PROVIDED/DISCUSSED AT MEETING AS FOLLOWS:

WARD TEAM	CONSULTANT	SOCIAL WORKER	OTHER PROFESSIONALS*
<ul style="list-style-type: none"> <li>Nursing report OR Health Needs Profile</li> <li>Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>Medical Report</li> </ul>	<ul style="list-style-type: none"> <li>Social Circumstances report</li> <li>Social needs assessment</li> </ul>	<ul style="list-style-type: none"> <li>Psychology report</li> <li>OT report</li> <li>SALT report</li> <li>Physiotherapist report</li> </ul>



### STEP 2:

follow pathway below

COMMUNITY/117		EXTENDED HOSPITAL STAY	
SOCIAL WORKER / CARE CO-ORDINATOR	WARD TEAM	CARE CO-ORDINATOR/CCG	WARD TEAM
<ul style="list-style-type: none"> <li>Complete referrals to relevant providers</li> <li>Complete provider checks via contracts</li> <li>Check CQC reports</li> <li>Complete 117 aftercare plan</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate assessments from providers</li> <li>Contribute to the 117 aftercare plan</li> </ul>	<ul style="list-style-type: none"> <li>Complete referrals to relevant providers</li> <li>Complete provider checks</li> <li>Set up contract via CCG</li> <li>Check CQC reports</li> <li>Complete commissioning care plan</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate assessments from providers</li> <li>Contribute to the commissioning care plan</li> </ul>

**STEP 3:**

**OPTIONS APPRAISAL**

Once assessments received from providers MDT to reconvene to review assessments and select most appropriate package of care offered.

\*If no appropriate package is identified repeat step 2

**PACKAGE OF CARE IDENTIFIED**

- Panel will be weekly (Tuesday morning) for packages under £1000 per week
- Panel will be fortnightly (day tbc) for packages over £1000 per week

COMMUNITY / 117		EXTENDED HOSPITAL STAY	
SOCIAL WORKER / CARE CO-ORDINATOR	CCG	CARE CO-ORDINATOR	CCG
<ul style="list-style-type: none"> <li>• Complete SPS</li> <li>• Prepare bundle for panel</li> <li>• Submit for quality check to manager</li> <li>• Submit to panel*</li> </ul>	<ul style="list-style-type: none"> <li>• On receiving bundle, complete quality check and submit to panel</li> </ul>	<ul style="list-style-type: none"> <li>• Complete OAT funding form</li> <li>• Prepare bundle for panel</li> <li>• Submit for quality check to manager</li> <li>• Submit to CCG via CHC duty desk inbox**</li> </ul> <p>Continuinghealthcare.halton.gov.uk</p>	<ul style="list-style-type: none"> <li>• On receiving bundle, complete quality check and submit to panel for authorisation</li> </ul>



**STEP 4: FUNDING APPROVED**

COMMUNITY PLACEMENT		EXTENDED HOSPITAL STAY	
SOCIAL WORKER / CARE CO-ORDINATOR	WARD STAFF	SOCIAL WORKER / CARE CO-ORDINATOR	WARD STAFF
<ul style="list-style-type: none"> <li>• Inform ward of outcome of funding application</li> <li>• Inform provider of award of contract</li> <li>• Attend CTO / discharge 117 meeting</li> <li>• Agree follow up – 72 hour, 4 week, 12 week then in line with CPA processes</li> </ul>	<ul style="list-style-type: none"> <li>• Arrange CTO/discharge 117 meeting – invite all relevant parties including provider</li> <li>• Identify discharge date within 117 meeting</li> <li>• Support transfer to new placement</li> </ul>	<ul style="list-style-type: none"> <li>• Inform ward of outcome of funding application</li> <li>• Inform provider of award of contract</li> <li>• Attend discharge meeting</li> <li>• Agree follow up – 72 hour, 4 week, 12 week then in line with CPA processes</li> </ul>	<ul style="list-style-type: none"> <li>• Arrange discharge meeting – invite all relevant parties including provider</li> <li>• Identify discharge date within meeting</li> <li>• Arrange transfer of care – section transfer</li> <li>• Support transfer to new placement</li> </ul>

**REPORT TO:** Executive Board

**DATE:** 19 March 2020

**REPORTING OFFICER:** Director of Adult Social Services

**PORTFOLIO:** Children, Education & Social Care

**SUBJECT:** Halton Borough Council and NHS Halton Clinical Commissioning Group : Joint Working Agreement (Better Care Fund)

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

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

1.1 To present an overview of the new Joint Working Agreement (JWA) between Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG), which will take effect from 1st April 2020 to 31st March 2023, and which will replace the current JWA which is due to expire on 31st March 2020; current draft can be found at *Appendix 1*.

### 2.0 **RECOMMENDATION: That the Board**

- 1) **Note the contents of the report and associated Appendix; and**
- 2) **Approve delegated authority to the Director of Adult Social Services in consultation with the Portfolio holder for Children, Education & Social Care, to finalise the new Joint Working Agreement.**

### 3.0 **SUPPORTING INFORMATION**

3.1 HBC and NHS Halton CCG have had a JWA, including a pooled budget, in place for the commissioning of services for people with Complex Care needs since April 2013; from April 2015, the JWA included the Better Care Fund.

3.2 A review of the JWA was undertaken during the first six months of 2019/20, the outcome of which was presented to Executive Board on 19th September 2019 along with options for future joint working arrangements.

3.3 Following agreement by Executive Board, where it was agreed that the Continuing Healthcare (CHC) and Community Care budget elements of the pooled budget would be separated out, work has progressed on development of a revised JWA for the Better Care Fund (including the Disabled Facilities Grant, Winter Pressures and Improved Better Care Fund).

3.4 As both HBC and NHS Halton CCG remain committed to developing our integrated approach to service delivery and transformation to improve the Health and Well-Being of Halton residents, we have also been working on developing financial, commissioning and contracting arrangements for Joint Funded packages, Funded Nursing Care and Direct Payments which fall under the CHC and Community Care Budgets, but which

would now sit outside of the pool budget w.e.f 1st April 2020.

Details of these arrangements will be presented to Executive Board once finalised.

- 3.5 The JWA has been reviewed by both HBC and NHS Halton CCG and has been amended/updated to reflect changes in organisational structure, governance arrangements associated with the JWA and agreed Pooled Budget.

At the time of writing this report, some minor issues associated with governance arrangements are still to be finalised before the end of March 2020, along with the final amount to be included within the pooled budget.

As such, the Executive Board are asked to give delegated authority to the Portfolio Holder for Children, Education and Social Care and the Director of Adult Social Services to finalise the new JWA.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 None identified.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 At the time of writing this report, HBC and NHS Halton CCG are in the process of finalising the Better Care Fund pooled budget for 2020/21.

- 5.2 With effect from 1<sup>st</sup> April 2020, the revised pooled budget will include:-

- Better Care Fund and Improved Better Care Fund (iBCF)
  - Includes spend in areas such as Intermediate Care Services, Carers, Equipment Services, Care Homes, Domiciliary Care, Telecare, Supported Discharge, Community Respiratory and Rehabilitation Services
- Disabled Facility Grant
- Winter Pressures Funding

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

##### 6.1 **Children & Young People in Halton**

None identified

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

None identified.

##### 6.3 **A Healthy Halton**

Those people who are in receipt of long term care whether that is funding from Health or Social Care are those people in our communities with some of the most clinically complex and severe on going needs, so it is essential we have effective mechanisms in place to ensure that people we provide services to receive appropriate outcomes.

The integrated system, pooled budget arrangements and continued alignment of our CHC and Community Care budgets will continue to ensure that the resources available

to both Health and Social Care are effectively used in the delivery of personalised, responsive and holistic care to those who are most in need.

#### 6.4 **A Safer Halton**

None identified

#### 6.5 **Halton's Urban Renewal**

None identified

#### 7.0 **RISK ANALYSIS**

7.1 The JWA complies with the financial standing orders of HBC and NHS Halton CCG and the regulatory and monitoring arrangements contained within.

#### 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Joint Working Agreement between HBC and NHS Halton CCG 1.4.16 – 31.3.19	Copy available via Email	Sue Wallace Bonner <a href="mailto:Susan.Wallace-Bonner@halton.gov.uk">Susan.Wallace-Bonner@halton.gov.uk</a> Tel: 0151 511 8825
Memorandum of Understanding HBC and NHS Halton CCG 1.4.19 – 30.9.19	Copy available via Email	Sue Wallace Bonner <a href="mailto:Susan.Wallace-Bonner@halton.gov.uk">Susan.Wallace-Bonner@halton.gov.uk</a> Tel: 0151 511 8825
Memorandum of Understanding HBC and NHS Halton CCG 1.10.19 – 31.3.20	Copy available via Email	Sue Wallace Bonner <a href="mailto:Susan.Wallace-Bonner@halton.gov.uk">Susan.Wallace-Bonner@halton.gov.uk</a> Tel: 0151 511 8825

**HALTON BOROUGH COUNCIL**

**AND**

**NHS HALTON CLINICAL COMMISSIONING  
GROUP**

**JOINT WORKING AGREEMENT  
Pursuant to S.75 of the National  
Health Service Act 2006**

**1<sup>st</sup> APRIL 2020 – 31<sup>st</sup> MARCH 2023**

**Relating to  
Better Care Fund**

**Contents**

1. Definitions .....4

2. Recitals.....7

3. Governance .....8

4. Executive Partnership Board .....8

5. Pooled Fund .....9

6. Management of the Pooled Fund .....9

7. Charges.....10

8. Pooled Fund Audit and Monitoring Arrangements.....10

9. Staff and Accommodation Relating to the Pooled Fund .....11

10. Commissioning and Contracting Arrangements.....11

11. Duration and Termination of this Agreement.....11

12. Review.....12

13. Complaints.....12

14. Disputes .....12

15. Contract (Rights of Third Parties) Act 1999 .....13

16. Risk Management.....13

17. Data Protection .....14

18. Conflict of Interest.....14

19. Force Majeure .....14

20. Notices .....15

21. Variation .....16

22. Change in Law .....16

23. Waiver .....17

24. Severance.....17

25. Assignment and Sub Contracting.....17

26. Exclusion of Partnership and Agency.....217

27. Governing Law and Jurisdiction .....	17
28. Partnership Flexibilities .....	18
29. Commissioning Arrangements.....	18
30. Appointment of a Lead Commissioner .....	19
SIGNATURES SHEET .....	20
Schedule 1: Role, Function and Rules of the Executive Partnership Board.....	21
Schedule 2: Role, Function and Rules of the Better Care Development Group (BCDG).....	24
Schedule 3: Finance .....	26
S3.1 Contributions – Financial Year 2020/21 .....	26
S3.2 Contributions - Years 2021/22 and 2022/23.....	26
S3.3 Additional Funds.....	26
S3.4 Variations of Contributions.....	26
S3.5 Overspends.....	26
S3.6 Termination of this Agreement.....	27
S3.7 S.151 Officer / Chief Finance Officer for the CCG .....	27
S3.8 CCG’s and HBC’s Financial Standing Orders and Finance Regulations.....	28
S3.9 Monitoring and Reporting Arrangements.....	28
S3.10 VAT .....	28
S3.11 Expenses.....	28
S3.12 Payment Arrangements .....	28
S3.13 Efficiency Savings.....	29
S3.14 Capital Expenditure.....	29
S3.15 Specific Grants .....	30
S3.16 Budget Timetable .....	30
Schedule 4: Delegation Limits .....	33
Appendix 1: Exempt Information .....	34
Appendix 2: Finance .....	35

**THIS AGREEMENT** dated 1st day of April 2020

MADE BETWEEN the following parties:-

- (1) **HALTON BOROUGH COUNCIL (HBC)**, Municipal Building, Kingsway, Widnes.
- (2) **NHS HALTON CLINICAL COMMISSIONING GROUP (CCG)**, Runcorn Town Hall, Heath Road, Runcorn.

**1. Definitions**

- 1.1 **“the 2006 Act”** means the National Health Service Act 2006
- 1.2 **“Budget Manager”** means any manager in HBC or the CCG with responsibility for a budget (not Pooled Fund) relating to the Services
- 1.3 **“Better Care Fund”** means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Partners
- 1.4 **“Better Care Fund Plan”** means the plan agreed by the Parties on 2<sup>nd</sup> October 2019 and which is to be reviewed by the Parties and NHS England setting out the Parties plan for the use of the Better Care Fund
- 1.5 **“Capital Assets”** means (but not by way of limitation) the purchase, construction or replacement of a tangible asset which has a life of more than 12 months and a value exceeding £5,000)
- 1.6 **“Capital Expenditure”** means such sum exceeding Five Thousand Pounds (£5,000) expended from the Pooled Fund upon the purchase, construction or replacement of the Capital Assets
- 1.7 **“CCG”** means the NHS Halton Clinical Commissioning Group
- 1.8 **“CCG Statutory Duties”** means the Duties of the CCG pursuant to Sections 14P to 14Z2 of the 2006 Act
- 1.9 **“the Client/Clients”** means a person or persons who satisfies the requirements of the Eligibility Criteria and is/are a member of the Client group.
- 1.10 **“the Client Group”** means any person (adults) registered with a Halton GP and is a Halton resident, with care being provided for a disability or illness due to a physical, mental health or learning disability and satisfies the requirements of the Eligibility Criteria.

- 1.11 **“the Executive Partnership Board”** means the Board whose role, function and rules are set out in Schedule 1 of this agreement
- 1.12 **“Eligibility Criteria”** means the Criteria agreed between the Parties as to the conditions to be satisfied for a Client to be a member of the Client Group.
- 1.13 **“Exempt Information”** means “such information which the Parties resolve that the remainder of their meetings be held in private because publicity would be prejudicial to the public interest or the effective conduct of public affairs etc....” as set out in Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 and may include such matters as mentioned in Appendix 1
- 1.14 **“a Financial Year”** means a year commencing on 1st April and ending on the following 31st March
- 1.15 **“Force Majeure Event”** means one or more of the following:
- (a) war, civil war (whether declared or undeclared), riot or armed conflict;
  - (b) acts of terrorism;
  - (c) acts of God;
  - (d) fire or flood;
  - (e) industrial action;
  - (f) prevention from or hindrance in obtaining raw materials, energy or other supplies;
  - (g) any form of contamination or virus outbreak; and any other event,
- in each case where such event is beyond the reasonable control of the Party claiming relief
- 1.16 **“HBC”** means Halton Borough Council
- 1.17 **”Health Related Functions”** means such of the functions of HBC as are prescribed in Regulation 6 of the Regulations as far as they relate to the Client Group
- 1.18 **“ the Host Party”** means the organisation responsible for the accounts and audit of the Pooled Fund Arrangements as prescribed in Regulation 7 of the Regulations
- 1.19 **“HWB”** means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012
- 1.20 **“Integrated Commissioning”** means arrangements by which both Partners commission Services on behalf of each other in the exercise of both the NHS Functions and Council Related Functions through integrated structures

- 1.21 **“Joint Commissioning”** means a mechanism by which the Partners jointly commission a Service. For the avoidance of doubt, a joint commissioning arrangement does not involve the delegation of any functions pursuant to Section 75
- 1.22 **“Lead Commissioner”** means the Partner responsible for commissioning the Services
- 1.23 **“Lead Commissioning”** means the arrangements by which one Partner commissions Services on behalf of the other Partner in exercise of both the NHS Functions and the Council Related Functions
- 1.24 **“NHS Functions”** means such of the functions of the CCG as prescribed in Regulation 5 of the Regulations as far as they relate to the Client Group
- 1.25 **“the BCDG”** means the Better Care Development Group whose role, functions and rules of procedure are set out in Schedule 2 of this agreement
- 1.26 **“the Parties”** means HBC and the CCG (and “Party” means either one of the Parties)
- 1.27 **“the Pooled Fund”** means the Better Care Fund, including the minimum contribution from the CCG, Disabled Facilities Grant, Improved Better Care Fund and Winter Pressures Grant, in accordance with the terms hereinafter appearing and in pursuance of the Pooled Fund Arrangements and which is pursuant to Regulation 7 of the Regulations
- 1.28 **“the Pooled Fund Arrangements”** means the arrangements agreed by the Parties for pooling their monies and to be expended upon the costs of the Services and to be maintained in accordance with the requirements of clause 6 hereof
- 1.29 **“the Pool Manager”** means the officer appointed by the Parties for the purposes of managing the Pooled Fund and authorising payments in accordance with the Scheme of Delegation from the Pooled Fund in respect of the costs of the Services. The Pool Manager is the Director of Adult Social Services for HBC
- 1.30 **“the Provider”** Means a provider or providers of any of the Services commissioned under the arrangements set out in this agreement.
- 1.31 **“the Regulations”** means the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 S.I. No.617 and any amendments and subsequent re-enactments
- 1.32 **“the Revenue Budget”** means the annual budget agreed by the Parties made up of the Revenue Payments

- 1.33 **“the Revenue Payments”** means such sums as contributed and paid by the Parties into the Pooled Fund at the commencement of the Term and thereafter on the 1<sup>st</sup> April of each subsequent year in accordance with the terms of Schedule 3 in respect of the costs incurred or to be incurred in paying for the Services
- 1.34 **“Scheme of Delegation”** means the delegated limits which apply to such members of the Parties authorised to take decisions for and on behalf of the Parties and to the Pool Manager for incurring expenditure out of the Pooled Fund as more particularly set out in Schedule 4
- 1.35 **“the Service Contracts”** means the Contracts entered into by either one or all of the Parties for the purposes of commissioning the Services provided that such contracts may be in the form of service level agreements and entered into with voluntary, independent and public sectors
- 1.36 **“the Services”** means the services of care and support provided for a disability or illness due to physical, mental health or learning disability provided such clients satisfy the Eligibility Criteria and which shall be provided in accordance with the Service Contracts including inter alia the aims and objectives set out in clause 4 hereto
- 1.37 **“Section 151 Officer”** means an Officer as required under Section 151 of the Local Government Act 1972. This requires local authorities to make arrangements for the proper administration of their financial affairs and appoint a Chief Financial Officer to have responsibility for those arrangements.
- 1.38 **“the Term”** means the period beginning 1st April 2020 and ending 31st March 2023 subject to review as hereinafter set out

## **2. Recitals**

- 2.1 Pursuant to Section 75 of the 2006 Act the Parties have agreed to establish a Pooled Fund which may subsequently also include either Joint Commissioning, Integrated Commissioning or Lead Commissioning arrangements for the purposes of commissioning the Services in the exercise of the Health Related Functions.
- 2.2 The objectives of the commissioning arrangements mentioned in clause 2.1 and the Pooled Fund Arrangements are to improve the services for Clients through closer working between the CCG and HBC and which is pursuant to the obligations upon the Parties to co-operate with each other as referred to in the Section 75 of the 2006 Act.
- 2.3 The commissioning arrangements mentioned in clause 2.1 and the Pooled Fund Arrangements proposed by this Agreement are intended to fulfill the objectives set out in the NHS Long Term Plan, Cheshire & Merseyside Health & Care

Partnership Business Plan, One Halton Plan, Halton's Health and Wellbeing Strategy, the duties of HBC under the Care Act 2014 and the Better Care Fund Plan.

2.5 The provisions of this Agreement shall take effect on the 1<sup>st</sup> April 2020.

### **3. Governance**

3.1 Each Party will retain (notwithstanding the terms of this Agreement) the statutory responsibility for their respective functions carried out under the Pooled Fund Arrangements and the activity of their employees in the undertaking of clinical and/or social care duties.

3.2 The Parties have established an Executive Partnership Board, as a joint committee within the meaning of Regulation 10 (2) of the Regulations, for the purpose of monitoring and discharging their duties in relation to the strategic commissioning and provision of Services. The powers of the Executive Partnership Board to undertake this role is derived from the Executive Partnership Board's membership of Executive Members who have been given delegated authority from the Parties. The Executive Partnership Board is not an autonomous body and does not therefore have legal status.

3.3 Governance arrangements exist within the Parties to address the issues of clinical governance, public accountability and probity as well as satisfy HBC and the CCG Standing Orders and prime financial policies and the CCG's Statutory Duties and HBC's Statutory Duties. The Executive Partnership Board will monitor these partnership arrangements for the purposes of discharging these duties and governance arrangements when acting on behalf of the Parties and report to the Boards of the respective Parties as outlined in Schedule 1.

3.4 The Parties have established the Better Care Development Group (BCDG). The BCDG will report directly to the Executive Partnership Board. The BCDG is not an autonomous body and does not have legal status and is responsible for implementing the strategic commissioning of the Services as advised by the Executive Partnership Board and reporting to the Executive Partnership Board upon the progress of the meeting those strategic objectives. Members of the BCDG may if authorised by the Parties within their respective scheme of delegation authorise the commitment of expenditure and the entering into any contracts for the provision of the Services

3.5 Decisions of the BCDG and/or the Pool Manager which are or are intended to be beyond their respective delegated authority limits or are inconsistent with the terms of this agreement will require the prior approval and/or ratification of the governing bodies of the Parties organisations.

### **4. Executive Partnership Board**

4.1 The aims and objectives of the Executive Partnership Board are to:

4.1.1 Determine the strategic direction and policy for the provision of the Services to those with identified care and support needs to improve quality, productivity and prevention.

4.1.2 Promote inter-agency cooperation, via appropriate joint working

agreements/arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust

4.1.3 Review all related budgets, including Continuing Health Care and Community Care, ensuring financial probity.

4.1.4 Drive forward the continued implementation of achieving a whole system coordinated approach, including the strategic aims outlined in Halton's Better Care Plan by overseeing the associated work of Partner organisations, monitoring performance, reviewing and evaluating services and taking assertive action where performance is not satisfactory.

4.2 Membership:

The membership of the Executive Partnership Board is outlined in Schedule 1.

## **5. Pooled Fund**

5.1 A budget timetable for agreeing the Pooled Fund in years 2021 and 2022 is outlined in Schedule 3. The Revenue Payments to be contributed by the Parties for the Financial Year beginning 1<sup>st</sup> April 2020 are set out in Schedule 3.

5.2 The Pooled Fund will cover the expenditure on both staffing and Service Contracts by the Parties during the Term of this Agreement, the costs of which will be agreed by the Parties prior to each Financial Year.

5.3 The Parties may contribute additional amounts to the Pooled Fund during the term of this agreement whereupon the proportionate contribution of the Parties to the Pooled Fund will be adjusted accordingly for the purposes of dividing the Pooled Fund at the termination of the agreement as outlined in 11.3.1.

5.4 The management of and administration of the Pooled Fund shall be carried out in accordance with clause 6 and the terms and conditions set out in Schedule 3 and within the delegation limits set out in Schedule 4.

5.5 Parties may agree to establish other Pooled Fund arrangements in the event that other partnership arrangements are entered into for other services, in which event, details of those arrangements including the Host Party and the pooled fund manager will be agreed by the Parties.

## **6. Management of the Pooled Fund**

6.1 The Host Party for the purposes of this Agreement and of Regulation 7(4)<sup>1</sup> of the Regulations shall be HBC or such other Party as the Parties may from time to time unanimously agree.

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<sup>1</sup> NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. S.I. 617

- 6.2 The Parties will appoint an officer from time to time to be the Pool Manager for the purposes of Regulation 7(4) of the Regulations<sup>2</sup> who may delegate some or all of their functions as hereinafter set out. The initial Pool Manager shall be the Director of Adult Social Services, HBC.
- 6.3 The Pool Manager shall ensure that the standard budgetary controls, standing orders, financial contract regulations and monitoring arrangements of the Host Party are complied with and all actions are taken within the Scheme of Delegation.
- 6.4 The Pool Manager shall manage the Pooled Fund within the Revenue Payments and shall submit bi monthly financial reports to the BCDG, quarterly reports to the Executive Partnership Board and Parties. The Pool Manager will ensure an end of year memorandum of accounts and balance sheet extract are prepared relating to the income and expenditure from the Pooled Fund and other information which the Parties may reasonably require so that the Parties may monitor the effectiveness of the Pooled Fund arrangements. Financial reporting will comply with the audit requirements of both HBC and the CCG.
- 6.5 The Revenue Budget for the Pooled Fund shall be agreed annually by the Parties and expenditure incurred shall be in accordance with the Scheme of Delegation. Revisions to the Revenue Budget must be agreed by the Parties and reflected in the bi monthly financial reports presented to BCDG.
- 6.6 The Pool Manager will provide to the BCDG and the Executive Partnership Board all relevant information concerning specific grants and other funding initiatives so that development bids can be coordinated against the relevant funding.
- 6.7 Where the Pooled Fund is administered by the HBC, it will arrange for the accounts of the Pooled Fund to be audited annually and shall request Grant Thornton or such other appointed Auditors agreed by the Parties to make arrangements to certify an annual return of those accounts under Section 28(1) (d) of the Audit Commission Act 1998.

## **7. Charges**

- 7.1 Charges do not apply to Clients eligible for Intermediate Care and Equipment Services in line with current national and local guidance.

## **8. Pooled Fund Audit and Monitoring Arrangements**

- 8.1 Grant Thornton or such other accountants agreed by the Parties will act as external auditors and will assume responsibility for auditing the Pooled Budget.
- 8.2 Where the Pooled Fund is administered by the HBC the Section 151 Officer of HBC will ensure the Pool Manager receives a retrospective bimonthly Pooled Budget statement not more than one month after the end of the previous month. This will form the basis of the bi monthly finance report referred to in 6.4.

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<sup>2</sup> NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. S.I. 617

- 8.3 The Pool Manager will monitor and scrutinise the Pooled Budget statement and investigate discrepancies and report such discrepancies to the BCDG.
- 8.4 Where the Pooled Fund is administered by the HBC procurement of, and payment for, all services and goods from the Pooled Budget will be undertaken using HBC Agresso financial system.
- 8.5 The Pool Manager will ensure that detailed financial reports are presented to the BCDG and the Executive Partnership Board and they reflect the latest financial position as previously reported at BCDG.
- 8.6 Where the Pooled Fund is administered by the HBC, it will prepare an end of year financial memorandum of accounts and extract balance sheet. Once the memorandum has been certified by Grant Thornton (or such other appointed Auditors) it will be presented to the BCDG, Executive Partnership Board and the Parties by the Pool Manager.

## **9. Staff and Accommodation Relating to the Pooled Fund**

- 9.1 The Pool Manager shall for the purposes of this agreement be an employee of HBC or such other person as agreed by the Parties.
- 9.2 The Chair of the BCDG shall lead within the BCDG on implementing the commissioning priorities to achieve the required outcomes of this Agreement and the Pooled Fund Arrangements.
- 9.3 The Chair of the BCDG will make recommendations to the Executive Partnership Board and the Parties upon the type and level of staff and support required to ensure the successful operation of the Pooled Fund in consultation with the Pool Manager
- 9.4 HBC and the CCG, following the recommendations of the BCDG and the Executive Partnership Board, will provide the necessary staff accommodation and support services required in connection with the administration of the Pooled Fund Arrangements. This include HBC Finance, HBC Administration support for meetings and HBC and CCG Commissioning.

## **10. Commissioning and Contracting Arrangements**

- 10.1 The BCDG shall be responsible for overseeing the commissioning and contracting management of all the Services and prepare reports for the Executive Partnership Board on the same.
- 10.2 In developing new commissioning proposals, the BCDG will need to determine the appropriate contractual route for the provision of any of the Services. This may be the use of the NHS Standard Contract, a joint contract developed between the parties or a HBC contract. The Executive Partnership Board shall review commissioning and contracting proposals, determine the appropriateness or otherwise of the proposals, report to the Parties, and obtain approval to the implementation of the proposals. Services approved by the Parties and commissioned through contracts and / or service level agreements shall be authorised on behalf of the Parties by the chair of the BCDG or such members of the BCDG acting within their respective Schemes of Delegation.

## **11. Duration and Termination of this Agreement**

- 11.1 This agreement will commence on 1<sup>st</sup> April 2020 and terminate on 31<sup>st</sup> March 2023 provided that the Parties may agree to renew this Agreement at the expiration of the Term. Annual reviews of the viability of the agreement during the Term will be conducted by the BCDG with recommendations to be made to the Parties by 1<sup>st</sup> March before the next relevant financial year.
- 11.2 Any of the Parties may terminate this agreement during the Term by the giving at least six months prior written notice to the other.
- 11.3 Upon the termination:-
- 11.3.1 Each of the Parties shall in respect of any unspent Revenue Payments held by the Pooled Fund on behalf of the Parties, be entitled to be repaid from the Pooled Fund the contributions they shall have made to it in the same proportion as the contribution made at the beginning of the Financial Year, with any additional contributions made during the year taken into the proportioning.
- 11.3.2 None of the Parties will be obliged to make any further Revenue Payments to the Pooled Fund other than to discharge the reasonable costs, liabilities and expenses incurred by the Pooled Fund prior to the date of termination. HBC shall use its best endeavors to mitigate such costs, liabilities and expenses.
- 11.3.3 Upon the date of termination such of the Capital Assets purchased with monies provided from the Pooled Fund will be disposed of with the proceeds reverting to the Pooled Fund after taking into account the reasonable cost of disposal and the proceeds shall be discharged in accordance with the proportions set out in paragraph 11.3.1 above. Alternatively, with the agreement of the Parties ownership of a Capital Asset may transfer to one of the Parties on receipt of funds to the Pooled Fund by the acquiring Party equivalent to the value of the said asset on the date of termination.

## **12. Review**

- 12.1 The Executive Partnership Board will in addition to the BCDG review this agreement during the Term (on an annual basis) and report and make recommendations as to its viability and on progress to the Parties by the 1<sup>st</sup> March before the next relevant Financial Year.

## **13. Complaints**

- 13.1 Complaints and compliments relating to Services jointly commissioned by HBC and the CCG serving the Client Group will be dealt with in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 13.2 Any other complaints relating to the Services, which are the statutory responsibility of either Party to commission, shall be dealt with in accordance with their respective complaints policies.

## **14. Disputes**

- 14.1 The Parties will act together in good faith to resolve any dispute that may arise under this agreement. If the parties are unable to resolve a dispute then this will be escalated to the Joint Parties Management Team. If at this point the dispute cannot be resolved then either party may require the matter to be referred to arbitration by either the National Commissioning Board or the Regional Government Office who will either adjudicate on the point at issue or will direct the parties as to the method of dispute resolution.

## **15. Contract (Rights of Third Parties) Act 1999**

- 15.1 Unless the right of enforcement is expressly provided, it is not intended that a third party should have the right to enforce a provision of this agreement pursuant to the Contract (Rights of Third Parties) Act 1999.
- 15.2 The parties may, by agreement, rescind or vary this agreement without the consent of a third party to which the right of enforcement of any of its terms has been expressly provided.

## **16. Risk Management**

- 16.1 Each of the Parties shall assume responsibility (subject as set out below) for the liability for all claims which are related to their statutory functions and duties and arising from this agreement including clinical negligence, Professional indemnity, Employers and Public Liability, income tax, national Insurance, VAT or other taxation liabilities however arising. This assumption of liability also applies to existing contracts operated by the Parties and any liability arising there from. The Parties hereby each individually indemnify each other from any liability arising from this agreement. All new contracts awarded by HBC or the CCG on behalf of the Parties will require that the contractor (private or voluntary organisation) will provide their own indemnity insurance. Neither Party will accept any claims from the other Party, which relates to the period prior to the commencement of this agreement.
- 16.2 Subject to Clause 16.3, and 16.4, if a Party ("First Party") incurs a Loss arising out of or in connection with this Agreement or the Services Contract as a consequence of any act or omission of another Party ("Other Party") which constitutes negligence, fraud or a breach of contract in relation to this Agreement or the Services Contract then the Other Party shall be liable to the First Party for that Loss and shall indemnify the First Party accordingly.
- 16.3 Clause 16.2 shall only apply to the extent that the acts or omissions of the Other Party contributed to the relevant loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other Party acting in accordance with the instructions or requests of the First Party or the BCDG.

- 16.4 If any third party makes a claim or intimates an intention to make a claim against either Party, which may reasonably be considered as likely to give rise to liability under this Clause 16. the Party that may claim against the other indemnifying Party will:-
- 16.4.1 as soon as reasonably practicable give written notice of that matter to the Other Party specifying in reasonable detail the nature of the relevant claim
  - 16.4.2 not make any admission of liability, agreement or compromise in relation to the relevant claim without the prior written consent of the Other Party (such consent not to be unreasonably conditioned, withheld or delayed);
  - 16.4.3 give the Other Party and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents and records within its power or control so as to enable the Indemnifying Party and its professional advisers to examine such premises, assets, accounts, documents and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim
- 16.5 Each Party shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes such as those operated by the National Health Service Litigation Authority) in respect of all potential liabilities arising from this Agreement.
- 16.6 Each Party shall at all times take all reasonable steps to minimise and mitigate any loss for which one party is entitled to bring a claim against the other pursuant to this Agreement

## **17. Data Protection**

- 17.1 The Parties acknowledge their respective obligations under the General Data Protection Act 2018 and associated General Data Protection Regulations (GDPR) 2018, Freedom of Information Act 2000 and the Environment Information Regulations 2004.
- 17.2 The Parties agree that each will facilitate the performance by the other of their obligations under the Acts, the Regulations and under any other legislation that requires disclosure of information.
- 17.3 The Parties will agree an Information Sharing Protocol for the sharing of the Client Group information if the need arises.

## **18. Conflict of Interest**

- 18.1 The Partners shall comply with their respective policies for identifying and managing conflicts of interest<sup>3</sup>.

## **19. Force Majeure**

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<sup>3</sup> For the CCG, NHS England's Managing conflicts of interest: revised statutory guidance for CCGs 2017 shall apply

- 19.1 Neither Party shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Party or incur any liability to the other Partner for any losses or damages incurred by that Party to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.
- 19.2 On the occurrence of a Force Majeure Event, the affected Party shall notify the other Partner as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the affected Party and any action proposed to mitigate its effect.
- 19.3 As soon as practicable, following notification as detailed in Clause 19.2, the Party shall consult with each other in good faith and use all best endeavours to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 19.4, facilitate the continued performance of the Agreement.
- 19.4 If the Force Majeure Event continues for a period of more than [sixty (60) days], either Partner shall have the right to terminate the Agreement by giving [fourteen (14) days] written notice of termination to the other Partner. For the avoidance of doubt, no compensation shall be payable by either Partner as a direct consequence of this Agreement being terminated in accordance with this Clause 19.

## **20. Notices**

- 20.1 Any notice to be given under this Agreement shall either be delivered personally or sent by facsimile or sent by first class post or electronic mail. The address for service of each Party shall be as set out in Clause 20.3 or such other address as each Partner may previously have notified to the other Partner in writing. A notice shall be deemed to have been served if:-
- 20.1.1 personally delivered, at the time of delivery;
  - 20.1.2 sent by facsimile, at the time of transmission
  - 20.1.3 posted, at the expiration of forty eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and
  - 20.1.4 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent to him (as evidenced by a contemporaneous note of the Partner sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post (airmail if overseas) on the same day as that on which the electronic mail is sent

- 20.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class or airmail letter (as appropriate), or that the facsimile was transmitted on a tested line or that the correct transmission report was received from the facsimile machine sending the notice, or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be).
- 20.3 The address for service of notices as referred to in clause 20.1 shall be as follows unless otherwise notified to the other Partner in writing:-

20.3.1 if to the Council, addressed to the

Director of Adult Social Services  
Halton Borough Council  
Second Floor  
Runcorn Town Hall  
Heath Road  
Runcorn  
Cheshire, WA7 5TD  
Tel: 0151 511 8825

and

20.3.2 if to the CCG, addressed to the

Clinical Chief Officer  
NHS Halton CCG  
First Floor  
Runcorn Town Hall  
Heath Road  
Runcorn  
Cheshire, WA7 5TD  
Tel: 01928 593479

## **21. Variation**

- 21.1 No variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Partners.

## **22. Change in Law**

- 22.1 The parties shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.
- 22.2 On the occurrence of any Change in Law, the Partners shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Partners using all reasonable endeavours to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

**23. Waiver**

23.1 No failure or delay by any Partner to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

**24. Severance**

24.1 If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

**25. Assignment and Sub Contracting**

25.1 A Party shall not sub contract, assign or transfer the whole or any part of this Agreement other than to a statutory successor of all or part of a Party's statutory functions.

**26. Exclusion of Partnership and Agency**

26.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture or the relationship of employer and employee between the Partners or render either Partner directly liable to any third party for the debts, liabilities or obligations of the other.

26.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Partner will have authority to, or hold itself out as having authority to:-

26.2.1 act as an agent of the other;

26.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

26.2.3 bind the other in any way

**27. Governing Law and Jurisdiction**

27.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England.

27.2 Subject to Clause 14 (Dispute Resolution), the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute or claim, which may arise out of, or in connection with, this Agreement, its subject matter or formation (including non-contractual disputes or claims).

**28. Partnership Flexibilities**

- 28.1 The Partners may during the Term of this agreement establish one or more of the following in the commissioning and contracting of the Services:
- 28.1.1 Integrated Commissioning
  - 28.1.2 Joint Commissioning
  - 28.1.3 Lead Commissioning
- 28.2 The process where decisions will be made in respect to which arrangements would apply will be made in line with the process as outlined in paragraph 10 of this Agreement.
- 28.3 In developing these arrangements, the Council may delegate to the CCG and the CCG agrees to exercise, on the Council's behalf, the Health Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS and Council Related Functions.
- 28.4 In developing these arrangements, the CCG may delegate to the Council and the Council agrees to exercise on the CCG's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Council Related Functions.
- 28.5 Where the powers of a Party to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to the relevant Service and the Parties shall agree arrangements designed to achieve the greatest degree of delegation to the other Party necessary for the purposes of this Agreement which is consistent with the statutory constraints.

**29. Commissioning Arrangements**

The following shall apply to Integrated Commissioning:-

- 29.1 Where there are Integrated Commissioning arrangements in respect to the commissioning of a Service, both Parties shall work in cooperation and shall endeavor to ensure that the NHS Functions and Council Related Functions are commissioned with all due skill, care and attention.
- 29.2 Both Parties shall be responsible for compliance with and making payments of all sums due to a Provider pursuant to the terms of each Service Contract.
- 29.3 Both Partners shall work in cooperation and endeavor to ensure that the relevant Services are commissioned within each Parties financial contribution in respect of that particular Service in each Financial Year.

**30. Appointment of a Lead Commissioner**

- 30.1 Where the Parties agree that there are to be Lead Commissioning Arrangements the Lead Commissioner shall:-
- 30.1.1 exercise the NHS Functions in conjunction with the Council Related Functions
  - 30.1.2 endeavour to ensure that the NHS Functions and Council Related Functions are funded within the parameters of the financial contributions of each Party in relation to each particular Service in each Financial Year
- 30.2 Commission Services for individuals who meet the respective Eligibility Criteria.
- 30.3 Contract with a Provider(s) for the provision of the Services on terms agreed with the other Party.
- 30.4 Comply with all relevant legal duties and guidance of both Parties in relation to the Services being commissioned.
- 30.5 Where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the "Commissioner" and "Co-ordinating Commissioner" with all due skill, care and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention.
- 30.6 Undertake performance management and contract monitoring of all Service Contracts.
- 30.7 Make payment of all sums due to a Provider pursuant to the terms of any Services Contract.
- 30.8 Via the BCDG, keep the other Party regularly informed of the effectiveness of the arrangements including the Better Care Fund and any overspend or underspend in a Pooled Fund.

## SIGNATURES SHEET

**SIGNED on behalf of**

**HALTON BOROUGH COUNCIL**

**To be inserted**

**(signature)**

**SUSAN WALLACE-BONNER**

**(print name)**

**DIRECTOR OF ADULT SOCIAL SERVICES** **(position)**

**(duly authorised in that behalf)**

**SIGNED on behalf of**

**NHS HALTON CLINICAL COMMISSIONING GROUP**

**To be inserted**

**(signature)**

**DR ANDREW DAVIES**

**(print name)**

**CLINICAL CHIEF OFFICER**

**(position)**

**(duly authorised in that behalf)**

## **Schedule 1: Role, Function and Rules of the Executive Partnership Board**

- S1.1 In this Schedule, “member” or “members” shall be defined by reference to the bodies (as amended from time to time as hereinafter set out) as set out in this Schedule 1
- S1.2 There will be regular reviews of the composition of the Executive Partnership Board in order to reflect any changes in the Parties and members or in national guidance or legislation
- S1.3 Any of Parties may from time to time replace or fill a vacancy of one or more of its appointees to serve on the Executive Partnership Board
- S1.4 Each of the Parties shall appoint named persons as substitute members who shall attend meetings of the Executive Partnership Board in the absence of the member for whom they are a substitute member.
- S1.5 The Executive Partnership Board may co-opt persons to sit on the Executive Partnership Board for a fixed period or to assist with specific matters but such co-opted members shall not be entitled to vote at any meetings of the Executive Partnership Board.
- S1.6 Any representative/appointee of the member of the Executive Partnership Board wishing to resign shall give written notice to the Chair of the Executive Partnership Board who shall report the matter to the member body who has appointed the representative/appointee
- S1.7 The Chair of the Executive Partnership Board will be HBC’s Executive Portfolio Holder (Children, Education and Social Care).
- S1.8 The Chair shall preside over the Executive Partnership Board meetings. If the Chair is not present then the Vice-Chairperson shall preside. If neither the Chair nor the Vice-Chairperson is present the members of the Executive Partnership Board present (with voting rights) shall select a Chair for the meeting from the members who are present at the meeting.
- S1.9 The Executive Partnership Board shall meet on a quarterly basis. The timing of the meeting may change in exceptional circumstances with the agreement of the Parties and the Chair. Reports and agendas shall be circulated, wherever possible, to the members at least five working days in advance of the said meeting. The agenda papers shall be sent to the members of the Executive Partnership Board and to such other persons and agencies who would normally receive the papers had the Parties been reporting to their own respective boards in respect of funding arrangements. Any items or matters, which are deemed to be exempt from discussion in public or before the press must be properly and clearly marked and endorsed with the reason thereof. For Exempt Information see definition 1.13 on Page 6 and for further information Appendix 1.
- S1.10 The minutes of all meetings of the Executive Partnership Board shall be sent to the HWB its members and the Parties within 7 working days of the said meeting.

- S1.11 Extraordinary meetings of the Executive Partnership Board may be called at any time upon a request by at least one third of the members entitled to vote and giving at least 5 working days prior written notice
- S1.12 The members of the Executive Partnership Board may be authorised by the Parties within the Service of Delegation (which is received through their respective organisation's own financial scheme of delegation) to agree Lead Commissioning, Integrated Commissioning or Joint Commissioning Arrangements for the purposes of the provision of the Services.
- S1.13 Members of the Executive Partnership Board must disclose an interest when a Board meeting considers an item in which they have a personal interest and are likely to benefit. Members who disclose an interest should withdraw from the meeting until the item has been discussed. This should be noted within the minutes
- S1.14 The role of the Executive Partnership Board is to ensure that an integrated system is developed and appropriately managed to ensure that the resources available to both Health and Social Care, including the Continuing Health Care and Community Care budgets, are effectively used in the commissioning of the delivery of personalised, responsive and holistic care to those who are most in need within our community. This will be achieved through :-
- Ensuring that the Partners strategic objectives for the delivery of the Services is met for those with identified care and support needs to improve quality, productivity and prevention.
  - Promoting inter-agency cooperation, via appropriate joint working agreements/ arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust.
  - Review all related budgets, including Continuing Health Care and Community Care, ensuring financial probity.
  - Driving forward the continued implementation of achieving a whole system coordinated approach, including the strategic aims outlined in Halton's Better Care Plan by overseeing the associated work of Partner organisations, monitoring performance, reviewing and evaluating services and taking assertive action where performance is not satisfactory.
- S1.15 The Executive Partnership Board will encourage the full use of the Health Act Flexibilities as defined within the NHS Act 2006.
- S1.16 The Executive Partnership Board will take responsibility for the overseeing, monitoring and use of the Pooled Fund Arrangements for the Services, receive reports and information on the operation of the same from the Pool Manager and the BCDG.
- S1.17 Meetings of the Executive Partnership Board shall be quorate when at least two members from the CCG and two members from HBC are in attendance.

S1.19 **Membership**

The Executive Partnership Board is chaired by HBC's Executive Board Portfolio Holder (Children, Education and Social Care) and membership of the Board will consist of the following representatives:-

- **Halton Borough Council**
  - HBC Executive Board Portfolio Holder (Resources) (Vice Chair)
  - Director of Adult Social Services
  - Chief Accountant or representative
  
- **NHS Halton Clinical Commissioning Group**
  - Chief Commissioner - Halton
  - Chief Nurse
  - Chief Finance Officer

S1.20 The Executive Partnership Board will elect a Vice Chair from within its membership.

S1.21 The Board has the right to co-opt non-voting members and invite non-voting individuals to attend for specific issues.

S1.22 Any of the Parties may from time to time replace one or more of its representatives to serve on the Board.

S1.23 Any member of the Board wishing to resign shall give written notice to the Chair who shall report the matter to the Executive Partnership Board. Members from HBC and the CCG shall cease to be members of the Board where their employment with or elected membership of HBC and the CCG ceases.

S1.24 The Executive Partnership Board will be accountable to the Parties. The CCG will present a key issues report from the Executive Partnership Board to the CCG's Governing Body, on a quarterly basis.

S1.25 The minutes of all meetings shall be sent to the BCDG within 7 working days of the said meeting.

S1.26 The Executive Partnership Board shall adhere to the role, function and constitution as laid out in Schedule 1.

S1.27 Any decisions of the Executive Partnership Board must have the approval of the respective Parties Boards or Governing Body unless otherwise delegated to the members of the Executive Partnership Board as set out in their respective Schemes of Delegation.

## **Schedule 2: Role, Function and Rules of the Better Care Development Group (BCDG)**

- S2.1 To develop and make recommendations to the Executive Partnership Board on the strategic, commissioning and operational direction of the Services in Halton.
- S2.2 To be responsible for oversight of the management, monitoring and use of the Pooled Fund by the Pool Manager, through monthly reports from the Pool Manager, and for reporting to the Executive Partnership Board and Parties in all matters relating to the Pooled Fund. Reports shall be produced in a manner and format agreed by both parties and shall contain all relevant information to enable all members to effectively discharge their statutory responsibilities. As a minimum reports shall contain accurate quality, activity and financial information.
- S2.3 To be responsible for the monitoring contractual relationships with Providers financed by the Pooled Fund through the implementation of a performance management framework and for reporting to the Executive Partnership Board in all matters relating to such monitoring.
- S2.4 To develop and prepare the performance management framework.
- S2.5 To be responsible for the implementation of the decisions of the Executive Partnership Board relating to the strategic objectives for the commissioning of the Services and for the operational delivery of those Services including those outlined in the Better Care Fund Plan.
- S2.6 To prepare detailed planning proposals for the Services and present to the Executive Partnership Board for discussion and approval.
- S2.7 To consider bids for projects from the Executive Partnership Board, and to prepare reports with recommendations to the Executive Partnership Board.
- S2.8 To analyse government policies, local and national research and audit and national information relating to care and support services and to present such information to the Executive Partnership Board for the purposes of the development and commissioning of Care and Support Services in Halton within the resources of available funding.
- S2.9 Meetings of the BCDG shall be held monthly.
- S2.10 The BCDG will be accountable to the Parties. It's minutes shall be provided to the Parties, the HWB and the BCDG within 7 days of its meetings.
- S2.11 The members of the BCDG may be authorised by the Parties within the Scheme of Delegation (which is received through their respective organisations own financial scheme of delegation) to authorise expenditure from the Pooled Fund where it is not within the delegated limits of the Pooled Fund Manager and the entering into Service Contracts with a Provider.

**S2.12 Membership**

The BCDG is chaired by HBC's Director of Adult Social Services and membership of the Board will consist of the following representatives:-

- Divisional Manager (Urgent Care), HBC
- Finance Manager, HBC
- Development & Commissioning Manager, HBC
- Principal Manager Policy, Performance and Customer Care Support Services, HBC
- Chief Commissioner for Halton, NHS Halton CCG (Vice Chair)
- Head of Finance, NHS Halton CCG
- Head of Contracts, NHS Halton CCG
- 1 x Commissioning Manager, NHS Halton CCG

S2.12 The BCDG may co-opt members for the purposes of providing expertise to the BCDG in relevant matters.

S2.13 Meetings of the BCDG shall be quorate when the following officers are in attendance:-

- Chair or Vice Chair;
- 1 Finance Representative from each party; and
- 1 representative from each party.

Draft (as at 18.2.20)

## Schedule 3: Finance

### S3.1 Contributions – Financial Year 2020/21

S3.1.1 For the purposes of Paragraph 5, the Better Care (Pooled) Fund for the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 are set out below (subject to variation as agreed between the Parties):-

**Better Care (Pooled) Fund: £**

Breakdown of the above budget is outlined in Appendix 2.

### S3.2 Contributions - Years 2021/22 and 2022/23

S3.2.1 The contributions for the financial years 2021/22 and 2022/23 will be determined by the respective Parties and agreed by 1<sup>st</sup> March of the respective preceding financial year.

### S3.3 Additional Funds

S3.3.1 If any additional funding related specifically to the Better Care Fund becomes available to any of the Parties during the current Financial Year the Pool Manager should be advised of such circumstances and the funds shall be transferred to HBC or the CCG dependent on who is the host party, for inclusion in the Pooled Fund.

### S3.4 Variations of Contributions

S3.4.1 If in exceptional circumstances any of the Parties should wish to reduce their contributions to the Pooled Fund during the Term of this agreement by a sum which would exceed 5% of their annual contribution, then such party shall serve six months previous notice in writing upon the other.

### S3.5 Overspends

S3.5.1 The Pooled Fund shall be managed by the Pool Manager with the intention of producing a balanced budget at the end of the financial Year

S3.5.2 In the event that the Pool Manager identifies (at any period during the financial year) that there will be insufficient budgetary provision to meet the likely expenditure for the current Financial Year then this shall be reported to the BCDG. That report shall clearly set out a validated finance and activity position and a clear rationale for why expenditure is expected to exceed the budget. Any party may request an audit of that report to assure the BCDG of the actual position and to support the development of a remedial action plan. The report shall also articulate any risks associated as a consequence of insufficient funds being

S3.5.3 In the event referred to in paragraph S3.5.2 the following procedure will take effect:-

- S3.5.3.1 The BCDG will be convened within 2 weeks of the report by the Pool Manager to produce a financial plan to address the budget insufficiencies within the existing Pool Fund allocation.
- S3.5.3.2 The financial plan will be presented to the Parties for discussion and agreement within 4 weeks of the report by the Pool Manager.
- S3.5.3.3 Where the Pool Fund is unlikely to be able to meet the agreed contractual duties of this Agreement then the Pool Manager may make proposals to the BCDG including a reduction in service activity, and seek further action of the Parties as special conditions for the temporary support of the budget. In the event of any agreed reduction in service an Equality Impact Assessment and Quality Impact Assessment will be required in advance of any reductions in service being actioned.
- S3.5.3.4 Prior to the implementation of the financial plan referred to above at S3.5.3.2 any conditions which the Pool Manager shall seek to impose including amendments to this Agreement shall first be agreed with the Parties.
- S3.5.4 In the event that there is a overspend on the Pooled Fund at the end of the relevant financial year, then the Pool Manager shall seek agreement through the BCDG to either:
- (i) Carry forward the overspend into the next financial year, or
  - (ii) To offset the overspend, seek additional funding from the party.

### **S3.6 Termination of this Agreement**

- S3.6.1 At the expiration of the Term or at any other date of termination as hereinbefore referred to, any surplus of monies held in the Pool Fund shall be repaid to the Parties in such proportion, as is equal to their respective contributions made during the Term of this agreement subject to Audit approval.
- S3.6.2 Any surplus of monies left in the Pooled Fund at the end of the relevant Financial Year, other than at termination, representing an underspend for that year shall be rolled over into the next successive Financial Year unless otherwise agreed by the parties.

### **S3.7 S.151 Officer / Chief Finance Officer for the CCG**

- S3.7.1 The Pool Manager will be accountable for managing the Pooled Fund and reporting to the HBC's Strategic Director Community and Resources Directorate, who is the officer appointed by HBC for the purposes of S.151 of the Local Government Act 1972 and S.114 of the Local Government Finance Act 1988 or to the CCG's Chief Finance Officer where the CCG is the Host Party.

### **S3.8 CCG's and HBC's Financial Standing Orders and Finance Regulations**

- S3.8.1 The CCG's and HBC's Financial Standing Orders will apply to the operation of the Pooled Fund.
- S3.8.2 All Service Contracts and conditions of either of the Parties existing at the commencement of this agreement will be honoured until the date of their expiry. Any new Service Contracts entered into by either Party will be made in accordance with paragraph 3.8.1.

### **S3.9 Monitoring and Reporting Arrangements**

- S3.9.1 The CCG or the HBC (depending upon who is the Host Party) will provide the Pool Manager with bimonthly budget reports on the Pooled Fund and any expenditure incurred from the same. Where expenditure is incurred on behalf of the Pooled Fund by the Parties or those it commissions to carry out such work then those agencies will be required to record the detailed transactions within their accounting systems and provide bimonthly reports (in a format to be agreed by the Parties) to either the CCG or the HBC for inclusion within the bimonthly Pooled Fund reports to the BCDG.

### **S3.10 VAT**

- S3.10.1 The Parties shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant Guidance from HM Customs and Excise.

### **S3.11 Expenses**

- S3.11.1 Any expenses as agreed by the Executive Partnership Board incurred by service users and carers in attending meetings of the Executive Partnership Board may be paid from the Pooled Fund in accordance with or the CCG or the HBC subsistence and travel rules and the expenses of any other members of the Executive Partnership Board shall be met by their employers or respective body.

### **S3.12 Payment Arrangements**

- S3.12.1 In the event of the CCG making its Revenue Payment to the Pooled Fund hosted by HBC such payment shall be by monthly installments within 5 working days of the start of each quarter month commencing on 1<sup>st</sup> April 2020 on production of an invoice from HBC with any relevant supporting documentation provided that such payment to the HBC will be dependent upon receipt of the Revenue Payments made into the Pooled Fund by the HBC.

S3.12.2 In the event of the HBC making its Revenue Payment to the Pooled Fund hosted by the CCG such payments will be made in 12 equal monthly installments on receipt of an appropriate invoice and where necessary, with supporting documentation on 15th of each month commencing from 15<sup>th</sup> April 2020 provided that such payment to the CCG will be dependent upon receipt of the Revenue Payments made into the Pooled Fund by the CCG.

### **S3.13 Efficiency Savings**

S3.13.1 The Pooled Fund will have to demonstrate that it is achieving the required efficiency targets set by the Parties.

### **S3.14 Capital Expenditure**

S3.14.1 Capital expenditure for the purchase of Capital Assets cannot be incurred without the prior written approval of the BCDG and Section. 151 officer and the CCG's Chief Finance Officer.

S3.14.2 In the event of approval being given as in clause S3.15.1 the Parties shall decide which of them shall purchase and own the Capital Assets on behalf of the Parties and thereafter be responsible for the maintenance, repair, renewal and insurance costs of the Capital Assets on behalf of the Parties.

S3.14.3 The Pool Manager shall be responsible for producing and thereafter maintaining a register of Capital Assets purchased from the Pooled Fund.

S3.14.4 On the disposal or sale of any of the Capital Assets, either during the Term of this agreement or upon termination of the same (for whatever reason) the net proceeds from such disposal or sale shall be returned by the Pooled Fund.

S3.14.5 If the proposed cost of any of the Capital Assets shall exceed £5,000 (other than those purchased through the DFG) then such cost shall not be funded from the Pooled Fund but shall require the submission and preparation by a manager of an initial Business Case to be made to the BCDG which shall, if it accepts the validity of the Business Case, then refer such request for making a formal bid or request whether by submission of a formal Business Case for approval or otherwise to the appropriate statutory funder for such monies and if approved such Party shall retain legal ownership of the Capital Assets.

S3.14.6 In the event of either Party receiving Capital Expenditure grant from the Government or other public department a protocol will be agreed by the BCDG, taking advice from the S.151 officer of the HBC and the Chief Finance Officer of the CCG as to how such monies may be returned to the relevant party on termination of this Agreement howsoever accruing.

### **S3.15 Specific Grants**

- S3.15.1 It is recognised by the Parties that the contribution to the Pooled Fund made by HBC and the CCG will not initially include specific grant monies from the Department of Health. In the event that specific grant monies become available for the Client Group the process described at S3.3.1 is to be followed, if the parties wish for the monies to be included in the Pooled Fund.
- S3.15.2 In the event that such grants monies are withdrawn none of the Parties shall be required to fund such shortfall from its own resources and the Parties shall inform the Executive Partnership Board and the Pool Manager of such event arising as soon as reasonably practicable
- S3.15.3 The Parties shall apply such information detail and audit evidence relating to the expenditure incurred by the Pooled Fund as may be required by the Parties and their auditors to satisfy any of the conditions which may have been imposed upon the Parties by the relevant funding body on receipt of such grant monies including evidence of the activities upon which such expenditure was incurred

### **S3.16 Budget Timetable**

- S3.16.1 The annual HBC Budget for the whole Council will be set in accordance with the HBC's Corporate Budget Setting Process, identified below and which shall include those monies to be contributed by HBC to the Pooled Budget.
- S3.16.2 Subject to which party is holding the Pooled Fund either the Chief Finance Officer for the CCG or the Chief Accountant for the HBC will contact the budget managers for the relevant Services, including the Pooled Manager, to request any information required and arrange meetings with Budget / Pool Manager during September and October each year, in preparation of setting the budget for the forthcoming year. It is essential that the information be provided promptly so that the overall deadlines for budget preparation are to be achieved.

S3.16.3.1 The indicative budget timetable for HBC is as follows:

- The current year budget will be revised continuously, as soon as virements are approved in accordance with standing orders.
- The current year budget will be reviewed each year in September & October, in conjunction with Budget Managers.
- The forthcoming year's base budget (i.e. before growth and savings) will be prepared by Mid-December.
- The Provisional Local Government Finance settlement from Central Government is expected by mid-December.
- Management Team and Executive Board will then consider the forthcoming base budget in the light of the provisional settlement.
- Management Team and Executive Board will consider growth and savings options during January and once approved these will be built into the forthcoming budget
- The budget will be approved and published in the People Directorate's electronic Budget book. This will be available to all Budget Managers by the end of March.
- Executive Board will consider the levels of fees and charges proposed for the forthcoming year during March.

S3.16.3.2 The indicative budget timetable for the CCG is as follows:-

- Commences October through to January with review of spend and expected outturn including identification of next year's pressures
- Initially planning of budget presented to Governing Body during January
- January to February budget meetings are held across the CCG to agree on-going committed spend and identify new spend
- Final budgets are agreed with commissioning intentions and plans during March with further budget plan to Governing Body
- Regular reviews of budget planning are managed through Performance and finance committee reporting to Governing Body
- April at commencement of financial year final budgets are presented to Governing Body for approval

S3.16.4 The CCG Finance Manager will confirm the CCG's contribution to the Better Care Fund, to the HBC Finance Manager, by the end of March each year.

S3.16.5 The Parties shall agree the budgets and their respective contributions to the Pooled Fund by the 1<sup>st</sup> April for the next financial year beginning on 1<sup>st</sup> April.

- S3.16.6 Partners of the Pool Fund need to ensure a realistic and sustainable budget is set and approved by Senior Management at the start of each financial year. This should include identifying significant cashable efficiency gains and should protect front line services and vulnerable members of the community as far as possible. It should deliver improved procurement and ensure value for money. The council's budget will be set in accordance with the Medium Term Financial Strategy which provides the context and assumptions upon which the following year's budget will be prepared. Both partners must ensure budgets include appropriate uplifts for pay and price inflation in respect Salary Budgets at the very minimum, to ensure a balanced budget at year end and to prevent exposing the pool to financial risk.

Draft (as at 18.2.20)

## Schedule 4: Delegation Limits

### S4.1 Delegated Authority

As stated in Governance 3.2, neither the Executive Partnership Board nor the BCDG is an autonomous body and does not therefore have legal status. Any decisions of the BCDG and/or the Pool Manager which are beyond their respective delegated authority/limits (as set out below) or are inconsistent with the terms of this agreement would require the prior approval and/or the ratification of the governing bodies of the Parties organisations in accordance with both Parties Standing Orders, Prime financial policies and Schemes of Delegation.

- S4.1.1 As stated in Schedule 3, paragraph 9.1 the Pooled Fund will (subject who is the Host Party) be operated under either the CCG's or the Council's Constitution, Standing Orders and Finance Regulations. Within paragraph 3.4 of the Council's Standing Orders relating to Finance there is provision for Delegated Authority to be granted to Officers of the Council for the certification of financial and personnel documents with the approval of the Strategic Director People & Economy and Head of Internal Audit.
- S4.1.2 Delegated powers to authorise expenditure from the Pooled Fund and enter into Services Contracts with Providers for the respective Parties together with the limits of their authorisation, including the Pool Fund Manager, will be in line with each respective organisation's schedule of delegated financial limits.
- S4.1.3 Authorised Certifying Officers shall be responsible for all financial arrangements delegated as per their organisation's schedule of delegation list and shall maintain a sufficient record of all transactions to account to the Pool Manager for the Pooled Funds.
- S4.1.4 The Pool Manager should ensure that certifying officers are familiar with the procedures and requirements set out in the Standing Orders Relating to Finance and Procurement and be satisfied that officers are aware of and comply with the correct procedures.
- S4.1.5 Authorised Certifying Officers have a responsibility to assist the Internal Auditors acting on behalf of the Council when reviewing any internal or financial control system for which they are responsible.
- S4.1.6 Delegated powers are restricted to individual areas of management control as stated within this Agreement. In particular the certification of financial documents requires responsibility for ensuring adequate budgetary provision is available and documents are processed strictly in accordance within the specific authorisation limits as detailed in the list.
- S4.1.7 Any changes to the officers included in the list can only be authorised jointly by the Strategic Director, People and the Chief Internal Auditor.
- S4.1.8 Specimen signatures have been obtained for all the certifying officers and copies provided to the relevant sections within the People Directorate, and the Enterprise, Community and Resources Directorate.

## Appendix 1: Exempt Information

- 1 The Executive Partnership Board may choose to discuss in private certain information which includes or is likely to involve discussion of Exempt Information for the purposes of Schedule 12A Local Government Act 1972. The categories of Exempt Information applicable as at 29 September 2004 are listed for illustrative purposes only below and references in Schedule 12A aforesaid to 'the authority' shall in the context of this Agreement be taken to refer to the BCDG
- 2 The Executive Partnership Board shall discuss in private any item of business which includes or is likely to involve discussion of confidential information.
- 3 In the context of this Clause the expression 'Confidential Information' shall typically, though not exhaustively, mean:-
  - a) information furnished to the Executive Partnership Board of any member of the BCDG or to the Council or to the CCG by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; or
  - b) information the disclosure of which to the public is prohibited by or under any enactment or by order of a court.

## Appendix 2: Finance

Breakdown of Better Care Fund Pooled Budget:-

- Minimum CCG Contribution
- Improved Better Care Fund
- Disabilities Facilities Grant
- Winter Pressures Grant

Draft (as at 18.2.20)

**REPORT TO:** Executive Board

**DATE:** 19 March 2020

**REPORTING OFFICER:** Strategic Director - People

**PORTFOLIO:** Children, Education & Social Care

**SUBJECT:** Contract for the Provision of Day, Residential & Nursing Home Care Contract

**WARDS:** Borough wide

## **1.0 PURPOSE OF REPORT**

1.1 To seek a waiver in compliance with Procurement Standing Order 1.14.4 iv of part 2 of Procurement Standing Orders, for the continued provision of Residential and Nursing Care.

## **2.0 RECOMMENDATIONS:That**

- 1) **A waiver in compliance with Procurement Standing Order 1.14.4 iv of part 2 of Procurement Standing Orders is approved to permit the Strategic Director People to enter into contracts on an individual 'spot purchase' basis with providers of registered Care Home establishments that meet the Council's quality criteria; and**
- 2) **The Strategic Director, People be authorised, in consultation with the portfolio holder for Children, Education and Social Care, to enter into 'spot purchase' contract arrangements at the Borough-wide rate for each type of service provision as set out in section 6.1 of this report. This will be for the contract period of three years from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2023, with an option to extend for a period of up to a further 2 years from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2025. The Strategic Director, People, will review these purchasing arrangements on an annual basis and in consultation with the portfolio holder for Children, Education and Social Care.**

## **3.0 SUPPORTING INFORMATION**

3.1 Halton's current contract for the provision of Residential and Nursing Care expires on 31<sup>st</sup> March 2020. The Authority has a statutory duty to meet the needs of physically frail and vulnerable people that are assessed as requiring residential and nursing care. The provision of this care is delivered within Care Home establishments (services that provide both Care Quality Commission (CQC). CQC are the statutory regulators of residential and nursing care and all Care Home establishments must be built and operated to CQC standards. This report relates to purchasing arrangements for the provision of residential and

nursing care for clients to whom the local authority owes a statutory duty of care.

- 3.2 As commissioners of residential and nursing care, Halton Borough Council could enter into two different types of purchasing arrangements with registered homes in the borough:

Block purchase arrangement

In this option the Authority would seek submissions from all existing registered homes and enter into an agreement with a limited number of these homes for the 'block purchase' of all or a proportion of the bed spaces within the home. Under this option the Authority is bound to meet the cost of the bed spaces purchased regardless as to whether or not they are occupied.

Spot purchase arrangement

This is the current arrangement for the provision of residential and nursing care. Under this option commissioners agree fees for the provision of care and enter into an agreement with registered homes within the borough that meet both HBC quality standards and comply with CQC standards for the purchase of care on a person-by-person or individual 'spot purchase' basis.

This report proposes that Halton continues with the existing method of 'spot purchase' based on the following rationale:

- The number of vacant Care Home bed spaces would pose a risk of wasted resources, as under block purchase arrangements the Authority could be committed to funding empty beds
- Entering into agreement with a limited number of homes restricts client choice i.e. a client may wish to be placed in a residential home close to their family, if the Authority choose to only contract with selected homes in the borough, clients could end up placed away from their family.
- Commissioners and providers alike have to be aware of the potential impact of Personalisation on any future purchasing arrangements for the provision of care. Entering into block purchase arrangements directly with providers could mean that beds block purchased by the Authority remain empty because clients have opted for an individual budget to purchase care in an alternative setting of their choice.

- 3.3 A waiver in compliance with Procurement Standing Order 1.14.4 iv of part 2 of Procurement Standing Orders is therefore requested due to the particular circumstances set out in sections 3.1 and 3.2 of this report. In that compliance with standing orders relating to procurement is not practicable, in that placing a limitation on our arrangements to purchase, beyond the requirements to meet CQC standards, would restrict clients choice on where they can live. Ending current arrangements with homes could mean that extremely frail and vulnerable older people would be asked to leave their existing homes in order to transfer to an alternative home under contract with the Authority. Moving frail and vulnerable people can cause the individual to experience a lot of distress and can pose a significant risk to their health. Waiving standing orders also allows the Authority to reach informed decisions regarding a fair rate for the purchase of registered care that is applied to all homes operating across Halton.

- 3.4 The proposed contractual arrangements would be for a period of 3 years, with an option to extend for a further 2 years, subject to annual approval of the Strategic Director People, in conjunction with the portfolio holder for Health.

#### 4.0 BUSINESS CASE FOR WAIVING STANDING ORDERS

##### 4.1 Value for Money and Competition

By entering into spot purchase arrangements, at fees that is set across the borough, the rate of business secured by each home is dependent on clients' choice, which is highly dependent on the clients and their families' view of the quality of service offered by each home.

##### 4.2 Transparency

CQC Inspection Reports on registered homes and HBC Contract Monitoring Reports are open to public scrutiny under the Freedom of Information and Local Government Acts although the contract itself is likely to be exempt from disclosure under the 2000 Act subject to application of the Public Interest test at the time of any request for access.

##### 4.3 Propriety and Security

The usual anti-corruption integrity clauses will be built into the contract document and only staff with a need to know will have information about the contract.

The contract specification will set out requirements in respect to quality standards for the delivery of care and will include comprehensive standards relating to Safeguarding.

##### 4.4 Accountability

Accountability for the report and recommendations would remain with the Strategic Director People, in conjunction with the portfolio holder for Health. The decision is a matter for the Board but would appear to be consistent with the Council public stewardship duties in relation to use of resources. The process and paperwork is open to the annual audit process, internal audit and access by other regulatory and enforcement bodies.

#### 5.0 POLICY IMPLICATIONS

- 5.1 Necessary changes to Policy during the term of the contract will be applied.

#### 6.0 FINANCIAL IMPLICATIONS

- 6.1 Details of the 3 year contract value and estimated costs for the 2 year extension are:

Contract Day, Residential and Nursing Home Care	3-year initial contract value	Estimated value for two-year extension
HBC	£38,517,000	£25,678,000
HCCG	£19,965,000	£13,310,000

**BCF**

£2,820,000

£1,880,000

**7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES****7.1 Children & Young People in Halton**

None identified

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

None identified

**7.3 A Healthy Halton**

Good quality residential and nursing care provides a healthy living environment, protects the health of frail and vulnerable people, and assists people to manage the effects of long-term illness. In particular, the provision of residential and nursing care supports delivery of Halton's priority themes for a Healthy Halton.

**7.4 A Safer Halton**

Care Homes provide a safe environment for frail and older people, which may contribute to achieving a reduction in the fear of crime.

**7.5 Halton's Urban Renewal**

None identified

**8.0 RISK ANALYSIS**

8.1 All contracts are monitored in accordance with the level of risk identified and in the event of non-compliance the contract will be reviewed immediately and necessary remedial action instigated.

8.2 Whilst the likelihood of providers asking residents to move out of their homes is viewed as unlikely, officers will work with Corporate Communications to respond to any potential adverse publicity.

**9.0 EQUALITY AND DIVERSITY ISSUES**

9.1 Agencies working under contract to the Council are expected to comply with the Council's policies relating to Ethnicity and Cultural Diversity as well as promoting social inclusion of some of the most disadvantaged people in the Borough.

**10.0 REASON(S) FOR DECISION**

The Council needs to ensure that prospective care homes who wish to receive placements understand the Council's requirements. In entering into this contract care providers provide assurance to the Council in respect of this.

**11.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

No other alternatives identified.

**12.0 IMPLEMENTATION DATE**

1<sup>st</sup> April 2020.

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

None under the meaning of the Act.

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	19 March 2020
<b>REPORTING OFFICER:</b>	Strategic Director, People
<b>PORTFOLIO:</b>	Children, Education and Social Care
<b>SUBJECT:</b>	Liverpool City Region Partner Provider Arrangement (LCR PPA)
<b>WARDS:</b>	Borough wide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to seek Member approval to proceed with a procurement process in compliance with Standing Order 1.3.4 Preliminary Estimate Report – Contracts exceeding £1,000,000 in value with regards to a Liverpool City Region Partner Provider Arrangement (LCR PPA) for use across the Liverpool City Region Local Authorities.

## **2.0 RECOMMENDATION: That**

- 1) the contents of the report be noted; and**
- 2) Members approve that a procurement process be entered into via The Chest with Halton Borough Council acting as the lead contracting LA for the LCR PPA on behalf of the other LCR Local Authorities.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 Launched in April 2019, the LCR Market Reform Programme aims to achieve strategic change throughout the children's social care placements sector across the Liverpool City Region. All 6 LCR LAs are engaged with this programme.
- 3.2 The aim is to re-establish a level of control to the independent residential and foster care markets which have become increasingly dysfunctional due to decreasing competition and choice linked to growth by acquisition models of the largest Provider groups.
- 3.3 Integral to the LCR Market Reform Programme is changing the way LAs interface with the local market, particularly the third sector and SMEs. The solution proposed, which secured agreement to launch from all 6 LCR Director of Children's Services is to procure a sub-regional arrangement for children's residential and foster care placements. This will be called the Liverpool City Region Partner Provider Arrangement (LCR PPA)

- 3.4 Halton and all other LCR LAs currently use the North-West Flexible Purchasing System (NW FPS) to make children's residential and foster care placements. When comparing the current NW FPS' to their previous iterations, it is clear that independent residential and foster care fee increases alone has risked **adding nearly £20m** combined to placement costs across LCR. This is before demand increases are also factored into calculations.
- 3.5 The proposal behind this is for the LCR LAs to create their own sub-regional commissioning arrangement. This would not result in the LCR LAs leaving the existing North-West arrangements, however, the aim would be for the LCR arrangement to become the primary route to market for fostering and residential care placements with the NW FPS' becoming the contingency secondary arrangement.
- 3.6 Procurement will be in compliance with Standing Order 2.3 – Contracts for Social and Other Specific Services which qualify for the Light Touch Regime. The procurement procedure will be a Flexible Purchasing Procedure (FPS), which ensures fair, transparent and non-discriminatory competition to potential providers who **pass** and **meet** the selection criteria as published.
- 3.7 The combined forecast expenditure from all 6 LCR Local Authorities through the LCR PPA is estimated at £230,000,000 across the initial 5 year period. All of this will be revenue cost linked to existing budgets for the commissioning of children's social care placements. As indicated in 3.5 above, this is not new expenditure, it is just that commissioning activity will switch gradually over time through the LCR PPA rather than the NW FPS.
- 3.8 From a Halton perspective, children's social care expenditure is linked to two cost centres; Children's Residential Care Placements – 5025 8010 HBC1 and Children's Independent Foster Care Placements – 5100 8010 HBC1. There is no additional budgetary impact proposed against these cost centres as a result of introducing the LCR PPA.
- 3.9 The forecast outturn for the 2 cost centres in 3.8 for 2019/20 is £9,613,891, but please note that this figure includes some care placements that will not fall within the remit of the LCR PPA. Also no placements made on other contract arrangements, such as the NW FPS', will automatically migrate across to the LCR PPA, therefore the proportionate level of expenditure made by Halton through the LCR PPA will be much lower than the figure quoted above.
- 3.10 The LCR PPA provides flexibility as detailed below:
- Initial Duration: September 2020 to August 2025

The FPS period can be amended (extended, shortened, terminated) subject to the notification on the relevant OJEU standard form. There is no specific minimum or maximum duration of a FPS.

- No minimum number of Providers admitted onto a FPS
- All Providers who meet the published selection criteria shall be admitted.
- Providers who fail the published criteria can reapply if circumstances have changed or exclusionary periods have ended or they have self-cleaned.
- Providers are not locked out for the duration of the FPS period.
- Providers may join the FPS at any reopening point within the duration period.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The method of procurement fits with the Council's Procurement Policy, the tender process being carried out in conjunction with guidance from the Procurement Team, using 'The Chest' procurement portal.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 This arrangement will include a cost control mechanism to ensure that there is no negative disparity against the North-West FPS'. As such there will be no additional financial impact caused by the LCR PPA.
- 5.2 Sections 3.7 – 3.9 include further financial information pertaining to this

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

##### **6.1 Children and Young People in Halton**

- 6.1.1 The LCR PPA will transform the way that LAs engage with the local market, the focus being on improving access to sustainable high quality provision in our region thus reducing the proportion of children and young people placed out of area.

##### **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

Risk	Description	Probability	Severity	Mitigation
Inaction	<p>Limited or indeed no responses from Providers.</p> <p>Confident that LAs will revert to the NW FPS, there is a risk that Providers refuse to engage with the LCR Partner Provider Arrangement.</p>	High	Low	<p>The reality is that Providers are unlikely to volunteer more stringent terms and cost controls through an LCR arrangement when they know that the very same LAs are contracted to use them through the North-West FPS. We cannot change that, but of itself, that isn't a reason not to do this.</p> <p>A partnership will require incentives to encourage Providers to participate and the LCR LAs will need to balance reasonable tightening of controls against changes that become to prohibitive.</p> <p>As an FPS, the door remains open for providers to engage as time progresses.</p>
Resource	<p>This will need one of the LCR LAs to act as lead procurer and contract holder. In addition, there will be resource pressures both developing this arrangement and also in managing the FPS re-opening windows</p>	Medium	Low	<p>Across LCR we have the capability within both our Procurement and Commissioning teams to do this.</p> <p>With a highly regulated sector and a market of Providers, most of which, will be on the NW FPS already, the aim will be to keep the assessment process straightforward. This</p>

				reduces the tender evaluation period and also the ongoing workload of managing the FPS re-opening windows.
Impact within the North-west	This may be interpreted as a breakaway from the North-West models led through Placements North-West.	Low	Low	<p>There are several precedents to this. Lancashire, for example, have regularly tendered their own frameworks whilst also still remaining part of the NW processes. Indeed, before the NW Residential FPS was established, there were sub-regional arrangements, including one specifically for the LCR LAs.</p> <p>This is not replacing the NW FPS arrangement and all LCR LAs would remain parties to it. Placement North-West maintain an important role across the region and could help facilitate and share learning from LCR that might be of benefit to other NW LAs.</p>

## 8.0 EQUALITY AND DIVERSITY ISSUES

None

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

None under the meaning of the Act.

**REPORT TO:** Executive Board

**DATE:** 19 March 2020

**REPORTING OFFICER:** Strategic Director, Enterprise, Community and Resources

**PORTFOLIO:** Transportation

**SUBJECT:** Amendments to Policy for Vehicle Access Crossings over Footways and Verges

**WARDS:** Borough wide

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

1.1 The purpose of this report is to provide clear guidance on the acceptable criteria for a vehicle crossing amending the existing policy which was approved by the Executive Board on 4 November 2010. The reason for the additional information is the requirement to protect the Council's green amenities within the Borough, curtail excessive crossing widths, to protect the environment for people with reduced mobility, provide sustainable drainage and protect the Street scene.

**2.0 RECOMMENDATION: That the Board endorse the approach that access crossings should only be permitted and constructed in accordance with the criteria set out in paragraph 3.2, and grant approval thereof.**

### **3.0 SUPPORTING INFORMATION**

Members are reminded of the Council's access crossing policy adopted by the Executive Board on 4 November 2010. In allowing vehicles to cross the footway into their property, the Council has a duty to ensure this does not reduce green amenity, sustainable drainage, loss of on street parking and impede the safety of the partially sighted and wheelchair users with long lengths of dropped kerbing and steeper gradients. In practice a number of shortfalls in the existing policy have come to light and it is considered that a review is now required. To clarify the acceptable criteria for such vehicle access crossings this report amends the previous policy 'Proposed Policy for Vehicle Access Crossings over footways and verges 2010', in 3.2 below. A guidance note is attached to assist applicants.

#### **3.2 Acceptance of a crossing**

##### **3.2.1 Proposed Criteria**

It is important when making a decision on the acceptability of any access crossing (whether by request or following an enforcement

procedure) that it is based on an assessment of highway safety, protection of the street scene and whether certain planning requirements can be met that would enable planning permission to be granted , if required.

It is proposed that the following criteria be used to assess the highway safety and protection of the highway asset of any access proposed:

- The size of curtilage available – a large car must be able to fit within the curtilage of the property without overhanging the footway (or cycleway or highway verge), to avoid causing hazard to pedestrians (or cyclists) or obstruct access to services. At least 4.8m length between the back of the pavement or property boundary (the face of any wall, fence or hedge for example) and the front of applicants building and 2.4m minimum width; or at least 6m length where parking area is in front of a garage or door where adequate means of escape needs to be provided, like a front or back door, escape window etc.
- The maximum allowable width of a single vehicle access crossing is 6.4m (2 transition kerbs and 5 dropped kerbs).
- There must be sufficient visibility when exiting and entering the driveway in accordance with appropriate highway standards. These take the form of visibility splays and stopping sight distances, which vary depending on type and speed limit of road;
- The vehicle access crossing should usually be situated a minimum of 1.8m from the end of any curve radius leading into or out of a junction, **whilst still complying with visibility criteria**. However, there may be exceptions on lightly trafficked estate roads, providing that road safety is not compromised;
- It is considered that, where parallel parking alongside the kerb is happening on a road, this should not preclude an access crossing, and an appropriate number of marked bays may need to be removed. It may also be necessary to install an 'H bar' marking to deter obstruction of the access, where there are no marked bays or loading restrictions. However, perpendicular parking bays are usually privately owned, and access crossings behind these will generally not be permitted, except where a single landowner is involved.
- Any application for the construction of a vehicle access crossing may be refused on the grounds of highway and pedestrian safety. Situations where manoeuvring onto or off the highway may be hazardous include:
  - Onto a section of road where traffic speeds are high;
  - On the approach to traffic signal junctions where regular queuing takes place;
  - Onto a roundabout;
  - Within the zig-zag markings of pedestrian crossings;

- Immediately adjacent to pedestrian refuges, traffic islands which would prevent a vehicle turning in excess of 90 degrees in a single manoeuvre;
- At bus stops where use of a crossing could conflict with passengers waiting or make it difficult for disabled passengers to board or alight a bus
- In the immediate vicinity of a junction.

The above list is indicative, but not exhaustive.

- It is likely the requests to cross large expanses of grass amenity areas will be refused. This is due to the negative impact on the street scene, the impact on highway drainage and the potential to introduce an unsafe environment for children that may use the area for recreation.

The criteria to be taken into consideration when assessing whether planning permission is required are as follows:

- Planning permission is required to create an opening onto a highway that is a classified road (i.e. a road which has a number in the national road system, starting M, A, B or C). The type and speed limit of certain roads (together with the highway safety criteria above) may mean that they are unsuitable for a private access crossing. This would be established during the planning application process; and
- In line with Pitt Report<sup>1</sup>, should the area of the new hard surface within the property exceed 5m<sup>2</sup>, then planning permission will be required where the new hard surface is not porous or does not drain to a soakaway within the property boundary.

It should also be noted, however, that other factors are taken into consideration when assessing a planning application (for an access crossing on a classified road) such as visual amenity as well as highway safety.

1. In response to recommendation 9 of the Pitt Review (Householders should no longer be able to lay impermeable surfaces as of right on front gardens and the Government should consult on extending this policy to back gardens and business premises), from 1 October 2008 new rules have applied for householders wanting to pave over their front gardens. Government advice to householders is as follows:

You will NOT need planning permission if a new driveway uses permeable (or porous) surfacing which allows water to drain through, such as gravel, permeable concrete block paving or porous asphalt, or if the rainwater is directed to a lawn or border to drain naturally. If the surface to be covered is more than five square metres, planning permission will be needed for laying traditional, impermeable driveways that do not control rainwater running off onto roads.

### **3.3 Proposal**

Only those access crossings which comply with the requirements outlined in 3.2 above should be permitted. It is intended to produce a guidance leaflet for public information and this is attached.

#### **4.0 POLICY IMPLICATIONS**

These recommendations serve as an addendum to, but do not replace the existing enforcement policy for illegal crossing of vehicle over footways and verges (which was approved by the Executive Board on 4 November 2010) with a view to clarifying the criteria in which a crossing can be constructed to balance the needs of the customer and the Council in protecting the Councils Highway Asset.

#### **5.0 FINANCIAL IMPLICATIONS**

The construction of vehicle crossings over the highway are paid either in full or by direct debit payment to Halton Borough Council.

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

##### **6.1 Children and Young People in Halton**

The recommendation should result in a more clarity in the process of providing vehicle access crossing creating safer environment for all, including children and young people.

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

There are no direct impacts, but improvements and protection of the footway and cycleway networks are likely to encourage walking and cycling, which has positive benefits for accessing employment and education.

##### **6.3 A Healthy Halton**

There are no direct impacts, but improvements in the quality of the footway and cycleway networks are likely to encourage walking and cycling, which has positive benefits for health.

##### **6.4 A Safer Halton**

The recommendations should result in the recommended vehicle crossings over the footway taking into account the needs of pedestrians, the less able, partially sighted people and those with prams etc. Including keeping a sufficient percentage of on street parking for emergency services and visitors etc.

- Keeping kerb height differentials for the partially sighted and young children.
- Ensuring the crossfall of footways is not too steep and uneven for wheelchair, people with reduced mobility and motorised chair users.

##### **6.5 Halton's Urban Renewal**

The recommendations should result in a clearer approach to constructing new crossings. This will protect visual amenity by removing

damaged footways and the ‘trend’ towards over wide access crossings for single households which is resulting in poor footways for the pedestrian, loss of on street parking and neighbour disputes. It will assist in keeping the street scene and protection of the highway asset. It will also assist with the adoption of the principles of the Pitt Report to ensure that surface water drainage within new urban development is dealt with in a sustainable manner. The criteria to protect excessive loss of green amenity verge protects both the environment and street scene.

## **7.0 RISK ANALYSIS**

There is an existing financial risk to the Council as many customers pay by instalments which may prevent the Council receiving full payment. However payments are low and most applicants work with the Council to complete payment.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

There are no direct implications but improvements in the quality of the footway network and overall impact on the general public needs to be factored into the decision to approve a crossing. The criteria laid out for vehicle crossings in this report will benefit the elderly, people with reduced mobility , small children, those with prams, wheelchairs etc.

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

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Vehicle Crossing Guidance	Municipal Building	Debbie Cragg



## Vehicle Crossing Guidance

### Contents

1. Is there enough space in your garden?
2. Separate entrance and exit
3. Laybys
4. Grass amenity areas
5. Visibility from road junction
6. Visibility requirements of the vehicle crossing
7. Road safety requirements
8. Shared access and permitted widths
9. Drainage
10. Lamp columns and street furniture
11. Tree and root protection calculation
12. Gates
13. Freeholder
14. Refusal and Responsibility

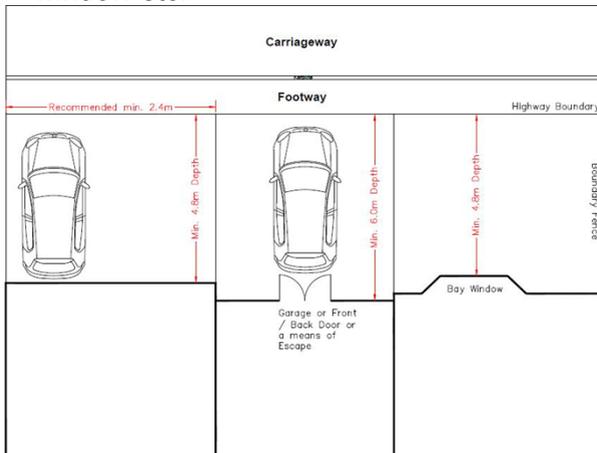
## Vehicle Crossing Guidance and Self-Assessment

Before submitting your application you are advised to check your proposal against the following criteria:

### 1. Is there enough space in your garden?

In order to ensure that the full width of pavement is available for pedestrians and that there is no risk of other vehicles coming into conflict with your parked car, no part of a vehicle parked within your property should overhang, or be positioned on the highway. An application will not be permitted where multiple small manoeuvres on the footway are necessary to access your hardstanding. The vehicle access crossing to the highway should not be used as an additional parking space, and is for crossing into a private driveway only. The information below sets out the minimum allowable criteria for the private driveway area. This takes account of the probability of homeowners having different sized vehicles over time and removes the risk of future vehicles overhanging the pavement.

- At least 4.8m long between the back of the pavement or property boundary and front of your building and 2.4m minimum width.
- Or at least 6m long where the parking area is in front of a garage or door where adequate means of escape needs to be provided, like front/back door, escape window etc.



## **2. Separate entrance and exit**

In order to maintain as much on-street parking as possible, a second access in urban and sub-urban areas (this includes access from an adjacent road at the side or back of the property) is highly likely to be refused unless significant safety or community benefit can be identified (unless existing parking restrictions mean no loss of on street parking will result). In rural areas, a request will be assessed on its own merits with consideration given to existing and future on-street parking pressures. If you would like to request an extension to an existing crossing (maximum of 6.4m width in total), or to move a crossing to an alternative location this can be assessed.

## **3. Laybys**

Halton Borough Council do not permit the construction of vehicle accesses into parking laybys or dedicated parking areas. This is to ensure that existing designated residents and visitor parking is maintained for all on a first come, first serve basis. An exception to this may be when there are already parking restrictions in the layby that would prevent parking from taking place. In these cases please contact Halton Borough Council Highways to discuss. It may also be possible to have access over the taper of the layby, again this will require discussion with the Highway Department.

## **4. Grass amenity areas**

It is likely that requests to cross large expanses of grass amenity areas will be refused. This is due to negative impact on the street scene, the impact on highway drainage and potential to introduce an unsafe environment for children that may use the area for recreation.

## **5. Visibility requirements of the vehicle access crossing**

The position and construction of your driveway shall be clear enough for you to drive out of the driveway without causing danger to yourself or other road users.

Probably the most important contribution to road safety is the provision of adequate visibility. Adequate visibility enables road users to see a potential hazard in time to slow down or stop comfortably before reaching it.

The application will be refused if the crossing does not meet visibility requirements set within published industry standards. Halton Borough Council considers each request on its own merits and in conjunction with the vehicle access crossing policy and this guidance.

Consideration will be given to the driver's line of vision in both the vertical and horizontal planes.

In order to determine the exact level of visibility required, a site inspection will be needed.

## **6. Visibility from road junctions**

If the location of the proposed crossing is close to a road junction, visibility sight lines will be assessed and driveway recommended at appropriate distance from the road junction. In addition driveways will need to be placed at a minimum of 1.8m from the end of any curve radius leading into or out of a junction.

If the property is situated directly on the junction of two roads, it will generally be safer to situate the access on the minor, side road. Accordingly you may be asked to amend your proposals to comply with this requirement.

In order to determine the exact level of visibility required , a site inspection will be needed.

## **7. Road safety requirements**

Any application for the construction of a vehicle access crossing may be refused on the grounds of highway and pedestrian safety. Situations where manoeuvring onto or off the highway may be hazardous include:

- Onto a section of road where traffic speeds are high;
- On the approach to traffic signal junctions where regular queuing takes place;
- Onto a roundabout;
- Within the zig-zag markings of pedestrian crossings;
- Immediately adjacent to pedestrian refuges, traffic islands which would prevent a vehicle turning in excess of 90 degrees in a single manoeuvre;
- At bus stops where use of a crossing could conflict with passengers waiting or make it difficult for disabled passengers to board or alight a bus
- In the immediate vicinity of a junction.

The above list is indicative, but not exhaustive.

## **8. Shared access and permitted widths**

Where the occupiers of two adjacent properties share a driveway and wish to build a double width crossing to serve the two sites, one occupier should act on behalf of both parties. The maximum allowable width of any one access at any one location is 6.4m (2 transition kerbs and 5 dropped kerbs). However each site will be assessed on their own merit.

## **9. Drainage**

The parking area within your property must be built so that water does not drain from it across the highway. Suitable drainage must be provided within the boundaries of your property. Driveways in excess of 5 square metres should be constructed in a permeable material or provide a suitable permeable or porous area within your property. Please note that if you are proposing to construct an

impermeable hard standing area in excess of 5 square metres, you should again liaise with the local planning authority as this may require planning permission.

Additional information and guidance can be found at the links below:

<https://www.gov.uk/government/publications/permitted-development-rights-for-householders-technical-guidance>  
(see Class F Hard Surfaces)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/7728/pavingfrontgardens.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7728/pavingfrontgardens.pdf)

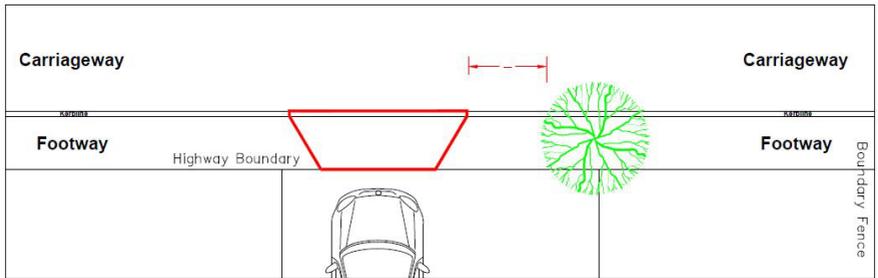
## **10. Lamp columns and street furniture**

All street furniture, lamp columns and utility plant needs to be situated at least 1.0m from the location of the top of the ramped kerb of the proposed vehicle access crossing. Any street furniture, lamp columns and utility plant within 1.0m must be relocated at the expense of the applicant. It is the responsibility of the applicant to liaise with the necessary parties to organise the moving of any utility plant or other street furniture.

## **11. Trees and Root Protection**

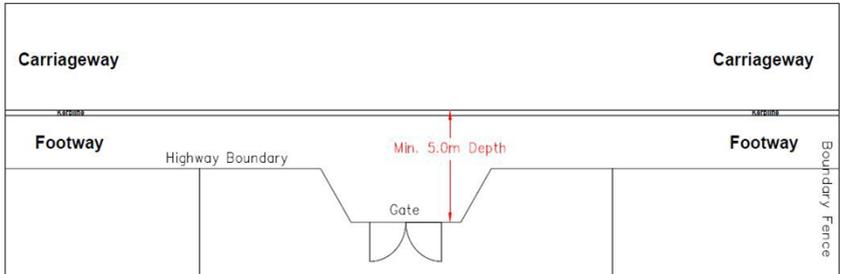
Applications requiring the removal of a healthy, well established highway tree are likely to be refused.

To avoid damage to the tree roots or rooting environment, a minimum root protection area needs to be left undisturbed around each tree. This figure can be calculated by multiplying the trunk diameter by 12, and then measuring from the trunk across the proposed vehicle access construction. Where this is not possible, an officer will need to assess the site before approval can be given.



## 12. Gates

If gates are to be fitted across the vehicle entrance to your property they must not open outwards across the highway. Additionally, on busy roads they must be set back at least 5m from the edge of the carriageway to allow the driver to park clear of the highway whilst opening the gates. Sufficient space must exist within the site for the gates to close.



## 13. Are you the owner of the property or do you have their consent?

If you are not the freehold owner of the property, you will need to obtain the permission of the owner for the construction to be undertaken before Halton Borough Council will consider your application.

## 14. Refusal and your Responsibility

- Most applications are successful; however if your proposed crossing puts other road users at risk or seriously interferes with the free flow of traffic on a busy road, it may be turned down. Notwithstanding the guidelines above, in certain circumstances it will be necessary for the Council, as Highway Authority, to refuse to allow the construction of a vehicle access crossing to your property. In these circumstances you will be informed in writing of the reason why permission has been refused.

Reasons for refusal may include:

- Planning grounds
- Land ownership objections
- Local parking implications
- Safety implications

The Council's decision as to whether the application will be approved or refused is final. An appeal will not be considered due to parking conditions in your area or where you feel that an access has already been built in your road or elsewhere does not comply with the current criteria for approval and should not have been approved. The presence of historic substandard accesses cannot be accepted as mitigation.

The policy of the Highway Authority in relation to minimum driveway depths has changed over time. This may mean that properties in your road have a vehicle access crossing that does not comply with the criteria set out in this document and appears in all respects to be very similar to your own proposals. Nevertheless, you will need to comply with the standards set out here and the fact that someone else may have a shorter parking space will not be taken into account when assessing your proposals.

Your Responsibility:

The applicant will be solely responsible for all planning permissions that may be required. Consultation with the Local Planning Authority must be made before any works commence.

## Page 180

There are a number of scenarios whereby planning permission may be required as follows:-

- Access is onto the classified road network
- The access is for anything other than a single dwelling
- Where no buildings are present on the land
- Conservation areas
- The property is listed
- Your private hardstanding is in excess of 5sqm and impermeable.

Halton requests that the applicant provides evidence that they have consulted with any neighbours that may be affected by the relocation of street furniture nearer to their property.

The applicant will be solely responsible for ensuring that there are no restrictive covenants preventing access over land between the boundary of the property and the carriageway edge.

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	19 March 2020
<b>REPORTING OFFICER:</b>	Chief Executive
<b>PORTFOLIO:</b>	Environmental Services
<b>SUBJECT:</b>	European Regional Development Funding (ERDF) Renewable Energy Scheme
<b>WARDS:</b>	All

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

On 20<sup>th</sup> September 2018 the Executive Board gave approval to seek tenders for a Design, Build, Operate and Maintenance contract for the development of a 1MW Solar Farm on the former St Michaels Golf Course. Authority is now sought to waive Standing Orders to extend the farm by 250kw under the existing contract.

### **2.0 RECOMMENDATION: That**

- 1) the decision to waive Standing Order 1.14.4 iv of part 3 of Procurement Standing Orders and to extend the award of the existing Design, Build Operate and Maintenance Contract to Absolute Solar and Energy to allow for the Solar Farm at St Michaels Golf Course to be extended from 1MW to 1.25MW be noted; and**
- 2) Council be recommended to vary the Capital Programme.**

### **3.0 SUPPORTING INFORMATION**

The Council awarded a contract to Absolute Solar and Wind in July 2019 to build a 1 MW solar farm following an OJEU tender process. The value of the tender was £1,277,000. 50% of the funding for the scheme was provided by the European Regional Development Fund with the remainder of the capital match funded by the Council.

Post contract award and prior to the start of construction the opportunity arose to extend the farm by 250kw and future proof the current scheme with a view to exporting the electricity to the proposed new Leisure Centre in Moor Lane/other Council buildings. The cost of the extension was £180,700. This was budgeted at 69.5p/Wp whilst the contractor was on site. The Council's Technical adviser to the project advised this was a competitive price in line with current market values and the original tender price. Such a project extension would extend the existing infrastructure, and would thus have a lower build cost per watt-peak whilst the contractor was on site. As the contract awarded was still

current it was considered commercial advantageous to the Council to accept the offer and progress the extension as a waiver to the existing contract.

The electricity from the extended farm will initially be exported to the grid but in designing the existing solar farm measures have been installed to allow the electricity to be used at other Council facilities including the proposed new Leisure Centre in Moor Lane. The extension will be funded in full by the Council and will not be subject to any ERDF. Initially the Council will receive an income in the region £10,500 for the exported electricity in year one. If the electricity was exported for the life time of the project 25 years and taking account of energy price inflation the payback period would be in the region of 15 years. A 3.8% rate of return.

Providing the electricity is used at Council facilities this would reduce the demand for energy purchased at a commercial rate from a supplier. This would benefit the Council by approximately £25k per annum significantly reducing the payback on the capital investment to 7-8 years and creating lower energy bills over the preceding 20 years.

The additional 250kWp array would reduce the Council's CO2 emissions by 61 tonnes per annum, or 1,412 tonnes over 25 years.

Not extending the farm under the existing contract would have meant a further procurement exercise with associated costs and staff time and was unlikely to have achieved a more competitive price given the contractor was already on site.

This would have resulted in the Council having to forego a clear financial or commercial benefit. Additionally it was not practicable for reasons of urgency which could not reasonably have been anticipated to procure the extension through a tender process without forgoing the commercial advantage to the Council.

The decision to agree the extension to the Solar Farm under the existing terms and conditions and waive Standing Orders was agreed by the Chief Executive, in consultation with the Leader of the Council under his urgency powers.

#### **4.0 POLICY IMPLICATIONS**

Nationally the Government has set a target for the UK to reduce its Carbon Emission in the period 2028-2032 to 57pc below 1990 levels. The Council also set its own reduction targets and these are currently being met. The Council has recently declared a Climate emergency which calls for the Council to produce and use more renewable energy in its buildings. This scheme will help contribute to further reductions and support the Council's ambitions.

## **5.0 FINANCIAL IMPLICATIONS**

The capital cost of £180,700 will be met from the Capital Programme and this will need to be varied accordingly.

The income generated from the sale/use of electricity will repay the Capital costs within 8 years and then create a long term income stream for the Council.

## **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**

The Scheme will bring back into use a Council asset that has been unused for some years and is unsuitable for major development. It will contribute to the Council's targets to reduce carbon emissions and will demonstrate local leadership in promoting locally generated renewable energy, removing the reliance on traditional fossil based fuels.

## **7.0 RISK ANALYSIS**

7.1 A risk register for the scheme has been developed that puts in place control measures to mitigate against the main risks.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

None

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

None under the meaning of the Act.



**REPORT TO:** Executive Board

**DATE:** 19 March 2020

**REPORTING OFFICER:** Strategic Director, People

**PORTFOLIO:** Economic Development

**SUBJECT:** Voluntary Sector Funding – Grant Allocation 2020/21

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

### **1.0 PURPOSE OF REPORT**

**1.1** To report on the Voluntary Sector Grant Funding Awards for 2020/21

**2.0 RECOMMENDED: That the Board approve the grant allocations as outlined in the report.**

### **3.0 SUPPORTING INFORMATION**

**3.1** Halton Borough Council has been awarding direct grants to local voluntary and charitable organisations for a number of years. The opportunity is advertised on the council website and applications invited. Applications are assessed against key criteria including: impact on and outcomes for local people; demonstrable wider social impact such as volunteering and training and development opportunities for local people; impact on reducing the need for statutory services.

Applications are assessed and recommendations agreed by a panel consisting of the Executive Board Member with portfolio responsibility for the Voluntary Sector and Officers from the People Directorate.

### **3.2 Monitoring Arrangements**

- 1) All grants must agree a Service Level Agreement and provide quarterly monitoring reports. Grants under £5,000 provide mid-year and end of year reports.
- 2) Review meetings are held with the organisations in receipt of core grant on an annual basis.
- 3) Voluntary sector grant performance monitoring information contributes to corporate assessments.

#### 4.0 APPROVAL OF GRANTS 2020/21

##### 4.1 Voluntary Sector Core Funding Grants

The grants are listed below; the report is in the context of the budget allocation and the panel's assessment. These recommendations are for an annual allocation for the financial year 2020/21.

##### **The budget available is £226,640**

	<b>2020/21</b>
Cheshire Asbestos Victims Support	£5,000
Cheshire Race & Equality Council	£3,000
Halton Citizens Advice Bureaux	£143,350
Halton Childrens Contact Centre	£5,000
Halton & St Helens VCA	£38,700
Halton Talking Newspapers	£1,000
Relate	£9,000
Runcorn & Frodsham MENCAP	£2,590
Samaritans	£4,000
Vision Support	£4,000
Widnes & Runcorn Cancer Support Group	£11,000
<b>TOTAL</b>	<b>£226,640</b>

#### 5.0 POLICY IMPLICATIONS

5.1 None at this stage.

#### 6.0 FINANCIAL IMPLICATIONS

6.1 The recommended grants do not exceed the current budget allocations

6.2 The work of the voluntary sector organisations receiving grants impacts greatly on health improvements, social inclusion, community involvement, anti-poverty and diversity issues.

#### 7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The service delivery from organisations receiving core grants in many cases is cross cutting in the context of the Council's strategic priorities. There are significant levels of welfare rights and debt handling support provided which impacts on anti-poverty issues for the Borough.

## **7.1 Children & Young People in Halton**

The work delivered by Relate in preventing family breakdown and offering counselling to teenagers has a direct impact on those children and young people in the Borough.

The Samaritans is open to all age ranges and does receive calls from young people in the Borough looking for support.

Widnes & Runcorn Cancer support group offer support to all members of families affected by the disease, encompassing young members of families.

Mencap runs a weekly youth group for young people with extra needs.

Halton CAB provides advice to Sure Start families.

Cheshire, Halton and Warrington Race and Equality Centre, in partnership with Manchester Metropolitan university has undertaken a three year research project - Schools Stand Up 2 Racism to research racism and its effects in Cheshire, Halton and Warrington secondary schools.

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

The voluntary sector organisations have a significant reliance on volunteer time to deliver services. The organisations provide training opportunities for volunteers to enable the delivery of service and improve their skills and employability.

The CAB in particular has experienced local volunteers gaining local employment as result of the training and experience.

Halton and St Helens VCA supports volunteers to gain work experience, train and get qualifications and develop new skills which enable them to explore new career paths.

Relate offers placements for students on counselling degrees.

## **7.3 A Healthy Halton**

Widnes & Runcorn Cancer support have a major impact on the health and well being of our residents diagnosed and in remission from cancer through the support, advocacy and therapies they are able to offer.

Cheshire Asbestos works with sufferers and their families to support them through the illness, offering welfare support and recreational breaks for the sufferers and their families.

Vision support provides a resource centre for visually impaired and offers home visits and welfare rights support.

Halton Talking Newspaper service enables their clients to receive news on current affairs and community activities on a weekly basis including GP/Pharmacy opening times.

**7.4 A Safer Halton**

Cheshire, Halton & Warrington Race & Equality Centre work with minority groups in the Borough to contribute to a cohesive and integrated community in Halton. They offer support to individuals experiencing discrimination and will support in challenging discriminatory practice and will help people through tribunal processes.

Mencap provides a community meeting point for disabled members in Halton offering a safe environment for their clients to engage in community activity and participate in skill development and recreational activity.

**7.5 Halton's Urban Renewal**

None identified.

**8.0 RISK ANALYSIS**

**8.1** The Quality Assurance Team will monitor the grants and ensure the Council and Halton residents receive value for money.

**9.0 EQUALITY & DIVERSITY ISSUES**

**9.1** To receive a grant, organisations have to demonstrate that acceptable equality and diversity policies are in place.

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

**10.1** None under the meaning of the Act.

**REPORT TO:** Executive Board

**DATE:** 19 March 2020

**REPORTING OFFICER:** Strategic Director – Enterprise, Community and Resources

**PORTFOLIO:** Resources

**SUBJECT:** Annual Review of Constitution 2020

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of the report is to seek the approval of the Council to a number of changes to the Constitution.

**2.0 RECOMMENDATION: That Council be recommended to approve the changes to the Constitution including the matters set out in Appendix 1.**

### **3.0 BACKGROUND**

3.1 The revised version picks up the changes to the Council's working arrangements that have taken place during the year, as well as other changes which are intended to assist the Council to operate more effectively.

3.2 The proposals for change have been considered by the Chief Executive and the Executive Board Member for Resources in accordance with Article 16.02. Apart from the purely technical changes, the proposed amendments that are considered to be of particular significance are listed in Appendix 1 to this report.

### **4.0 POLICY, FINANCIAL AND OTHER IMPLICATIONS**

4.1 All legislative changes have been considered. However, no further amendments, over and above those already outlined, are required at the present time. Any other required changes during the period 2020/21 will be the subject of further reports when dates and details are available.

### **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**5.1 Children and Young People in Halton.**

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

**5.3 A Healthy Halton.**

**5.4 A Safer Halton.**

**5.5 Halton's Urban Renewal.**

The changes proposed are designed to support the continued delivery of the Council's priorities.

**6.0 RISK ANALYSIS**

6.1 The Council needs to ensure that its Constitution is regularly updated so that it continues to support efficient, transparent and accountable decision-making by the authority.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

None under the meaning of the Act.

**Proposed Significant Changes to the Constitution**

**EU Exit**

Changes to the list of legislation will be required following the UK's exit from the European Union. The EU Withdrawal Act 2018 applies.

**Finance Standing Orders**

Minor updates to align with some technical terms used elsewhere in the Constitution, for example, the Prevention of the Facilitation of Tax Evasion Policy, the Construction Industry Tax Scheme, reporting of financial irregularities and the effective collection of debt.

**Standing Orders Relating to Staff – Additional power of the Appointments Committee**

Following some changes to the Chief Officer Terms and Conditions nationally, Section 7 of the Standing Orders Related to Staff should be revised, to include the following text:-

*“The Appointments Committee will have the power to suspend the Head of Paid Service, if suspension is deemed necessary to enable a full and fair investigation to be undertaken”.*

**Trading Standards, Consumer Protection and Weights and Measures Legislation**

Some updates, deletions and additions to the matters listed in Part 1 of the Scheme of Delegation as it relates to Standing Order 174.

Additionally, Trading Standards will be given responsibilities for the under-age sale of acids in the Offensive Weapons Act 2019 when implemented.

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	19 March 2020
<b>REPORTING OFFICER:</b>	Strategic Director, Enterprise Community & Resources
<b>PORTFOLIO:</b>	Resources
<b>SUBJECT:</b>	Gas Supply Contract
<b>WARDS:</b>	Boroughwide

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

- 1.1 The report is to notify Members that the Operational Director, Economy, Enterprise & Property has approved the award of the corporate gas supply contract to Total Gas & Power Ltd (TGP).

### **2.0 RECOMMENDED: That the report be noted.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 The Council currently purchases its energy supplies via Crown Commercial Services (CCS), who are an executive agency sponsored by the Cabinet Office. They are the biggest provider of public sector frameworks, and thus can provide excellent value for money due to their bulk buying power.
- 3.2 Corona are the current provider of our gas supplies via the CCS framework, their contract commenced in April 2016 and expires on 30<sup>th</sup> March 2020. CCS have been through a tender process over the past few months, the result being that TGP have been appointed as their new provider, the new contract commences on April 1<sup>st</sup> 2020 and runs until 1<sup>st</sup> October 2023.
- 3.3 The estimated annual spend on gas covering corporate sites, together with the schools and academies, which purchase their gas via the contract, amounts to circa £700k per annum, thus making the total spend over the lifetime of the contract circa £2.45m.

### **4.0 POLICY IMPLICATIONS**

- 4.1 The above course of action complies with the Council's procurement strategy in respect of obtaining best value for money and ensuring that the procurement process is as efficient as possible.

## **5.0 FINANCIAL IMPLICATIONS**

- 5.1 Purchasing energy via Crown Commercial Services ensures that the Council obtains good value for money due to their bulk buying power.
- 5.2 Schools and academies who purchase their gas supply via this gas supply contract pay direct and have the necessary funds in place to cover same. In respect of corporate buildings, the budget is in place to cover the cost of the Council's gas requirements.

## **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**

- 7.1 The risk of not following the above course of action is that we would need to instigate an alternative procurement process which would inevitably lead to a delay in having a gas supply contract in place. The impact of that would be that the Council would potentially revert to default rates for the current gas supply which could clearly have a significant financial impact.

**8.0 EQUALITY AND DIVERSITY ISSUES**

None.

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

None under the meaning of the Act.

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	19 March 2020
<b>REPORTING OFFICER:</b>	Strategic Director – Enterprise, Community & Resources
<b>PORTFOLIO:</b>	Resources
<b>SUBJECT:</b>	Review of Council wide Fees and Charges
<b>WARDS:</b>	Boroughwide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 In conjunction with the annual budget review, it is proposed to charge the fee rates for services in accordance with the schedules shown in Appendix A, B and C. This report presents the proposed fees and charges for 2020/21 for services provided by both of the Council's Directorates.

## **2.0 RECOMMENDATION: That the proposed fees and charges for 2020/21 as set out in Appendix A and for 2021/22 as set out in Appendices B and C, be approved.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 The review of fees and charges has been carried out as part of the budget preparations for 2020/21.
- 3.2 The general aim in setting fees and charges is to ensure the Council fully recovers the cost incurred in providing a service. In a number of cases this is achieved by breaking down the cost of providing a service on a unit basis but given the volume of services the Council provides isn't feasible on a case by case basis. Estimated costs will be reviewed at individual service level and budgeted income targets set to ensure the Council fully recovers the cost of providing that service.
- 3.3 Recovering the full cost of services through the year is also dependent on a number of other factors outside the agreed charge, including:
- Demand – will change year on year and could be determined by a number of drivers such as weather, economy, regional and national events, demographics etc...
  - Competition – There are a number of services the Council provides for which there is a strong competitive market. Costs within the private sector are generally lower than in the public sector, for example employee terms and conditions.
  - Statutory Element – Some charges are outside control of the Council with there being no discretion to what can be charged.

- 3.4 The setting of fees and charges is an annual exercise and where the Council has been successful in recovering costs, generally charges for the new financial year have been set by the inflation level highlighted in the Medium Term Financial Strategy, at 2%. As mentioned there will be reasons why the Council will have amended charges at a different rate to this, supporting reasons for any significant increases or decreases to charges have been provided within the schedules.
- 3.5 All proposed charges are exclusive of VAT. Where applicable, VAT will be added to the charges set out in the appendices.
- 3.6 As part of the in-year budget monitoring process, actual income from fees and charges will be regularly reviewed against budgeted income. Supporting narrative will be provided within monitoring reports to highlight areas where the Council has not fully recovered the cost of providing a service.
- 3.7 The schedule in the appendices includes guidance on the charge being a discretionary or statutory fee. Statutory fees may result in changes throughout the year and therefore the relevant fees will be amended accordingly.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 The effects of the proposed changes have been incorporated where possible into budgets for 2020/21. As per the Medium Term Financial Strategy budgeted income for 2020/21 has been increased by 2%, except where additional increases have been proposed as saving items, statutory fee increases apply or where income targets have been reduced to reflect the actual recovery rate. Individual fees and charges have been reviewed and increases proposed by Service Managers which also reflect the particular circumstances of each area.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 The financial implications are as presented in the report and appendices.

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

##### **6.1 Children and Young People in Halton**

There are no implications for this priority.

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

There are no implications for this priority.

##### **6.3 A Healthy Halton**

There are no implications for this priority.

##### **6.4 A Safer Halton**

There are no implications for this priority.

**6.5 Halton's Urban Renewal**

There are no implications for this priority.

**7.0 RISK ANALYSIS**

- 7.1 There is a requirement for the fees to be paid and in order to avoid the risk of them not being paid; the fees should be received before the service is provided.
- 7.2 The Council's budget assumes an increase in fees and charges income in line with those proposed in the Medium Term Financial Strategy. If increases are not approved it may lead to a shortfall in budgeted income targets.

**8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 There are no Equality and Diversity implications arising as a result of the proposed action.

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

- 9.1 There are no background papers under the meaning of the Act.

## APPENDIX A

ENVIRONMENTAL INFORMATION

	2019/20	2020/21	Statutory / Discretionary
<b>REQUESTS FOR INFORMATION REGARDING POTENTIALLY CONTAMINATED LAND</b>			
Information relating to statutory designation under Part 2A of the Environmental Protection Act 1990, e.g. details of an entry on the Statutory Register	No Charge	No Charge	D
<b>Searches for land contamination information for a given property or site against all information held by HBC relating to known or potential contamination including historical land use, landfill locations and details of site investigations and remediation contamination. The charge varies depending on the size of the site for which information is requested:-</b>			
<b>For premises equivalent to less than 1 hectares in size, (e.g. a single domestic property or a small factory unit)</b>			
(i) The premises site only	76.50	76.50	D
(II) Any search of the premises site and the land within 250 metres of the site boundaries	122.40	122.40	D
(iii) Any search of the premises site and the land within 500 metres of the site boundaries	204.00	204.00	D
<b>For premises equivalent to more than 1 hectares in size, (e.g. a Housing estate or a large factory unit)</b>			
(i) The premises site only	122.40	122.40	D
(ii) Any search of the premises site and the land within 250 metres of the site boundaries	204.00	204.00	D
(iii) Any search of the premises site and the land within 500 metres of the site boundaries	279.48	279.48	D
Additional enquiries charged at £60 per hour			

**LICENCE FEES**

	2019/20	2020/21	Statutory / Discretionary
<b>HACKNEY CARRIAGE &amp; PRIVATE HIRE CHARGES</b>			
<b>Single Status Driver</b>			
First Grant (max 3 year licence)	202.00	206.00	D
First Grant - inc DBS (max 3 year licence)	246.00	246.00	D
Renewal (max 3 year licence)	184.00	188.00	D
Renewal - inc DBS (max 3 year licence)	228.00	228.00	D
Replacement Badges	12.75	13.00	D
<b>Vehicle Licence</b>			
Grant and Renewals 1 Year – Hackney Carriage ++ ##	237.00	263.50	D
Note: £21.50 added for to recover the costs of the Hackney Carriage Vehicle unmet demand survey			
Grant and Renewals 1 Year – Private Hire ++ ##	239.00	244.00	D
Transfer of Existing Vehicle Licence	30.00	30.50	D
Temporary Transfer Fees (Licence issued for a maximum of 2 months)	93.50	95.50	D
Replacement Vehicle Plate (each)	19.00	19.25	D
Replacement Bracket (each)	19.00	19.25	D
Replacement Doors Stickers Private Hire (Pair)	25.00	25.50	D
Replacement Internal plate	12.75	13.00	D
Change to Personalised Number Plate	55.50	56.50	D
Private Hire Operator Licence:	288.00	294.00	D
Private Hire Operator Licence (5 years)	576.00	588.00	D
<b>LOWERHOUSE LANE DEPOT FEES:</b>			
Hackney Carriage & Private Hire			
Hackney Carriage and Private Hire - Vehicle Test Fee	61.50	62.50	D
Hackney Carriage and Private Hire - Vehicle Re-test Fee	24.50	25.00	D
Hackney Carriage and Private Hire - Vehicle Test Un-notified Cancellation Fee	23.50	24.00	D
<b>Notes</b>			
Hackney Carriage and Private Hire - ++Includes Taximeter Sealing Fee			
Owners of Private Hire Vehicles that are not equipped with meters may apply for the meter charge to be discounted from the annual licence fee ## Unless part of a single transaction involving a simultaneous grant in which case £30.50			
<b>LICENCE FEES (OTHER THAN HACKNEY CARRIAGE AND PRIVATE HIRE CHARGES)</b>			
<b>Animal Welfare</b>			
Dangerous Wild Animals	321.42	327.85	D
Pet Shops*	216.74	221.07	D
Pet Shop with Dangerous Wild Animal	321.42	327.85	D
Boarding Cats	237.30	242.05	D
Boarding Dogs	237.30	242.05	D
Breeding Dogs	342.25	349.10	D
Hiring of Horses	342.25	349.10	D
Home Boarding of Dogs	195.24	199.14	D
Dog Day Care	195.24	199.14	D
Exhibition of Animals	237.30	242.05	D

	2019/20	2020/21	Statutory / Discretionary
<b>Street Trading</b>			
First Grant & Renewal	406.00	414.00	D
Additional Vehicles (Per Vehicle)	202.00	206.00	D
“Static” First Grant	468.00	477.00	D
Change of Vehicle	31.00	31.50	D
Daily Fee for Temporary Extension of Existing Consent (max 5 days per year)	69.00	70.50	D
Daily Fee for Temporary Consent (max 5 days per year)	104.50	106.50	D
Hawkers etc. Cheshire County Council Act	241.00	246.00	D
Sex Establishments*	1,512.50	1,512.50	D

**Notes**

\* The expression “Sex Establishment” includes Sex Entertainment Venues, Sex Cinemas and Sex Shops

**LOCAL LAND CHARGES (Search Fees)**

Official Certificate (LLC1)	30.00	30.00	D
Form CON29R	80.00	80.00	D
Official Search (LLC1 & CON29)	110.00	110.00	D
Each additional (LLC1) parcel***	5.00	5.00	D
Each additional (CON29) parcel***	80.00	80.00	D
CON29O Optional Enquiries (per person, per parcel)	12.00	12.00	D
Each Additional Enquiry	26.00	14.00	D
Personal Search	No Charge	26.00	D

**Notes**

\*\*\*Parcel of land means land (including a building or part of a building) which is separately occupied or separately rated, in separate ownership. For the purposes of this definition an owner is a person who (in his own right or as a trustee for another person) is entitled to receive the rack rent of land, or, where the land is not a rack rent, would be so entitled if it were so let.

**HIGHWAYS**

	2019/20	2020/21	Statutory / Discretionary
<b>ROAD TRAFFIC REGULATION ACT 1984</b>			
Temporary Order at request of a third party - * Note, increased charge of 25% reflects cost of service and benchmarking of neighbouring charges	2,000.00	2,100.00	D
Temporary Order at request of non-commercial organisations – Section 16A plus actual cost of advertising	100.00 plus advertising	100.00 plus advertising	D
Permanent Order	At Cost plus 15% Administration Fee	At Cost plus 15% Administration Fee	D
Temporary Closure Notice (incl emergency) at request of a third party	380.00	380.00	D
Diversions Notice at request of a third party	320.00	320.00	D
<b>HIGHWAYS ACT 1980</b>			
Applying to the Magistrates Court for an Order to stop up or divert a highway - Permanent closure (Excluding appeal costs) Also applies to closures/diversions under Town & Country Planning Act 1990	700.00	720.00	D
Issuing of Scaffolding/Hoarding permit – Note, 2020/21 charge increased by 11% to reflect actual cost	90.00	100.00	D
Issuing of Scaffolding/Hoarding permit (Additional week or part thereof) – Note, 2020/21 charge increased by 17% to reflect actual cost.	30.00	35.00	D
Issuing of Skip Permit – Initial Fee (up to 14 days) Note, increased charge of 17% reflects cost of service and benchmarking of neighbouring charges	30.00	35.00	D
Skip Permit – Additional periods (each additional 7 days) Note, increased charge of 25% reflects cost of service	20.00	25.00	D
Skip found without a licence (plus current permit fee) – Note, charge increased by 150% to reflect actual cost and to encourage the application of skip permits	100.00	115.00	D
Removal of unauthorised skip	At cost plus 15% administration fee	At cost plus 15% administration fee	D
Issuing of Cherry Picker/Mobile Platform permit (Initial week) - Note, increased charge of 11% reflects cost of service	90.00	100.00	D
Issuing of Cherry picker/Mobile Platform permit (Additional week or part thereof) - Note, increased charge of 17% reflects cost of service	30.00	35.00	D
Issuing of permits to erect structures/equipment over or under the highway (Minimum £80)	At cost plus 15% administration fee	At cost plus 15% administration fee	D
Construction of vehicular crossings on footways	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources	D

<b>HIGHWAYS ACT 1980 (Continued)</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Statutory / Discretionary</b>
Section 38 Agreements	10% of works cost. Minimum charge £2,562	10% of works cost. Minimum charge £2,562	D
NOTE: If construction of road foundation commences before agreement is in place, then an additional fee of £2,562.00 will be payable			
PLUS Legal Agreement fee as detailed below			
(a) Basic Agreement	777.00	800.00	D
(b) Moderately Complex Agreement	1,296.00	1,335.00	D
(c) Highly Complex Agreement	2,072.00	2,130.00	D
NOTE: The Council will determine the appropriate agreement			
Section 278 Agreements	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources	D
Alfresco Dining Areas Licence	110.00	115.00	D
'A' Board Licence – Per Annum	57.00	60.00	D
Shop Displays Licence – Per Annum	130.00	130.00	D
Other Part VIIa e.g. Promotions & Leisure – Commercial Organisations			
(Applications made within 7 working days of the event will incur an additional administration fee of £130.00)	180.00	180.00	D
Other Part VIIa e.g. Promotions & Leisure – Non-Commercial Organisations	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources	D
Minor Highways Works Permits	1,600.00	1,600.00	D
NOTE: The refundable cash bond is the value of the works as determined by the Council	plus refundable cash bond	plus refundable cash bond	
Clearance of Accident Debris/Unauthorised obstructions on the Highway	At Cost plus 15% Administration Fee	At Cost plus 15% Administration Fee	D
Structural checking and technical approval of highways structures	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources	D

	2019/20	2020/21	Statutory / Discretionary
<b>Relocation of lighting column at request of third party</b>			
Commercial Organisations	At Cost plus 15% Administration Fee	At Cost plus 15% Administration Fee	D
Non-commercial organisations	630.00	630.00	D
<b>HIGHWAY SEARCHES</b>			
Letter and plan showing adopted highway	53.00	55.00	D
Additional questions	17.00	18.00	D
<b>SIGNING</b>			
Design and Erection of a Traffic Sign(s) at the request of a third party	At Cost plus 15% Administration Fee	At Cost plus 15% Administration Fee	D
Initial Assessment of Application for Tourism Signs	130.00	140.00	D
Provision of H Bar Road Markings	95.00	100.00	D
Authorisation of Temporary Direction Signs (Normally for Housing Developments and Temporary Events)	150.00	160.00	D
Provision of Disabled Persons Parking Space (subject to meeting criteria)	No charge subject to meeting criteria	No charge subject to meeting criteria	D
<b>TRAFFIC SIGNALS</b>			
Supply of Information on Operation of Traffic Signals	210.00	230.00	D
Switching Off/On Traffic Signals and Bagging Over heads during normal working hours (08.00 - 19.00; Monday - Saturday (excluding bank holidays)) –	600.00	600.00	D
Switching Off/On Traffic Signals and Bagging Over outside normal working hours -	700.00	700.00	D
Bagging over traffic signal head	20.00	20.00	D
Bagging over pedestrian push button / demand unit	10.00	10.00	D
Temporary Portable Traffic Signals (Multi Phase) (Administration Fee)	170.00	170.00	D
<b>BUILDING ACT 1984 Section 18</b>			
Legal Charge for supplying and administering agreements (together with design checking and supervision charges as determined by the Strategic Director- Enterprise, Community & Resources)	210.00	210.00	D
<b>STREET NAMING AND NUMBERING</b>			
Up to 2 Dwellings	40.00	41.00	D
Between 3 and 10 dwellings	200.00	206.00	D
Schemes Over 10 dwellings	375.00	386.00	D
Re-numbering of properties where original numbering has already been confirmed	£50 per plot	£52 per plot	D
<b>ROAD SAFETY</b>			
Supply of Accident Data (per road/junction for up to 3 years)	170.00	180.00	D
Road Safety Courses	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources	D

	2019/20	2020/21	Statutory / Discretionary
<b>TRAFFIC DATA</b>			
Supply of Automatic Traffic Count Data	150.00	160.00	D
<b>CLOSURE OF BUS STOPS FOR ROADWORKS</b>			
Closure of Bus Stop for Roadworks (per stop)	175.00	179.00	D
Commissioning of Temporary Stop (per stop)	175.00	179.00	D
Bus Stop Closure Notice and Notice to the Public (per stop)	95.00	97.00	D
<b>Section 50 - Street Works Income (i) New Apparatus: -</b>			
Minor Works	375.00	400.00	D
Standard Works	750.00	800.00	D
Major Works	1,500.00	1600.00	D
<b>Section 50 - Street Works Income (ii) Existing Apparatus: -</b>			
Minor Works	375.00	400.00	D
Standard Works	750.00	800.00	D
Major Works	1,500.00	1600.00	D
<b>Miscellaneous</b>			
<b>Supply Photocopy of the Following:</b>			
Building Regulation Approval or Completion Certificate and planning decision notice (max 4 pages)	30.00	30.60	D
Any Other Chargeable Documents	40.00	40.80	D
Assistance from Council Staff to Extract, Interpret or Describe this Material	30.00	30.60	D
A4 Aerial Photograph	As A4 Doc	As A4 Doc	D
Copy of tree preservation order	As A4 Doc	As A4 Doc	D
Copy of Consultant Report	70.00	71.40	D
Copy of larger format plans	16.00	16.32	D
<b>Map Production:</b>			
Admin Charge - inclusive of copying of first sheet.	15.00	15.30	D
A4 –per subsequent sheet.	0.70	0.71	D
A3 - per subsequent sheet	1.00	1.02	D
A2 –per subsequent sheet	1.70	1.73	D
A1 - per subsequent sheet	6.65	6.78	D
A0 - per subsequent sheet	10.65	10.86	D
<b>Price per Copy (Colour)</b>			
A4 –per subsequent sheet.	1.70	1.73	D
A3 - per subsequent sheet	2.20	2.24	D
A2 –per subsequent sheet	3.70	3.77	D
A1 - per subsequent sheet	12.70	12.95	D
A0 - per subsequent sheet	20.70	21.11	D
Price Per Disc - CD-R	58.00	59.16	D
Price Per Disc – DVD-R	72.50	73.95	D
Assistance from Council Staff to Extract, Interpret or Describe Material	110.00	112.20	D
Flat Rate to be Added for Access to OS Data	17.00	17.34	D
Weekly List of Planning Applications to Non-Public Authority Applicants for One Year	355.00	362.10	D
Provision of Non-Statutory Info. – Per Question (Estate Agents etc.)	47.00	47.94	D
Provision of Non-Statutory Info. – Per Question Reporting Conditions Compliance	72.00	73.44	D
Provision of Non-Statutory Info. – Per Question (Estate Agents etc.)	47.00	47.94	D
Provision of Non-Statutory Info. – Per Question Reporting Conditions Compliance	72.00	73.44	D

	2019/20	2020/21	Statutory / Discretionary
<b>Section 106, Town &amp; Country Planning Act 1990: Charges to Developers for Preparation of Agreements Under Above Legislation Relating to Adoption of Open Space, Together with Supervision</b>			
Legal & Supervision Costs	Appropriate fee agreed	Appropriate fee agreed	D
Other Section 106 Agreements	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources	D

**PLANNING and BUILDING CONTROL**

The Council operates a building control shared service arrangement with Knowsley Council. Continuation of the arrangement will be reported to Executive Board at a future date. At the same time building control charges will also be reviewed, this ensures harmonisation of charges between Halton and Knowsley.

**PRE APPLICATION PLANNING FEE SCHEDULE** Charges for pre application are applied prior to planning requests being submitted to the Council. Planning application fees are set nationally.

	2019/20	2020/21
Site history requests	60.00 (per hour or part thereof)	60.00 (per hour or part thereof)
Advice for officer time regarding trees/listed buildings/conservation areas (per hour)	60.00 (per hour or part thereof)	60.00 (per hour or part thereof)
Planning Obligations administration and Management Fee (for monitoring obligations) (Does not include Legal Charge)	550.00	550.00
Discharge of conditions (Per Officer Per Hour)	60.00 (per hour or part thereof)	60.00 (per hour or part thereof)
Significant Development – Site Visit, Response & Meeting <ul style="list-style-type: none"> <li>• More than 50 dwellings</li> <li>• All non-residential schemes with a floor space over 2,000sqm or on sites over 2ha</li> <li>• change of use of building(s) with a floor space over 2,000sqm or sites over 2ha</li> <li>• more than 10 wind turbines</li> <li>• any scheme requiring an Environmental Impact Assessment</li> </ul>	60.00 (per hour or part thereof)	60.00 (per hour or part thereof)
Above meetings include a Planning Officer and a Highways Officer. Charge for additional officers (per hour)	60.00 (per hour or part thereof)	60.00 (per hour or part thereof)

Development Category	Charging Rates
<b>Category A – Householder Development</b> <ul style="list-style-type: none"> <li>• All proposed works to a domestic dwelling</li> </ul>	<ul style="list-style-type: none"> <li>• £41.67 – <b>unaccompanied</b> visit and formal response to request</li> <li>• £83.33 – if a meeting is requested.</li> </ul>
<b>Category B – Minor Development</b> <ul style="list-style-type: none"> <li>• Up to and including 2 dwellings</li> <li>• All schemes and Change of Use of building(s) with a floor space less than 250sqm or sites less than 0.25ha</li> <li>• Advertisements</li> </ul>	<ul style="list-style-type: none"> <li>• £166.66 to cover one <b>unaccompanied</b> site visit and formal response to request.</li> <li>• £216.66 if a meeting is requested and takes place;</li> <li>• Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc.</li> </ul>

<ul style="list-style-type: none"> <li>• Shopfront Developments</li> <li>• Single wind turbines/telecoms mast with mast height under 17m</li> <li>• Ancillary development including car parks etc.</li> </ul> <p><b>See also notes:</b> <b>(1), (2)</b></p>	
<p><b>Category C – Intermediate Development</b></p> <ul style="list-style-type: none"> <li>• 3 to 9 dwellings</li> <li>• All schemes and Change of Use of building(s) with a floor space between 250sqm and up to 500sqm or on sites between 0.25ha and up to 0.5ha</li> <li>• Development of infrastructure e.g. internal roads, development of rail sidings or siting of plant equipment</li> <li>• Single wind turbines/telecoms mast with mast height over 17m</li> </ul> <p><b>See also notes:</b> <b>(1), (2),</b></p>	<ul style="list-style-type: none"> <li>• £450.00 to cover one site visit, formal response to request and one meeting.</li> <li>• Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc.</li> </ul>
<p><b>Category D – Small Scale Development</b></p> <ul style="list-style-type: none"> <li>• 10 to 39 dwellings</li> <li>• All schemes and Change of Use of building(s) with a floor space over 500sqm and up to 1,000sqm or on sites over 0.5ha and up to 1ha</li> </ul> <p>Up to 5 wind turbines</p> <p><b>See also notes:</b> <b>(1), (2),</b></p>	<ul style="list-style-type: none"> <li>• £1,250.00 to cover one site visit, formal response to request and up to two meetings.</li> <li>• Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc.</li> </ul>
<p><b>Category E – Significant Development</b></p> <ul style="list-style-type: none"> <li>• 40 to 99 dwellings</li> <li>• All schemes and Change of Use of building(s) with a floor space over 1,000sqm and up to 2,000sqm or on sites over 1 ha and up to 2ha</li> </ul> <p>Between 6 and 20 wind turbines</p>	<ul style="list-style-type: none"> <li>• £2,083.33 to cover one site visit, formal response to request and up to two meetings.</li> <li>• Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc.</li> </ul>

<p><b>See also notes:</b> <b>(1), (2),</b></p>	
<p><b>Category F – Large Scale Development</b></p> <ul style="list-style-type: none"> <li>• 100 or more dwellings</li> <li>• All schemes and Change of Use of building(s) with a floor space over 2000sqm or on sites over 2ha in size</li> <li>• More than 20 wind turbines</li> <li>• Proposals for Solar Farms</li> <li>• All schemes requiring an Environmental Impact Assessment.</li> <li>•</li> </ul> <p><b>See also notes:</b> <b>(1), (2),</b></p>	<ul style="list-style-type: none"> <li>• £4,200.00 to cover one site visit, formal response to request and up to two meetings.</li> <li>• Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc</li> </ul>
<p>Notes:</p>	
<p>(1) Current hourly rate is £60 Meetings include a planning officer and a highways officer. Additional officers will be charged at an hourly rate.</p> <p>(2) Green Belt/Conservation Areas/Listed Buildings: Proposals involving one or more of these categories will incur additional fees due to the additional considerations involved. Additional fees for Category A £100, Category B £150, Category C £250, Category D £350, Category E £500, Category F £1000</p>	

**ADULT SOCIAL CARE**

	2019/20	2020/21	Statutory / Discretionary
<b>Maximum Charges for Community Based Care</b>			
Domiciliary Care (per hour) – Note – Full cost recovery applies if above threshold level	Full cost recovery	Full cost recovery	S
Residential Care – Note – Full cost recovery applies if above threshold level	Full cost recovery	Full cost recovery	S
Day Care (per session)	16.90	17.25	D
Family Placement (per session)	16.90	17.25	D
Naughton Fields and Barkla Fields Support Charge (per week)	13.80	14.10	D
Dorset Gardens Support Charge (per week)	11.85	12.10	D
Key Safe	56.60	57.75	D
Night Care Service (per week)	29.00	29.60	D
Transport (per journey)	3.15	3.20	D
<b>Charges Community Based Services</b>			
Pitch Charges (weekly) Riverview Gypsy Site 21 pitches @	60.90	62.20	D
Pitch Charges (weekly) Riverview Gypsy Site 1 pitch @	71.10	72.65	D
Water & Sewerage (weekly) - Riverview Gypsy Site – Note, reduction in 2020.21 charge is based on previous year's actual usage	17.75	14.80	D
Combined Pitch and Water/Sewerage Charge – Canalside Traveller Site	81.95	83.75	D
Pitch Charges (daily) - Transit Site	13.60	13.90	D
<b>Charges to Other Local Authorities</b>			
Older People in Residential Intermediate Care (per week)	706.35	720.50	D
Adults in Supported Accommodation (per week) Bredon	612.00	624.25	D
Day Care - Older People (per session)	48.86	49.85	D
Day Care - Adults with Learning Disability (per session)	86.70	88.45	D
Day Care - Adults with Physical/Sensory Disability (per session)	100.47	102.50	D
<b>Appointee/Deputyship Charges*</b>			
Securing Property	110.00	110.00	D
Continuous Monitoring of Property (when property holder is unable - cost per hour)	27.50	27.50	D
Storage of Wills (annual cost)	27.50	27.50	D
Property Searches, Meter Readings etc (cost per hour)	27.50	27.50	D
Charging structure for the Appointeeship Service:	364.00	380.00	D
Appointeeship clients (residential) per annum			
Appointeeship clients (community based) per annum. Note: 2020.21 increase to bring in-line with other local authorities and help the service be self financing.	520.00	624.00	D
Deputyship clients	charged in accordance with the fees set by the Office of the Public Guardian	charged in accordance with the fees set by the Office of the Public Guardian	S
Duchy of Lancaster Referrals (where people have died intestate)	Actual cost	Actual cost	S
Applications to the Court of Protection	Actual cost	Actual cost	S
Administration charge following a client leaving the Appointeeship service. – Note – 2020/21 Charge increased by 20% to reflect cost of service	250.00	300.00	D
Funeral Arrangements – Note – 2020/21 Charge increased by 17% to reflect cost of service	350.00	350.00	D
Same day payment of personal allowances	5.00	5.00	D

	2019/20	2020/21	Statutory / Discretionary
<b>Community Wardens/Lifeline Charges</b>			
<b>Single Occupancy – per person charge</b>			
Level 1 Call centre monitoring plus community warden reactive response. (Assessment and support plan, review within the first 6 weeks and then 6 monthly, unless further review is indicated.)	6.29	6.40	D
Level 2 Call centre monitoring plus reactive callout. Community warden visits up to two weekly, according to assessed need and support planning.	10.08	10.30	D
Houses of Multiple Occupation	3.36	3.43	D
<b>Mobile Homes Act 2013</b>			
<b>Fees for Licensing Residential Park Home Sites</b>			
New License Application: 1-5 Pitches	505.00	515.00	D
New License Application: 6-15 Pitches	544.00	555.00	D
New License Application: 16-45 Pitches	582.00	594.00	D
New License Application: >46 Pitches	621.00	633.00	D
Transfer of Existing License: 1-5 Pitches	126.00	129.00	D
Transfer of Existing License: 6-15 Pitches	126.00	129.00	D
Transfer of Existing License: 16-45 Pitches	126.00	129.00	D
Transfer of Existing License: >46 Pitches	126.00	129.00	D
Application to vary a Site License: 1-5 Pitches	208.00	212.00	D
Application to vary a Site License: 6-15 Pitches	260.00	265.00	D
Application to vary a Site License: 16-45 Pitches	312.00	318.00	D
Application to vary a Site License: >46 Pitches	364.00	371.00	D
Annual License Fee: 1-5 Pitches	82.00	84.00	D
Annual License Fee: 6-15 Pitches	108.00	110.00	D
Annual License Fee: 16-45 Pitches	163.00	166.00	D
Annual License Fee: >46 Pitches	326.00	333.00	D
Deposit of Site Rules: 1-5 Pitches	31.00	32.00	D
Deposit of Site Rules: 6-15 Pitches	31.00	32.00	D
Deposit of Site Rules: 16-45 Pitches	31.00	32.00	D
Deposit of Site Rules: >46 Pitches	31.00	32.00	D

**CHILDREN'S SOCIAL CARE**

	2019/20	2020/21	Statutory / Discretionary
<b>Halton Lodge Children's Centre</b>			
Meeting Room – Voluntary Group Hourly Rate	6.90	7.10	D
Meeting Room – Voluntary Group Daily Rate	37.20	38.00	D
Meeting Room – Private Group Hourly Rate	9.00	9.20	D
Meeting Room – Private Group Daily Rate	51.90	53.00	D
Training Room 1&2 – Voluntary Group Hourly Rate	6.90	7.10	D
Training Room 1&2 – Voluntary Group Daily Rate	37.20	38.00	D
Training Room 1&2 – Private Group Hourly Rate	9.00	9.20	D
Training Room 1&2 – Private Group Daily Rate	51.90	53.00	D
Training Room 1 – Voluntary Group Hourly Rate	3.70	3.80	D
Training Room 1 – Voluntary Group Daily Rate	15.20	15.60	D
Training Room 1 – Private Group Hourly Rate	5.80	6.00	D
Training Room 1 – Private Group Daily Rate	29.90	30.50	D
Training Room 2 – Voluntary Group Hourly Rate	3.70	3.80	D
Training Room 2 – Voluntary Group Daily Rate	15.20	15.60	D
Training Room 2 – Private Group Hourly Rate	5.80	6.00	D
Training Room 2 – Private Group Daily Rate	29.90	30.50	D
Community Room – Voluntary Group Hourly Rate	4.80	4.90	D
Community Room – Voluntary Group Daily Rate	22.60	23.10	D
Community Room – Private Group Hourly Rate	7.40	7.60	D
Community Room – Private Group Daily Rate	41.40	42.30	D
Quiet Room – Voluntary Group Hourly Rate	2.70	2.80	D
Quiet Room – Voluntary Group Daily Rate	10.50	10.80	D
Quiet Room – Private Group Hourly Rate	5.30	5.50	D
Quiet Room – Private Group Daily Rate	26.30	26.90	D
<b>Halton Brook Children's Centre</b>			
Meeting Room – Voluntary Group Hourly Rate	6.90	7.10	D
Meeting Room – Voluntary Group Daily Rate	37.20	38.00	D
Meeting Room – Private Group Hourly Rate	9.00	9.20	D
Meeting Room – Private Group Daily Rate	51.90	53.00	D
<b>Windmill Hill Children's Centre</b>			
Play Room – Voluntary Group Hourly Rate	9.00	9.20	D
Play Room – Voluntary Group Daily Rate	51.90	53.00	D
Play Room – Private Group Hourly Rate	11.10	11.40	D
Play Room – Private Group Daily Rate	66.50	67.90	D
Training Room – Voluntary Group Hourly Rate	6.90	7.10	D
Training Room – Voluntary Group Daily Rate	37.20	38.00	D
Training Room – Private Group Hourly Rate	9.00	9.20	D
Training Room – Private Group Daily Rate	51.90	53.00	D
Family Room – Voluntary Group Hourly Rate	4.80	4.90	D
Family Room – Voluntary Group Daily Rate	22.60	23.10	D
Family Room – Private Group Hourly Rate	7.40	7.60	D
Family Room – Private Group Daily Rate	41.40	42.30	D
<b>Brookvale Children's Centre</b>			
Woodhatch Room – Voluntary Group Hourly Rate	9.00	9.20	D
Woodhatch Room – Voluntary Group Daily Rate	51.90	53.00	D
Woodhatch Room – Private Group Hourly Rate	11.10	11.40	D
Woodhatch Room – Private Group Daily Rate	66.50	67.90	D
Wellbrook Room – Voluntary Group Hourly Rate	6.90	7.10	D
Wellbrook Room – Voluntary Group Daily Rate	37.20	38.00	D
Wellbrook Room – Private Group Hourly Rate	9.00	9.20	D
Wellbrook Room – Private Group Daily Rate	51.90	53.00	D
Helston Room – Voluntary Group Hourly Rate	5.30	5.50	D
Helston Room – Voluntary Group Daily Rate	26.30	26.90	D
Helston Room – Private Group Hourly Rate	7.40	7.60	D
Helston Room – Private Group Daily Rate	41.40	42.30	D

	4.20	4.30	D
<b>Kilncroft Room – Voluntary Group Hourly Rate</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Statutory /</b>
<b>Brookvale Children’s Centre (Continued)</b>			<b>Discretionary</b>
Kilncroft Room – Voluntary Group Daily Rate	18.90	19.30	D
Kilncroft Room – Private Group Hourly Rate	6.40	6.60	D
Kilncroft Room – Private Group Daily Rate	33.50	34.20	D
Portleven Room – Voluntary Group Hourly Rate	4.20	4.30	D
Portleven Room – Voluntary Group Daily Rate	18.90	19.30	D
Portleven Room – Private Group Hourly Rate	6.40	6.60	D
Portleven Room – Private Group Daily Rate	33.50	34.20	D
Clovelly Room – Voluntary Group Hourly Rate	4.20	4.30	D
Clovelly Room – Voluntary Group Daily Rate	18.90	19.30	D
Clovelly Room – Private Group Hourly Rate	6.40	6.60	D
Clovelly Room – Private Group Daily Rate	33.50	34.20	D
Hanover Full Room – Voluntary Group Hourly Rate	9.00	9.20	D
Hanover Full Room – Voluntary Group Daily Rate	51.90	53.00	D
Hanover Full Room – Private Group Hourly Rate	11.10	11.40	D
Hanover Full Room – Private Group Daily Rate	66.50	67.90	D
Hanover Half Room – Voluntary Group Hourly Rate	4.50	4.60	D
Hanover Half Room – Voluntary Group Daily Rate	26.00	26.60	D
Hanover Half Room – Private Group Hourly Rate	6.90	7.10	D
Hanover Half Room – Private Group Daily Rate	33.10	33.80	D
<b>Ditton Library</b>			
Community Room & Kitchen– Voluntary Group Hourly Rate	9.00	9.20	D
Community Room & Kitchen – Voluntary Group Daily Rate	51.90	53.00	D
Community Room & Kitchen – Private Group Hourly Rate	11.10	11.40	D
Community Room & Kitchen – Private Group Daily Rate	66.50	67.90	D
Quiet Room – Voluntary Group Hourly Rate	3.20	3.30	D
Quiet Room – Voluntary Group Daily Rate	11.60	11.90	D
Quiet Room – Private Group Hourly Rate	5.40	5.60	D
Quiet Room – Private Group Daily Rate	26.30	26.90	D
Play Room – Voluntary Group Hourly Rate	5.40	5.60	D
Play Room – Voluntary Group Daily Rate	26.30	26.90	D
Play Room – Private Group Hourly Rate	7.40	7.60	D
Play Room – Private Group Daily Rate	40.80	41.70	D
<b>Ditton Children’s Centre</b>			
Conference Room – Voluntary Group Hourly Rate	6.90	7.10	D
Conference Room – Voluntary Group Daily Rate	37.20	38.00	D
Conference Room – Private Group Hourly Rate	9.00	9.20	D
Conference Room – Private Group Daily Rate	51.90	53.00	D
Community Room – Voluntary Group Hourly Rate	5.30	5.50	D
Community Room – Voluntary Group Daily Rate	26.30	26.90	D
Community Room – Private Group Hourly Rate	7.40	7.60	D
Community Room – Private Group Daily Rate	40.80	41.70	D
Quiet Room – Voluntary Group Hourly Rate	3.20	3.30	D
Quiet Room – Voluntary Group Daily Rate	11.60	11.90	D
Quiet Room – Private Group Hourly Rate	5.40	5.60	D
Quiet Room – Private Group Daily Rate	26.30	26.90	D
<b>Upton Children’s Centre</b>			
Meeting Room – Voluntary Group Hourly Rate	5.20	5.40	D
Meeting Room – Voluntary Group Daily Rate	25.70	26.30	D
Meeting Room – Private Group Hourly Rate	7.20	7.40	D
Meeting Room – Private Group Daily Rate	40.00	40.80	D
Play Room – Voluntary Group Hourly Rate	6.70	6.90	D
Play Room – Voluntary Group Daily Rate	36.40	37.20	D
Play Room – Private Group Hourly Rate	8.80	9.00	D
Play Room – Private Group Daily Rate	50.80	51.90	D

	2019/20	2020/21	Statutory / Discretionary
<b>Warrington Road Children's Centre</b>			
Buttercup Room – Voluntary Group Hourly Rate	9.00	9.20	D
Buttercup Room – Voluntary Group Daily Rate	51.90	53.00	D
<b>Warrington Road Children's Centre (Continued)</b>			
Buttercup Room – Private Group Hourly Rate	11.10	11.40	D
Buttercup Room – Private Group Daily Rate	66.50	67.90	D
Daisy Room – Voluntary Group Hourly Rate	5.40	5.60	D
Daisy Room – Voluntary Group Daily Rate	26.30	26.90	D
Daisy Room – Private Group Hourly Rate	7.40	7.60	D
Daisy Room – Private Group Daily Rate	40.80	41.70	D
Daffodil Room – Voluntary Group Hourly Rate	5.40	5.60	D
Daffodil Room – Voluntary Group Daily Rate	26.30	26.90	D
Daffodil Room – Private Group Hourly Rate	7.40	7.60	D
Daffodil Room – Private Group Daily Rate	40.80	41.70	D
Daisy and Daffodil Room – Voluntary Group Hourly Rate	9.00	9.20	D
Daisy and Daffodil Room – Voluntary Group Daily Rate	51.90	53.00	D
Daisy and Daffodil Room – Private Group Hourly Rate	11.10	11.40	D
Daisy and Daffodil Room – Private Group Daily Rate	66.50	67.90	D
Kitchen – Voluntary Group Hourly Rate	9.00	9.20	D
Kitchen – Voluntary Group Daily Rate	51.90	53.00	D
Kitchen – Private Group Hourly Rate	11.10	11.40	D
Kitchen – Private Group Daily Rate	66.50	67.90	D
Poppy Room – Voluntary Group Hourly Rate	3.20	3.30	D
Poppy Room – Voluntary Group Daily Rate	11.60	11.90	D
Poppy Room – Private Group Hourly Rate	5.40	5.60	D
Poppy Room – Private Group Daily Rate	26.30	26.90	D
<b>Kingsway Children's Centre</b>			
Community Room – Voluntary Group Hourly Rate	9.00	9.20	D
Community Room – Voluntary Group Daily Rate	51.90	53.00	D
Community Room – Private Group Hourly Rate	11.10	11.40	D
Community Room – Private Group Daily Rate	66.50	67.90	D
Quiet Room – Voluntary Group Hourly Rate	3.20	3.30	D
Quiet Room – Voluntary Group Daily Rate	11.60	11.90	D
Quiet Room – Private Group Hourly Rate	5.40	5.60	D
Quiet Room – Private Group Daily Rate	26.30	26.90	D
Meeting Room – Voluntary Group Hourly Rate	4.20	4.30	D
Meeting Room – Voluntary Group Daily Rate	18.90	19.30	D
Meeting Room – Private Group Hourly Rate	6.40	6.60	D
Meeting Room – Private Group Daily Rate	33.50	34.20	D
For All Above - Equipment HireTV,OHP,Projector,DVD Player available at an hourly rate of £2.70 each			
For All Above - 25% discount on all block bookings over 10 sessions			
<b>*Early Years Day Care Parental Fees</b>			
<b>Warrington Road Bambini Daycare Centre</b>			
Full Day 8am – 6pm	39.50	40.00	D
Morning 8am – 1pm	26.00	26.50	D
Afternoon 1pm – 6pm	25.00	25.50	D
<b>*Ditton Early Years Centre</b>			
Full Day 8am – 6pm	39.50	40.00	D
Morning 8am – 1pm	26.00	26.50	D
Afternoon 1pm – 6pm	25.00	25.50	D

**OPEN SPACES**

	2019/20	2020/21	Statutory / Discretionary
<b>Allotments</b>			
Allotment Plot	0.46p m <sup>2</sup>	0.47p m <sup>2</sup>	D
New Tenant Admin Fee (includes £20 refundable cost of key)	43.50	43.50	D
<b>Cemeteries and Crematorium Charges</b>			
<b>Purchase of Exclusive Right of Burial (50 year lease):</b>			
Three interments	955.00	980.00	D
One or two interments	845.00	870.00	D
Cremated remains grave	505.00	520.00	D
Extension of lease for further 50 years after initial purchase			
Three Interments	955.00	980.00	D
One or two interments	845.00	870.00	D
Cremated remains grave	505.00	520.00	D
<i>Price includes fee for concrete beam for installation of memorial</i>			
<b>Interment Fees (Mon to Thurs 10am to 3pm and Fri 10am to 2pm):</b>			
1 interment - adult	790.00	815.00	D
2 interments - adult	900.00	925.00	D
3 interments - adult	1,010.00	1,040.00	D
1 interment – child (1 year-16 years)	340.00	340.00	D
2 interments – child (1 year-16 years)	370.00	370.00	D
3 interments - child (1 year-16 years)	465.00	465.00	D
Stillborn child or child not exceeding 12 months – Note, Cost not recovered	Nil	Nil	D
Burial of cremated remains (Mon-Fri)	205.00	210.00	D
Burial of two cremated caskets at same time or double cremated remains casket (Mon-Fri)	300.00	310.00	D
Burial of two cremated remains casket/double casket at the same time – non-resident	580.00	595.00	D
Burial of Body Parts/ Organs	80.00	80.00	D
Burial of cremated remains child under 16 (Mon-Fri) – Note, cost not recovered	Nil	Nil	D
Additional fee outside of core times ( <i>Monday to Thursday 10.00 a.m. – 2.00 pm, Friday – 10.00 a.m. to 1.30 pm</i> ).	140.00	145.00	D
Saturday morning additional fee (full burials)	+50% of interment fee	+50% of interment fee	D
Non-resident charge for A-H above +100%(If Previous Borough resident when grave purchased – no extra charge)	+100%	+100%	D
Late Arriving Funeral – 10 minutes or more	55.00	55.00	D
Incorrect coffin size for Cremation or Burial (New Charge 2020/21)	0.00	75.00	D
Excessive coffin length for Burial (over 6ft 6) (New Charge 2020/21)	0.00	75.00	D
Indemnity fee	90.00	93.00	D
Use of Crematorium Chapel for funeral service	120.00	125.00	D
Transfer of Ownership of Exclusive Right of Burial	90.00	93.00	D
Replacement Grave Deed	55.00	55.00	D
Grave search – up to 10 names	45.00	45.00	D
<b>Memorials:</b>			
New Headstone	190.00	195.00	D
Additional Inscription – Note 2020/21 increase of 10% to reflect cost	50.00	55.00	D
Vase/tablet/book – up to 18” x 12” x 12”	75.00	77.00	D
Registration of BRAMM registered masons	Nil	0.00	D
Inscription to Baby Headstone in Baby Garden	65.00	67.00	D

Replacement headstone/kerb/refix to NAMM - Note 2020/21 increase of 10% to reflect cost	50.00	55.00	D
<b>Memorial Benches (10 year lease)</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Statutory / Discretionary</b>
5ft hardwood bench, with engraved plaque	785.00	809.00	D
Renewal of 10 year lease (existing bench)	700.00	721.00	D
<b>Crematorium Charges</b>			
Cremation charge – adult	745.00	765.00	D
Cremation charge – child (1 year-16 years)	350.00	350.00	D
Cremation charge – child under 1 year	75.00	75.00	D
Cremation charge – after anatomical examination	395.00	405.00	D
Cremation webcast Live service charge	30.00	30.00	D
Cremation webcast service charge	45.00	46.50	D
Cremation webcast physical Copy ( DVD/Blu-Ray/USBcharge service)	50.00	51.50	D
Saturday morning – additional charge	+50%	+50%	D
Scattering of remains (cremation at Widnes Crematorium) – Monday to Friday	70.00	73.00	D
Scattering of remains (no attendance) when cremation has taken place at another crematorium - Monday to Friday	117.00	120.00	D
Scattering of Ashes no appointment (other crematorium) (New Charge 2020/21)	0.00	50.00	D
Casket – wooden	78.00	80.00	D
Token box	25.00	25.00	D
Storage of cremated remains after one calendar month from date of cremation	80.00	80.00	D
Postage of cremated remains (by secure carrier)	By Request	By Request	D
Certified Extract from the Cremation Register	55.00	57.00	D
<b>Miscellaneous Charges</b>			
Civil Funeral Celebrant	205.00	205.00	D
Reprinting of Invoice Schedule	27.00	27.00	D
Incomplete cremation forms	10.00	10.00	D
Late Cremation / Burial Forms	25.00	25.00	D
Storage of Headstone After Burial - Up to 6 Months – Note, cost not recovered	0.00	0.00	D
Storage of Headstone After Burial - Monthly Charge Thereafter	10.00	10.00	D
<b>Plaques (10 year lease)</b>			
Bronze plaque	268.34	276.00	D
Renewal for further 10 years	127.50	132.00	D
Granite plaque on Planter – Four Seasons/ Runcorn Cemetery Sundial	420.00	430.00	D
Renewal for further 10 years	170.00	175.00	D
<b>Book of Remembrance -</b>			
2 line entry	100.00	103.00	D
3 line entry	130.00	134.00	D
4 line entry	160.00	165.00	D
5 line entry	185.00	191.00	D
6 line entry	220.00	227.00	D
7 line entry	245.00	252.00	D
8 line entry	275.00	283.00	D
Flower designs	90.00	93.00	D
Other designs	100.00	103.00	D
Extra line to existing entry	55.00	57.00	D
<b>Slate Tablets</b>			
Slate Tablets per letter – 2020/21 increase of 20% to reflect costs	5.00	6.00	D

<b>Sanctum Vaults:</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Statutory / Discretionary</b>
10 year lease (includes wooden casket)	650.00	670.00	D
Renewal for further 10 years	295.00	305.00	D
20 year lease (includes wooden casket)	870.00	895.00	D
Renewal for further 20 years	425.00	435.00	D
Placing 2nd casket of remains – Monday to Friday only	70.00	73.00	D
Opening vault on request - 2020/21 increase of 13% to reflect costs	40.00	45.00	D
<b>Design and Lettering</b>			
Lettering (per letter)	4.46	4.60	D
Small design	84.00	87.00	D
Large design	110.00	113.00	D
Photo tile (portrait – 1 person)	153.00	158.00	D
Photo tile (landscape – 2 persons)	198.00	204.00	D
<b>Outdoor Facility Charges</b>			
<b>Summer Games:</b>			
Adult Bowling Green Card (Annual)	26.50	25.00	D
Couples Bowling Green Card (Annual) (in same household)	42.00	43.33	D
Junior Bowling Green Card (Annual)	13.25	12.50	D
Summer Rugby Adult	561.00	575.00	D
Summer Rugby Juniors - #	333.00	340.00	D
<b>Winter Games:</b>			
Adult B/B Pitch Hire (Alternate weeks)	575.00	585.00	D
Junior B/B Pitch Hire (Alternate weeks)	341.00	345.00	D
Mini Soccer B/B Hire	257.00	265.00	D
Adult Baseball Field (Annual)	1,706.00	575.00	D
Junior Baseball Field (Annual)	854.00	340.00	D
Adult Casual Pitch	33.33	34.00	D
Junior Casual Pitch	20.83	21.25	D
<b>Bandstand Hire</b>			
Halton Constituted Community Groups	POA	POA	D
Halton Registered Charities	POA	POA	D
<b>Event Land Hire – Non Commercial</b>			
Halton Constituted Community Groups	POA	POA	D
Halton Registered Charities	POA	POA	D
Land Hire Bond (Refundable)	POA	POA	D
<b>Event Land Hire - Commercial</b>			
Commercial Land Hire	POA	POA	D

**PUBLIC HEALTH & PUBLIC PROTECTION SERVICES**

	2019/20	2020/21	Statutory / Discretionary
<b>Environmental Information</b>			
Basic outstanding Environmental Health search	Free	Free	S
Access to information on Public Register	Free	Free	S
Provision of other environmental information that is not publicly available (per hour)	21.35	21.80	D
<b>Environmental Protection Act</b>			
List of authorised part "B" Processes	43.50	44.40	S
List of authorised part "A" Processes	44.57	45.50	S
<b>Condemned Food Certificates</b>			
Disposal of condemned food following statutory or voluntary process	At cost	At cost	S
<b>Certification of Food Products for Export</b>			
Certificates requiring signature	67.10	68.45	S
Other documents requiring stamp	22.20	22.65	S
<b>National Food Hygiene Rating Scheme</b>			
Request for Re-Inspection	114.90	117.20	S
<b>Kennelling of Dogs</b>			
Reclaiming of Stray Dogs	On Application*	On Application*	S
Collection of Dogs from repossessed premises	82.72	84.40	S
Transportation of non-seized animals i.e. dogs/cats to kennels or other premises	82.72	84.40	S
*As agreed with Strategic Director People or Director of Public Health			
<b>Animal Welfare Licensing of Activities involving Animals (Regulations 2018)</b>			
Pet Shop	216.74	221.20	S
Pet Shop with Dangerous Animals	321.42	327.85	S
Boarding Cats	237.30	242.05	S
Boarding Dogs	237.30	242.05	S
Breeding Dogs	342.25	349.10	S
Hiring Horses	342.25	349.10	S
Home Boarding Dogs	195.24	199.15	S
Dog Day Care	195.24	199.15	S
Exhibition Animals	237.70	242.45	S
<b>EPA Authorisation</b>			
Application	Statutory fee	Statutory fee	S
Renewal	Statutory fee	Statutory fee	S
<b>Health and Safety At Work Act 1974 etc.</b>			
Provision of information obtained under the Act including production of statements and reports as requested (per hour)	21.35	21.80	S
Acupuncture, Tattooing, Ear Piercing and Electrolysis Establishments Registration fee	115.46	117.85	S
Additional Individual Operator Registration	36.52	37.25	S
Border Agency Accommodation Inspections	77.01	78.55	S
Return of Seized Sound Equipment (Noise Act 1996)	135.97	138.70	S
Housing Enforcement Notices under Section 49 of the Housing Act 2004	193.40	197.35	S
Houses in Multiple Occupation up to and including 5 rooms. 5	510.00	520.20	S

year license	2019/20	2020/21	Statutory / Discretionary
<b>Health and Safety At Work Act 1974 etc. (continued)</b>			
Houses in Multiple Occupation with 6 rooms. 5 year license	546.00	557.25	S
Houses in Multiple Occupation with 7 rooms. 5 year license	582.00	593.70	S
Houses in Multiple Occupation with 8 rooms. 5 year license	618.00	630.40	S
Houses in Multiple Occupation with 9 rooms. 5 year license	654.00	667.10	S
Houses in Multiple Occupation with 9 rooms and over. 5 year license	690.00	703.80	S
Petroleum Consolidation Regulations 2014 Certificate and Licensing	Statutory Fee	Statutory Fee	S
<b>Pest Control Charges</b>			
Commercial Charge for all pests (per hour, minimum 1 hour)	78.40	80.00	D
<b>School Charge:</b>			
Ants	56.60	57.75	D
Fleas	56.60	57.75	D
Wasps	56.60	57.75	D
Cockroaches	56.60	57.75	D
Mice	56.60	57.75	D
Rats	56.60	57.75	D
<b>Domestic Charges - #:</b>			
Ants	47.1	48.05	D
Fleas	47.1	48.05	D
Wasps	42.6	43.45	D
Bedbugs	52.7	53.76	D
Cockroaches	27.2	27.75	D
Mice	27.2	27.75	D
Rats	Free	Free	S
<b>Regulatory Enforcement and Sanctions Act</b>			
The first 10 hours of advice in a financial year to all businesses	Free	Free	S
Hourly rate for additional consultancy to primary authority businesses	58.90	60.10	S
<b>Trading Standards Services</b>			
<b>Fireworks</b>			
Type of Application			
One year licence to store explosives where, by virtue of regulation 27 of, and schedule 5 to, the 2014 Regulations, a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	185.00	185.00	S
Two year licence to store explosives where, by virtue of regulation 27 of, and schedule 5 to, the 2014 Regulations, a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	243.00	243.00	S
Three year licence to store explosives where, by virtue of regulation 27 of, and schedule 5 to, the 2014 Regulations, a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	304.00	304.00	S
Four year licence to store explosives where, by virtue of regulation 27 of, and schedule 5 to, the 2014 Regulations, a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	374.00	374.00	S
Five year licence to store explosives where, by virtue of regulation 27 of, and schedule 5 to, the 2014 Regulations, a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	423.00	423.00	S
One year renewal of licence to store explosives where a minimum separation distance of greater than 0 metres is	86.00	86.00	S

prescribed. Statutory fee.

	2019/20	2020/21	Statutory / Discretionary
<b>Trading Standards Services Fireworks (continued)</b>			
Two year renewal of licence to store explosives where a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	147.00	147.00	S
Three year renewal of licence to store explosives where a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	206.00	206.00	S
Four year renewal of licence to store explosives where a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	266.00	266.00	S
Five year renewal of licence to store explosives where a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	326.00	326.00	S
One year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	109.00	109.00	S
Two year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	141.00	141.00	S
Three year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	173.00	173.00	S
Four year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	206.00	206.00	S
Five year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	239.00	239.00	S
One year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	54.00	54.00	S
Two year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	86.00	86.00	S
Three year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	120.00	120.00	S
Four year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	152.00	152.00	S
Five year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	185.00	185.00	S
Varying the name of licensee or address of site. Statutory fee.	36.00	36.00	S
Any other kind of variation.	Reasonable cost to the licensing authority of having the work carried out	Reasonable cost to the licensing authority of having the work carried out	S
Transfer of licence. Statutory fee.	36.00	36.00	S
Replacement of licence. Statutory fee.	36.00	36.00	S
Weights and Measures charged per office hour	62.52	63.77	S
Feeding stuffs – Manufacturing (statutory fee)	451.00	451.00	S
Feeding stuffs – Placing on the Market (statutory fee)	226.00	226.00	S
<b>PUBLIC HEALTH</b>			
Health Improvement Team – exercise session charge	2.75	3.00	D

**COMMUNITY DEVELOPMENT**

	2019/20	2020/21	Statutory / Discretionary
<b>COMMUNITY CENTRES</b>			
<b>Activities</b>			
Badminton (Juniors)	9.79	9.99	D
Badminton (Adults)	11.85	12.10	D
Climbing Wall (Adults – per hourly session)	2.78	2.85	D
Climbing Wall (Juniors – per hourly session)	1.13	1.15	D
Climbing Wall (Hire per hour inc. instructor)	38.63	39.40	D
<b>Community Groups:</b>			
Room Hire – Hall (per hour)	9.06	9.25	D
Room Hire – Small Room (per hour)	3.61	3.70	D
Room Hire – Medium Room (per hour)	5.15	5.25	D
Room Hire – Large Room (per hour)	5.77	5.89	D
<b>Private Groups:</b>			
Room Hire – Hall (per hour)	11.33	11.56	D
Room Hire – Small Room (per hour)	4.53	4.62	D
Room Hire – Medium Room (per hour)	6.28	6.40	D
Room Hire – Large Room (per hour)	7.00	7.15	D
<b>Commercial Groups:</b>			
Room Hire – Hall (per hour)	13.70	13.99	D
Room Hire – Small Room (per hour)	5.97	6.10	D
Room Hire – Medium Room (per hour)	7.83	7.99	D
Room Hire – Large Room (per hour)	8.34	8.51	D
Weekend Room Hire	Relevant room hire charge	Relevant room hire charge	D
	+50%	+50%	
Performing Rights (of total charge)	0.05	0.05	D
Sportshall at Upton Community Centre (Adults)	34.50	35.20	D
Sportshall at Upton Community Centre (Juniors)	27.81	28.37	D

**LEISURE & RECREATION**

	2019/20	2020/21	Statutory / Discretionary
<b>Swimming</b>			
Adult	3.50	3.58	D
Junior	2.00	2.08	D
Halton Leisure Card (HLC)	2.17	2.25	D
Family Swim (2 x adults & 2 x juniors)	8.33	8.58	D
Aquababes	3.50	3.60	D
Private lesson 121	16.00	16.00	D
Private lesson 221	22.00	22.00	D
Child Swim Lesson - 30 min membership	20.50	21.20	D
Child Swim Lesson - 60 min membership	27.00	28.00	D
Adult Swim Lesson - 30 min membership	21.00	22.00	D
Private lesson 121 membership	53.00	54.00	D
Private lesson 221 membership	34.00	35.00	D
Crash Course - 30 min (5 day)	23.00	24.00	D
Certificate and badge (New Charge 2020.21)	0.00	2.00	D
<b>Memberships</b>			
Single membership new membership	21.67	21.67	D
Joint membership -	39.58	39.58	D
HLC Membership	21.00	21.00	D
Swim Only membership	19.58	19.58	D
Gym only membership (BRC/RSP)	13.32	13.33	D
Gym only membership (KLC)	14.99	14.99	D
Teen Membership	13.32	13.33	D
Family membership -	43.33	43.33	D
<b>Activities</b>			
Bowls	45.17	46.67	D
Halton Day Services	91.00	93.00	D
Men's 50+ Badminton	3.50	3.58	D
Karate Club	11.25	12.10	D
Trampoline Private Hire	11.67	11.67	D
Trampoline Membership	5.20	5.20	D
Badminton Club Hire (Per court, per hour, plus admission)	49.50	50.50	D
Liverpool Canoe Club	280.00	285.00	D
Netball Leagues	3.30	3.50	D
Back to Netball	2.00	2.10	D
Sports Hall Admit Adult	1.10	1.17	D
Sports Hall Admit Junior	1.25	1.33	D
HLC Admit	3.33	3.50	D
Squash Adult	1.75	1.75	D
Squash Junior	25.00	29.17	D
Casual Gym/Aerobics	4.33	4.33	D
Junior Fitness	2.25	2.25	D
Health Suite	5.10	5.10	D
Table Tennis Adult	2.17	2.17	D
Table Tennis Junior	1.20	1.20	D
Spectator Adult	50.00	50.00	D
Spectator Junior	91.00	91.00	D
Spectator HLC	34.00	34.00	D
Half Hall Booking KLC	26.80	26.80	D
Full Hall Booking KLC	80.00	85.00	D
Gymnasium KLC	47.00	50.00	D
Creche	45.17	46.67	D
Swimming Pool KLC	91.00	93.00	D
Small Pool	3.50	3.58	D
Studio 1 & 2	29.70	29.70	D

<b>Activities (Continued)</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Statutory / Discretionary</b>
Swimming Pool RSP	40.00	40.00	D
Swimming Pool BRC	70.00	70.00	D
Five a Side Block Booking BRC	49.00	49.00	D
Five a Side Block Booking junior BRC	24.00	24.00	D
Five a Side Casual - Adult	35.00	35.00	D
Five a Side Casual - Junior	17.50	17.50	D
Full Hall Booking Adult BRC	69.50	69.50	D
Half Hall Booking Junior BRC	24.00	24.00	D
Full Hall Booking Junior BRC	39.50	39.50	D
Gymnasium Adult BRC	31.00	31.00	D
Gymnasium Junior BRC	21.00	21.00	D
Astro Casual Adult	33.33	33.33	D
Astro Casual Junior	18.33	18.33	D
Parties (BRC) - Multi - Full Hall	115.00	120.00	D
Parties (BRC) Half Hall	80.00	100.00	D
Parties (KLC) Half Hall	80.00	100.00	D
Frank Myler Activity Room Block Booking	16.00	16.00	D
Frank Myler MUGA Block Booking	13.30	13.30	D
Halton Leisure Card	3.33	3.33	D
<b>Reservation Fees</b>			
Items in Stock	Free	Free	D
Items Bought Into Stock	2.50	2.50	D
Items Bought Into Stock – Leisure Card Holders	1.50	1.50	D
<b>Personal Computer Bookings</b>			
Printing (per page) – Black and White	0.15	0.15	D
Printing (per page) – Colour	0.25	0.25	D
Printing (per page) – Black and White – Leisure Card Holders	0.10	0.10	D
Printing (per page) – Colour – Leisure Card Holders	0.15	0.15	D
<b>Photocopies</b>			
A4 (per sheet)	0.15	0.15	D
A3 (per sheet)	0.25	0.25	D
<b>Fax</b>			
Per Sheet Received	0.50	0.50	D
To UK – First Sheet	1.00	1.00	D
To UK – Subsequent Sheets	0.25	0.25	D
	<b>2019/20</b>	<b>2020/21</b>	<b>Statutory / Discretionary</b>
<b>Library Services – Fax (Continued)</b>			
To Europe – First Sheet	2.00	2.00	D
To Europe – Subsequent Sheets	0.50	0.50	D
To Outside Europe – First Sheet	3.00	3.00	D
To Outside Europe – Subsequent Sheets	1.00	1.00	D
<b>Lost Tickets</b>			
Adults	2.20	2.20	D
Children and Leisure Card Holders	1.10	1.10	D
<b>Room Hire</b>			
Meeting Room 2 - Halton Lea (per hour)	15.50	15.50	D
Meeting Room 3 - Halton Lea (per hour)	15.50	15.50	D
Meeting Room 2 & 3 - Halton Lea (per hour)	31.00	31.00	D
Meeting Room 4 - Halton Lea (per hour)	9.00	9.00	D
Meeting Room 5 – Halton Lea ICT Suite (per hour)	15.50	15.50	D
Meeting Room 7 - Halton Lea (per hour)	10.00	10.00	D
Meeting Room 8 - Runcorn (per hour)	0.00	12.75	D
Meeting Room 9 - Runcorn (per hour)	0.00	9.00	D
Meeting Room 10 - Runcorn (per hour)	0.00	9.00	D

**WASTE & ENVIRONMENTAL IMPROVEMENT SERVICES**

	2019/20	2020/21	Statutory / Discretionary
<b>Waste Management</b>			
Charge for a new or replacement wheeled bin	28.5	29.00	D
Charge for the collection of bulky household items	24.5	25.00	D
Charges for the collection of commercial waste	6.1	6.25	D
Charge for collection of garden waste (paid HDL)	37	35.00	D
Charge for collection of garden waste (paid online)	32	35.00	D
Charge for the collection of commercial waste	Increase of 2.5% on 2018/19 Charges	Increase of 2.5% on 2019/20 Charges	D
**Charge for collection of an abandoned shopping trolley	50.00	55.00	D
**Charge for storage of an abandoned shopping trolley (per day)	5.00	5.50	D
**Charge for the return of an abandoned shopping trolley to the owner	50.00	55.00	D
**Charge for the disposal of an abandoned shopping trolley	50.00	55.00	D
**Note – 10% increase to 2020/21 charges to reflect actual cost of meeting service)			

**STADIUM**

	2019/20	2020/21	Statutory / Discretionary
<b>Room Hire</b>			
Bridge Suite	440.00	440.00	D
Karalius Suite	300.00	300.00	D
Single Box	70.00	70.00	D
Double Box	140.00	140.00	D
Triple Box	210.00	210.00	D
<b>Pitch Hire</b>			
*1/4 Hire - Off Peak	40.00	50.00	D
*1/2 Hire - Off Peak	80.00	100.00	D
*Full Pitch Hire - Off Peak	160.00	200.00	D
**1/4 Hire - Peak	50.00	60.00	D
**1/2 Hire - Peak	100.00	120.00	D
**Full Pitch Hire - Peak	200.00	240.00	D
* Note – 25% increase to 2020/21 charges to reflect actual cost of meeting service)			
** Note – 20% increase to 2020/21 charges to reflect actual cost of meeting service)			

**ECONOMY, ENTERPRISE & PROPERTY SERVICES****2019/20****2020/21****Statutory /  
Discretionary****PROPERTY SERVICES**

Industrial Estate Service Charges	Based on actual costs for the preceding year with uplift for inflation	Based on actual costs for the preceding year with uplift for inflation	D
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**ADULT LEARNING CLASSES – Note – Charges do not cover full cost of course, external grant covers the full remaining cost**

Maths	Nil	Nil	D
English	Nil	Nil	D
HEP Employability Skills	Nil	Nil	D
Employability Skills	Nil	Nil	D
5 Week Courses – Cake Decorating, Calligraphy	30.00	30.00	D
10 Week Courses	60.00	60.00	D
22 Week Courses + £30 registration fee	120.00	120.00	D
33 Week Courses + £30 registration fee	160.00	160.00	D
Wellbeing Courses	Nil	Nil	D

**Any course that does have a fee attached may be subject to fee remission (either 50% or 100%) dependant on which benefits the learner may be claiming**

**Runcorn Town Hall Room Hire Charges per hour**

Committee Room 1 - 18 people	9.16	9.35	D
Committee Room 2 - 12 people	8.18	8.35	D
Civic Suite - 30 people or 50-60 theatre style	20.39	20.80	D
Chamber 80-90 people	30.58	31.20	D

**Kingsway Learning Centre Room Hire Charges per hour (10% discount for 6 meetings or more)**

Room 10A - 15 people	7.67	7.83	D
Room 11 - 15 people	7.67	7.83	D
Room 15 - 15 people	7.67	7.83	D
Room 13 - 30 people	13.43	13.70	D

## APPENDIX B

THE BRINDLEY

	2020/21	2021/22	Statutory / Discretionary
<b>The Theatre</b>			
<b>Commercial Hirers (1 performance or up to 8 hours):</b>			
Monday to Thursday	1,191.67	1,208.33	D
Friday to Sunday	1,358.33	1,375.00	D
<b>Community Hirers (1 performance or up to 8 hours):</b>			
Monday to Thursday	715.00	725.00	D
Friday and Saturday	815.00	825.00	D
Rehearsal Performance per 4 Hours (Monday to Thursday)	341.67	350.00	D
<b>The Studio</b>			
<b>Per 8 hour performance with technical support:</b>			
Monday to Thursday	335.00	335.00	D
Friday, Saturday and Sunday	378.33	385.00	D
<b>Per 4 hour rehearsal with technical support:</b>			
Monday to Thursday	195.83	200.00	D
Friday, Saturday and Sunday	238.33	241.66	D
<b>Per 4 hours dressing room facility:</b>			
Monday to Sunday	161.67	165.00	D
<b>Per 8 hours dressing room facility:</b>			
Monday to Sunday	246.67	248.33	D
<b>Per 12 hour dressing room facility:</b>			
Monday to Sunday	331.67	331.67	D
<b>Workshops Per 1 hour (studio):</b>			
Monday to Thursday (10am – 5pm) per hour	30.00	30.00	D
Saturday to Sunday	POA	POA	D
Technical Support	POA	POA	D
<b>Workshops Per 4 hours (studio):</b>			
Monday to Thursday (10am – 5pm) per hour	245.00	250.00	D
Saturday to Sunday	POA	POA	D
Technical Support			
<b>Education Room Hire</b>			
Hourly Rate	25.00	25.00	D
Day Rate	80.00	85.00	D
Technical Support	POA	POA	D
<b>Gallery Walls Hire</b>			
Standard Hire (Per Month)	380.00	400.00	D
Community Hire (Per Month)	Nil	Nil	D
<b>Gallery Room Hire</b>			
Hourly Rate	50.00	50.00	D
3 Hours Rate	100.00	100.00	D
<b>Additional Charges</b>			
Inclusion within the Brindley season Brochure	154.17	158.33	D
Brindley Website Facebook Advert	POA	POA	D
Brindley to manage ticket sales (per ticket)	0.46	0.46	D
Programme/Merchandise sales by Brindley staff	87.50	91.66	D
Merchandise Sales for Hirer by a Third Party (Per Show)	0.00	20.83	D
Additional technicians (per hour)	15.83	16.25	D

	2020/21	2021/22	Statutory / Discretionary
Pre rig (sound, lighting or stage) (Monday to Friday)	320.83	327.50	D
<b>Additional Charges (Continued)</b>			
Pre rig (sound, lighting or stage) (Saturday, Sunday or Bank Holidays)	358.33	365.83	D
Use of the orchestra pit – Note, charge decreased to encourage hire	25.00	31.00	D
Use of the Orchestra Pit (3 days +) Inclusive when hiring	Nil	Nil	D
Brindley Theatre Music Stands and Lights –			
Smoke Machine (day)	22.50	23.33	D
Smoke Machine (3 days +)	67.50	70.00	D
Haze Machine (day)	22.50	23.33	D
Haze Machine (3 days +)	67.50	70.00	D
Strobe Lights (day)	22.50	23.33	D
Strobe Lights (3 days +)	67.50	70.00	D
Radio Mics (each)	30.00	30.83	D
Radio Mics (3 days +) (per mic)	90.00	92.50	D
Music Stand and Light (day) – Note, charge decreased by 29% to encourage hire	4.17	4.17	D
Music Stand and Light (3 days +) - Note, charge decreased by 29% to encourage hire	12.50	12.50	D
Theatre Projector (day)	116.67	120.83	D
Theatre Projector (3 days +)	350.00	362.50	D
Studio Projector and Screen (day)	61.67	63.33	D
Studio Projector and Screen (3 days +)	185.00	190.00	D
Media Package – Projector and DVD Player (day)	44.17	45.00	D
Media Package – Projector and DVD Player (3 days +)	132.50	135.00	D
TV Monitor 65' and Stand (day)	0.00	62.50	D
TV Monitor 65' and Stand (3 days +)	0.00	187.50	D
Harlequin Dance Floor (day)	68.33	70.00	D
Harlequin Dance Floor (3 days +)	205.00	210.00	D
Star Cloth (day)	89.17	90.83	D
Star Cloth (3 days +)	267.50	272.50	D
Gauze (day)	45.83	46.66	D
Gauze (3 days +)	137.50	140.00	D
Pyrotechnics (day)	POA	POA	D
Pyrotechnics (week)	POA	POA	D
Steinway Grand Piano – (Theatre only) (day)	116.67	119.16	D
Steinway Grand Piano – (Theatre only) (3 days +)	350.00	357.50	D
Steinway Grand Piano tune (Theatre only) (weekday)	120.83	123.33	D
Steinway Grand Piano tune (Theatre only) (weekend)	150.00	153.33	D
Post show bar	93.33	100.00	D
Corkage Per Bottle (Wine)	8.33	8.33	D
Café Facility Per Hour (outside of normal opening hours) OR	41.67	41.67	D
Café Space Hire – Note charge increased to cover full cost			

<b>REGISTRARS SERVICE**</b>	<b>2020/21</b>	<b>2021/22</b>	<b>Appendix C Statutory / Discretionary</b>
<b>Boston Suite and Lounge</b>			
Monday to Thursday	240.00	240.00	D
Friday	285.00	285.00	D
Saturday	325.00	325.00	D
Sunday (11am to 1pm)	410.00	410.00	D
Bank Holiday	510.00	510.00	D
<b>Civic Suite, Runcorn Town Hall</b>			D
Monday to Thursday	355.00	355.00	D
Friday	365.00	365.00	D
Saturday	410.00	410.00	D
Sunday (11am to 1pm)	460.00	460.00	D
Bank Holiday	550.00	550.00	D
<b>Leiria or Members Room, Runcorn Town Hall</b>			
Monday to Thursday	325.00	325.00	D
Friday	335.00	335.00	D
Saturday	355.00	355.00	D
Sunday (11am to 1pm)	420.00	420.00	D
Bank Holiday	520.00	520.00	D
<b>Council Chamber Runcorn Town Hall and Approved Premises</b>			
Monday to Thursday	440.00	440.00	D
Friday	460.00	460.00	D
Saturday	520.00	520.00	D
Sunday	620.00	620.00	D
Bank Holiday	720.00	720.00	D

Note\*\* - All charges are listed as discretionary but do include a statutory element applied by the General Registry Office

<b>REPORT TO:</b>	Executive Board
<b>DATE:</b>	19 March 2020
<b>REPORTING OFFICER:</b>	Strategic Director, Enterprise, Community and Resources
<b>PORTFOLIO:</b>	Resources
<b>SUBJECT:</b>	Pensions Discretions Statement 2020/21
<b>WARD(S)</b>	Borough-wide

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

- 1.1 The Council is required to publish a Pensions Discretion Statement annually, to advise the discretions it intends to exercise under the Local Government Pension Scheme (LPGS).
- 1.2 This report accompanies the proposed statement for 2020/21.

#### 2.0 **RECOMMENDATION: That the Board approve the Pensions Discretions Statement for 2020/21.**

#### 3.0 **SUPPORTING INFORMATION**

- 3.1 The Pensions Discretion Statement for 2020/21 is based upon the statement for 2019/20, which was approved by Executive Board in April 2019.
- 3.2 No new discretions have been added, nor have any discretions been removed.
- 3.3 There have been no material changes to the Local Government Pension Scheme Regulations 2013 that would result in a change to the statement. Regulation 60 of those regulations sets out what the statement should contain, and the statement is compliant.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 The Council is required to publish a written policy statement on how it will exercise its discretions provided by the scheme. The policies adopted seek to achieve the correct balance between cost to the council tax payer, good employee relations and staff recruitment and retention

**5.0 FINANCIAL IMPLICATIONS**

5.1 There are financial implications for the Council in considering the application of these discretions. Each case will be different, and a business case will be required when such a discretion is exercised, balancing the interests of the Council with the interests of the individual.

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

6.1 There are no direct implications to be noted for any of the Council's priorities.

**7.0 RISK ANALYSIS**

7.1 The statement complies with the Local Government Pension Scheme Regulations 2013, and enables the Council to make balanced decisions taking into account all risks.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 The recommendations will apply equally to all staff who are members of the LGPS. Employees have a right of appeal if they feel they have been treated incorrectly/unfairly.

8.2 In the first instance, appeals are made to the Operational Director Policy, People, Performance & Efficiency, who acts in the capacity of the Independent Person for the Independent Disputes and Resolution Procedure.

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

Document	Place of Inspection	Contact Officer
The Local Government Pension Scheme Regulations 2013 (Statutory Instrument 2013 No. 2356)	Municipal Building, Kingsway, Widnes	Richard Rout

**PENSIONS DISCRETIONS  
STATEMENT 2020/21**

**HALTON BOROUGH COUNCIL**

## Introduction

This statement is prepared and published in accordance with the requirements of Regulation 60 (1) of the Local Government Pension Scheme Regulations 2013, which states that;

A Scheme employer must prepare a written statement of its policy in relation to the exercise of its functions under regulations –

- (a) 16(2)(e) and 16(4)(d) (funding of additional pension);
- (b) 30(6) (flexible retirement);
- (c) 30(8) (waiving of actuarial reduction); and
- (d) 31 (award of additional pension),

and an administering authority must prepare such a statement in relation to the exercise of its functions under regulation 30(8) in cases where a former employer has ceased to be a Scheme employer. This statement fulfils that requirement.

There are no material changes to the discretions contained within this statement, which covers the financial year 2020/21.

Where relevant, monetary amounts used within the explanations of discretions have been revised as appropriate.

This statement aligns with the Council's Staffing Protocol and the position with regard to discretionary payments for early termination of employment is contained herein.

This document is confirmed as the Council's Pensions Discretions Statement for the financial year 2020/21.

The discretions will be exercised by the appropriate Strategic Director, in consultation with the Portfolio Holder for Resources, and Operational Director Finance. (In the case of applications from Strategic Directors or the Chief Executive, the discretions will be exercised by the Chief Executive, in consultation with the Portfolio Holder for Resources and Strategic Director, Enterprise, Community and Resources).

Any questions relating to this statement should be directed to:

Pay & Pensions Team (HR Service Centre)  
Policy, People, Performance & Efficiency Division,  
Enterprise, Community & Resources Directorate,  
Halton Borough Council,  
Municipal, Building,  
Kingsway,  
Widnes,  
WA8 7QF

e-mail: [payandpensions@halton.gov.uk](mailto:payandpensions@halton.gov.uk)



**COMPULSORY POLICY STATEMENTS IN ACCORDANCE WITH LOCAL GOVERNMENT  
PENSION SCHEME REGULATIONS 2013**

**Regulation 16 (2) (e) & 16 (4) (d)**

**Ability to contribute to a shared cost additional pension contribution (APC) scheme.**

**Explanation:**

Where an active scheme member wishes to purchase extra annual pension of up to £6,755 (2017/18 rate) by making an Additional Pension Contribution (APC) the employer may voluntarily contribute towards the cost of purchasing that extra pension via a Shared Cost Additional Pension (SCAPC).

**HBC decision:**

A SCAPC will only be entered into when the member decides that they wish to make an APC in order to repay the loss of pension which they have suffered from the purchase of unpaid leave relating to the changes to Terms and Conditions.

As long as the member enters into the APC contract by the 31<sup>st</sup> March of the leave year in which they wish to repay the loss of pension (i.e. 31<sup>st</sup> March 2020 for the unpaid leave purchased in 2019/20) then the Council will contribute two thirds of the cost of repayment. All other APC contracts will be funded in full by the member.

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**Regulation 30 (6)**

**Ability to award Flexible Retirement**

**Explanation:**

A member who is aged 55 or over and with their employers consent reduces their hours/or grade, can then, but only with the agreement of the employer, make an election to the administering authority to receive all or part payment of their accrued benefits without having retired from that employment.

**HBC decision:**

The Council will adopt this discretion and will assess applications from those employees aged 55 and over who reduce their hours by 25% (not for a grade reduction). Applications will be considered on the basis of future service provision and cost. The decision to release benefits will be taken by the appropriate Strategic Director.

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**Regulation 30 (8)**

**Waiving of Actuarial Reduction on Flexible Retirement and early retirement (age 55+)**

**Explanation:**

Employers can elect to waive some or all of the reduction on benefits if a member chooses to take flexible retirement and take their benefits before Normal Pension Age (NPA)

**HBC decision:**

HBC will only waive actuarial reduction on flexible retirement in exceptional circumstances.

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**Transitional Protections – Regulation 1 (1) (c) Schedule 2**

**Power of the Employing Authority to “switch on” the 85 year rule for a member voluntarily drawing benefits on or after age 55 and before age 60.**

**Explanation:**

A member who meets the 85 year rule and elects to draw their pension benefits from age 55 will no longer require their employers consent if they retire after 31<sup>st</sup> March 2014. However, certain members will lose some 85 year rule protections if they wish to draw their pension between age 55 and 60.

An employer may decide to “switch on” protection to the 85 year rule for a member who voluntarily retires from age 55 but before age 60 and meet any additional cost of the retirement.

**HBC decision:**

In exceptional circumstances, where this is in the interest of the Council and the costs of allowing such requests are considered against the benefits to the Council, that the Council will pay the additional cost of an unreduced pension.

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**Regulation 31**

**Ability to grant additional pension to an active member or within 6 months of ceasing to be an active member by reason of redundancy or business efficiency.**

**Explanation:**

An employer may decide to award a member additional pension up to a limit of £6822 per year (current amount, will increase each April) payable from the same date as their pension is payable.

**HBC decision:**

The Council will not award additional pension.

**NON COMPULSORY DISCRETIONS**

**Regulation 9 (3)  
Contributions Payable by an Active Member.**

**Explanation:**

Employers must assess the appropriate rate of contribution band, in a reasonable and consistent manner and review the contribution bands on any material change in pay.

**HBC decision:**

The Council will review contribution bands annually or at a significant change, unless an employee exercises their right to appeal their band allocation when the review may be conducted earlier.

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**Regulation 22 (7) & (8)  
Re-employed and Re-joining Deferred Members**

**Explanation:**

This provision permits an employer the discretion to extend the statutory 12 month window within which a scheme member can elect to aggregate deferred LGPS benefits into their current employment.

**HBC decision:**

The Council will not normally extend the time limit beyond 12 months.

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**Regulation 100 (6)  
Inward Transfer of Pension Rights**

**Explanation:**

This provision allows an employer the discretion to extend the statutory 12 month window within which a scheme member can elect to transfer benefits from another scheme into their current scheme.

**HBC decision:**

The Council will not normally extend the time limit beyond 12 months.

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**Regulation 30 (5)**

**Ability to Waive Actuarial Reduction on Compassionate Grounds**

**Explanation:**

This regulation provides for early payment of retirement benefits, reduced by the amount shown in actuarial guidance issued by the Secretary of State for Local Government, in relation to an employment, for a scheme member who is not an employee in local government service in that employment, and has not attained normal pension age, but is aged over 55 years.

**HBC Decision:**

The Council will consider, on a case by case basis, exercising its discretion to waive some or all of the reduction. This will be where it is felt to be in the best interests of the Council as well as the employee (deferred member) and the costs of allowing such requests will be considered against the benefits to the Council.

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**Discretion under the  
Local Government (Early Termination of Employment) (Discretionary Compensation)  
(England and Wales) Regulations 2006.**

The Council is required to formulate, publish and keep under review a statement of policy on how it will exercise its discretion under the Local Government (Early Termination of Employment) (Discretionary Compensation) (England and Wales) Regulations 2006. Such a statement is contained in the Councils Staffing Protocol. It is reproduced here for completeness.

By virtue of regulation 7 (1) of the Local Government (Early Termination of Employment) (Discretionary Compensation) (England and Wales) Regulations 2006 Scheme employers are required to formulate a Statement of Policy on whether it intends to base a redundancy payment on an employee's actual weeks' pay where this exceeds the statutory weeks' pay limit and whether to make a termination payment (inclusive of any redundancy payment) of up to a maximum of 104 weeks' pay (regulation 6 of the Local Government (Early Termination of Employment) (Discretionary Compensation) (England and Wales) Regulations 2006.

The Council will pay a redundancy payment based on actual weeks' pay where this exceeds the redundancy payment and will enhance payments in line with the multiplier applicable at that time and contained in the Councils Staffing Protocol. The multiplier has been set at 1.4, effective from 1<sup>st</sup> April 2016.

**REPORT TO:** Executive Board

**DATE:** 19 March 2020

**REPORTING OFFICER:** Strategic Director, People

**PORTFOLIO:** Physical Environment

**SUBJECT:** Arrangements for delivering a warden service to the Gypsy Traveller sites

**WARD(S)** Riverview; Halton Castle

**1.0 PURPOSE OF THE REPORT**

1.1 This report describes the current arrangements for delivering a warden service to the gypsy traveller sites in Halton. It considers the internal review of the service, and makes recommendations for the Board to consider about how it should be delivered in the future.

**2.0 RECOMMENDATION: That Members of the Executive Board**

- 1) **note the contents of this Report; and**
- 2) **agree the no change option as detailed in section 4.0.**

**3.0 SUPPORTING INFORMATION**

**3.1 Context:**

3.1.1 The Halton Gypsy Traveller Sites: within Halton, there are three sites which provide pitches for members of the gypsy traveller community. Two of the sites offer permanent pitches: the Riverview site in Widnes (with 22 available pitches), and the Canalside site in Runcorn, which provides 14 pitches. In addition, there is a transit site, which is designed for members of the community who are travelling through the area and who wish to stay for a relatively short period; this provides an additional 13 pitches. This latter site also allows the Council and police jointly to effectively manage illegal site encampments in the area, as the Council can lawfully require people in illegal encampments either to use the transit site, or to move on.

3.2.2 The two permanent sites are both well settled. However, they have very different characteristics in terms of their populations: the Riverview site is composed entirely of gypsy families (many of them linked together by family ties on the site) whilst the Canalside site is made up of Irish Travellers. Both groups have their own histories

and cultural identities which have been so for very many centuries, but they are different histories and cultures which have few linking characteristics, apart from their shared experience of discrimination and oppression. This is an important issue for the rest of this Report: the two groups do not have any great time for each other and only tend to trust the members of their own communities.

3.2.3 The management of the sites: the Council employs a Gypsy Traveller Liaison Officer (GTLO), whose role is to ensure that each of the sites runs smoothly; he is supported from time to time by an officer from the Housing Solutions Team. He is the first point of contact between members of the different communities, and as such – having been in post for some years – is very well trusted by those communities. The role includes managing the Council's financial systems to ensure that rents and electricity fees are paid, ensuring the sites are clean and fit for purpose, dealing with any issues of concern raised by the communities, managing illegal site encampments, and supporting new arrivals to stay within the Council requirements, supporting them to stay within the site licensing agreements.

3.2.4 The GTLO works alongside two site wardens, drawn from the gypsy and traveller communities in Widnes and Runcorn; the warden in Runcorn covers both sites, at Canalside and the transit site, whilst the warden at Riverside solely covers that site. The wardens are not employed by the Council but are subcontractors. Under the terms of their contracts, their roles include:

- Ensuring the sites are fit for purpose and meeting required standards
- Acting as first point of contact for the community
- Helping the GTLO in controlling admissions to the sites
- Supporting new arrivals to the sites, providing a welcome pack, ensuring that the license agreement is fully explained, that deposits are paid and ensuring that the weekly fees are collected and providing receipts for monies received
- Ensuring that electricity cards are provided and receipted
- Supporting the GTLO in completing an annual health and safety check
- Inspecting the site each day for damage and unauthorised use and ensuring that communal areas are cleaned regularly and that the sites are free from litter and refuse
- Managing the appropriate use of gas containers
- Recording all site incidents in the Incident Book
- Contacting Property Services about emergency or general repairs
- Overseeing the departure of people from the pitches and making sure that the pitches are fit for reallocation
- Supporting the GTLO with eviction procedures.

In addition, the contract stipulates that, if for any reason, the warden cannot cover the sites for a period of time, then it is their responsibility to find a substitute from within the site who could carry on with their duties.

- 3.2.5 The internal audit review of the gypsy traveller sites: in late 2017, the Council's Internal Audit section conducted a review of the management of the gypsy traveller sites. This review found a number of weaknesses in the management of the sites, particularly in relation to the effective use of the Council financial systems and to the way the wardens operated on the sites. Although the Riverview site was seen as stable and generally well managed, there were some small discrepancies which needed to be remedied; in Runcorn however there were greater problems, partly because of the nature of the transit site, where people come and go more frequently.
- 3.2.6 The internal audit report concluded that there was limited assurance that the key risks were being managed effectively. A detailed action plan was put in place, with considerable input from the various Council financial services, and at a follow-up review a year later, the service was given the maximum rating of substantial assurance. The only outstanding area for consideration was to undertake a review of the arrangements for delivering the warden service on the sites.
- 3.2.7 Review and options appraisal of the warden arrangements: throughout 2019, an internal process took place to consider the various options that could be put in place to provide a more effective warden service for the sites. Information was gathered from a range of local authorities around the country (which found no consistent approach to the way services were managed) and a number of options were considered and analysed in detail:
1. No change
  2. Join with other Council s to deliver a shared approach to the provision of a warden service
  3. Transfer the management of the sites to an independent housing provider
  4. Retain the site warden roles, but draw the management and employment of the roles fully into the Council , rather than employing them as subcontractors
  5. As with 4 above, but having only one warden, covering all three sites on a peripatetic basis
  6. All management to be drawn fully back into the Council , done by borough Council officers
- 3.2.8 One of the key strengths of the current approach was recognised to be the fact that the wardens were themselves drawn from the gypsy traveller communities. This was felt to be something that was too

important to lose. It was also felt to be important that the Council and the gypsy traveller communities maintained their strong links. This effectively meant that options 1, 4 and 5 were the ones that were to be considered further. However, given the fact that the communities are very different and tend to have little links with each other, option 5 was also quickly ruled out.

3.2.9 Option 4 was seen by the Council as perhaps presenting the most advantages. It would give the Council greater oversight over the management of the warden roles, and would give the employee a range of employment rights, including access to a Council pension, sickness and maternity/ paternity leave, access to occupational health services, in-house training and potential membership of a trade union. The working hours would be annualised, so that it would not be a “standard” 37 hour week, but would cover what was needed at any particular time. The one real problem with this approach was what to do if a warden was off on leave, had sickness or was unavailable for any other reason.

3.2.10 Consultation with the residents: although the review and options appraisal was a purely internal exercise at that stage, it was unfortunate that word of this piece of work got out, particularly to the Riverview residents. This was on top of the death of their much-loved warden, who had done a competent and well regarded job as warden on the site for many years; this has left a vacuum in the delivery of a warden service which has only been filled by the goodwill of members of that community. This caused the community a great deal of stress and anxiety, resulting in a petition from all members of the site which highlighted their concerns.

3.2.11 Two consultation events took place separately in February 2020 with the residents of Riverview and Canalside; there was no direct consultation with the residents of the transit site because of the transient nature of their stays on the site. All the residents from both sites were fully represented at the meetings, with a spokesperson taking a lead role from the communities in each of the meetings, but with contributions from other residents.

The Riverview event: given the distress caused to the residents, an apology was presented and confirmed constantly through the meeting. It was also reiterated that no decisions had been made and that their views and opinions would be fully taken into account.

The residents’ main concerns and issues were as follows (in summary):

- They wanted assurances that there would be two wardens, one for each site. They explained that they had no relationship with residents of the Canalside site and would not want a warden from that site overseeing Riverview

- They wanted assurances too that the warden from Riverview would be drawn from their own community
- They also wanted assurances that their culture and history would be respected as part of the process
- Overall, they wanted no change and could see no real advantages to the Council directly employing the warden. They felt that the previous arrangements had worked well and that they wanted a similar approach in the future.

*The Canalside event:* the residents of Canalside had not been affected by the leak of information about the review. The Canalside warden is currently seen as doing a very good job and has developed good relationships with Council officers, but his contract is only on a temporary basis, until a final decision is made about the permanent arrangements. This community's key points were as follows (again, in summary):

- They felt that the existing arrangements were working well and were very complimentary about the resources and supports, including the role of the Gypsy Traveller Liaison Officer, that were provided by the Council. One of the group, a national leader in his community, said that the Halton site was the best he had ever stayed in
- They felt that the subcontracting arrangement worked well and could see no reason to change
- In particular, they had great concerns that if a warden was directly employed by the Council then this would change the way the warden was seen by the residents; they would be seen not as independent but as being part of the Council, which would be a loss to them
- They also wanted assurances that any warden would be drawn from their own community

#### 4.0 **SUMMARY AND RECOMMENDATIONS**

4.1 In the event, there are now only two practical solutions to considering how to deliver the warden roles on the sites in Widnes and Runcorn: no change, or direct employment of the wardens by the Council. Both have their strengths and weaknesses:

- The option to directly employ the wardens has its attractions, allowing the Council greater say in the management of the sites and giving an employee access to a range of rights. However, the key messages from the residents were that the existing arrangements were working well and that there was a real risk that an employee would not be trusted in the same way as an independent contractor. This option would also have some difficulty in making effective arrangements if the warden were to be unavailable.

- The no change option means that the warden is a contractor for the Council ; the overall contract has not been reviewed for some time but would need to be tightened up to take account of the developments and changes that have taken place over the years. This would give the Council less direct control over the roles, but careful and regular contract reviews should address all performance issues. The key benefit of this approach is that the warden would continue to be a trusted independent member of their community and would not be seen as a Council employee, which is a matter of considerable importance to both communities. The warden would also be required to find a substitute from within their community if, for any reason, they could not undertake their duties.

It is recommended that this option is agreed to ensure the continued good engagement and partnership working with all three sites. During consultation with the communities, it was clear that this was the option they preferred, however we will need to strengthen the terms of the contract to ensure we fully address the areas of concern identified within the internal audit report.

## 5.0 **POLICY IMPLICATIONS**

- 5.1 There are no policy implications arising from this Report.

## 6.0 **FINANCIAL IMPLICATIONS**

- 6.1 Currently, the funding arrangements as at 2019 for the wardens are as follows:

Warden contract, Runcorn:	£19,300
Warden contract, Widnes:	£17,922
Free pitch allocation for wardens:	£ 9,032

The contracts are of differing values to reflect the fact that the Runcorn site warden has two sites to cover, one of which (the transit site) is less settled and more unpredictable. The wardens are given free pitches for themselves and for a substitute that they must name in case they are absent for any reason. If the “no change” option is chosen, then these contracts and the pitch allocations will increase by a small amount to take account of cost of living rises.

- 6.2 If the option to directly employ the wardens is chosen, then there would be no obligation to fund the free pitch allocations. However it is likely that any salary paid to the employee would be greater than the current contractual arrangement, to the extent that any potential savings would be wiped out.

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

7.1 **Children & Young People in Halton:** members of both communities may frequently have large families with school-age children. There are some issues on the Riverview site about the facilities that are available for children and young people, and this would clearly be addressed by having a warden on the site who could work with Council officers to improve the situation. Schooling can be a problem, as many children and young people from these communities can have unpleasant experiences of discrimination, and they can feel very isolated from their peers. Again, direct work alongside a sympathetic warden could address many of these key issues.

7.2 **Employment, Learning & Skills in Halton:** there are no direct implications for this area arising from this Report. Many of the residents of both sites are self-employed and would not want to access the facilities provided for employment, learning and skills. If any individual in the future wants to gain further skills or education then this would be addressed through the relationships with the site wardens.

7.3 **A Healthy Halton:** it is known that members of the gypsy traveller communities can experience additional health problems to the wider community. Residents of both sites will access medical services when they needs them, but there is potential for health services to be more proactive in their relationships with the sites. The appointment of permanent wardens on both sites will support the development, as needed, of additional health support for these communities, by acting as a key link between the community, the Council and the health services.

7.4 **A Safer Halton:** it should be stressed that both the Riverview and Canalside sites are very well settled; as is the nature of these communities, they tend to be self-policing and will deal with many matters internally. There tends too to be a suspicion of the local police services. It is hoped that, by appointing wardens and then establishing regular meetings with the communities, there will be the scope to promote greater engagement between the police and the communities, so that wider policing issues can be sensitively and effectively managed.

7.5 **Halton's Urban Renewal:** there are no implications for urban renewal arising from this Report.

8.0 **RISK ANALYSIS**

8.1 It is clear that the appointment of permanent wardens to the sites in both Widnes and Runcorn is an urgent necessity, to ensure the continuance of the good relations between the Council and the

communities involved. It is also essential that the wardens are drawn from those communities, to engender greater trust and cooperation between the Council and the communities. Both permanent sites are well settled and very few problems arise, which is largely down to the work of the wardens, the Gypsy Traveller Liaison Officer and the relationships between them. There is a real risk that if any future arrangements do not fully meet the needs and wishes of these communities, then the sites themselves may destabilise.

9.0 **EQUALITY AND DIVERSITY ISSUES**

9.1 None identified.

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

None.