



**Executive Board Sub Committee**

**Thursday, 10 April 2008 10.00 a.m.  
Marketing Suite, Municipal Building**

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

**Chief Executive**

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

**PART 1**

<b>Item</b>	<b>Page No</b>
<b>1. MINUTES</b>	
<b>2. DECLARATION OF INTEREST</b>	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
<b>3. HEALTH AND SOCIAL CARE PORTFOLIO</b>	
<b>(A) INTERMEDIATE CARE EXECUTIVE PARTNERSHIP AGREEMENT SECTION 31 POOLED BUDGET</b>	<b>1 - 11</b>

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<b>4. PLANNING, TRANSPORTATION, REGENERATION AND RENEWAL PORTFOLIO</b>	
<b>(A) PROCUREMENT OF GOODS AND SERVICES BY THE ASTMOOR AND HALEBANK INDUSTRIAL ESTATE BUSINESS IMPROVEMENT DISTRICTS (BIDS)</b>	<b>12 - 18</b>
<b>PART II</b>	
<p>In this case the Sub Committee has a discretion to exclude the press and public, but in view of the nature of the business to be transacted it is <b>RECOMMENDED</b> that under Section 100(A)(4) of the Local Government Act 1972, having been satisfied that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 3 and 5 of Part 1 of Schedule 12A of the Act.</p>	
<b>5. CORPORATE SERVICES PORTFOLIO</b>	
<b>(A) PURCHASE OF PROPERTY AND BUSINESS AT 59 HIGH STREET, RUNCORN</b>	<b>19 - 22</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.***

**REPORT TO:** Executive Board Sub Committee

**DATE:** 10 April 2008

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

**SUBJECT:** Intermediate Care Executive Partnership Agreement Section 31-Pooled Budget

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To update the Executive Board Sub Committee on progress and seek approval for further developments in the Intermediate Care Partnership.

**2.0 RECOMMENDATION: That:**

- (i) **Executive Board Sub Committee note the contents of the report.**
- (ii) **Note the achievement of the key targets and further development of the Intermediate Care Services.**
- (iii) **Agree to strengthen the current partnership and pooled budget arrangement by including other intermediate care services within the framework as outlined in section 7.**

**3.0 BACKGROUND INFORMATION**

3.1 A formal Department of Health Section 31-partnership was agreed in 2006 and included lead commissioning, pooled budget and integrated management for the Rapid Access Rehabilitation Service (RARS).

3.2 An Intermediate Care Executive Commissioning Board (ECB) was established in July 2006.

3.3 Since then numerous meetings have been held to develop the performance management process and finance matters and the two budgets are now managed as one overall budget, therefore improving the flexibility of the service.

3.4 Regular review and monitoring of the service is undertaken by the ECB to ensure the service meets its targets and the pooled budget is managed effectively, with quarterly reports to the partnership Board.

4.0 **KEY DEVELOPMENTS**

4.1 *The implementation of the Pooled budget* has facilitated improved flexibility within the service e.g. there were difficulties in recruiting to the PCT care vacancies, resulting in increased costs for agency cover. The PCT funding element for these posts was transferred to HBC and the Council were able to recruit to care posts employed within HBC.

4.2 *Integrated management:* all management posts for the service were employed by the Council. This resulted in some barriers for the development of an integrated management system, and clinical leadership. The practice manager post became vacant which allowed us to look differently at the management support within the pool, and the establishment of a clinical facilitator role, again transferring funds within the pool to fund this role.

4.3 In addition single divisional manager across all direct care services in Older People's services has facilitated integrated working across the in house home care service and wardens to further support the work within Intermediate Care Services, including telecare and the ability to respond more flexibly to the needs of people who use our services, and at times of pressure around capacity issues. Out Of Hours we have an integrated service with district nursing, this approach could be developed further and is a recommendation from the ECB in relation to the current redesign and development of Intermediate Care Services.

4.4 *Medicines Management:* a pilot service was established using Council Grant. Following an evaluation it was agreed to mainstream this aspect of the service. A risk assessment and business plan were presented to the PCT and mainstream funding was secured.

4.5 *Improved partnership working with the PCT:* The development of a section 31 agreement has facilitated improvements in the relationships and partnership working with the PCT. One example of this is the joint response to winter pressures. The ECB developed proposals for increased capacity in Intermediate Care over the winter period. These proposals were agreed and funded jointly across the PCT and the Council. The Intermediate Care ECB is taking the lead on a series of programmes to facilitate speedier discharges from Hospital. A proposal for a 28 bed Intermediate Care Unit has been developed by the ECB and presented to the PCT for consideration, and a business plan is currently being developed.

4.6 *Clinical governance:* Improved clinical governance arrangements within the team have been facilitated by the section 31 agreement. A number of clinical and documentation audits have been completed, which have resulted in improved clinical care to service users.

4.7 The ECB is taking a lead role in the *redesign of Intermediate Care Services* across Halton and St Helens; a research review has been completed which identified best practice. The outcomes of this review have been utilised to develop a gold standard framework for all Intermediate Care Services, this describes the overall approach and model of service provision based on best practice evidence. In addition a performance management framework has been developed to enable us to effectively monitor and measure the services delivered to ensure positive outcomes for service users.

4.8 A scoping exercise has been completed in relation to further development of the current service, as well as some redesign opportunities within other mainstream services to include 18-55 age group.

The main redesign/ development opportunities in Halton are:

- Sub acute unit
- Increased assessment provision including in reach to acute hospitals and A&E's
- Increased capacity

4.9 Development of a framework for Service User involvement is currently being developed and progressed, due to report back to the partnership board shortly.

4.10 Inclusive service for Older People with Mental Health Needs; a pilot service to employ a community psychiatric nurse within the RARS Team has now been evaluated. Recommendation for this to become a mainstream service in RARS has been agreed.

## 5.0 **SERVICE DELIVERY AND IMPROVEMENT TARGETS**

5.1 A number of targets were agreed as part of the partnership agreement. The ECB routine collates information on performance and monitors the achievement of targets.

5.2 A number of Local Intermediate Care Targets were agreed and have been achieved:

- 2% reduction in the rate of readmissions from Intermediate care to the acute hospital, compared with 2004/05
- 2% increase in the number of Older people admitted to Intermediate Care as an alternative to hospital or long term care, compared with 2004/05
- 2% increase in the number of people discharged home from Intermediate Care, compared with 2004/05 data.
- 2% increase in the number of older people admitted to Intermediate Care on discharge from hospital, compared with

2004/05 data.

5.3 Intermediate Care also contributes, and has had a positive impact on the achievement of a number of targets across the whole system:

- A 5% reduction in emergency bed days, by 2008, using 2003/04 data
- A 10% reduction in the number of Older People in Hospital Beds awaiting transfer of care
- A 10% reduction in the rate of emergency admissions
- A 2% increase in the number of older people supported to live at home
- A reduction in the number of older people admitted to long term institutional care

## 6.0 **SERVICE USER OUTCOMES**

6.1 Intermediate Care is a key element in recent health and social care policy directions. In essence, it includes services that aim to prevent unnecessary admission to hospital and long-term residential and nursing care, facilitate earlier discharge from hospital, and support people to remain in their own homes as independently as possible. Outcomes for service users are measured in relation to quality of life interventions, within the care and treatment plans. Further improvement of outcome measures has been included within the Gold Standard. A number of case studies have been put together and are included in Appendix 1.

## 7.0 **FUTURE DEVELOPMENTS**

### 7.1 **To further develop Integrated Management**

Following the appointment of a clinical facilitators role, a full proposal on integrated management will be developed and implemented.

### 7.2 **Extend the Section 31 and Pooled Budget**

The pooled budget will be expanded to include all Intermediate Care Services during 2008/09, including the potential to develop a Halton Reablement Service.

### 7.3 **Finance**

Appendix 2 highlights the current expenditure into the Intermediate Care Service. Appendix 3 puts forward proposals for revised funding contributions and Appendix 4 proposals for new developments. £157,028 “saving” will enable the Council to absorb the reduction in the health SSP contribution to the Vulnerable Adults Task Force (VATF) Programme.

Current budget expenditure	2,170,425
Proposed funding	1,579,897
Additional funding for Gold Standard	433,500
“Saving”	157,028

The reduction in the VATF expenditure is £147,908 And this will be used to offset this figure and the remaining £10,000 will be used as a contingency.

This equates to the PCT and HBC sharing the financial responsibilities in relation to Intermediate Care Services, which previously have been funded in the main from HBC mainstream and grant allocations.

#### 7.4 **Performance**

There continues to be some duplication of performance data collection across the PCT and the Council, this has resulted in the team being required to input data for performance requirements in two separate data bases, meaning duplication of efforts across the Council and the PCT. Further work will be undertaken to address this issue.

#### 8.0 **POLICY IMPLICATIONS**

8.1 None identified.

#### 9.0 **IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

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

None identified.

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

None identified.

##### 9.3 **A Healthy Halton**

Intermediate Care provides services which support people to remain independent and continue to live in their own home for as long as possible if that is their wish, this enables people to feel in control of their own lives, which in turn impacts positively upon their physical and mental health.

9.4 **A Safer Halton**

None identified.

9.5 **Halton's Urban Renewal**

None identified.

10.0 **RISK ANALYSIS**

10.1 The risk to the council within these proposals is minimised, moving to an overall position of shared risks with the PCT both in terms of service governance and financial, within the framework of the section 31 agreement.

11.0 **EQUALITY AND DIVERSITY ISSUES**

11.1 Intermediate Care Services are provided in a way, which reflects the diverse range of needs present in the population ensuring equality of opportunity and access to services irrespective of race, religion, culture, sexuality, age, marital status or disability.

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

None.



**APPENDIX 1**

1. Mrs P age 63 years is referred to the Home Care Reablement Service, on discharge from hospital. Mrs P has a diagnosis of cancer, and is currently undergoing chemotherapy; she also has multiple sclerosis, which affects her mobility.

Mrs P lives alone and is usually independent for all her care needs and uses a wheelchair to mobilise.

The reablement service provided Mrs P with a half hour care visit daily to assist her with personal care. This care provision was reviewed by the senior care assistant one week after hospital discharge, and identified improved ability in her function. The senior care assistant then amended the plan of care, with Mrs P, and requested staff to supervise and prompt Mrs P to become more independent. Mrs P continued to improve during the next two weeks, and again her care was reviewed, Mrs P was subsequently discharged from the service having regained her previous independence.

2. Mr T, aged 82 years, was referred to the home care reablement service, following a break down in his informal care arrangements. Mr T has a diagnosis of dementia and Parkinson's. Mr T lives with his wife who is his main carer; Mrs T is now in poor health and cannot continue in her caring role.

The reablement service provided a care package four times a day; this included emotional support to Mrs T. On review at two weeks it was identified that Mrs T required increased emotional support and the care visits were increased for a short period of time. By providing additional support, advice and encouragement to Mrs T, she was supported to continue in her caring role with support from carers, which resulted in a positive outcome for Mr and Mrs T.

The package of care was reduced after 4 weeks, and Mr T was discharged with a package of care twice a day.

3. Mrs W age 84, was referred to the Rapid Access Rehabilitation Service following a fall and fractured clavicle. Mrs W is a very independent lady and lives in sheltered accommodation, with no social care support.

A multidisciplinary assessment was completed by the Rapid Access Rehabilitation, and identified Mrs W required support with activities of daily living, fracture care and pain management.

Mrs W was supported at home with a care package. Occupational therapist assistant provided her with additional equipment to support her to maintain as much independence as possible e.g. kettle tipper.

The physiotherapist provided her with an exercise regime to prevent longer-term problems with her fractured arm.

Nursing intervention in relation to pain management and general health needs.

Mrs W was discharged fully independent, with no on going care needs.

4. Mrs X was admitted to hospital for treatment of a chest infection. Mrs X has a diagnosis of Chronic Obstructive Pulmonary Disease. Mrs X did not have any social care support prior to her admission to hospital.

Following a multidisciplinary assessment in hospital, by the Rapid Access Rehabilitation Service, it was agreed that Mrs X could be supported in her own home and hospital discharge was arranged.

Mrs X was provided with care and equipment to support her with activities of daily living, which was reviewed on a regular basis as appropriate to her needs.

The physiotherapist recommended some breathing exercises, to prevent further chest infections.

On discharge from the service Mrs X was provided with a longer-term package of care, appropriate to her level of need, and family support with shopping and cleaning continued.

## Intermediate Care Current Funding Split

SERVICE	TOTAL BUDGET	PCT CONTRIBUTION	HBC CONTRIBUTION (INC SHORT TERM GRANTS A&SCG/VATF)	COMMENTS
Divisional Manager Intermediate Care	£32,500		£32,500	25% attributed directly to Intermediate Care
7 permanent Intermediate Care Beds (Oakmeadow)	£203,860		£203,860	Mainstream Oakmeadow budget
6 Short Term funded Intermediate Care Beds	£174,737*	£87,368	£87,368	50/50 funded on temporary funding. Change of use were respite beds- fully funded HBC base.
6 Nursing Intermediate Care Beds	£200,000	£200,000		Forms part of overall CHC funded beds- review March 08. Potentially to decommission in line with 28 bed subacute unit opening.
Home Care Reablement (pre review)	£1,148,000		£1,148,000	Review ongoing
Rapid Access Rehabilitation Service	£911,897	£254,200	£657,697	
Medical Cover- Intermediate Care Beds	£41,000		£41,000	
<b>TOTAL</b>	<b>£2,711,994</b>	<b>£541,568</b>	<b>£2,170,425</b>	
% split		20%	80%	

If the short term PCT funding ended these beds would revert to respite beds- full cost would revert to HBC base budget within Oakmeadow.

## Proposed funding split within the Pooled Budget:

SERVICE	TOTAL BUDGET	PCT CONTRIBUTION	HBC CONTRIBUTION (INC SHORT TERM GRANTS A&SCG/VATF)	COMMENTS
Divisional Manager Intermediate Care	£32,500	£16,250	£16,250	
7 permanent Intermediate Care Beds (Oakmeadow)	£203,860	£101,930	£101,930	
6 Short Term funded Intermediate Care Beds	£174,737*	£87,368	£87,368	
6 Nursing Intermediate Care Beds	£200,000	£200,000		Forms part of overall CHC funded beds- review March 08. Potentially to decommission in line with 28 bed subacute unit opening.
Home Care Reablement (pre review)	£1'148,000	£229,000	£918,400	Review ongoing
Rapid Access Rehabilitation Service	£911,897	£455,949	£455,949	
Medical Cover- Intermediate Care Beds	£41,000	£41,000		
TOTAL	£2'711,994	£1'091,097	£1'579,897	
% split		41%	59%	

Previous total spend for HBC £2'257,793 (incl respite beds full cost). Savings due to PCT contribution £677,896.

Proposed funding for new developments Gold Standard (*business plan end March 2008*)

SERVICE DEVELOPMENT	TOTAL ESTIMATED BUDGET	PCT CONTRIBUTION	HBC CONTRIBUTION	
Sub Acute Unit	£1'500,000	£1'200,000	£300,000	20% HBC
Intermediate Care Assessment Team (increased capacity Rapid Access Rehabilitation Service)	£267,000	£133,500	£133,500	50% HBC
Overnight provision and assessment	Costs to be determined			Redesign opportunities to be explored
Total	£1'767,000	£1'333,500	£433,500*	
% Split		75%	25%	

\* Total additional development budget required HBC, which still equates to an overall saving on current Intermediate Care Spend of £244,396

**REPORT TO:** Executive Board Sub Committee

**DATE:** 10 April, 2008

**REPORTING OFFICER:** Strategic Director Environment

**SUBJECT:** Procurement of goods and services by the Astmoor and Halebank Industrial Estate Business Improvement Districts (BIDs)

**WARDS:** Castlefields and Ditton

## **1.0 PURPOSE OF THE REPORT**

- 1.1 This report summarises the business case for delegating the waiving of Procurement Standing Orders to the BID Executive Committees for the duration of the respective BIDs with regards to the purchase of goods and services by the Astmoor and Halebank Business Improvement Districts (BIDs).

## **2.0 RECOMMENDATION: That**

- (1) **For the purposes of Procurement Standing Order (SO) 1.6 and in light of the devolved decision-making arrangements for the BID areas the Executive Committees for the Astmoor and Halebank BID areas be authorised to award contracts on the basis of the most economically advantageous tender or quotation (not necessarily the lowest) and that SOs 2.2-2.6 and SO 2.11(a)(iii) and SO 2.11(b)(iv) and SOs 2.12 and 2.13 and SOs 3.6 and 3.7 be waived accordingly.**

## **3.0 SUPPORTING INFORMATION**

### **Establishment of Business Improvement Districts**

- 3.1 Businesses on Astmoor and Halebank Industrial Estate voted in favour of creating a Business Improvement District (BID) in the recent BID Ballots, which was announced on 7<sup>th</sup> December 2007. The 'yes' vote means that the BID business plans for each estate and all the additional services must be delivered from 1<sup>st</sup> April 2008 – 31<sup>st</sup> March 2013.
- 3.2 In accordance with the BID business plans (approved by the Council through delegated authority arrangements authorised by the Executive Board on 20th September 2007 and businesses in the BID ballots) the Council will undertake the role of BID Body for the initial 5-year period of the BIDs.

- 3.3 At the start of each financial year from 1<sup>st</sup> April 2008 until 31<sup>st</sup> March 2013, all businesses and property owners in the BID areas will be charged a BID Levy, a local increase on the Business Rates bill ring-fenced to fund additional services within the BID area.
- 3.4 The contribution from the private sector towards the Astmoor BID will be £746,635 and £232,200 from the Halebank BID. This amounts to a total **private sector contribution of £978,835**. This represents a significant contribution towards the economic regeneration of the borough that will not only benefit resident businesses and the two estates, but will also help to retain jobs and attract investment.
- 3.5 By voting in favour of establishing BIDs, businesses and property owners also voted that Halton Borough Council's Economic Regeneration Department act as the BID Body, the accountable body for the two BIDs. The Economic Regeneration Department will be responsible for managing the BIDs and ensuring that the funds collected by the Council are spent in line with the BID business plan.

#### **Governance, Management, and Delivery of the BIDs**

- 3.6 The Economic Regeneration Department will act as the BID Body, on behalf of the Astmoor and Halebank Business Steering Groups and BID Executive Committees. The key responsibilities will be:
- To manage the receipt of income from businesses through a BID Levy and ensure that this is spent in line with the business plans.
  - Produce claims accounting for project expenditure and reporting on the delivery of the BID against key performance indicators and milestones.
  - Provide secretariat support for the Business Steering Groups and the Executive Committees.
  - Produce an audited statement of expenditure, detailing income received from the BID and the expenditure defrayed against this income.
  - Present progress reports at Business Steering Group and BID Executive Committee meetings.
  - Employ an estate manager.
- 3.7 The BIDs will be governed through the established Astmoor and Halebank Business Steering Groups. However, in order to ensure appropriate governance, a constitution for the Groups will be established. To date, the Business Steering Groups have been open to any company that wishes to join. Under the Business Improvement Districts, every company that is located within the BID areas and, therefore, contributes towards the cost of the BIDs, will become a member of the relevant Steering Group. Each company will be able to appoint a representative, who will then have voting rights at the Business Steering Group meetings including the Annual General Meeting.

3.8 Members of the Business Steering Groups will be responsible for:

- Overseeing the BID and ensuring it delivers its services and improvements as identified within the business plans.
- Ensuring the finances raised from the BID are used on items of expenditure as identified within the BID business plans.
- Electing a chair and treasurer at the annual general meeting who will lead the BID Executive Committee.
- Electing on an annual basis up to four further BID Executive Members, who will join the BID Executive Committee to oversee the delivery of BID.
- Appointing auditors to audit the accounts of the BID.
- Approving the financial regulations for approval of expenditure under the BID.

3.9 The BID Executive Committees will be responsible for:

- Guiding and directing the BID Body (Economic Regeneration Department) in the delivery of the BID.
- Ensuring that the BID Body is held accountable for expenditure of BID monies.
- Approving eligible expenditure in line with the delegated powers detailed within the financial regulations that have been approved by the members of the Business Steering Groups.
- Monitoring and reporting to members of the Business Steering Group on the achievement of key performance indicators and expenditure.

3.10 The Business Steering Groups will meet a minimum of three times a year. The Groups will also hold one annual general meeting, which may form part of a general steering group meeting. For the Business Steering Group meetings to be quorate at least seven businesses must be present. The Business Steering Groups will also invite selected public and private sector representatives. Only members of the Steering Groups will have a vote on any proposals tabled at Business Steering Group meetings.

3.11 The BID Executive Committee will meet once every two months. For the BID Executive Committee to be quorate, at least three elected members of the BID Executive Committee must be present. Only elected members of the BID Executive Committee will have a vote on any proposals tabled at the executive meeting. The BID Executive Committee will only have the rights to approve proposals tabled that are within the delegated powers detailed within the financial regulations that have been approved by the members of the respective Business Steering Groups. The BID Body (Economic Regeneration Department) will also be invited to attend each Executive Committee meeting in a reporting and advisory capacity.



**Business case supporting the proposal to delegate the waiving of Procurement Standing Orders to the Executive Committees**

- 3.12 Businesses and property owners have voted in favour of the governance, management, and delivery arrangements of the BIDs as detailed in paragraphs 3.6-3.11 (the devolved decision-making arrangements for the BID areas and the establishment of BID Executive Committees for the Astmoor and Halebank BID areas).
- 3.13 The BID Business Plans detailing the governance, management, and delivery arrangements of the BIDs have been approved by the Council through delegated authority arrangements authorised by the Executive Board on 20th September 2007.
- 3.14 Over the course of the 5 years, the respective BIDs will require the procurement of additional goods and services. An example of future expenditure being the procurement of security services for the benefit of companies in the BID areas (key holding, alarm response etc). The additional goods and services are to be purchased using the BID Levy (money collected from all businesses and property owners).
- 3.15 Individual businesses and property owners will want to influence and decide how the BID money is spent as it is essentially their money. Increasing the involvement of the business community in the regeneration of the BID areas and their participation in budgetary decision making is a positive step forward in sustaining these employment sites. The businesses may, however, want to use the principles of most economically advantageous and value for money, which may not necessarily be the lowest tender or quotation received.
- 3.16 Approval of this report recommendation by the Council's Executive Board will enable the BIDs to function with greater efficiency and flexibility, especially in circumstances where the BID Executive Committee does not want to accept the lowest tender or quotation received. Approval will allow the day-to-day management and operation of the BIDs to focus on implementing the BID business plans and delivering a quality range of services under the governance arrangements detailed in paragraphs 3.6-3.11. An example of this would be the removal of the need for the BID Body (Economic Regeneration Department) to produce a report for approval by the Council's Executive Board Sub, which will allow the BID Body to respond and implement key decisions more swiftly.
- 3.17 The Economic Regeneration Department (BID Body) will ensure that all expenditure is controlled within the overall BID budgets contained within the business plans for each area. The expenditure profiles of the budgets contain a 15% allocation of the total expenditure as a contingency fund. The budgets also generate a surplus from the income collected (£36,311 on Astmoor and £19,945 on Halebank) as an added control measure.

3.18 The BID Levy will be an annual bill sent to businesses and property owners for payment by 30<sup>th</sup> April each year. It is, therefore, anticipated that the majority of the money will be received by this date for the purchase of goods and services by the BID Body. **The BID Body will only spend money that has already been collected from the business community.**

### **Value for money and competition**

3.19 All contracts will be subject to competitive tendering process or competitive quotations. Therefore, the market will always be tested prior to the award of contracts.

3.20 Quality is an intrinsic factor when assessing value for money. In the eyes of the businesses, the lowest tender or quotation, may not always be the most desirable when applying value for money principles.

3.21 For the duration of the BIDs, any new contracts that are valued at over £50,000 will be advertised on the Council's Procurement website to allow interested parties the opportunity to submit an expression of interest to the BID Body. The BID Body will seriously consider these expressions of interest prior to inviting tenders.

### **Transparency**

3.22 Transparency will be achieved by ensuring a clear audit trail for the procurement of all goods and services.

3.23 All choices regarding the award of contracts will be documented and available for audit and inspection.

3.24 The BID accounts will be subject to an annual audit.

3.25 Details of expenditure and income will be reported to businesses and property owners within the BID areas through the formal accounting procedures. This information will be accessible, if required, under the Freedom of Information Act.

### **Propriety and Security**

3.26 Integrity clauses will be built into the contract documents and only Officers with a need to know will have information about the contract.

### **Accountability**

3.27 The accountability would remain with the BID Executive Committee taking the decision to award the contract.

3.28 The Officers supporting the award of the contracts will comply with the Public Contracts Regulations 2006.

#### **4.0 POLICY IMPLICATIONS**

4.1 The issues and priorities addressed through the implementation of the BID Business Plans are directly aligned to the Community Strategy:

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

- Reduce overall crime (in line with Halton's Crime and Disorder Reduction Partnership targets).
- The BID Business Plans provides a package of crime prevention initiatives that are designed to deter crime from the estates, including plans to either enhance existing CCTV security systems, or install new systems which will assist in designing out crime on the estates, which will be backed up by a response to incidents.

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

- Attract additional businesses to Astmoor and Halebank
- Increase the number of jobs in Halton
- BIDs will attract a significant private sector contribution (more than £1 million over 5 years) to contribute towards the economic regeneration of the borough.

##### **Employment, learning and skills in Halton**

- Increase employment rate
- The programme of work set out in the BIDs proposals, will assist with the ongoing challenge to retain existing and create new jobs
- Increase VAT registrations (new companies)

##### **Children and Young People in Halton**

There are no implications arising from this report.

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

There are no implications arising from this report

#### **5.0 OTHER IMPLICATIONS**

There are no other implications arising from this report.

#### **6.0 RISK ANALYSIS**

The risks are minimised as competitive tendering procedures will be used to test the market and appraise tenders. The responsibility for the

decisions made will be the respective BID Executive Committees, who will be operating to obtain value for money for the BID on behalf of all businesses and property owners in the BID areas.

The governance, management and delivery mechanisms of the BIDs will ensure accountability and transparency.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

There are no equality or diversity issues arising from this report.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

Document is Restricted