

Public Document Pack



Executive Board

Thursday, 15 March 2018 2.00 p.m.
The Boardroom, Municipal Building

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

Chief Executive

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

PART 1

Item	Page No
1. MINUTES	
2. DECLARATION OF INTEREST	
Members are reminded of their responsibility to declare any 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.	
3. LEADER'S PORTFOLIO AND CHILDREN, YOUNG PEOPLE AND FAMILIES PORTFOLIO	
(A) CONSENT TO LEGISLATION TO ENABLE DEVOLUTION OF THE ADULT EDUCATION BUDGET	1 - 5

*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, 19 April 2018*

Item	Page No
4. HEALTH AND WELLBEING PORTFOLIO	
(A) CHAMPS PUBLIC HEALTH COLLABORATIVE SERVICE	6 - 9
(B) THE NHS HEALTH CHECK PROGRAMME	10 - 14
(C) BRITISH RED CROSS	15 - 17
(D) ALL AGE AUTISM STRATEGY	18 - 70
(E) OPTIONS REPORT FOR HALTON'S INVOLVEMENT IN A PARTNERSHIP WITH NEW DIRECTIONS TO DELIVER ADULT SOCIAL CARE	71 - 75
(F) DIRECT AWARD OF CONTRACT TO AGE UK MID MERSEY FOR THE PROVISION OF INFORMATION, PARTICIPATION, SOCIAL INCLUSION AND SAFE AND WELL SCHEMES IN HALTON	76 - 78
(G) DAY, RESIDENTIAL & NURSING HOMECARE AND RESIDENTIAL NURSING HOMES	79 - 83
(H) TRANSFORMATION OF ADULT SOCIAL CARE	84 - 91
(I) ONE HALTON	92 - 152
(J) HEALTHY NEW TOWN HALTON HOSPITAL AND WELLBEING CAMPUS	153 - 158
5. ECONOMIC DEVELOPMENT PORTFOLIO	
(A) VOLUNTARY SECTOR FUNDING – GRANT ALLOCATION 2018/19	159 - 162
6. RESOURCES PORTFOLIO	
(A) ANNUAL REVIEW OF THE CONSTITUTION 2018/19	163 - 165
(B) REVIEW OF COUNCIL WIDE FEES AND CHARGES	166 - 204
7. PHYSICAL ENVIRONMENT PORTFOLIO	
(A) COMMUNITY SHOP	205 - 210

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

PART II

In this case the Board has a discretion to exclude the press and public and, in view of the nature of the business to be transacted, it is **RECOMMENDED** that under Section 100A(4) of the Local Government Act 1972, having been satisfied that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 3 and 5 of Part 1 of Schedule 12A to the Act.

(A) FRESENIUS KABI DEVELOPMENT MANOR PARK

211 - 219

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

REPORT TO: Executive Board

DATE: 15 March 2018

REPORTING OFFICER: Chief Executive

PORTFOLIO: Leader/Children, Young People and Families

SUBJECT: Consent to Legislation to Enable Devolution Of Adult Education Budget

WARD(S) All

1.0 PURPOSE OF REPORT

The purpose of this report is to outline a process for agreeing the Devolution Order required to enable full devolution of the Adult Education Budget from Government to the Liverpool City Region Combined Authority and the timescale for doing so.

2.0 RECOMMENDATIONS: That Members

- 1) Note the requirement to provide consent for the draft legislative Order to enable the transfer of Adult Education Budget powers to the Liverpool City Region Combined Authority by June 2018; and**
- 2) Delegate authority to the Chief Executive in consultation with the Leader and Portfolio Holder, Children, Young People and Families, to agree the final Order on the basis that this is in line with the existing principles of the City Region's Devolution Agreement.**

3.0 BACKGROUND

- 3.1** The Liverpool City Region Combined Authority agreed its first Devolution Deal in November 2015. That Agreement includes the transfer of adult skills funding (the Adult Education Budget) to the Combined Authority. The subsequent Order establishing the Combined Authority contained details of a number of Adult Education powers, but did not deal with the agreed devolution of this funding.

- 3.2 The principal purpose of the Adult Education Budget is to engage adults in learning which supports wider economic and social priorities: this includes the community learning provided by constituent local authorities and “second chance provision” within colleges. The final expected funding value has yet to be confirmed. Having the powers to commission this funding will allow the Combined Authority to set out priorities for delivery, rather than resorting to influence. The Combined Authority called for this aspect of devolution because it would represent a significant change from the current situation, and would provide the Combined Authority with more ability to meet the needs of local employers.
- 3.3 In order to prepare for devolution, the Combined Authority is required to meet a series of readiness conditions: these include completion of the Area Based Review and having an up to date Skills Strategy. A number of these readiness conditions were set out in detail in the November 2015 Devolution Agreement, including conferring the relevant legal powers onto the Combined Authority.
- 3.4 At this stage, the Combined Authority still does not have the legal powers to be able to administer the Adult Education Budget. The Government did not include the required powers in the Order which created the role of the Metro Mayor and enabled the implementation of the majority of the Devolution Agreement. The Combined Authority expressed its concern in December 2015 about the delay in providing the necessary powers. The delay in providing these powers has meant that the original plan for devolution in time for the 2018/19 academic year has been delayed and it is now expected to happen with effect from 2019/20.
- 3.5 In order to enable the legal powers to be conferred on the Combined Authority, an Order needs to be laid and agreed in Parliament: this is in line with previous processes which included the creation of the Combined Authority and the enabling of the Devolution Agreement. An initial draft of the Order is expected to be received in mid-March 2018, and any subsequent technical and drafting changes will need to be submitted by mid-April 2018. The final draft of the Order is then expected to be circulated in late May 2018, at which point the Government will require the constituent local authorities and the Combined Authority each to provide formal consent by mid-June 2018.
- 3.6 The Order will set out the details of the functions to be transferred to the Combined Authority alongside the agreement to devolve the Adult Education Budget. The Government has been clear that the Order will not cover apprenticeships, adult offender learning, or

provision for people aged 16-18. Subject to these exceptions, it is expected that the following functions contained in the Apprenticeships, Skills, Children and Learning Act 2009 will form the basis of the Order :-

- s86 – duty to provide appropriate 19+ further education (not to include apprenticeships, prisoner education or traineeships);
- s87 – duty to provide appropriate further education to 19+ learners who do not have certain specified qualifications; and,
- s88 – duty to ensure that provision is free for relevant learners who do not have certain specified qualifications.

3.7 In addition, the Order is expected to provide that the following powers will be exercised concurrently with the Secretary of State:

- s90 – duty to encourage learner and employer participation in education and training of people aged 19+ (except those in adult detention) (to be exercised concurrently with the Secretary of State);
- s115 – duty to consider/have regard to the needs of 19+ learners with special education needs (other than those aged 19-25 with Educational Health Care Plans, who will remain the responsibility of the relevant local authority as they are treated as 16-18 year old learners); and,
- s122 – power to exchange information with providers to enable provision of 19+ further education (to be exercised concurrently with the Secretary of State).

3.8 There is a tight legislative window to allow for the Order to be laid in Parliament and thereby enable the duties to be conferred onto the Combined Authority in time for the 2019/20 academic year. The Combined Authority and the constituent local authorities will be required to provide consent to the final draft Order by mid-only June 2018, with the text having been received in late May 2018. This is a tight timescale and therefore, in order for it to be achieved, it is proposed that authority to agree the draft Order should be delegated to the Chief Executive in consultation with the Leader and Portfolio Holder for Children on the basis that this is in line with the existing principles of the Devolution agreement.

4.0 LEGAL IMPLICATIONS

- 4.1 Section 105(b) of the 2016 Cities and Local Government Devolution Act states that the Secretary of State may make an Order for the devolution of functions if consent has also given by each appropriate authority (i.e. the Combined Authority and the constituent local authorities in this case).
- 4.2 The timetable for approvals is challenging given the constraints of the Parliamentary process. All constituent local authorities and the Combined Authority will need to provide formal consent in a timely manner to ensure that the Order is laid before Parliament before the end of June 2018.

5.0 RESOURCE IMPLICATIONS

5.1 Financial

There are no specific financial implications associated with the implementation of the recommendations in this report. The arrangements for the implementation and management of the Adult Education Budget will be subject to future reports to the Combined Authority.

5.2 Human Resources

There are no human resource implications associated with the implementation of the recommendations in this report.

5.3 Physical Assets

There are no physical asset implications associated with the implementation of the recommendations in this report.

5.4 Information Technology

There are no information technology implications associated with the implementation of the recommendations in this report.

6.0 RISKS AND MITIGATION

- 6.1 There is a reputational risk for the City Region if consent to the draft legislative Order cannot be provided in time. This will be mitigated by agreeing the recommendations in this report.
- 6.2 There is a risk that the government will not adhere to the timescales

set out in this report. This will be mitigated by working closely with Department for Education to ensure that documents are available when they are required.

7.0 EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1 The management and implementation of the Adult Education Budget will be subject to a full equality and diversity assessment.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 8.1 Children and Young People in Halton
- 8.2 Employment, Learning and Skills in Halton
- 8.3 A Healthy Halton
- 8.4 A Safer Halton
- 8.5 Halton's Urban Renewal

9.0 CONCLUSION

- 9.1 This report has outlined the process for agreeing the Devolution Order required to enable full devolution of the Adult Education Budget and the timescale and proposed process for doing so.

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

None.

REPORT TO:	Executive Board
DATE:	15 March 2018
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health & Wellbeing
SUBJECT:	CHAMPS Public Health Collaborative Service
WARD(S)	Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To seek approval from the Executive Board to offer and award a new direct contract to the Cheshire and Mersey Public Health Collaborative (CHAMPS) for the delivery of public health services and functions for a one year period from 1st April 2018 to 31st March 2019.

2.0 RECOMMENDATION: That the Executive Board

- 1) Notes the content of the report; and**
- 2) agree to the use of Procurement Standing Orders 1.14.3 to waive Standing Order 3.1 in respect of contracts below the EU threshold.**

3.0 BACKGROUND

- 3.1 As a result of the Health and Social Care Act (2012) local authorities have been given the responsibility for public health in conjunction with strategic partners including NHS England and the Clinical Commissioning Groups (CCG). In line with the national policy requirement and performance frameworks, the council commissions the CHAMPS team to both deliver and commission public health services across the Cheshire and Mersey footprint.

The Directors of Public Health for Cheshire & Merseyside are committed to working in the best way possible to achieve better health outcomes and have established a collaborative way of working which brings great benefits for all and has been established for almost fourteen years.

Improving health and wellbeing lies at the heart of Champs Public Health Collaborative, led by an Executive Board and serving the 2.5 million people of Cheshire & Merseyside. The role of the Collaborative is to energise the whole system and influence strategic partnerships to focus on prevention and use the best data and evidence. The Collaborative includes members of local teams and works with strategic partners facilitated by a small Support Team. The purpose of the Champs Public Health Collaborative is to:

- Improve local health and wellbeing outcomes
- Enable and deliver strong public health system leadership by collective strategic action
- Create and disseminate the latest evidence and promote effective interventions
- Secure new external resources
- Co-ordinate expert public health advice across partnerships

- Deliver shared learning opportunities

The Collaborative is an outcome focused model and works on key system priorities including:

- Mental Health and Wellbeing of Children and Young People
- Preventing Suicide
- Tackling High Blood Pressure

Work also focuses on supporting key strategic partnerships including Devolution and the NHS Five Year Forward View (FYFV) and maintaining a safe and resilient system. These priorities have been agreed in partnership with Public Health England North West and NHS England Cheshire & Merseyside.

- 3.2 Local councils have contributed financially to the collaborative service since the transfer of responsibility for public health in 2012. For Halton in 2017/18, the financial contribution to CHAMPS was **£64,910**. The anticipated value for 2018/19 is projected to be c. **£70,000**.

4.0 PROPOSAL

- 4.1 This report seeks a waiver of the Council's Standing Orders to directly award a contract to CHAMPS to support strategic management, oversight and collaboration as well as clinical support and the commissioning of large scale service delivery.

- 4.2 This award via a waiver is sought on the following basis:

- CHAMPS is the only organisation currently working on behalf of all Local Authorities to deliver a number of joint health programmes across Cheshire and Merseyside.
- CHAMPS offer value for money to the Council as it enables projects and services to be commissioned at scale that would be otherwise unaffordable for individual local authorities.
- CHAMPS enables key pieces of research from universities to be produced for the whole of Cheshire and Merseyside rather than each Local Authority having to produce their own.
- CHAMPS allows us to tie into national bodies and benefit from their expertise.
- CHAMPS allows us to employ specialist staff that work for the whole of Cheshire and Merseyside rather than all paying independently.
- CHAMPS provides regular conferences on topics for Cheshire and Merseyside.
- CHAMPS provides advertising and promotions on health topics for Cheshire and Merseyside.

- 4.3 The Public Contracts Regulations 2015 don't apply to the proposed contracts. The current EU Value Threshold for Light Touch Regime for Services which these contracts fall under is £615,278. No publication on the Official Journal of European Union (OJEU) is required.

5.0 POLICY IMPLICATIONS

- 5.1 These services are commissioned in pursuance of the local authority's statutory responsibility to improve the health and well-being of the local population through the delivery of specialist Public Health advice and the continued access to health improvement services for residents in Halton. The method of procurement complies

with the Council's Procurement Standing Orders and Public Contract Regulations 2015. The service objectives are in line with the Health and Wellbeing and Clinical Commissioning Group Priorities.

6.0 FINANCIAL/RESOURCES IMPLICATIONS

6.1 The provision of collaborative public health services and functions is an essential element of the Public Health Grant and the resources are included in the ring fenced budget. It is anticipated that the annual budget will not exceed **£70,000** per year.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children and Young People in Halton

The proposal supports the delivery of the Health & Wellbeing Strategy and elements of the Children's Plan.

7.2 Employment, Learning and Skills in Halton

Employment, Learning and Skills is a key determinant of health and wellbeing and is therefore a key consideration when developing strategies to address health inequalities.

7.3 A Healthy Halton

The proposal supports the council's delivery of the Health and Wellbeing strategy and contributes to the achievement of the council's outcomes, including population health and reducing health inequalities as outlined in the priorities contained in the Joint Strategic Needs Assessment (JSNA).

7.4 A Safer Halton

None identified.

7.5 Halton's Urban Renewal

None identified.

8.0 RISK ANALYSIS

8.1 The service will be monitored by means of regular review meetings with CHAMPS and through the oversight of the Director of Public Health as a member of the Executive Board of CHAMPS. Contract monitoring meetings will consider both overall activity and financial management alongside a review of key quality and performance indicators which will be agreed jointly with the provider. This will assist commissioners in establishing whether the service performing against intended outcomes and represents value for money.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 An Equality Impact Assessment (EIA) is not required for this report.

10.0 REASON(S) FOR DECISION

10.1 To support the council in meeting its statutory duties with regards to the provision of the public health programmes.

11.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

11.1 There are no alternatives.

12.0 IMPLEMENTATION DATE

12.1 It is intended that the provision of a direct award would be undertaken following Executive approval with the new contract to commence in April 2018.

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

None.

REPORT TO: Executive Board
DATE: 15 March 2018
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Health and Wellbeing
SUBJECT: The NHS Health Check Programme
WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To seek approval from the Executive Board to offer and award new direct contracts to local GP Practices for the delivery of the NHS Health Check Programme for a two year period from 1st April 2018 to 31st March 2020 with the option of three further one year extensions.

2.0 RECOMMENDATION: That the Executive Board

- 1) **Notes the content of the report; and**
- 2) **agree to the use of Procurement Standing Orders 1.14.3 to waive Standing Order 3.1 in respect of contracts below the EU threshold.**

3.0 BACKGROUND

3.1 As a result of the Health and Social Care Act (2012) local authorities have been given the responsibility for public health in conjunction with strategic partners including NHS England and the Clinical Commissioning Groups (CCG). In line with the national policy requirement and performance framework, the council commissions clinical health improvement services from General Practice, including the mandatory provision of an **NHS Health Check** vascular risk check screening programme for eligible residents aged 40-74 to identify early signs of key long term conditions including diabetes, hypertension, kidney disease and dementia. This is an important prevention program for our population and aims to prevent progress to cardiovascular disease which includes heart attacks and strokes.

3.2 The Council currently holds individual service level agreements/ contracts with all General Practices (GPs) for the provision of services. It is not possible for them to be delivered by anyone other than GPs as not only do providers of these services need to be able to effectively manage the clinical risk inherent in the delivery of these clinical interventions but they need to hold a pre-existing contract with NHS England for the provision of personal or general medical services and have access to the registered patient list. The current contracts are outlined in Appendix 1 and are variable in value according to the activity of each practice.

3.3 Practices are paid a set fee for each element of the programme. They are requested to invite up to 20% of their eligible practice population per year and are currently paid the following amounts:

- £4 per completed set of invitations and reminders
- £15 per Health Check
- £6 per completed data submission

Halton's Health Improvement Team complete Health Checks in the community and in most GP Practices so not all Practices will claim the fee for the actual check. The GPs are however, responsible for the invitations and reminders, clinical risk score, the clinical follow up and quality and governance of completed data submission.

In 2016/17 the individual annual values paid to each GP practice for the service ranged from £282 to £9,838, and the total paid to all GP practices for the provision of this service in 2016/17 was £74,178. It is anticipated that the available budget for 2018/2019 will need to be increased to reflect an increase in both activity and the patient population to c. £120,000 and the pricing schedule will be amended to reflect local priorities and need. This will reflect a financial value of c. **£600,000** for the period between 2018 and 2022.

4.0 PROPOSAL

4.1 This report seeks a waiver of the Council's Standing Orders to directly award a contract to each of the GP Practices listed in Appendix 1 for the delivery of the NHS Health Check and the clinical support and oversight of service delivery. This will also enable us to extend the current offer to ensure maximum take up amongst the local GP providers of essential public health services.

4.2 This award via a waiver is sought on the following basis:

- Only General Practices holding a contract with the NHS for provision of healthcare are entitled to keep, maintain and access a registered patient list. Access to confidential patient data contained within this list, is essential to fulfil obligations to deliver these health improvement services, especially NHS Health Checks.
- This proposal will allow the release of staff capacity in the Public Health commissioning team that is currently devoted to the contractual and financial management of these individual contracts.
- It will enable consideration to be given as to future contractual relationships as part of the One Halton work.
- Prevent disruption to the delivery of statutory services.

4.3 The public health services referenced (for which the council is responsible) involve an element of clinical delivery. They must be delivered by appropriately trained, accredited, experienced and supervised professionals to meet the standards required of the NHS, CQC and other health and social care professional regulatory bodies, as well as nationally recognised clinical guidelines. This is a contractual requirement.

4.4 The Public Contracts Regulations 2015 don't apply to the proposed contracts. The current EU Value Threshold for Light Touch Regime for Services which these contracts fall under is £615,278. No publication on the Official Journal of European Union (OJEU) is required.

5.0 POLICY IMPLICATIONS

5.1 These services are commissioned in pursuance of the local authority's statutory responsibility to improve the health and well-being of the local population through the delivery of specialist Public Health advice and the continued access to health improvement services for residents in Halton. The method of procurement complies with the Council's Procurement Standing Orders and Public Contract Regulations

2015. The service objectives are in line with the Health and Wellbeing and Clinical Commissioning Group Priorities.

6.0 FINANCIAL/RESOURCES IMPLICATIONS

6.1 The provision of NHS Health checks is a mandated element of the Public Health Grant and the resources are included in the ring fenced budget. It is anticipated that the annual budget will be c. £120,000 per year, with an anticipated overall budget over the five years to be in the region of £600,000.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children and Young People in Halton

None identified.

7.2 Employment, Learning and Skills in Halton

Employment, Learning and Skills is a key determinant of health and wellbeing and is therefore a key consideration when developing strategies to address health inequalities.

7.3 A Healthy Halton

The proposal supports the council's delivery of the Health and Wellbeing strategy by maintaining access to health improvement services from primary care. This is essential given the impact on vulnerable individuals of the burden of long term health conditions that are prevalent in Halton. These commissioned services contribute to the achievement of the council's outcomes, including population health and reducing health inequalities as outlined in the priorities contained in the Joint Strategic Needs Assessment (JSNA).

7.4 A Safer Halton

None identified.

7.5 Halton's Urban Renewal

None identified.

8.0 RISK ANALYSIS

8.1 Contracts will be monitored by means of regular review meetings with the providers over the life cycle of the contract. These contract monitoring meetings will consider both overall activity and financial management alongside review of key quality and performance indicators which will be agreed jointly with the provider. This will assist commissioners in establishing whether the service performing against intended outcomes and represents value for money.

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 An Equality Impact Assessment (EIA) is not required for this report.

10.0 REASON(S) FOR DECISION

10.1 To support the council in meeting its statutory duties with regards to the provision of the NHS Health Check programme.

11.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

11.1 A procurement exercise would need to be limited to local GPs and as such would be a time consuming exercise and may lead to dis-engagement from existing providers.

12.0 IMPLEMENTATION DATE

12.1 It is intended that the provision of a direct award would be undertaken following Executive approval with the new contract to commence in April 2018.

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

13.1 None.

APPENDIX 1 - GP SERVICES**NHS Health Checks 2016/17**

Appleton Village Surgery	Health Checks	5,093.00
Beaconsfield Surgery	Health Checks	1,376.00
Bevan Group Practice	Health Checks	1,920.00
BROOKVALE PRACTICE	Health Checks	5,446.00
CASTLEFIELDS HEALTH CENTRE	Health Checks	6,799.00
Grove House Practice	Health Checks	9,838.00
Hough Green Health Park	Health Checks	3,510.00
<i>Windmill Hill - Liverpool Community Health NHS Trust (Now closed)</i>		<i>1,455.00</i>
Murdishaw Health Centre	Health Checks	8,109.00
Newtown Surgery	Health Checks	1,168.00
Oaks Place Surgery	Health Checks	1,410.00
Peelhouse Medical Centre	Health Checks	6,706.00
The Beeches Medical Centre	Health Checks	6,492.00
Tower House Practice	Health Checks	4,995.00
Upton Rocks Surgery	Health Checks	4,153.00
Weaver Vale Practice	Health Checks	5,426.00
<i>West Bank Medical Centre (Now part of Bevan)</i>	<i>Health Checks</i>	<i>282.00</i>
TOTAL FOR 2016/2017		£74,178.00

REPORT TO: Executive Board

DATE: 15 March 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: British Red Cross

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To seek approval from Executive Board to directly award a contract to the British Red Cross for a two year period from 1st April 2018 to 31st March 2020.

2.0 RECOMMENDATION: That Executive Board

1) Agree to the use of Procurement Standing Orders 1.14.3 to waive Standing Order 3.1 in respect of contracts below the EU threshold and in compliance with Standing Order 1.14.3(d); and

2) Agrees to award a contract to the British Red Cross for a two year period from 1st April 2018 to 31st March 2020.

3.0 SUPPORTING INFORMATION

3.1 The British Red Cross service supports people for a short period of time during the difficult transition from hospital to home. The service is an important part of the discharge management process, helping to alleviate the pressure on beds as well as offering practical support to people when they are at their most vulnerable.

3.2 The council is currently working with NHS Halton CCG to develop its approach to out of hospital services. Until this has been completed, the service provided by the British Red Cross is required to ensure continuity of care.

3.3 The intention is to award the British Red Cross a contract for a two year period from 1st April 2018 to 31st March 2020. This will provide the authority with sufficient flexibility to re-commission services at an earlier date if required.

4.0 POLICY IMPLICATIONS

4.1 Continuing this service supports the council in its development of out of hospital services with NHS Halton CCG

5.0 FINANCIAL IMPLICATIONS

5.1 The total financial cost to the authority is £57,069 per annum. Total Contract Value over the two year term is £114,138.

5.2 The cost of this contract can be met within existing budget allocations.

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

This service makes an important contribution to the health and social care system in Halton

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 This contract falls below the current EU Light Touch Regime threshold of £615,278, and subsequently the risk of challenge will be negligible.

7.2 The Quality Assurance Team will continue to monitor this service and ensure the Council and Halton residents receive value for money.

8.0 EQUALITY AND DIVERSITY ISSUES

None identified.

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

None.

REPORT TO:	Executive Board
DATE:	15 March 2018
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	All-Age Autism Strategy
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the new Halton All-Age Autism Strategy at the Appendix.

2.0 **RECOMMENDATION: That the Board**

- 1) **Note the contents of the report and associated appendices; and**
- 2) **Provide comment on the draft Strategy and its associated Delivery Plan.**

3.0 **SUPPORTING INFORMATION**

3.1 The current Autism Strategy was developed in 2012. Since then there has been a number of national publications relating to Autism including: Think Autism: fulfilling and rewarding lives, the strategy for adults with autism in England, update 2014; Statutory guidance for local authorities and NHS organisations to support implementation of the adult autism strategy (2015); and progress report on Think Autism (2016).

Halton also took part in the Autism Self-Assessment Framework (SAF) which was completed at the end of 2016.

3.2 In order to move forward with planning a new All-Age Autism Strategy, a working group was established in July 2017 with the following membership:

Patrick Frost – Principal Manager - CCW (Chair)
Maria Saville – Principal Manager – PBSS, HBC
Ami McNamee - Specialist Teaching Lead (HBC Education)
Sam Murtagh - Commissioning Manager (HBC Children's Services)
Catrin Williams - Community LD Team (North West Boroughs NHS Trust)
Jane Morris - Principal Manager, LD Nursing Team (HBC Adult

Social Care)

Jane Birchall-Smith - Community LD Team (North West Boroughs NHS Trust)

Lisa Birtles-Smith, Clinical Lead LD (Halton CCG)

Alison Sutch, Children's Complex Needs Nurse (Halton CCG)

Emma Sutton-Thompson, Practice Manager (HBC)

Natalie Johnson, Policy Officer (HBC)

3.3 Autism Questionnaire

As part of the initial consultation, the group devised a short questionnaire which was posted out to 230 adults identified from CareFirst as having a diagnosis of Autism, and also the survey has been disseminated within children's as follows:

- Brookfields School, the Resource Bases, Cavendish School and Ashley School, Parent Partnership and Assessment Co-ordinator for those with EHC Plans;.
- Members of staff gave out to parents and to Mal Hampson at Halton Speak Out;
- In addition, the survey was added to the Local Offer in mid-September.

3.4 Draft Strategy

The group agreed that the main part of the strategy document would focus on the statutory guidance and Halton's position with specific areas (draft attached at Appendix 1). Contributions to the strategy were from a range of staff across HBC, HCCG and NW Boroughs NHS Trust.

The Delivery Plan has been developed jointly with service-users and stakeholders based on their experience of services and identifying areas for improvement. The Delivery Plan will be a "live" document that will drive priority areas for improvement forwards, ensure continuity and be led by a dedicated group, an Autism Action Alliance, which will be the first priority to establish, based on National guidance.

3.5 Consultation/Co-design of Delivery Plan

The consultation/co-design of the delivery plan has been undertaken by a combination of methods to suit different groups of people, including:

- Linking in with schools – parents coffee mornings;
- Experienced-based co-design event for Adults was held on 5th December 2017;

- Direct meetings with parent support groups – HAFS, ChAPS, Face to Face SCOPE;
- Linking in with IMPART (parent partnership);
- Involving Halton Speak Out.

Children’s representatives of the working group lead on the children’s side of the consultation/co-design.

A provider consultation event for adults was held on 10th January 2018 with other groups that are linked to Autism to identify actions to be included within the Delivery Plan.

This report is being presented to the Health Policy and Performance Board on 27th February 2018.

4.0 POLICY IMPLICATIONS

4.1 An Autism Action Alliance will be established to take responsibility for moving the Autism-agenda forward, implementing and monitoring the Delivery Plan. This will be the first action on the Delivery Plan.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 To ensure continuity of the Autism Strategy and Delivery Plan, the first priority is to establish Autism Action Alliance to lead on the implementation and monitoring of this. The Alliance would bring together different organisations, services and stakeholders and adults/children with autism and their families to set a clear direction for improved services.

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 Children & Young People in Halton

Developing an All-Age Autism Strategy aims to take a more joined-up and holistic approach to developing opportunities and realising potential for people with Autism at every stage of their lives.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

National guidance states that an Adult Autism Strategy is a statutory requirement and there are certain criteria we should be implementing as a Local Authority and in partnership with other agencies. The development of an All-Age Autism Strategy goes above and beyond this requirement.

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 people with Autism in Halton are met. This is strengthened by National legislation detailing clear areas to be included and addressed.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

9.1 None identified.



DRAFT ONE HALTON ALL-AGE AUTISM STRATEGY

2018 - 2021

And

DELIVERY PLAN

Contents

1.0	INTRODUCTION.....	4
1.1	National Context	4
1.2	Local Context	5
1.3	What is Autism?	7
1.4	The aim of this strategy	7
1.5	How the Delivery Plan was developed	8
2.0	Strategic Objectives.....	15
2.1	Local Planning and Leadership.....	15
2.1.1	Identification and diagnosis of autism	16
2.2	Transition from childhood to adulthood	18
2.2.1	Planning.....	18
2.2.2	Transition protocol.....	20
2.3	Training of staff who provide services to children and adults with autism.....	20
2.3.1	Autism Awareness.....	21
2.4	Education, health and care plans.....	22
2.4.1	New school provision for children with autism.....	23
2.5	Transition to adult health services	24
2.6	Preventative support and safeguarding	25
2.6.1	Access to information and signposting	26
2.7	Reasonable Adjustments and Equality	27
2.8	Supporting people with complex needs	27
2.9	Working with the Criminal Justice System.....	30

Foreword

This new All-Age Autism Strategy in Halton aims to take a more joined-up and holistic approach to developing opportunities and realising potential for people with Autism at every stage in their lives. People with Autism are a valued part of the community of Halton and Halton Borough Council (HBC), NHS Halton Clinical Commissioning Group (CCG) and NW Boroughs Healthcare NHS Foundation Trust share a commitment to work together to improve the lives and opportunities for both children and adults with Autism in Halton.

We recognise that, although there are a lot of positives in the Autism services delivered in Halton, there are also areas that require more focus, especially around transition into adult services which we know can be a particularly difficult stage for young people. By joining together to develop an All-Age Autism Strategy, we are aiming for an ambitious approach, going above and beyond the national guidance.

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 adults with Autism and their carers and families, 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, in particular people with Autism and their carers and families.

Rob Polhill

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

1.0 INTRODUCTION

1.1 National Context

In 2009 the Government implemented the first ever condition-specific legislation in England, the **Autism Act 2009**¹, demonstrating the importance that Parliament has attached to ensuring that the needs of people with autism are fully met.

In 2010, the original Adult Autism Strategy, *Fulfilling and Rewarding Lives*, was published.

During 2014, an updated Adult Autism Strategy was developed, **Think Autism** building on from the 2010 version, with a progress report on the implementation of **Think Autism** which was published in January 2016. The main vision in **Think Autism** is:

“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them, they can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents”.

In March 2015, the Government produced updated statutory guidance for local authorities and NHS organisations to support the implementation of **Think Autism**. The guidance was revised following responses to a consultation “No Voice Unheard, No Right Ignored” which was a consultation for people with learning disabilities, autism and mental health conditions. It examined how people’s rights and choices can be strengthened. Halton’s strategy is based on this guidance, the national consultation and local consultation with adults and children who have autism and local organisations who are involved with people with autism.

Recent legislation has also provided for new duties for services for people with autism, including the **Care Act 2014** and the **Children and Families Act 2014**.

In 2014 the National Institute for Clinical Excellence (NICE) developed a quality standard on autism for adults and those under 18 which highlights how organisations can ensure they are delivering the best treatment and support for people with autism. The quality standard has 8 measurable statements to be used by organisations to improve the quality of care for those with autism. We have used these statements in our strategy and to contribute to shaping our Delivery Plan.

Implemented in September 2014, the Government published a new Special Educational Needs and Disability (SEND) code of practice for children and young people aged between 0 – 25 years and provides statutory guidance for organisations

¹ <http://www.legislation.gov.uk/ukpga/2009/15/contents>

that work with and support children and young people who have special educational needs or disabilities.

1.2 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 include the following, which are all accessible on the HBC website at www.halton.gov.uk :

- 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 2015/16
- Safeguarding Adults in Halton: Interagency Policy, Procedures and Good Practice Guidance 2015 – 2018
- SEND Joint Commissioning Strategy 2017
- Children and Young People's Commissioning Strategy 2017-2020

The One Halton Health and Wellbeing Strategy sets out the vision of the Halton Health and Wellbeing Board (HWBB) and states six different priorities for the borough for the time period the document is active. These priorities can be life-course and condition specific:

- Children and Young People (CYP): improved levels of early child development;
- Generally Well: increased levels of physical activity & healthy eating and reduction in harm from alcohol;
- Long-Term Conditions: reduction in levels of heart disease and stroke;
- Mental Health: improved prevention, early detection and treatment;
- Cancer: reduced level of premature death; and
- Older People: improved quality of life.

Overview of Halton's population

The population of Halton, as of 2016, is older than that of England.² 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, a lot are within 10-20 years of retirement age and so this may present issues with workforce population in the future.

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 2016

² Halton's Joint Strategic Needs Assessment 2017

12.0% of Halton's population are aged 70 and above, whereas, in 2039 Halton's projected population aged over 70 will represent almost a fifth (19.6%) of the entire population of the area

Estimated Prevalence of Autism in Halton

The Centre for Public Health, Liverpool John Moores University³ was commissioned by NHS England in 2016 to deliver this health needs assessment for learning disabilities and autism amongst adults and children for the nine Cheshire and Merseyside local authority areas. The report focuses on the health and wellbeing needs of adults and children with learning disabilities/autism.

The report provides some information on the estimated prevalence of autism amongst adults and children in each local area. Unfortunately, it is only possible to estimate because there are no definitive records held.

Estimated numbers are generated by applying national prevalence rates to local population data:



**Estimated numbers of children with ASD have been calculated by applying the prevalence rate of 1% reported by the National Autistic Society (2013) to local population projections (308 is the estimated number @ 2018 based on the 2012 population projections).*

***Estimated numbers of adults with ASD have been calculated using the national morbidity survey on autism in adults. This survey found the prevalence of ASD to be 1% of the adult population (Health and Social Care Information Centre, 2009) at a 1.8% rate amongst men and 0.2% amongst women. These prevalence rates have been applied to population estimates (2015) to give a predicted number of 855 adults with autism in Halton (760 males, 95 females).*

³ [Learning disabilities and autism: A health needs assessment for children and adults in Cheshire and Merseyside \(Centre for Public Health, Liverpool John Moores University, January 2016\)](#)

Establishing an accurate number of people with autism in Halton is extremely difficult because there is no register or exact count kept and this is the case across all areas. Records are held by local authorities in terms of the people they provide services to, schools will know how many of their pupils have autism and GPs and diagnostic services will hold their own records, but none of these datasets take account of those who are 'hidden' because they are not in contact with services or are not diagnosed.

A key action as part of the Delivery Plan will be to establish more accurate records of those with autism in Halton; this will depend on partnership working and data sharing, taking a systematic and co-ordinated approach across education, health and social care.

1.3 What is Autism?

Within Think Autism, the term autism is described as “an umbrella term for all autistic spectrum conditions, including Asperger Syndrome. Many people with autism also have related hidden impairments such as attention deficit hyperactivity disorder, dyspraxia, dyslexia, dyscalculia and language impairments as well as associated mental health conditions and linked impairments that may not be obvious to other people”.⁴

Autism is a lifelong condition that affects how a person communicates with and relates to other people. It also affects how a person makes sense of the world around them. The three main areas of difficulty, which all people with autism share, are known as the “triad of impairments”, which are:

- Social Communication - using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice;
- Social Interaction – recognising and understanding other people’s feelings and managing their own; and
- Social imagination – understanding and predicting other people’s intentions and behaviours and imagining situations outside their own routine.

1.4 The aim of this strategy

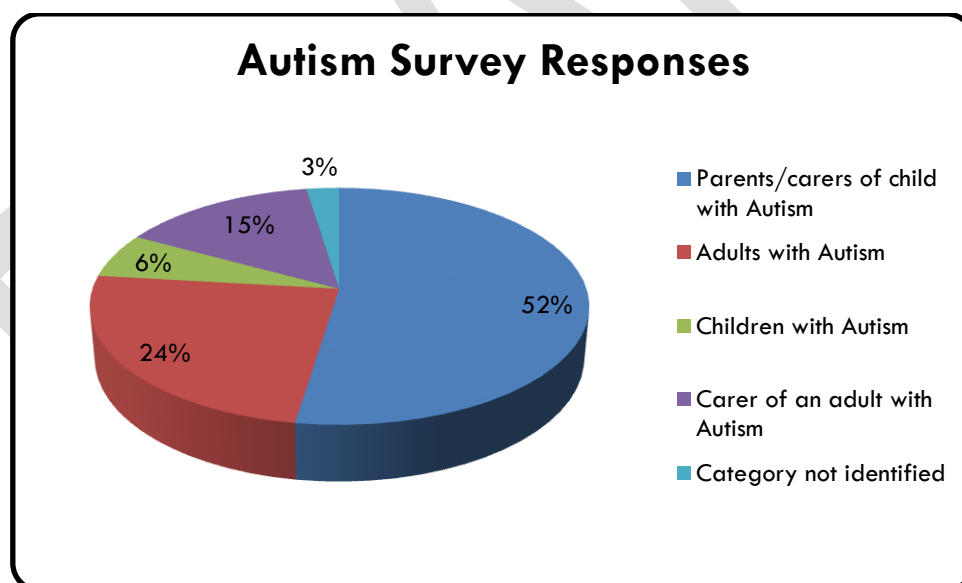
This is a high level strategy, designed to support people with autism in Halton, ensuring that services across Halton work in collaboration with key partners to move forward the priorities set out in **Think Autism**. The strategy aims to identify areas that require improvement, based on the views of adults and children with autism in Halton, and their carers and families, which link in to the national statutory guidance and national consultation.

⁴ New definitions of Autism are due out in early 2018 - <http://www.autism.org.uk/about/diagnosis/criteria-changes.aspx>

1.5 How the Delivery Plan was developed

At the end of this strategy there is a Delivery Plan which focusses on the areas for improvement. Halton are committed to working with people with autism and partner organisations in making improvements in this area. This has been a partnership approach between HBC, NHS Halton CCG, NW Boroughs Partnership, the independent and voluntary sector and people with autism and their carers/families. This has included:

- An initial easy-read survey sent by post to:
 - Adults with Autism/Asperger's
 - Headteachers at Brookfields Cavendish, Simms Cross, The Grange, St Peter and Paul schools to circulate to children with a diagnosis;
 - Local Offer;
 - Halton SEND Partnership information, advice and support service (SENDIASS);
 - Assessment Co-ordinators within SEN team;
 - SCOPE About Disability;
 - Halton Speak Out; and
 - Parents from children in Disabled Children's Services.
- The survey was also advertised on the Councils' Facebook and Twitter accounts



From the initial survey responses, the main two areas for improvement highlighted were:

- More places to socialise/more activities for people with Autism; and
- More support for young adults through transition.

Following the initial survey, we then held various consultation events across Halton to identify priorities and highlight areas for improvement including:

- Experienced-based consultation event with adults with autism at Runcorn Town Hall;
- Coffee mornings at schools;
- The Voice of Autism – Ashley High School; (see Appendix 1);
- Consultations with schools (see Appendix 2);
- Simms Cross Resource Base Questionnaire to Parents (see Appendix 3);
- A provider consultation event with key stakeholders.

EXPERIENCED-BASED CONSULTATION EVENT WITH ADULTS WITH AUTISM, RUNCORN TOWN HALL ON 5TH DECEMBER 2017

The event was facilitated by staff from Halton Borough Council and North West Boroughs Healthcare NHS Foundation Trust and was attended by adults with autism and their carers. Individuals had the opportunity to give their view of services based on their own experiences. The afternoon was filmed to be used to further improvements in autism services in Halton.



The discussions at the event were grouped into three key areas, which are displayed below along with the main points raised:

Discussion area	Key points
Autism services in Halton	<ul style="list-style-type: none"> • Good support is available. • Attendees reported getting the support they need when they need it. • There are no problems with the services that are in place although people feel there could be more support/services on offer. • Some services don't have specialist knowledge or experience of autism. • There is no dedicated autism group in Halton – the nearest is Liverpool or Manchester.

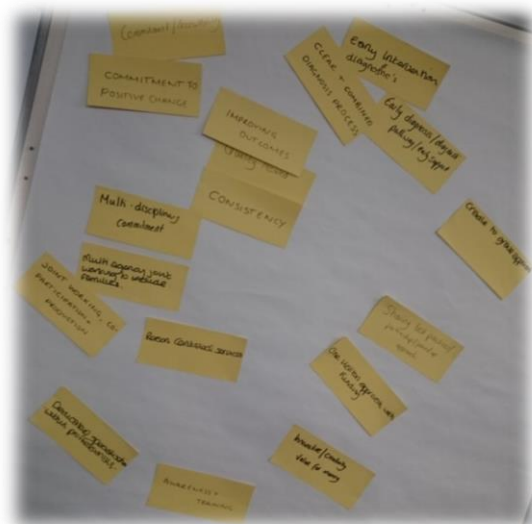
Discussion area	Key points
Relationships with people providing treatment and support	<ul style="list-style-type: none"> • Good relationships are established with individual members of staff who provide extra help and support which is appreciated (e.g. ring people for you). • Getting out and about helps – builds confidence and stops people being introverted about their condition. • Changes in Social Worker can sometimes cause stress and strain.
Experiences as a person diagnosed with autism	<ul style="list-style-type: none"> • Local services, e.g. shops/pubs, don't need to know about your condition. • The general public don't realise some of the issues associated with autism, e.g. clumsiness, and therefore may not understand behaviour to be related to the condition. • One attendee reported a bad experience with door staff in a local pub being unfriendly to everyone – once he told them about his condition they were okay with him. • There is the need to see things through the eyes of a person with autism to understand what they are going through. When people realise there is something different about you they can either be friendly or ostracise you.

PROVIDER CONSULTATION EVENT HELD AT THE STADIUM ON 10TH JANUARY 2018

The afternoon was facilitated by Helen Sanderson Associates and involved local providers of Autism services, including: Community Integrated Care (CiC), Cheshire Autism Practical Support (CHaPs), Halton Autistic Family Support (HAFS), Making Space and PossAbilities. There was also representation from HBC's Positive Behaviour Support Service (PBSS), Day Services, Disabled Children's Service and NHS Halton CCG's Children's Complex Needs Nurse.



The group identified **principles** that they felt should underpin this work.



Principles

- Commitment and Accountability for positive change;
- Multi-disciplinary working/joined-up working and sharing best practice;
- Person-centred services that focus on improving outcomes;
- Early Diagnosis pathway/early support;
- Awareness and training in Autism for all staff; and
- Quality – setting standards, innovative/creative value for money.



Discussions focussed on what is currently working well and what areas could be improved upon.

What is working?

Committed and professional services	Person-centred services – direct payments / personal budgets
Support for families, support groups	Person-centred planning
Accessible and flexible services	Variety of short break services and activities
Joint working / working together	Education – two schools are working
PBSS does work	Some commitment from services/providers

What needs to be improved?

Review pay for Personal Assistants	Process of diagnosis
Training	Funding services – pooling/multi-agency
Mental health	Child and Adolescent Mental Health Services (CAMHS)
Education still needs some improvement	If people or groups are good quality within an agency they can get broken up/moved on and the quality gets diluted but not replaced or passed on

Lack of specialist services – disparity in quality between and within agencies	Strategic/joint commissioning
PBSS needs more resources	Need more commitment to joint working
Attitudes and approaches – people not being listened to	Increased resources needed
Strive to become/develop more person-centred services	

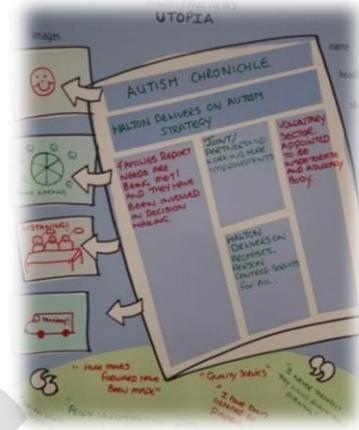
It was stressed at the consultation event the importance of commitment and accountability for moving the Autism-agenda forward. The areas identified above have been translated into the Delivery Plan as actions that need to be improved. The Delivery Plan will be driven forward, monitored and implemented by an Autism “Board” which will be established as the first action on the Plan.

As a final exercise, providers identified what the newspapers could be reporting on in three years’ time, if everyone works together to make the improvements and stays fully committed to changing things for the better. Everyone in the room said they wanted to continue to support the Autism-agenda and work together on improving outcomes for people with Autism in Halton.

What Good Looks Like – below you can see the groups with their newspaper front pages



Name: Autism Chronicle
Headline: Halton delivers on Autism Strategy



Stories:

Families report needs are being met and they have been involved in decision making.	Joint partnership working huge improvements. Halton delivers on promises – person-centred services for all.	Voluntary sector appointed to be inspectorate and advocacy body.
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Quotes:

“Huge moves forward have been made” “People understand me now” “Quality services”
 “We all work together” “I have been listened to properly” “I never thought they would reach their potential”

Name: Halton News & Views
Headline: Halton Strategy hits success!



Stories:

Clear and consistent diagnosis pathways in place.	Joint funding available to provide appropriate services. Co-participating and co-production.	Improvements in person-centred planning.
Early support identified to improve outcomes and life opportunities.	People living the life they choose.	More training programmes in place for staff and professionals.

Quotes:

“Finally! We are listened to!” “I know what services I can access” “Diagnosis clear and guided”

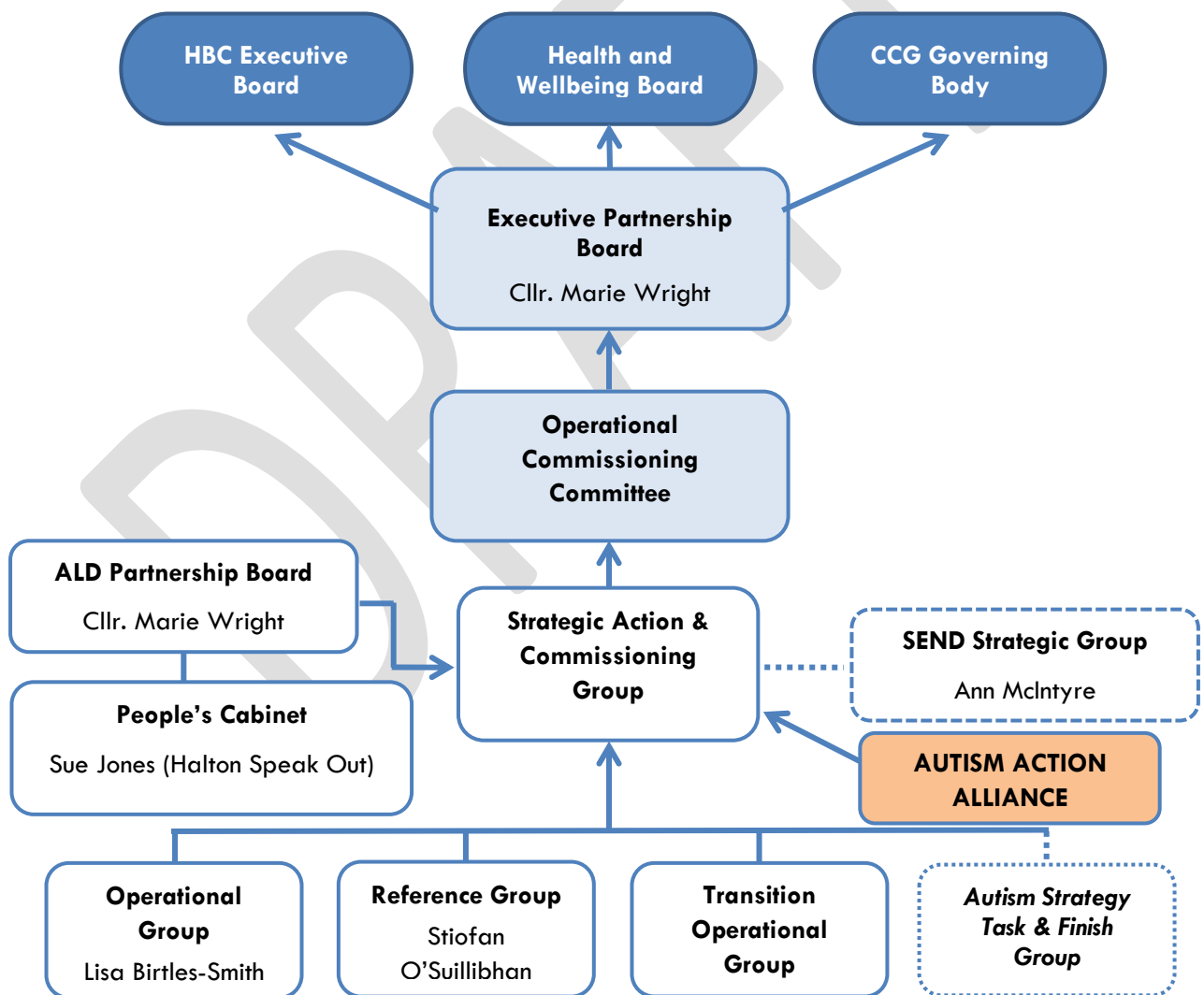
2.0 Strategic Objectives

Halton’s All-Age Autism Strategy provides a real opportunity for the needs of people with autism and their carers to be recognised and to ensure that they have the same opportunities as everyone else.

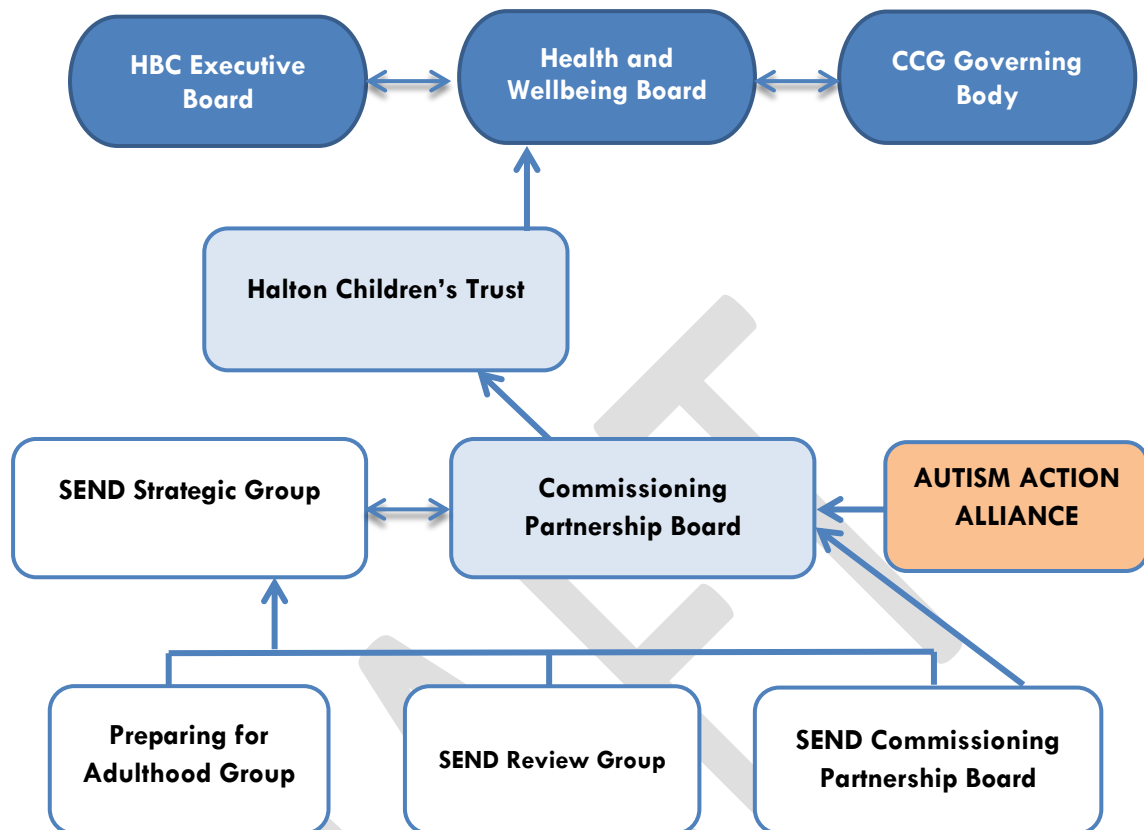
This strategy has been split into the strategic objectives based on the Department of Health’s (DH) statutory guidance *Think Autism*.

2.1 Local Planning and Leadership

Governance Structure – Learning Disability Services for Adults



Governance Structure – Children's Services



2.1.1 Identification and diagnosis of autism

Guidance from the DH states that while Local Authorities will lead commissioning for care and support services for people with autism, CCGs are expected to take the lead responsibility for the commissioning of diagnostic services to identify people with autism, and work with Local Authorities to provide post-diagnostic support for people with autism (regardless of whether they have an accompanying learning disability, other hidden impairments or a co-occurring mental health problem).

Adults

For adults with an identified Learning Disability (LD), a diagnostic assessment for autism can be accessed within LD services. However, should people with an LD be able to access generic Autism Diagnostic Services, then, under the principles of the Green Light Toolkit for Mental Health (National Development Team for Inclusion, 2012, 2013) reasonable adjustments should be made to enable this access. Halton Community LD Team follow the NW Boroughs Healthcare NHS Foundation Trust diagnostic pathway for LD and autism.

Referrals are accepted via the HBC hub or directly into the team and can be made by GP's, social workers, other professionals, carers or by self-referral. As part of the

referral process, a completed screening tool is required to ensure that the need for an assessment is clinically indicated and core areas of diagnostic presentation exist. The referral will then be discussed at the team meeting and, if appropriate, placed on the waiting list for an assessment. Within the team, assessments are completed using a range of tools including Autism Diagnostic Interview-Revised (ADI-R) and Autism Diagnostic Observation Schedule (ADOS) as recommended in the NICE guidance. As per NICE guidance on diagnosis, where possible a family member or carer is engaged to inform both current presentation and developmental history.

Following diagnosis, people with LD and autism receive multi-disciplinary support as required from the team. Clients accessing the LD service receive support based on clinical and presenting need, for those persons who receive a diagnosis the availability and access to the service will not change however, the diagnosis may provide additional information about need and provision of interventions.

For adults without a learning disability, autism diagnostic assessments can be accessed via the Adult Social Care (ASC) diagnostic service within NW Boroughs Healthcare NHS Foundation Trust. This service covers St Helens, Knowsley, Warrington and Halton boroughs and the assessments are funded by the CCGs. This service is currently based at Willis House, Whiston, L35 2YZ. Referrals can be made directly to the team and can be made by GP's, social workers, other professionals, carers or by self-referral. It is requested that an Autism-Spectrum Quotient – 10 items (AQ-10) screening self-assessment is completed with the referral and the team will then further explore suitability of an assessment. Within the team assessments are completed using a range of tools including Diagnostic Interview for Social and Communication Disorders (DISCO), ADI-R and ADOS. A report is then provided outlining the diagnostic decision and makes person centred recommendations. With the person's consent, this is shared with GP and relevant agencies. For those receiving a diagnosis of autism, the report outlines the statutory guidelines about assessment or reassessment of need and carers assessments that should follow a diagnosis of autism.

This is a diagnostic service only. Adults with autism who do not have a learning disability should access mainstream health services as and when they are needed. Mainstream services should make reasonable adjustments to support those accessing the service with autism. The Greenlight Toolkit outlines the reasonable adjustments that mainstream mental health services should implement to support people with autism.

Children

For Children in Halton, the Diagnostic Pathway is set out in a chart, which can be seen at Appendix 4. Feedback from the consultation events stressed that this is an area that requires evaluation. This will be an action on the Delivery Plan.

2.2 Transition from childhood to adulthood

Transition to adulthood is a crucial stage in the lives of all young people, and a time when those with autism may face particular challenges. Good transition support for children and young people with autism can have a profound impact on their ability to reach their potential, through access to further learning or training, employment and independent living opportunities. Co-operation between the relevant authorities is crucial if the person is to fulfil their potential. Local Authorities children's and adult services, children's health services and social care all need to play a part. Under the Children and Families Act 2014 Local Authorities have duties towards children and young people with autism and their families. There are also requirements that Local Authorities must meet under the Care Act 2014 as young people make their transition from children's services into adult services.

Recognising the importance of effective transition for people with disabilities and/or complex needs (including those with autism), Halton established a dedicated Transition Team early in 2017 alongside the development of a new multi-agency Transition Protocol for the period 2017-2020.

This approach ensures that legislative obligations are met and the transition process is joined up across education, health and social care with increased and targeted co-ordination and communication from all agencies starting from Year 9 (age 13/14) up to the age of 25 years or until an individual's appropriate transfer into generic adult services.

Throughout the transition process, there is a person-centred and outcome-focused approach with young people and their families/carers being fully involved in decision-making. They are supported, through a strengths-based approach, to be aspirational and reach their full potential in relation to education/employment, living independently, participating in society and being as healthy as possible in adult life.

2.2.1 Planning

The planning process for Transition will start in Year 9 (age 13/14) and at this point the Transition Team will become involved in planning for the transition to adult services, for young people with an Education, Health and Care Plan (EHCP) and a diagnosis of Autism.

The process will ensure that a young person has a named social worker, when required up until year 14 (age 18/19), who will attend all review meetings that are called by the school and the young person, their parents and carers or chosen representative, the school teacher, SEND representative, relevant health professionals, careers advisors and a person-centred facilitator.

In advance of the year 9 review, school will support the young person to complete the **'My Transition Plan'** document, which will be discussed during the review meeting and added to and updated as appropriate afterwards. The Transition Social Worker will support school staff with this process. The purpose of My Transition Plan is to capture the young person's aims and aspirations for the future, the options that may be available to them as they move towards adulthood and the care and support they may require.

To assist with transition planning, young people and their families should be referred to the [Preparing for Adulthood section of Halton's Local Offer](#), which provides information, support and advice across education, health and social care covering ages 0-25 years. In addition, the [Care and Support for You Portal](#) provides information, advice and signposting with regards to adult social care services (age 18+).

My Transition Plan sits alongside the EHC Plan and the Health Action Plan, which is initiated by the school nurse at year 9, as necessary. Some young people may also have an 'All About Me' book, which is produced by schools from year 7 onwards (schools are responsible for maintaining this). Each of these documents will be considered within the review and updated by the relevant professional as appropriate following the meeting. The Transition Social Worker, supported by the relevant school, takes responsibility for the My Transition Plan. The SEND Service has responsibility for the EHC Plan. Health staff in attendance at the review will give consideration to whether the young person needs any therapeutic involvement or if any further referrals need to be made.

In years 10 to 14 it is focussed on firming up the options when leaving statutory education. There should be taster sessions offered from the educational setting that the young person is looking to attend post-16 and these will be explored and confirmed by the current setting.

If leaving school or college (year 11/14), the young person's final School Health Review (to incorporate the Health Action Plan) should be completed by the school nurse or paediatrician and a copy given to the young person/their family and shared with their GP (if consent given). It should also be made available to adult services to inform future health needs.

The Social Worker will work with the young person in a variety of settings, whichever one is the most comfortable for the young person and their family. Future planning outside of education will also be discussed, future accommodation, employment, friendship and social opportunities and how much support they will require to ensure this is an achievable goal.

2.2.2 Transition protocol

The Protocol applies to children and young people between the ages of 14 and 25 who have disabilities and/or complex needs, including the following distinct groups:

- Those who have an EHC Plan (or a Statement of Special Educational Needs (SEN));
- Those who are likely to meet the eligibility criteria for adult social care services (in line with the Care Act 2014);
- Those with Continuing Healthcare needs;
- Those with complex needs (e.g. behaviours that challenge services, learning disabilities, severe autism, acute or chronic medical conditions);
- Those who would benefit from support in planning for adult life but do not have an EHC Plan/SEN (e.g. those with high-functioning autism or social/emotional/mental health difficulties/ill health);
- Carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood.

The Protocol provides professionals from across education, health and social care services who are involved in supporting young people through transition with information about what should happen and when, who has responsibility and how agencies should work together.

The transition timetable is outlined within the Protocol, which explains that Year 9 marks the start of the formal transition to adulthood process and it is at this point that the Transition Team will become involved in planning for the move to adult services. This is in line with the requirement under the Children & Families Act 2014 that every EHC Plan review from Year 9 onwards must have a focus on preparing for adulthood.

The Protocol also describes how, in line with the Care Act 2014, a transition assessment will be conducted for young people with care and support needs if they are likely to have needs when they reach age 18. Adult carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood are also entitled to a transition assessment.

2.3 Training of staff who provide services to children and adults with autism

NICE guidance states that all health and social care practitioners involved in working with, assessing, caring for and treating people with autism should have sufficient and appropriate training and competencies to deliver the actions and interventions that are required. NICE also state the importance of people with autism being involved in the delivery of training to health, social care and education practitioners.

2.3.1 Autism Awareness

Through a contract we have with the LD Training Alliance a two-day autism awareness training course is offered. This is to increase basic awareness of how people with autism present and effective support strategies that can be utilised. This is suitable for carers, support staff or professionals who require a basic understanding of autism or professionals who have limited prior knowledge of autism. All staff within Adult Social Care have access to this course.

The British Psychological Society (BPS) have autism modules via e-learning. Levels 1 and 2 are free, level 3 has a cost. The link to the modules can be accessed here: <https://beta.bps.org.uk/psychologists/professional-development/find-cpd>

SEN Service provides whole school staff awareness to schools and settings as required. Elklan for Verbal ASC is offered on a yearly basis for up to 20 staff delivered over three full days. The offer also includes nurseries with Early Years training and visits by autism specialist teachers and portage to settings who have received training. Ashley school, through the teaching school alliance also offers regular training.

The SEN Service also provides on at least an annual basis the York Intervention for parents and carers of young people on the autism spectrum training. This is a nine week training course which aims to support parents develop an understanding of autism and provide them with strategies to help manage behaviours that challenge. Sibling training and support is also provided by the SEN Service through Halton Young Carers on a regular basis. We are also intending to set up training for children and young people with autism based on what parents have asked for from the York Intervention.

Commissioned services such as Chatter Bug Speech and Language Therapy Service provides training for parents in areas such as; use of visual supports and use of PECs (Picture Exchange Communication System).

Brookfields Special School provides NAS Early Bird training for parents and carers of young children. The aim provides guidance and strategies to support children and encourages confidence building in supporting interaction and communication skills. Brookfields Special School also provides parents and carers of children at the school with training around visual supports and use of PECs.

The Graduated Approach

According to the SEND Code of Practice, schools and settings should support pupils with SEND including autism using an Assess, Plan, Do, Review process/approach.

The first step in supporting a child or young person with a diagnosis of autism is to ensure that high quality differentiated teaching targeted at the area of need is the first response to supporting a child with SEND including autism (SEND Code of

Practice, 2014 6.37). Within Halton, schools and settings should not delay in providing intervention and support for children with SEND, including autism and should deploy their own resources and provision targeted at the area of need in the first instance.

The Graduated Approach can be considered as a process where increasing levels of support are implemented, and referrals are made to advisory services as appropriate. Where schools and settings can evidence that they have followed the Graduated Approach and implemented the advice of external agencies, but the child has needs that are unmet, the next step in the Graduated Approach is to apply for support for Enhanced Provision.

Enhanced Provision allows schools and settings to supply evidence that a child or young person has needs that cannot be met within the school or setting's own resources. It also enables schools and settings to use funding flexibly for the benefit of the child or young person. Enhanced Provision is top up funding provided by the Local Authority to help meet the needs of the child or young person. This provision can take the form of training, equipment, specialist resources or additional adult support and it is the school or setting's responsibility to demonstrate this need and the rationale for this intervention and support. Enhanced Provision is time limited and will remain in place for one year.

2.4 Education, health and care plans

The DH Guidance states that the Children and Families Act 2014⁵ provides for a new SEND support system, covering education, health and social care. A key change within the Act is that it replaces SEND statements and Learning Difficulty Assessments (LDAs) with more co-ordinated EHC plans for children and young people aged 0 – 25 with the most complex needs. This brings parity of rights for those at school and at college. There is also continuity of support beyond 18 + up to 25 for a young person if they need it to achieve their desired education and training outcomes and to help prepare them for adulthood. EHC plans provide a much greater focus on long-term outcomes.

Not every child or young person with a diagnosis of autism will require an EHC Plan. All schools and settings are expected to follow the graduated approach as outlined above. Schools and settings are required to follow a process of assess, plan, do, review in response to any emerging SEND need including autism. Many children and young people with a diagnosis have their needs met at SEN support level within schools and do not require support beyond this. A minority of children and young people within Halton may require the support of an EHC Plan.

⁵ <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

2.4.1 New school provision for children with autism

In Halton, we have a range of provision for children with a diagnosis of autism. Our aim is that many children and young people can have their needs met within their local mainstream schools so that they can access education within their own communities. In order to support schools to meet the needs of children and young people with autism, we offer a range of support and services including:

- Education Psychology Consultation;
- Specialist Teacher and advisor involvement;
- Outreach support from specialist settings;
- Speech and Language Therapy Service; and
- Training and support for schools and settings who support children and young people with autism.

Some children and young people with autism have needs that are exceptional and cannot be met within mainstream school. In order to support children who have needs that are beyond what a mainstream school can provide, there is a range of provision available including resource based and specialist provision.

In order to access this provision, children and young people's needs are assessed on an individual basis following an application for an EHC assessment.

Resource bases

Simms Cross School and The Grange School have resource base provision to meet the needs of children in Key Stage 1 and 2. Each base is staffed by a teacher and two teaching assistants. There is provision for 14 children with a diagnosis of autism to attend the bases. The resource bases have highly skilled and specialist staff who are able to support the needs of children with autism. The concept of the resource base enables children to continue to access some mainstream school experience and to learn alongside typically developing children whilst providing individualised, specialist support to meet the needs of the child. Historically, children were placed in the base following a request for Enhanced Provision. From September 2017, children admitted to the base will typically be allocated a place following an EHC assessment.

St Peter and Paul School and The Grange School have resource base provision for children with a diagnosis of autism in Key Stage 3 and 4. Each base has provision for seven children and are staffed with at least three members of staff. Staff within the resource base have received additional training in autism such as the three day Canterbury and Christchurch University course in 'Understanding autism in school – Certificate in Autism'.

Special School Provision

Halton has a range of special school provision designed to meet the needs of pupils with SEN including autism. Places to special schools are allocated through an EHC Plan assessment. Each one of Halton's special schools provides a carefully tailored curriculum designed to meet the needs of children with SEN.

Brookfields Special School is a National Autistic Society (NAS) accredited community school which provides education for primary aged children with severe and complex learning difficulties and autism. Outreach support for mainstream primary schools is also provided through Brookfields.

Chesnut Lodge Special School is a community special school providing education that caters for children with complex physical and medical needs between the ages of 2 and 16.

Ashley High School is an NAS accredited secondary provision for pupils with a diagnosis of autism or social communication difficulty. Pupils placed in Ashley High School are high functioning pupils who receive a similar curriculum to mainstream peers but due to their vulnerability require a smaller setting with specialist staff.

Cavendish High Academy is for secondary aged pupils between the ages of 11-19 with severe and complex learning difficulties, profound and multiple learning difficulties including those with autism.

For more information on any of Halton's schools, please see the Local Offer which provides more information on each of the schools and the support they offer: <https://localoffer.haltonchildrenstrust.co.uk/schools/>

2.5 Transition to adult health services

Under the Children and Families Act 2014, CCGs must co-operate with local authorities to jointly commission services that will help meet the outcomes in EHC plans. This should include supporting the transition between children and adult services.

The Halton Community LD Team sits within North West Boroughs Healthcare NHS Foundation Trust. The Halton Community LD Team is a multidisciplinary service that supports adults with a primary diagnosis of a learning disability who have difficulties accessing mainstream services *because of their learning disability*. If a person is not previously known to the team, first and foremost, information will be required as to the presence of a learning disability. This may be gathered via: a clinical interview with the person and/or their carers, a review of previous educational statements of SEN or professional health reports. Some people may require more in depth assessment to identify if they have a learning disability.

The Halton Community LD Team comprises: speech and language therapists, occupational therapists, physiotherapists, clinical psychologists, therapy assistants and a consultant psychiatrist. There is also a community matron for learning disabilities who sits within Bridgewater Community Healthcare NHS Foundation Trust and a team of LD nurses who sit within HBC.

Users of services receiving clinical support from learning disability services will have a learning disability and an unmet health need. People with a LD may also have a diagnosis of autism or require an assessment for autism. Users accessing these services receive support based on clinical and presenting need.

The team has good links with HBC's Social Services Transition Team and have provided guidance on indicators a person may meet criteria for having a LD, and therefore may require support from the specialist LD team. The team also meets regularly with health services in Woodview Child Development Centre to improve the identification of individuals requiring intensive support around transitioning from children's to adults services within specialist learning disabilities service input. Professionals from the team may attend ECH Plan meetings, where invited, for clients who are currently accessing the service.

For adults with autism who do not have a learning disability, health services would be accessed from mainstream teams. Mainstream services should make reasonable adjustments to support those people with autism accessing their service.

2.6 Preventative support and safeguarding

The Care Act 2014⁶ places a duty on local authorities to provide or arrange preventative services for people within their communities. LAs should ensure they are considering the needs of their local child, young person and adult population who have autism, including those who do not meet the eligibility threshold for care and support.

⁶ <https://www.legislation.gov.uk/ukpga/2014/23/contents>

2.6.1 Access to information and signposting

DH guidance states that it is important that all people with autism, whatever their level of need, can easily access information in their local area about what support from peers, charities and other community groups is available.

In Halton we have our [Local Offer](#) website, which is an online resource available to everyone, in particular:

- Children and young people with SEN and/or Disabilities (SEND) from birth to 25 years;
- Parents/carers and families; and
- Practitioners and professionals.

By working closely with children, young people, parents, carers and professionals we have used their ideas and feedback to change the layout, content and information available on the Local Offer to ensure it is user-friendly, in an accessible format and easy to understand. The main 'home' page is set out in themed topic sections and from there information can be easily found in itemised drop-down boxes.

Halton SEND Partnership information advice and support service (SENDIASS) is Halton's statutory information advice and support service. The service delivers FREE and confidential independent, impartial advice, guidance and support to children, young people (0-25 years) and their families around SEN and/or disabilities, SEND. Access to support from Halton SEND Partnership is not dependant on a formal diagnosis of needs; the service covers initial concerns or identification of potential SEN or disabilities, through to ongoing support and provision.

Chapter 2 of the SEND Code sets out in detail the duties that rest on local authorities to ensure that information, advice and support is available to children and young people with SEN and disabilities, and their parents. The Code describes how such services should be provided (2.4), the principles that should be taken into account (2.8), who information, advice and support should be available to (2.9 – 2.16), and what services should be provided (2.17 – 2.23).

Effective information, advice and support will result in service users being able to navigate SEND processes (including education, health and social care), participate in decision making, and, where necessary, challenge service providers to ensure that the needs of children and young people with SEN and disabilities are identified, assessed, provided for and reviewed in accordance with the Children and Families Act 2014 and the SEND Code.

2.7 Reasonable Adjustments and Equality

DH guidance for Adults states that for many people with autism, mainstream public services can be hard to access. People with autism can have a number of sensory differences affecting all five senses that can impact on their lives in a number of ways including communication, socialising and living independently. All public sector organisations, including employers and providers of services are required to make reasonable adjustments to services with the aim of ensuring they are accessible to disabled people, including people with autism. People with autism have a right to access mainstream services just like anyone else.

For adults with autism who do not have a learning disability, health services would be accessed from mainstream teams. Mainstream services should make reasonable adjustments to support those people with autism accessing their service.

Adults with autism accessing health services should also have a hospital passport so that their personal information and preferences are clear to all staff.

2.8 Supporting people with complex needs

DH guidance for Adults states that people with autism who also have mental health conditions or behaviours viewed as challenging are entitled to get good quality safe care, whether at home, living in the community or in hospital. People should be assessed, treated and cared for in the community wherever possible. People should live in their own homes with support to live independently if that is the right model of care for them.

Local Government Association (LGA) and NHS England make some key recommendations for services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges. The guidance was produced in response to Action 19 of Transforming Care: A national response to Winterbourne View Hospital; and reaffirms a model of care which is known to represent best practice. NHS England has also produced further guidance on models of care for intensive support services for people with learning disabilities and/or Autism.

Core principles that should be in place across all education, health and social care services accessed by all children and adults with a learning disability and/or Autism who may engage in behaviour that challenges include:

- Improved life quality;
- Reduction in prevalence and incidence of behaviours;
- Reduction in the number of people placed in restrictive placements e.g. Assessment and Treatment Unit (ATU), residential school etc.; and
- Reduction in the inappropriate use of medication, restraint and seclusion as behavioural intervention.

With reference to challenging behaviour several best practice recommendation are made:

- 1) Behaviour Support is based on an holistic assessment (incorporating Functional Assessment) of the context in which the behaviours occurs;
- 2) There is a written individual support plan;
- 3) The behaviour support plan includes: a description of behaviour that challenges; a summary of the reasons for this behaviour; proactive strategies and reactive strategies;
- 4) Monitoring and review arrangements; and
- 5) Implementation arrangements.

The PBSS provides such services. Individuals referred to the service are given a full Functional Assessment of behaviour, carried out by a Board Certified Behaviour Analyst (BCBA). From this a person centred intervention and Positive Behaviour Support plan is developed. Support is then provided by the service to implement the plan and monitor its effectiveness and progress. Once an individual has reached their behavioural objectives, which will include both challenging behaviour reduction targets and also improved quality of life indicators e.g. increase community access, then discharge processes will commence. Individuals are provided with a detailed exit and maintenance plan with a view to preventing procedural drift and a re-emergence of behaviours that challenge.

PBSS pick up referrals for those individuals with the most complex behavioural needs. A high number of individuals referred to PBSS have a diagnosis of Autism. Referrals are triaged in adult service by the Adult LD Nurse Team. Part of their role is to screen out any underlying health issues impacting upon the individuals' behaviour before progressing additional assessments/sign posting to specialist services e.g. PBSS. Individuals with Autism and a LD who engage in lower level behaviours are supported in adult services by the LD Nurse Team who also utilise a functional assessment approach. Service users may also access support by Speech and Language Therapist (SALT), Psychology or Occupational Therapist (OT) as part of a Multi-Disciplinary Team (MDT) approach to challenging behaviour. In children's services behavioural support for lower intensity behaviours is offered by Woodview children's services or CAMHS where there is a mental health issue also.

PBSS also provide training to other mainstream services in Positive Behaviour Support. Training is offered with a view to skilling up services e.g. adult short break, to be better equipped to support people who can engage in behaviour that challenges services.

LGA and NHS England also recommend that an Active Support model of care is provided. Active Support is an evidence based approach to supporting increased

meaningful activity. Halton has taken a strategic effort to utilise Active Support as a model of care across adult services e.g. all day service staff and supported housing staff have been given training in Active Support and adopt this model of care. PBSS also support Active Support training with independent service providers supporting individual's referred to the service.

For individuals sectioned under the Mental Health Act the Care and Treatment Review (CTR) protocol is followed. CTRs were developed as part of NHS England's commitment to improving the care of people with learning disabilities, autism or both in England with the aim of reducing admissions and unnecessarily lengthy stays in hospital and reducing health inequalities. CTRs are focussed on children, young people and adults who have learning disabilities, autism or both **and** who either have been or may be about to be admitted to a specialist mental health / learning disability hospital either in the NHS or in the independent sector. The aim of the CTR is to bring a person-centred and individualised approach to ensuring that the care and treatment and differing support needs of the person and their families are met, and that barriers to progress are challenged and overcome.

Behaviour others may find challenging lessens with the right support and individuals benefit from personalised care and living in the community. It is important that those who support people with complex needs, whose behaviour may challenge or who may lack capacity should have a good understanding of supported decision-making, understand the principle that people would not be treated as lacking capacity simply because they make an unwise decision; should consider their wishes and feelings, and all health and social care organisations need to understand the principle of least restrictive care, identifying a range of interventions and seeking the least restrictive ones for people with autism.

For adults with autism and a LD who require admission to a mental health hospital setting, Byron Ward is based at Hollins Park Hospital in Warrington. This is within North West Boroughs Healthcare NHS Foundation trust.

Dynamic Support Database

The development of a Risk Register was referenced in the National Care & Treatment Review (CTR) protocol document to ensure there was support available to those individuals who may be at risk of admission to a Mental Health Inpatient unit. Across Cheshire & Merseyside the term 'Dynamic Support Database' is used rather than Risk Register. There is an agreed Standard Operating Framework, outlining agreed standards to be adhered to across the Cheshire & Merseyside Transforming Care Partnership⁷ footprint for the development and maintenance of Dynamic Support Database for adults (i.e. who are aged 18 years or over) with a diagnosed LD, who may also have an Autistic Spectrum Condition, who are registered with a GP within

⁷ <http://www.cwp.nhs.uk/about-us/our-campaigns/transforming-care/>

respective CCG areas, and who are currently clinically managed through the direct involvement of a local Specialist Community LD Team.

This is the web link for the accessible standard: <https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

2.9 Working with the Criminal Justice System

Under the Care Act 2014 (from April 2015) LAs must assess the care and support needs of adults (including those with Autism) who may have such needs in prisons or other forms of detention in their local areas, and meet those needs which are eligible; and work with prisons and other LAs to ensure that individuals in custody with care and support needs have continuity of care when moving to another custodial setting or where they are being released from prison and back into the community.

A needs assessment document produced by the Centre for Public Health at Liverpool John Moores University in Jan 2016⁸ suggest that the prevalence of ASD in CJS is higher than the prevalence of ASD in the general population however this conclusion is modified by the poor methodologies and biased samples used in the studies which formed part of Murphy and King's review (2014). Similarly the prevalence of offending in ASD populations are also difficult to interpret but suggest that adults with ASD commit the same or fewer offences than those in non-ASD populations.

The Youth Justice system differs from the adult system in that there is a statutory requirement to consider the welfare and wellbeing of the child, aged 10-17, as well as the need for public protection in any actions taken by the Police and Courts.

The 1998 Crime and Disorder Act requires the Chief Executive of the LA to ensure there is a multi-agency partnership in place including the Police, Probation, Health, Education and LA as well as other relevant partners. In Halton this is delivered in a wider partnership with Warrington, Cheshire West and Chester and Cheshire East councils who have formed Youth Justice Services to deal with children in contact with the Youth Justice system.

All children referred to the Youth Justice Service (YJS) in Halton have come to the attention of the Police and when circumstances of the child and or incident allows, the presumption is not to prosecute or utilise the formal Criminal courts system but to effect an appropriate out of Court disposal which generally means no impact in terms of a criminal record.

The primary model for Out-of-Court disposals is via the award winning (Howard league for Penal reform 2017) Divert programme which seeks to identify relevant

⁸ "Learning Disabilities and Autism: a health needs assessment for children and adults in Cheshire and Merseyside"

issues within the child's experiences and address them without recourse to the formal court system wherever possible.

All children referred to the YJS whether via formal Court outcomes or by way of Out-of-Court disposal are assessed utilising a nationally credited assessment tool- AsetPlus - which includes issues of general and mental health. The Youth Justice Service refers those children with identified or suspected needs related to autism to the general service provision within Halton. YJS staff receive regular training to ensure they are up to date with a wide range of issues affecting children in the contact with the Police.

Children detained by the Police prior to charge or Court appearance will be the responsibility of the Police during this period, but where detention is not required will be transferred to the LA for appropriate placement.

Children who receive a custodial outcome, whether sentenced or awaiting Court decisions, will receive a full health assessment and access to relevant services via the Institution in which they are placed, which can be anywhere in England or Wales as commissioned by the Youth Justice Board. The majority of children from Halton placed in a custodial setting will find themselves in Wetherby Young Offender Institution in Yorkshire. The YJS will retain case responsibility and will liaise with the child, family and home based services for the duration of the sentence in custody and upon release.

The wider YJS which covers the Cheshire Policing footprint and the four LA areas has access to specific speech and language services but these are currently unavailable in Halton.

At the age of 18, children transition to the adult criminal justice system and are expected to be transferred to the national Probation service for the remainder of any formal Court order.

The short **case study** below illustrates how the YJS Diversionary approach works in practice.

- 12 year old child arrested for six offences of criminal damage and one offence of assaulting a police officer.
- From the Police interview, it was clear that the child's level of difficulties were such that he struggled to comprehend the consequences of his



actions i.e. recognise them as criminal acts.

- The case was referred to the Youth Justice award winning Divert scheme by police.
- The YJS triaged the referral and noted the child was known to children's services. YJS completed an assessment and liaison which included screening for SEN and disabilities through co-located CAMHS and Education specialists in YJS.
- YJS worked closely with the LA to advocate and help broker specialist education provision in Southport to support the child's identified needs.
- YJS contacted victims of offences who were happy for the matters to be dealt with by way of an out of court disposal.
- YJS and Police followed Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act⁹ guidance around joint decision-making for out of court disposals and made recommendation for the offences to be dealt with by way of an informal sanction called 'community resolution'.
- Outcome – the child was successfully diverted away from the formal criminal justice system and into appropriate support and intervention that would meet his needs, reduce risk of repeat offending and avoid harming his future life prospects with a formally recorded police caution or conviction.

⁹ <http://www.legislation.gov.uk/ukpga/2012/10/contents/enacted>

QUESTION	PUPIL RESPONSES
As an Autistic young person, what do you think is working for you in terms of your Autism?	<ul style="list-style-type: none"> • The school is autistic friendly and they are not like other schools • Small classes • Support • Having free time as a reward • No changes • My cards (visuals) • Stress relievers like sports, video games and music • Rewards for full credits in lessons • People understanding that I think differently to other people • Playing sports • Good/kind teachers • The help I am getting • Having fun in school, fun lessons • Science • Drawing • Being more mature • A mum that understands me • Money from government • My own room
What would make life easier for you at school?	<ul style="list-style-type: none"> • No loud noises, it hurts some people's ears • Not too much pressure on me to do my work • People accepting I am hyper sometimes • Having opportunities to calm down • Easy homework • Having special colours and drawing time • Time to think • Listening to my problems • To have a good morning at home so I take my good mood to school
What would make life easier for you at home?	<ul style="list-style-type: none"> • If I had more friends my age • When I bounce on my trampoline • Being allowed to go on my Xbox in the week • Not too much work • Building stuff on Minecraft • Letting me watch 'I'm a Celebrity' at the start and the end • No arguing, not talking at the wrong time • More mum and dad time • If we talked it out • Hit cushions • Personal space, relax time, a prize if I'm good on a Friday • To have a good day at school so I have a positive attitude at home
QUESTION	

	PUPIL RESPONSES
What does a good day look like for you?	<ul style="list-style-type: none"> • When I try to make the school better by being a Fire Marshall • Stress free and freedom of choice to do what I want, privacy • Reading, enjoyable lessons • When I don't get wound up by others • Getting full credits in lessons • Nice relaxed lessons with free time and Xbox at home • If my brain doesn't feel hard • More school drawing, looking at online images to draw • Getting no warnings • When I'm happy • Having fun, being with my parents, no one picking on me • Every day at school • Relaxing all day • Having a good morning at home so I enjoy myself at school
What does a bad day look like for you?	<ul style="list-style-type: none"> • When I get stressed out for certain reasons, when people annoy me I get angry • Friendships being broken • Two or more home-works a day • Being spoken to when I don't want to talk • When someone calls me a bad name (I would tell the teacher) • Change of timetable • Double lessons • When I get tired and mithered to death • Hard work, hard homework • Wednesday because of Science • Getting told off at school and at home • If I could not go to school • Getting told off because of my actions • When I'm unhappy • Being picked on, called names etc • People not letting me play football with them • Running out of sweets • When I get in trouble at home so I don't enjoy my day at school
Any other comments (continue over the page if necessary)	<ul style="list-style-type: none"> • I would like to go to other schools and make them aware of what Autism is and what the difficulties are • I would like a Halton Autistic football team • More DT as I think it is good to learn more about making stuff • Less pupils who are being annoying • Primary was 'hell' but I'm out of it

Consultation with Schools

Appendix 2

Thursday 9th November, 3.30pm-4.30pm at Ashley High School

Attended: RB Teacher Simms Cross, RB lead and SENCO, Simms Cross, RB Lead, St Peter and Paul's, Head teacher, Chesnut Lodge, DHT, Ashley, Assistant Head teacher, Ashley, Head of 6th Form and Autism Lead, Ashley, Infant base, The Grange, KS3 Base, The Grange, Practice Manager, Disabled Children's Service, Specialist Teacher.

- Welcome and introductions
- Overview/ aim of the strategy
We discussed briefly the aims and overview of the strategy and purpose behind it. Ami stressed the need to include and get the schools involved as key partners in the process. Ami thanked schools for sharing the questionnaire. We had a large response particularly from Brookfields.
- Parental and child/ young person feedback
We discussed the highlights from the feedback as shown on the next page. We also discussed the following training needs and support for parents:
 - York training is well established and attended but it is a lengthy course and not all parents can engage with this
 - Short courses that we could offer to all parents as a network of schools
 - Specific courses for parents e.g. sex and relationships, social media and internet use
 - Mental health and emotional wellbeing to support
- Further opportunities to gather pupil voice and consultation
 - Helping and supporting children to understand autism
 - Perhaps a video of children exploring what autism is and what it means which could be included on the local offer
 - Whether each school could appoint their own 'autism ambassadors' within the school to participate and work with schools and the community around understanding autism
 - Schools have agreed to have a discussion with pupils and share any further feedback.
- Inclusion of schools as stakeholders in the strategy

Schools welcomed the opportunity to network and wanted to continue to be involved in the strategy and any further opportunity to contribute.

- Any other business

Schools found the meeting helpful and have requested to meet again. The next meeting will take place on **Thursday 11th January at 3.45pm at Simms Cross, Widnes.**

The agenda will cover:

Emotional health and wellbeing for children with autism.

Schools will bring along and share resources and ideas they have developed to address emerging difficulties.

Ami to contact CAMHS and EP Service to see if there is any representation possible at this meeting.

Key themes from the feedback**Number of completed surveys received – 76**

30 received via Ami McNamee, the rest through the post

Adult with autism	19
Carer of an adult with autism	12
Child with autism	5
Parent/carers of a child with autism	38
Blank	2
Total	76

Autism	50
Asperger's	11
Blank	15
Total	76

Type of school

Mainstream	5
Special	39
Resource base	1
Blank	1
Total	46

Key themes emerging:

- Lack of post-diagnostic support
- Praise for some services

What schools and colleges can do better:

- Make mainstream schools more autism friendly
- Holiday periods particularly over 6 weeks can be difficult for parents
- Better links between health/ services and schools including services going into school
- Communication- parents can sometimes feel as though they are not fully included in school life
- Transport can be problematic for some children
- Some comments regarding change being too frequent

What else needs to change:

- More opportunity for social groups and activities
- Parents and CYP not always aware of service that are available to them
- Some concerns over transition to other services
- Consistency of staffing

SUMMARY OF SIMMS CROSS RESOURCE BASE QUESTIONNAIRE TO PARENTS

APPENDIX 3

13 questionnaires sent out, 10 returned.

	How does your child feel about school?
Enjoys/ happy	////////
Bad/a little bit good	/

Questions Asked	What are the challenges your child faces?		Any concerns regarding the support?		What is working well?		Any further support RB could offer?	
Responses	Handwriting	///	None	////////	Everything	//	None	////////
	Completing work	///	Changes in Base	//	1:1 Reading activities in RB	//	Continue Coffee Mornings	///
	Reading	//			1:1 writing activities In RB	/	Continue to inform parents	/
	Keeping his own behaviour under control	/			Staff’s approach and knowledge of child	// // //	Explain things in more details to parents with EAL.	/
	Homework	//			Daily Routine	/		
	Waking up	/			Incentives	// /		
	Hard work	/			Able to return to Base	//		
	Socialising/ Boundaries	//			Peer Massage	/		
	Anxiety	/			Golden Time	/		
	Independence	//						
	None	/						

Additional comments from parents

“Just to say thank you for all the help and understanding to date”, “The Resource Base staff are amazing”, “Brilliant education setting, I’m forever grateful”.
 “Thank you to all staff”, “I don’t think there is anything else the staff can do, you all do an amazing job”.
 “Thank you”.

CHILDREN'S SERVICES DIAGNOSTIC PATHWAY

APPENDIX 4

Referrals requiring multiple health services to a single point, one referral form.

Referral not indicating that universal support has been offered/taken-up.

Weekly Triage by small group 2-3 of below:
Advanced Nurse Practitioner (ANP), Child Paediatrician, Speech & Language Therapist, Occupational Therapist, Physio, Portage, Educational Psychologist, CAMHS, Orthoptist.

Referral accepted for Specialist Health Assessments. Group agree which professionals are to commence assessments and which may be later.
For medical assessment a child may be assessed by ANP/C Paediatrician (clinical decision by panel).
Where required, Admin/Assistant send leaflet/questionnaires to parents and schools, to obtain views of child in a range of settings.
Recommendation from Panel may be for some families to commence behaviour support via W Stratton/other courses as well as or instead of assessment.

Assessment commences (18 weeks RTT with appropriate combination of:
AHP assessments
ANP / Community Paediatrics assessment
History, Observation in Nursery / School
Parental/School questionnaires
Early years / Portage information (if involved)
CAMHS information (if known to service)
Ed Psychology, Specialist Teacher (if known to service)
Some assessments may be jointly conducted e.g. SLT + ANP, OT/PT, Additional Needs Nurse / Community Paediatrics.
Initial advice will be given to parents by assessors about managing presenting situation.

Support does not require medication / medical oversight

Continue the support with AHPs, Specialist Nurses/School /CAMHS/Education Psychology if involved. Discharge from Community Paediatrics back to GP.

Signposting to other sources of support

Some referrals may need to be signposted to universal early support such as Children's Centres /Health Visitor/School behaviour support/School Nurse support. Family to employ behaviour support strategies in school/at home. If universal provision implemented does not resolve the issue then Child can be referred back to specialist service. Some may need to be referred to Tier 2/3 CAMHS support if outside expertise of this group.

Multi professional panel meets to discuss assessment findings, by week 20 at latest. Group reviews all assessment findings and information provided by others and develop support plan (regardless of diagnosis)

Decision made:

1. If any further assessments are needed by ANP / Medical Staff
2. If ADOS needed
3. If other medical tests needed

Next actions:

- a. Support plan prepared for feedback
- b. Complete any further assessments identified
- c. Joint written report developed
- d. Agree which professionals to feedback to family
- e. Agree source of emotional support for family e.g. HV, SN, family member, Portage, Specialist Teacher, School.

CYP & Family Feedback Meeting

Meet with CYP & / or Family. Emphasis on 'support' not diagnosis
Feedback
a. Assessment findings
b. Support plan
c. Diagnosis if appropriate
d. Next steps - ongoing with some services, discharge from other services.



ONE HALTON ALL-AGE AUTISM STRATEGY

DELIVERY PLAN 2018 – 2019

1 LOCAL PLANNING AND LEADERSHIP					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
1.1	User-led delivery plan monitoring	Establish Local Autism Action Alliance as a sub group of the Learning Disability Partnership Board	May 2018	Patrick Frost, HBC	
1.2	Develop a local register of people diagnosed with Autism.	<p>GPs to continue to record when a person receives a diagnosis on the patient's record.</p> <p>Develop co-ordinated approach to gathering details of current and new diagnosis and updating register.</p>	September 2018	Lisa Birtles-Smith, NHS Halton CCG	

1 LOCAL PLANNING AND LEADERSHIP					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
1.3	Strategic/joint commissioning	Consider joint commissioning across the board (CCG/HBC Adults/HBC Children's) for any new or reviewed Autism services and undertake in a co-production manner.	March 2019	Sam Murtagh/Sheila McHale (Lisa Birtles-Smith)/HBC Commissioner	
		Report on current delivery of support linked to Autism from more generic commissioned services (link to 1.4).	May 2018	Sam Murtagh/Sheila McHale (Lisa Birtles-Smith)/HBC Commissioner	
		Links to local autism user group (as outlined at 6.3)			
1.4	More commitment to joint working and utilising good practice from others areas to improve services.	Review local area to ascertain areas of good practice.	March 2019	Members of the Autism Action Alliance.	
		Look at the viability of Autism-accredited services.	March 2019	Patrick Frost, HBC	

1 LOCAL PLANNING AND LEADERSHIP					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
1.5	Identify external funding opportunities for Autism Services.	Review any external funding opportunities specific to Autism and work together as a multi-agency group on developing these funding opportunities.	March 2019	Emma Sutton-Thompson, HBC	
1.6	Promote new Strategy and raise awareness locally	Link in to World Autism Awareness Week from 26 th Mar to 2 nd April 2018	April 2018	Policy Team, HBC/Ami McNamee,	

2 TRAINING FOR STAFF					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
2.1	All staff across all agencies to be Autism-aware.	Develop and implement e-learning on Autism Awareness for all staff and increase access to LDTA autism training.	March 2019	Nicola Hallmark, HBC/Jane Birchall-Smith, /Lisa Birtles-Smith, CCG	
	Selected staff to be supported to be specialists (“autism champions”).	Identified staff to access further specialist training in Autism.	March 2019	Nicola Hallmark, HBC/Jane Birchall-Smith, /Lisa Birtles-Smith, CCG	

3 EDUCATION					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
3.1	Improved links between health services, social care and education.	Improved integration of Education, Health and Social Care within the EHC process.		Alison Sutch, CCG/Anita Parkinson, HBC/Tracey Coffey, HBC	
3.2	Support mainstream schools to develop 'Autism' and communication friendly settings	Schools and settings encouraged to develop their provision to meet the needs of CYP with Autism. Brookfields provide mainstream schools with Autism-friendly training as part of outreach support.	March 2019	Ami McNamee, HBC	
			Sept 2018		
		Schools and settings to demonstrate on their Local Offer SEN Information Report dates of their most recent Autism Awareness Training and how they have adapted their provision to meet the needs of CYP with Autism.	Sept 2018	Tracy Ryan, Local Offer	

3 EDUCATION					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
3.3	To improve the scope and range of post-diagnostic training opportunities for parents and carers.	York: Intervention and Support for Parents and Carers of children with Autism training offered on at least an annual basis to parents.	March 2019	Ami McNamee, HBC	
		Ensure that parents and carers receive information about the training through the post-diagnostic family feedback meeting.	March 2019	March 2019	
		Ensure details of any ChAPS training is cascaded through specialist Autism settings and through family feedback meetings at Woodview.	March 2019	Katrina Mardsen, Additional Needs Nursing, Woodview	
3.4	Increase knowledge of parents in Autism-related areas.	Commission specific training courses for parents, e.g. sex and relationships, social media and internet use.	March 2019	Ami McNamee, HBC to co-ordinate with individual schools.	

3 EDUCATION					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
3.5	Support schools to develop their provision to meet the emotional health and wellbeing of children and young people with Autism Increase support to parents and carers to meet the needs of CYP with Autism	Training and sharing of best practise for schools through half termly meetings. Ensure schools are to be aware of appropriate signposting, e.g. to GPs.	January 2018	Ami McNamee, HBC to coordinate along with Education Psychology Service	
		Implementation of Nurture For Learning Vision across Halton to help schools, settings and services to meet the emotional health and wellbeing needs of all CYP and their families	March 2018	“ “	
3.6	More opportunity for social groups and activities for children.	Liaise with other departments to promote social groups and activities for children.	March 2019	Anita Blakey, HBC	
3.7	Develop existing parent resource base meetings to ensure training needs are met.	Regular coffee mornings to support parents of children with Autism and opportunities for speakers.	May 2018	Ami McNamee, HBC	

4 SUPPORTING PEOPLE WITH MENTAL HEALTH NEEDS

REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
4.1	Improved services for people with Autism and Mental Health needs	Review the services provided by CAMHS to ensure they are fit-for-purpose	March 2019	Sheila McHale, CCG/Alison Sutch, CCG	
4.2	Improved services for adults with autism and MH needs	Ensure all MH staff in ASC are Autism-aware (link to training above).	March 2019	Lindsay Smith, HBC	

5 SUPPORTING PEOPLE WITH COMPLEX NEEDS					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
5.1	The PBSS Service to be accessible to more of the population.	<p>The following interim targets to establish if the PBSS Service should be extended or not and if it is what are the resource/financial implications.</p> <p>Identify existing behavioural services that currently meet the needs of individuals with Autism and no LD.</p> <p>Identify how many people would benefit from an expansion of PBSS eligibility.</p> <p>Identify the level of resource PBSS would need to meet this capacity.</p>		<p>Maria Saville, HBC/Sheila McHale, CCG</p> <p>Maria Saville, HBC/Sheila McHale, CCG</p> <p>Maria Saville, HBC/Sheila McHale, CCG</p> <p>Maria Saville, HBC/Sheila McHale, CCG</p>	

6 AUTISM SERVICES					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
6.1	Improved process of diagnosis and information once diagnosed.	Review process of diagnosis for both Children and Adults.	March 2019	Lisa Birtles-Smith/Alison Sutch, CCG	
		Produce information pack/online information to give to people once diagnosed.	March 2019	Lisa Birtles-Smith/Alison Sutch, CCG	
6.2	Review specialist services and knowledge of staff in the Borough to ensure that the needs of people with autism are met adequately within Halton.	Mapping the gap in specialist and generic services/identifying good practice and look to jointly commission any that are required using person-centred approaches.	March 2019	Sam Murtagh/Sheila McHale (Lisa Birtles-Smith)/Adult Social Care Commissioner	
		Research the region to find good examples of day service provision for autistic adults that could be replicated in Halton.	March 2019	Sam Murtagh/Sheila McHale (Lisa Birtles-Smith)/Adult Social Care Commissioner	

6 AUTISM SERVICES					
REFERENCE	INTENDED OUTCOME	KEY ACTION	TARGET DATE	RESPONSIBLE OFFICER/ ORGANISATION	PROGRESS
6.3	Establish local user group for people with Autism.	Research how groups in Manchester and Liverpool function and try to replicate locally.	March 2019	CHAPS/Patrick Frost, HBC	
		Establish terms of reference/membership following the research.	March 2019	CHAPS/Patrick Frost, HBC	
6.4	Ensure adequate short breaks provision in the borough to meet the needs of children with autism.	Review current short break provision for children with autism in the borough.	March 2019	Sam Murtagh, HBC	
6.5	Ensure children are at the centre of planning and children/parents/carers are fully able to contribute to the development of their transition plans.	Transition team to facilitate person-centred, strengths based approaches to the development of transition plans.	March 2019	Debbie O'Connor, HBC	

REPORT TO:	Executive Board
DATE:	15 March 2018
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Options report for Halton's Involvement in a Partnership with New Directions to deliver Adult Social Care
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

- 1.1 To present the Executive Board with options to consider whether Halton will continue to participate in the tri-partite partnership with Sefton Metropolitan Borough Council and Knowsley Metropolitan Borough Council to develop an alternative model of social care.

2.0 RECOMMENDATION: That

- 1) the contents of the report are noted; and**
- 2) Halton continue with its current method of operation.**

3.0 SUPPORTING INFORMATION

- 3.1 Arms-length management organisations (ALMOs) were first established in England in the early 2000s as part of the way council housing was managed and delivered. Since then ALMOs have been used by numerous LAs to ensure service provision in other areas, particularly adult social care, which is put on a commercial footing in order to drive the most cost efficient method of delivery. In particular, ALMOs allow councils to sell services and compete for business with the private sector.
- 3.2 Sefton Metropolitan Borough Council (SMBC) own Sefton New Directions (SND) an ALMO, which for over 10 years has delivered some adult social care services on behalf of SMBC.
- 3.3 Knowsley Metropolitan Borough Council (KMBC) have been engaged in exploratory work with SMBC for some time on a possible partnership to expand SND. More lately, June 2017, Halton Borough Council have worked with Knowsley and Sefton to investigate the possibility of a tripartite partnership, and the potential benefits of them to Halton.

Options

- 3.4 Three options have been considered:

(1) Maintain Halton's existing delivery model

Although this option could be referred to as a 'do nothing'/ 'maintain the status quo' model it is an over simplification as services delivered would continue to be reviewed. The intention would be to continue making improvements and delivering the future level of service required by the council and its service users.

(2) A partnership arrangement with Sefton Council and Knowsley Council

This would involve Halton Council transferring elements of Adult Social Care Services into a jointly owned (Sefton, Knowsley and Halton) local authority trading company called 'New Directions.' Together the three authorities would retain 100% public sector ownership and control. This would involve a merger of services currently being delivered separately by the three local authorities.

(3) Halton sets up its own Arms-Length Management Organisation

This would be structured similarly to 'New Directions' and would require the services which are currently being delivered by Halton to be transferred to the new company.

(1) Maintaining the existing 'in-house' delivery model

- 3.5 Halton continues to perform well overall in relation to 2014/15, reporting that Social Care Quality of Life remains stable. There has also been an increase in the number of people who receive services and who are in receipt of self-directed support, giving people more choice and control. The proportion of people who use services and find it easy to find information about services has also increased and the proportion of people who use services who have control over their daily life has increased by approximately 5 per cent.
- 3.6 The overall score for social care related quality of life in 2015/16 remains consistently good when compared with previous years. 88.2% of Halton residents feel they have a better quality of life with access to care and support services.
- 3.7 HBC works with care home providers to monitor the quality of services provided. It does this alongside key organisations such as the Care Quality Commission and HealthWatch and Elected Members who talk to people living in care homes about the quality of their care. The quality of provision in our area is overall good. Nationally, the Care Quality Commission as regulators have assessed that adult social care services in Halton have been able to 'maintain quality,' although they are concerned about the 'fragility of adult social care and the future sustainability of quality.'
- 3.8 Financial pressures arising from increasing costs of provision and increasing demand are a key issue affecting all Councils, and are well rehearsed at local, regional and national level. The Government is publishing a Green Paper on Adult Social Care funding by the end of the summer.

(2) A partnership arrangement with Sefton Council and Knowsley Council

- 3.9 A partnership arrangement with Sefton and Knowsley has been considered in terms of our ability to commit to the development; taking into account that we have only recently joined the project. In addition, we have considered the alignment of our services, available project resources and back-office commitments.
- 3.10 We recognise that an ALMO would benefit from expanded management capacity and expertise, and a partnership with two other local authorities would also create further opportunities with regard to any future collaboration into other areas of social care delivery, e.g., residential care or domiciliary care markets. Service provision can be put on a more commercial footing, which would drive the most cost-efficient method of delivery. In addition, as Sefton have discovered, it does allow councils to sell services and compete for business with the private sector generating income for re-investment.
- 3.11 For Halton, however, work carried out by officers across all potential areas of social care delivery and back-office operations highlight that at this moment in time our services are not sufficiently aligned to facilitate a smooth transfer, and some services have been only recently commissioned. Halton has already made significant savings in support services and made a commitment to developing an integrated adult social care and health model, One Halton. Our ability to commit additional resources to another complex project are limited, and with the commitment to One Halton this further limits the potential areas of adult social care which could be transferred.
- 3.12 Due to the fact that Halton was the most recent local authority to consider joining the partnership, given some of the limitations set out above we will not only struggle to meet the current timescales but also as a result, possibly delay the implementation for Knowsley and Sefton.

(3) Halton sets up its own Arms-Length Management Organisation

- 3.13 This option carries the same benefits as option 2, but all the set-up costs and implementation costs would have to be paid for by Halton Council. We would also have to undertake a full business case analysis and ensure that we undertake a comprehensive and major consultation exercise to gauge public, employee and Trade Unions' opinion and appetite for such an approach to service delivery.
- 3.14 In the event of failure, HBC would need to have a clear strategy of response, particularly costs and debts, bringing services in-house and most importantly the implications for residents requiring adult social care.
- 3.15 There is agreement across Halton's New Directions workstream team that this option has considerable merit, but the time is not quite right. Halton would be able to develop a business plan which balances potential revenue streams with costs, including a full taxation analysis and tests assumptions and this is something to revisit more seriously in the near future.

4. **RECOMMENDATION:**

- 4.1 The recommendation is for Option 1

- 4.2 At this stage, having explored the opportunities for joining Sefton and Knowsley in the new model they are developing, the timescales for Halton becoming involved are too tight to enable Halton to fully benefit from this new model of social care.
- 4.3 Halton's Adult Social Care is performing relatively well given the restraints of both reduced government funding and an increasing complex care case load.
- 4.4 In addition, the Council are fully committed to 'One Halton', a place-based integrated health and social care model. This is a joint venture with the CCG and will mean that Adult Social Care services will be fundamental to its delivery.
- 4.5. This option has the least financial risk to the Council.

5.0 **POLICY IMPLICATIONS:**

None identified

6.0 **FINANCIAL IMPLICATIONS:**

- 6.1 Each option carries a different level of financial risk.
- 6.2 Option 1 (maintaining the current in-house delivery model). This is a known risk and is managed through the medium term financial strategy.
- 6.3 Option 2 (partnership arrangement). Halton's principal interest in this option was that it might benefit the authority in two ways: (1) help to extend its commissioning footprint, enabling it to win contracts from other LAs; (2) it would generate an annual dividend and Halton's share of this could be reinvested in services. This is not known and may not materialise. Implementation and set-up costs maybe incurred as part of the project.
- 6.4 Option 3 (Halton sets-up its own ALMO). This could prove to be a financially viable option for only some, small aspects of the service, e.g., a successful social enterprise. It would however require set-up costs. Back-office costs may be mitigated by using Halton's already well-established IT, HR and Finance systems.

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
Issues in the report focus on this priority.
- 7.4 A Safer Halton
None identified.

7.5 Halton's Urban Renewal

None identified.

8.0 **RISK ANALYSIS:**

8.1 Option 1 (maintaining the current in-house delivery model). This has no additional risks that are not already included in service planning and financial medium-term strategy.

8.2 Option 2 (partnership arrangement). There are considerable HR, IT, Operational and Financial issues and associated costs with any transfer of services. These risks have been addressed in the past when services have been commissioned and new providers take on a service and carry the potential liabilities. This is a new approach and carries the most risk and the Council would have to make governance, operational and financial provision to manage these risks.

8.3 Additionally, the Council has committed to One Halton, the transfer of some or all of adult social care services would at best delay the adoption of One Halton and at worst undermine it completely.

8.4. Option 3 (Halton sets-up its own ALMO). This carries similar risks to option 2 and would require, at a cost, specialist advice to establish the company. Similarly, any ALMO would need to be considered in the light of One Halton developments.

9.0 **EQUALITY AND DIVERSITY ISSUES:**

None identified.

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

None

REPORT TO: Executive Board

DATE: 15 March 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Direct Award of contract to Age UK Mid Mersey for the provision of information, participation, social inclusion and safe and well schemes in Halton

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To seek approval for the granting of a Direct Award of a contract for the delivery of information, social inclusion and safe and well schemes to Age UK from 1st April 2018 to 31st March 2021

2.0 RECOMMENDATION: That Executive Board

- 1) **Agree to the use of Procurement Standing Orders 1.14.3 to waive Standing Order 3.1 in respect of contracts below the EU threshold and in compliance with Standing Order 1.14.3(d)”; and**
- 2) **Agrees to award a contract to the Age UK Mid-Mersey for a three year period from 1st April 2018 to 31st March 2021.**

3.0 SUPPORTING INFORMATION

3.1 Age UK Mid-Mersey have been providing information, participation, social inclusion and safe and well schemes in the borough for the past three years. The range of schemes have been funded through annual contracts with the council and additionally funded through the local and national Age UK charity.

3.2 The council is currently working with NHS Halton CCG, health and social care providers and the voluntary sector to develop its approach to out of hospital services. Until this has been completed, the service provided by AGE UK Mid-Mersey is required to ensure continuity

3.3 The intention is to award Age UK Mid-Mersey a contract for a three

year period from 1st April 2018 to 31st March 2021. This will provide the authority with sufficient flexibility to re-commission services at an earlier date if required.

4.0 POLICY IMPLICATIONS

4.1 Continuing this service supports the council in its development of out of hospital services with NHS Halton CCG and the wider health and social care sector

5.0 FINANCIAL IMPLICATIONS

5.1 The total financial cost to the authority is £173,925 per annum. Total Contract Value over the three year term is £521,775. This breaks down per year as follows

Safe and Well	61,000
Information	78,000
Installation Officer	16,650
Participation	
Groups	<u>18,275</u>

5.2 The cost of this contract can be met within existing budget allocations.

5.3 The contract value will be reduced by 10% in 2019/20 and by a further 10% in £2020/21

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

N/a

6.2 Employment, Learning & Skills in Halton

Age UK Mid Mersey provides volunteering opportunities and associated training and development opportunities for residents of Halton

6.3 A Healthy Halton

This service makes an important contribution to the health and social care system in Halton

6.4 A Safer Halton

N/a

6.5 **Halton's Urban Renewal**

N/a

7.0 **RISK ANALYSIS**

7.1 This contract falls below the current EU Light Touch Regime threshold of £615,278, and subsequently the risk of challenge will be negligible.

7.2 The Quality Assurance Team will continue to monitor this service and ensure the Council and Halton residents receive value for money.

8.0 **EQUALITY AND DIVERSITY ISSUES**

None identified

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

None.

REPORT TO: Executive Board

DATE: 15 March 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Day, Residential & Nursing Homecare and Residential Nursing Homes

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To seek approval from Executive Board to extend the two current services provided by Day, Residential and Nursing Home Care Providers, in conjunction with the portfolio holder for Health and Wellbeing, for a period of up to two years until the 31st March 2020, in line with the option in the original contracts to extend the contracts by a period of up to two years.

2.0 RECOMMENDATION: That Executive Board agree to extending the two current contracts described above for an additional two years, as per the option within the current contract, until 31st March 2020. This is in compliance with Procurement Standing Order 1.15.1 Pre-Determined Contract Extension Procedures exceeding a value threshold of £1,000,000.

3.0 SUPPORTING INFORMATION

3.1 There are two contracts within this report that require a two-year extension:

- 1) Residential, Nursing Homes – Out-of-Borough; and
- 2) Day, Residential and Nursing Home Care.

Both contracts were originally for three years from 1st April 2015 until 31st March 2018 with an option of up to two years extension available. The extensions would take the current arrangements up to 31st March 2020.

3.2 Providers of these services that are included within the two contracts are detailed at Appendix 1.

4.0 Business Case for the Contract extensions

4.1 Transparency

The contract and award process are subject to Freedom of

Information requests and annual external and internal auditing processes. They are also recorded in the Council's contract register accessible via the internet. This ensures that external agencies do have some opportunity to examine contractual processes and outcomes.

4.2 **Propriety and Security**

The extension of contracts referred to in this report will be compliant with Halton Borough Council's procurement standing orders. Compliance with anti-corruption practices will be adhered to and any of the contracts within the subject of this report will be terminated if there is any occurrence of corruption by any of the organisations or their staff.

4.3 **Accountability**

The contracts will be performance managed and quality assured by the Adult Social Care Quality Assurance Team. Residential and Care providers are also subject to inspection by the Care Quality Commission.

5.0 **POLICY IMPLICATIONS**

5.1 **Sustainability and Quality of the Care Home Sector**

Work is ongoing with NHS Halton Clinical Commissioning Group and care home providers to ensure we continue to improve the health and wellbeing of people who live in care homes. A Care Home Development Project Group has been formed to enable stakeholders representing key sectors to work collaboratively in exploring and implementing identified work streams. The work streams aim to:

- Share best practice and resources via sector-led improvements;
- Deliver dignified, quality, outstanding care within residential and community settings;
- Be proactive and identify early warnings of potential reductions in quality;
- Provide value for money and sustainability; and
- Provide seamless transfers of care to and from hospital.

Extending the current providers' contracts for a further two-year period will enable the Care Home Development Project to complete its' work in designing a new model of working to achieve stronger sustainability and improved quality in the sector.

6.0 OTHER IMPLICATIONS

6.1 FINANCIAL IMPLICATIONS

6.1.1 Details of the current contract values and estimated costs for the two-year contract extension are:

Contract	3-year initial contract value	Estimated value for two-year extension
Residential, Nursing Homes – Out-of-Borough	£6,600,000	£4,400,000
Day, Residential and Nursing Home Care	£31,428,000	£20,952,000

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

These services offer a range of care and support to vulnerable people in and out of the Borough and by promoting social inclusion have a positive impact on a person's self-worth and mental health.

7.4 A Safer Halton

None identified

7.5 Halton's Urban Renewal

None identified

8.0 RISK ANALYSIS

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.

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

None under the meaning of the Act.

Appendix A

Residential & Nursing – Out of Borough – Suppliers - The Chest Ref: DN52612

Adamstan Hse, Addiction Dependency solutions, alexandra care home, appleby court, applecourt care home, AALPS Midlands, Arundel Park, Arncliffe Court, Airedale Nursing Home, Atherton Lodge, Autism Initiatives, Bakehouse, Bank Hall farm, Beechley Hse, Bishops Court, Bishop Waltham Hse, Brampton Lodge, Breckside Park, Burleigh Hse, Burton Closes, Callands Care, Christopher Grange, Church House Nursing Home, Connect Therapeutic, Crawfords walk, Cwmaman Care, David Lewis, Ennerdale Nursing, Frodsham Christian, Gainsborough, Garden Lodge, Green Park, Gretton Hse, Griffin Lodge, Heathercliffe, Heatherdene, Hillcrest, Holly House, Honeyfields, Huyton Hey, I Care, Foresight, Josephine Butler, Kavvanagh Care, Keate Hse, Kyffin Taylor, Lodge Lane, Loxley Hall, Manor Hey, MArtins Hse, Meadow View, Mellings Acre, Nazareth Hse, Nazareth Hse, Newton Hall, Oak House, Oakwood care home, omerod home, oxen barm, park house, pensby wood, phoenix futures, plas y mor, polebank, prestwood, redholme memory care, richmond hse, rowan garth, sense, shawcross, sign, spinal action group, stansty hse, st cyrils, st marys, st martins, St Michaels, stocks hall, st oswalds, three elms, tree tops, tunnicliffe hse, westvale hse, wirral autiustic, willow gardens, Woodville

Term of Contract: 3 years - 1/4/15 – 31/03/18 with 1 x 24 month extension available

Value of Contract: £2,200,000 per annum, total of £11,000,000 over the 5 year term

Day, Residential & Nursing Homecare – Suppliers - The Chest Ref: DN52685

Simonsfield, Beechcroft, Widnes Hall, TRewan Hse, Bankfield, Croftwood, St Patricks, St Lukes, Simonsfield, Norton LOdge, Millbrow, Lilycross, Leahurst, Holmdale, Halton View, Glenwood, Croftwood, Cartref, Ferndale Mews, Ferndale Court, Redholme Memory Care, Christopher Grange, St Gregory's, St Oswalds, Melling Acres (Craegmoor), Madeline McKenna, Maeres House, Oakmeadow, Ryan Care Residential, Wide Cove, Smithy Forge, Woodcroft

Term of Contract: 3 years - 1/4/15 – 31/03/18 with 1 x 24 month extension available

Value of Contract: £10,476,000 per annum, total of £52,380,000 over the 5 year term

REPORT TO: Executive Board

DATE: 15 March 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Transformation of Adult Social Care

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present Executive Board with a proposal to Transform Adult Social Care.

2.0 RECOMMENDATION: That Executive Board

- 1) Note the contents of the report; and**
- 2) Agree the recommendations as outlined in section 4.0**

3.0 SUPPORTING INFORMATION

3.1 There has been no shortage of National and Local debate on the uncertainties experienced in the adult social care market over the last 10 years.

3.2 A lack of clear national direction and appropriate funding has led to levels of risk within the market in relation to increasing demands, demographic and inflationary pressures.

3.3 In the context of this challenge North west ADASS have commissioned Alder Advice to undertake a detailed piece of work; to explore available data on commissioned services, and the views of both providers and commissioners, and provide advice on the future approach to commissioning, practice and market oversight.

3.4 The final report provides an overview of the current position, and concludes that the region is at “tipping point” where incremental improvements to the provision of Adult Social Care is no longer enough.

3.5 The report clearly demonstrates the region cannot continue to support the same number of people, for the same amount of their lives using the same models of support as now. The only way that

the demographic and cost challenges being faced can be met affordably will be through a “system wide transformation” in how care and support needs are:

- Minimised through early intervention approaches, and
- Met when long term support is unavoidable

3.6 The report highlights a number of key risks and challenges for the sector which include:

- Care fees and quality ratings in the North West are below the England average
- By 2022 we will see a 14% growth in expenditure from demography alone, 43% if cost pressures are added
- 69% of Authorities have experienced provider failures in the last 6 months
- There is an over reliance on traditional models of residential care
- A small number of the National providers are responsible for over 40% of the market
- Recruitment and retention of key workers is a challenge

In conclusion the region cannot continue to support people in the same way, LA's need to; move to:

- Support a lower proportion of the population for less of their life
- Alter the balance of support away from expensive residential care to community provision,
- Innovate to lower the cost of LT care e.g. use of technology,
- Fee reductions in the sector are not seen as a viable solution, in fact the report recognises the need to increase the fees paid to providers.

4.0 **IMPLICATIONS FOR HALTON**

4.1 The report has highlighted some key financial challenges for Halton (alongside all other NW LAs), over the next 5 years we will see an incremental increase in the funding required to continue to provide services to all those who are eligible for support. By 2022 Halton will need an additional £4.836 million to fund services; if we take into account increased pressures in relation to demography and other cost pressures this increases to £12.8 million.

4.2 Many of the issues highlighted within the report are as relevant to Halton as they are to the region as a whole:

- Over reliance on some of the larger providers; HC1 operate 3 care homes in Halton and CIC provide a large proportion of

services to Adults with a Learning disability, Premier Care are now the lead provider for domiciliary Care

- Halton care fees are one of the lowest in the North West.
- Increasing demand with limited capacity
- Providers exiting the market
- Quality concerns
- Risks in relation to overall sustainability of the market

4.3 If Halton are to continue to deliver the quality and availability of services to vulnerable adults, we will need to transform the model of care, taking into account the recommendations in the report, we will need to:

- Manage demand, with an increased focus on prevention and independence
- Reduce reliance on more costly types of services such as residential care
- Consider alternative commissioning and provision of care homes
- Consider alternative models of community provision including domiciliary, voluntary sector and supported living.
- Consider a wider regional/sub-regional approach to market management and oversight of the national providers
- Consider a regional/sub regional approach to commissioning of more specialist placement options (usually Out Of Borough)

4.4 The transformation of Adult Social Care is well developed in Halton, and in line with a number of the recommendations in the ADASS report. However, despite this approach we continue to experience rising demands, in particular from the Acute sector and hospital discharges. Quality of provision remains a challenge, with the sector continuing to raise concerns in relation to financial viability and cost of care.

4.5 The delivery of a new model of care will be required within the next 12 months, this new model will consist of a move from the traditional model of care to one of working with individuals to make the most of their own strengths and skills, to continue to live as independently as possible for as long as possible. The focus of assessment will be on the individual living a life rather than having a service. Appendix 1 case study, demonstrates how this will work for an individual.

4.6 Service delivery to those individuals who require one will be based on individual need, with a continued focus on independence and quality of life. New models of delivery will ensure we deliver improved quality which demonstrates best value.

Appendix 2 describes the various work streams, which will deliver

the overall transformation of Adult Social Care.

5.0 POLICY IMPLICATIONS

5.1 A Government paper on the future of Adult Social Care is due to be published in July 2018, a future report will consider the implications going forward.

6.0 FINANCIAL IMPLICATIONS

6.1 As detailed in the report the current model of Adult Social Care is not financially viable.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

7.1 Children & Young People in Halton

None Identified

7.2 Employment, Learning & Skills in Halton

Employment, Learning and Skills is a key consideration when developing the workforce to deliver Adult Social Care in the Borough

7.3 A Healthy Halton

The proposal supports the Council's delivery of the Health and Wellbeing for all adults in the Borough.

7.4 A Safer Halton

None Identified

7.5 Halton's Urban Renewal

None Identified

8.0 RISK ANALYSIS

8.1 Failure to recognise and implement the outcomes of this report will place the future delivery of Adult Social Care at risk of delivering its statutory duties in line with the Care Act 2014.

8.2 Implementation and impact will be monitored to ensure progress is made.

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.

Appendix 1 Case Study

Mrs Jones is 87 years young; she has a number of interests which she would like to continue, however she has recently experienced reduced mobility and as a result she is going out less, spending more time at home and is feeling lonely. Due to her reduced mobility, she is finding day to day tasks difficult.

Mrs Jones contacts Social Care for support.

The Social Worker arranges to visit her and assess her needs.

Option 1:

The social worker discussed with her to identify what she is finding difficult- Mrs Jones explains she is not as mobile as she was, and is having difficulties making her meals, shopping and managing her household tasks.

A package of care is provided to help with shopping, meals on wheels are delivered daily.

The social worker visits to review her needs after 6 weeks and Mrs Jones has become more isolated and dependant on services, with minimal contact with others. The package of care is increased, to try and meet her needs.

Option 2:

The Social Worker discussed with her to identify what her interests are, and what she is still able to do. Mrs Jones describes what she likes to do and how she would like to spend her time.

Mrs Jones enjoys socialising with others and reading.

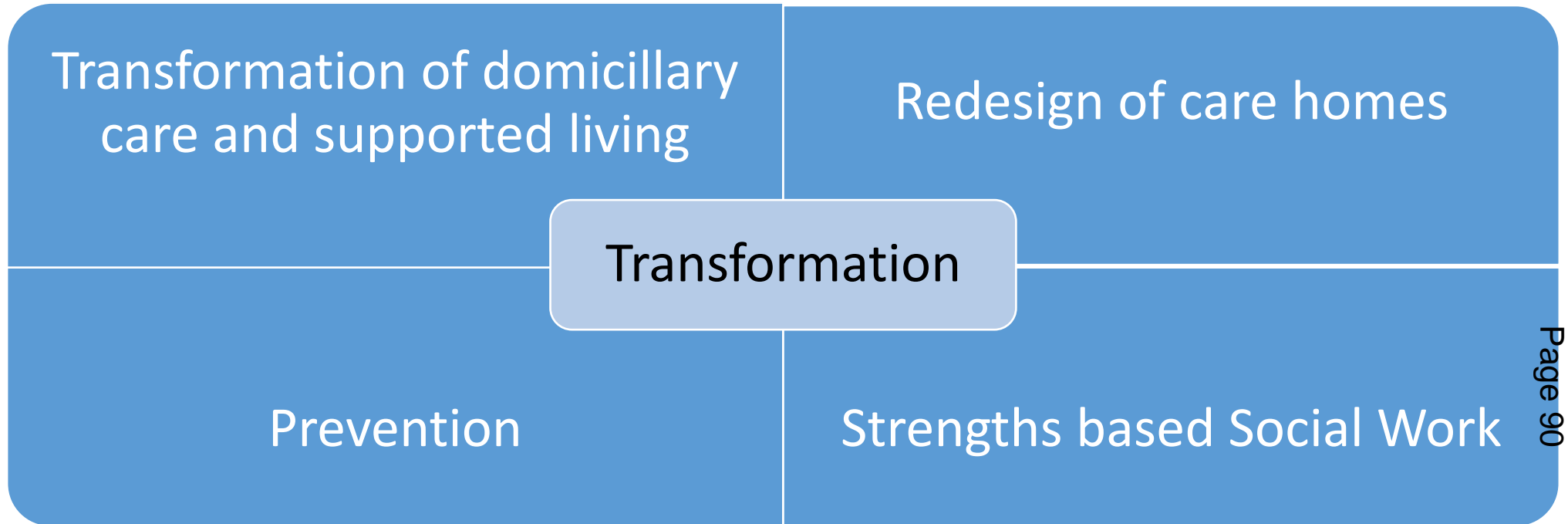
The social worker explores what is available in her local community that would be suitable to meet her needs.

There is a local book club for people over the age of 55, which includes lunch 3 times a week.

With the provision of a walking aid and transport Mrs Jones can go out 3 times a week, where she made new friends and now visits her friends on a regular basis, they provide each other with mutual support. Mrs Jones confidence levels increase and she is now accessing additional community groups.

The social worker visits Mrs Jones to review her needs after 6 weeks, her mobility has improved and she reports back that she is happier and able to manage much better- but still struggles with shopping. Mrs Jones is supported to access on line shopping/

Appendix 2 Current Work Streams



PREVENT

- Review and improve prevention offer- for all adults
- work with leisure/culture/voluntary sector and communities.

MAINTAIN

- Review pathway with a focus on independence for adults with a learning disability

INTERVENTION

- Introduce risk profiling- early intervention

REPORT TO:	Executive Board
DATE:	15 March 2018
REPORTING OFFICER:	Chief Executive/Strategic Director, People
SUBJECT:	One Halton
PORTFOLIO:	Health & Wellbeing
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

This report seeks to provide an update on *One Halton*.

2.0 RECOMMENDATION: That

- 1) **Members note the progress on One Halton;**
- 2) **Members support the better integration of health and social care services which is essential, and that additional investment in local services is badly needed;**
- 3) **Members do not support any reorganisation of health and social care services in Halton if it leads to greater rationing and privatisation; and**
- 4) **Members receive further updates on the progress of One Halton**

3.0 SUPPORTING INFORMATION

- 3.1 *One Halton* seeks to deliver a single fully integrated place based health, well being and social care system for the people of Halton, that has wellness at it's heart but also addresses the health and social care needs of the local community of Halton, where ever possible from within Halton and is easy to access, cost effective, of high quality and clinically robust.

One Halton, in short is

- The right care, in the right place, at the right time, from the right person and
- Helping people to help themselves stay well longer and get well quicker

- 3.2 Cheshire & Merseyside NHS is, committed to the development of place based health and social care systems.
- 3.3. In 2014/15, Halton as a Borough committed to the development of an integrated model of health and social care. The Council with its health partners developed the concept of One Halton, and agreed a shared vision:

“To improve the general health and wellbeing of the people of Halton, working together to provide the right level of treatment close to home, so that everyone in the borough can live longer, healthier and happier lives.”

- 3.4 At its meeting on the 14th December 2017 the Executive Board agreed to the further development of *One Halton*. Recent work with partners has focused on developing the *Vision for One Halton* and the principles and values by which the partnership will operate.
One Halton is place based, i.e., delivering across the Halton Local Authority footprint.
- 3.5 The **One Halton Strategic Vision** builds on the initial commitment of partners to improve the delivery of health and social care by ensuring:
- Services enable people to take more responsibility for their own health and wellbeing;
 - People stay well in their own homes and communities as far as possible; and
 - When complex care is required it should be timely and appropriate.
- 3.6 To progress *One Halton*, the Council and its partners have established the One Halton Board.
- 3.7 The *One Halton* Board is not a decision making body. It provides the forum by which the Council and its partners will provide system leadership and meaningful engagement in the development of the *One Halton*. The Board will provide oversight of any necessary work streams and report to the Halton Health and Well Being Board, a committee of the Council, that has the strategic responsibility for health and social care.

In respect of the future provision of any services, currently provided or commissioned by the Council (such as Children’s Services and Adult Services) decisions will be made by Executive Board.

The Halton Health PPB will provide scrutiny and oversight.

- 3.8 The Board has an independent chair, Dr David Colin-Thome. Membership of the Board is set out in the terms of reference.
For the Council the lead officer is the Strategic Director for People.
The Chief Executive is the senior responsible officer for the development of *One Halton*.
- 3.9 Information about the general progress and emerging approach to *One Halton* is set out in Appendix 1.
- 3.10 The Halton GP Federations and Bridgewater NHS Community Care Trust are leading on the development of a new “model of care”. The emerging thinking is set out in Appendix 2.

4.0 FINANCIAL IMPLICATIONS

- 4.1 *One Halton* will be funded through existing resources. There will be project development costs but these are yet to be determined. Cheshire & Merseyside NHS have made available a Transition Fund to support the development of a place based health and care model. It is anticipated Halton will receive in the region of £100,000 in Transition Funding.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children & Young People in Halton

One Halton will provide integrated, multi-disciplinary health and social care services for all families, and improve services specifically for children with learning difficulties and disabilities.

5.2 Employment, Learning & Skills in Halton

None.

5.3 A Healthy Halton

The One Halton work will be driven by the Health and Wellbeing Strategy and outcomes monitored by the Health and Wellbeing Board.

5.4 A Safer Halton

None.

5.5 Halton's Urban Renewal

None.

6.0 RISK ANALYSIS

- 6.1 Cheshire & Merseyside NHS England, through the Sustainability Transformation Programme, are committed to the development of place based health and social care. These do not necessarily require the inclusion of local authorities nor do they need to be confined to local authority boundaries.

- 6.2 The final version of *One Halton* and any associated new organisational arrangements, remain unclear but the potential impact on Council services and staff will be closely monitored and reported back to Members.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 *One Halton* will operate fairly and transparently.

8.0 REASON FOR DECISION

8.1 To ensure that the future delivery of health and social care is fair, sustainable and of high quality for residents of Halton.

9.0 ALTERNATIVE OPTIONS

9.1 NHS England have signalled that accountable care systems will be the primary delivery model for health and social care. Halton Council can, however, choose not to be part of the development of *One Halton*. The development would relate purely to health care providers on their chosen footprint.

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

Appendix 1

Appendix 2

ONE Halton

Place based care

ONE Halton

What is it all about

- The right care, in the right place, at the right time, from the right person
- Helping people to help themselves stay well longer and get well quicker

What is the aim of ONE HALTON?

To deliver a single fully integrated place based health, well being and social care system for the people of Halton, that has wellness at it's heart but also addresses the health and social care needs of the local community of Halton, where ever possible from within Halton; is easy to access, cost effective, of high quality and clinically robust.

Delivered through

- Innovative and locally driven provision in the community - in Halton
- Easily accessed and high quality specialist/acute care wherever it may be located when it is needed
- With an emphasis on illness prevention and “self health”

And supported by

- Strong strategic leadership
- Strong operational leadership
- Strong financial performance and leadership
- Strong clinical performance and leadership
- Strong integrated commissioning
- Strong performance management and monitoring

Building on

- **the illness prevention, health and social care expertise that already exists in Halton**
 - Halton Council (incl Public Health)
 - Halton CCG
 - Our Local GPs
 - Community health and social care providers
 - Acute and specialist providers
 - The voluntary sector

IT IS “**WORK IN PROGRESS**”

- WILL NEED TO BE CONSIDERED and SIGNED OFF BY
 - MEMBERS (HBC)
 - CCG (GOVERNING BODY)
 - NHSE (C&M NHS)
 - PROVIDERS (GOVERNING BODIES)
- DEVELOPMENT PHASE
- ALL COMMENTS ARE WELCOME

We are developing the ONE HALTON PLAN

This Plan will tell us, and most importantly you

- How we will deliver the right care, in the right place, at the right time, by the right person.

AND

- How a member of the public in Halton can stay healthy and when necessary access health and social care services quickly and easily

ONE HALTON PROVIDER PLAN

This work is being lead by our **GPs and Bridgewater** Community Care NHS Trust.

They will lead a number of workshops to develop our **ONE HALTON LOCAL CARE PARTNERSHIP**

They will engage with the following to build on their experience

- Social care providers
- Adult Social Care
- Children & Young People Services
- Public Health
- Our voluntary sector
- GPs
- Community care and health providers – general and specialist
- Acute care and health providers – including Consultants
- Specialist care and health providers
- The wider system such as Housing, DWP etc

AND WITH MEMBERS

ONE HALTON MODEL OF CARE

ONE HALTON MODEL OF CARE - that has ‘self health” as a priority but also delivers, where ever possible, health and social care close to home in Halton and where this is not possible easily accessed and high quality specialist/acute care outside Halton

Our **ONE HALTON MODEL OF CARE** will maximize the opportunities presented by our proposed

- **multi-discipline GP Hubs** – that will address ongoing complex conditions and deliver proactive and early interventions in the community
- **community based assets** – that will address specialist provision when required close to home
- **Urgent Care Centres** – that will meet urgent care needs that present “on the day” in the community
- **Hospitals** etc – that will continue to address specialist urgent care needs that present “on the day” (including A&E presentations) that can only be provided in provision outside Halton

ONE HALTON COMMISSIONING PLAN

This work will be lead by **commissioners** from Halton Council, Halton CCG and Public Health.

- They will lead a number of workshops to develop and establish a single, integrated **ONE HALTON COMMISSIONING ALLIANCE**
- They will engage with the following to build on their experience
- Social care providers
- Children & Young People Services
- Public Health
- Our voluntary sector
- GPs
- Community care and health providers – general and specialist
- Acute care and health providers – including Consultants
- Specialist care and health providers
- Etc

- **AND WITH MEMBERS**

ONE HALTON MODEL OF COMMISSIONING

- To produce a single, integrated light-touch ONE HALTON MODEL OF COMMISSIONING that is based on need/evidence, supports the ONE HALTON MODEL OF CARE
- Holds to account the activities carried out through the ONE HALTON LOCAL CARE PARTNERSHIPS

CARE PATHWAYS

As part of the development of our ONE HALTON MODEL OF CARE we will develop simple and easily understood **CARE FLOW PATHWAYS** with a “**single point of access**” to deliver the right care, in the right place, at the right time, by the right person

CARE NAVIGATORS

As part of the development of our ONE HALTON MODEL OF CARE we will explore the opportunities presented by **CARE NAVIGATORS** to help navigate the public through our care flow pathways, to take away any uncertainty about our new model of care

NEW WAYS OF ACCESSING OUR ONE HALTON MODEL OF CARE

As part of the development of our ONE HALTON MODEL OF CARE we will explore the opportunities presented by **technology and ICT** to improve access to services and information remotely, including the use of online, telephone, "App" and web technology etc

WORKFORCE PLANNING and INTEGRATION

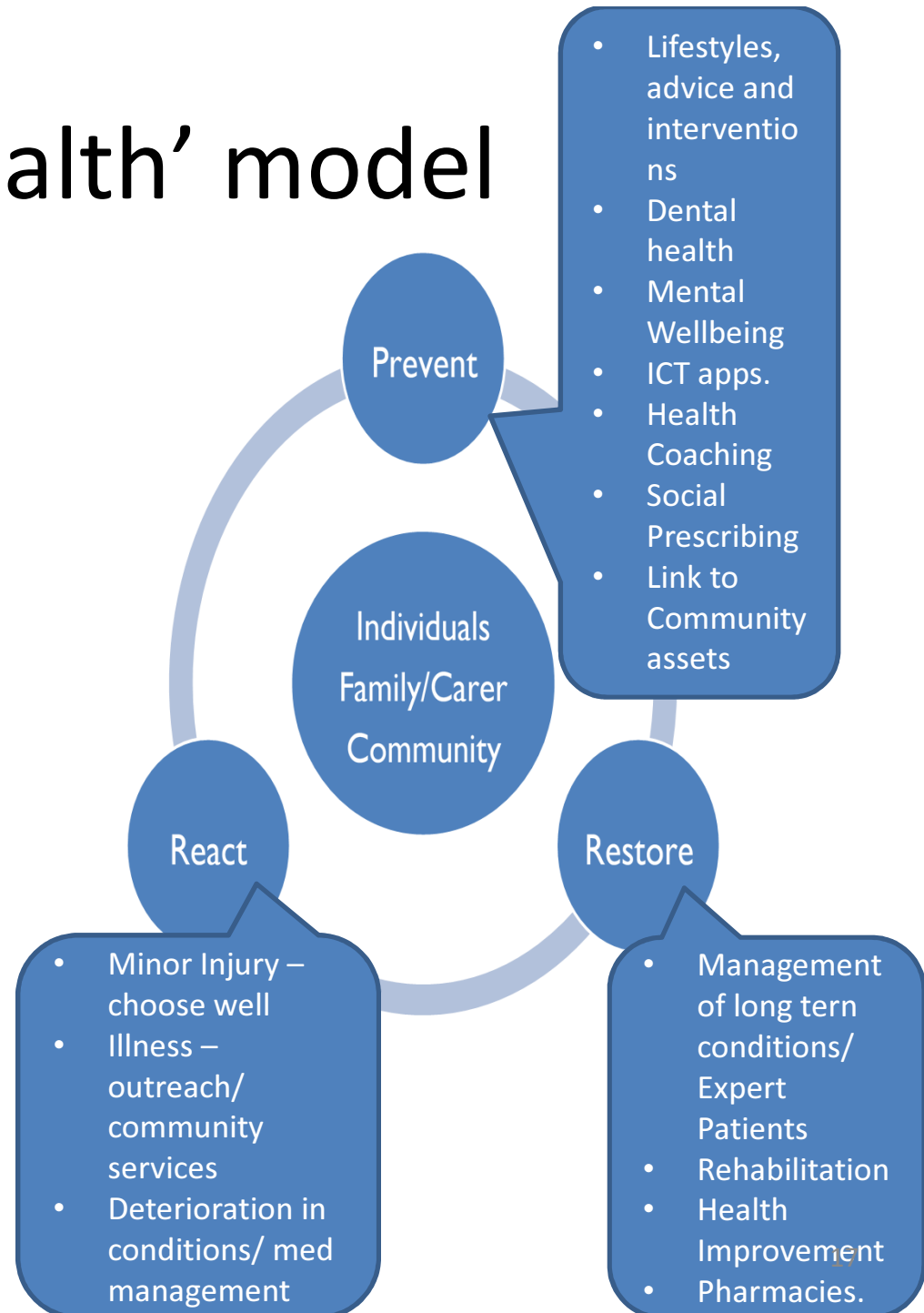
Our ONE HALTON MODEL OF CARE will also explore opportunities to integrate our collective workforce to maximize their impact, ensure they connect across the system and provide positive development opportunities for all employees

REVIEW HOW WE FUND ONE HALTON MODEL OF CARE

We will review how we currently fund the provision of health, well-being and social care to ensure we get the most from the funding available and drive efficiencies within the system

'Self Health' model

- **'Self health'** is key in managing future demand and capacity
- Building community confidence in managing acute and long term health
 - Parent confidence to manage children's illness and injury
 - Confidence to manage long term health conditions
 - Confidence to manage changes that happen with age
 - Confidence to navigate and access right point in health and care system



DEVELOPING MODEL

HOSPITAL CARE

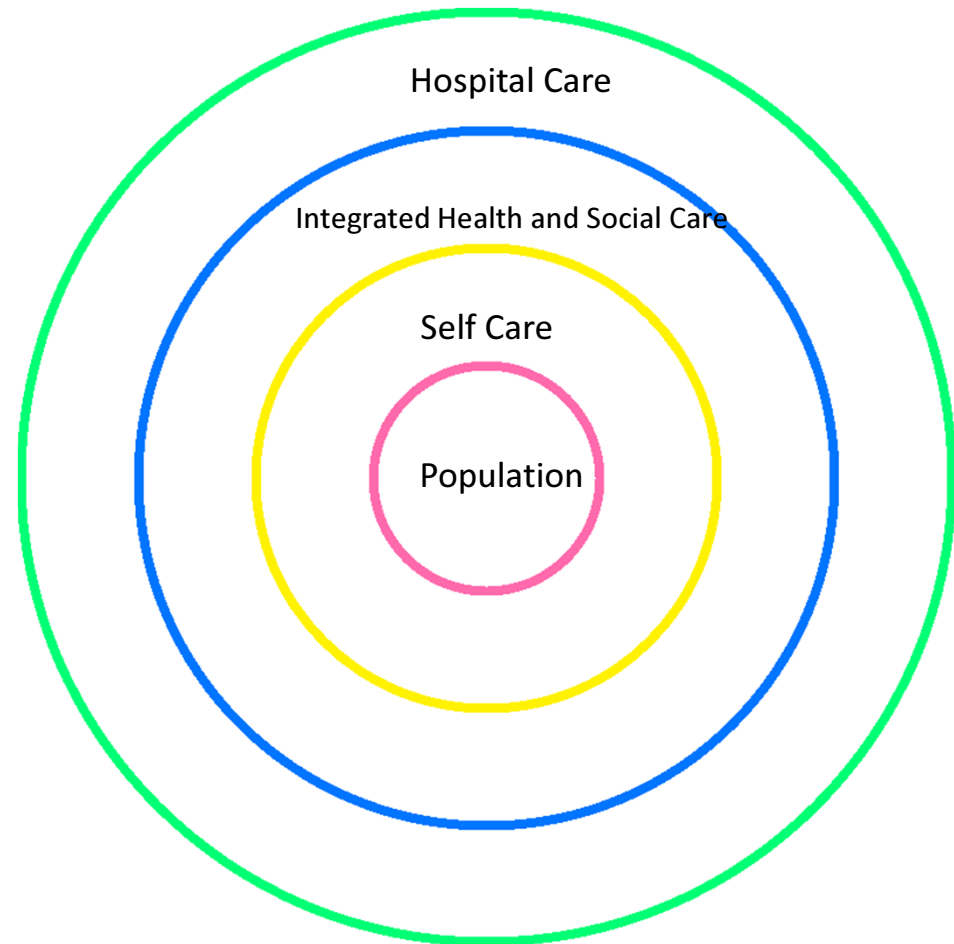
Specialist care that can't be provided in a community setting or home.

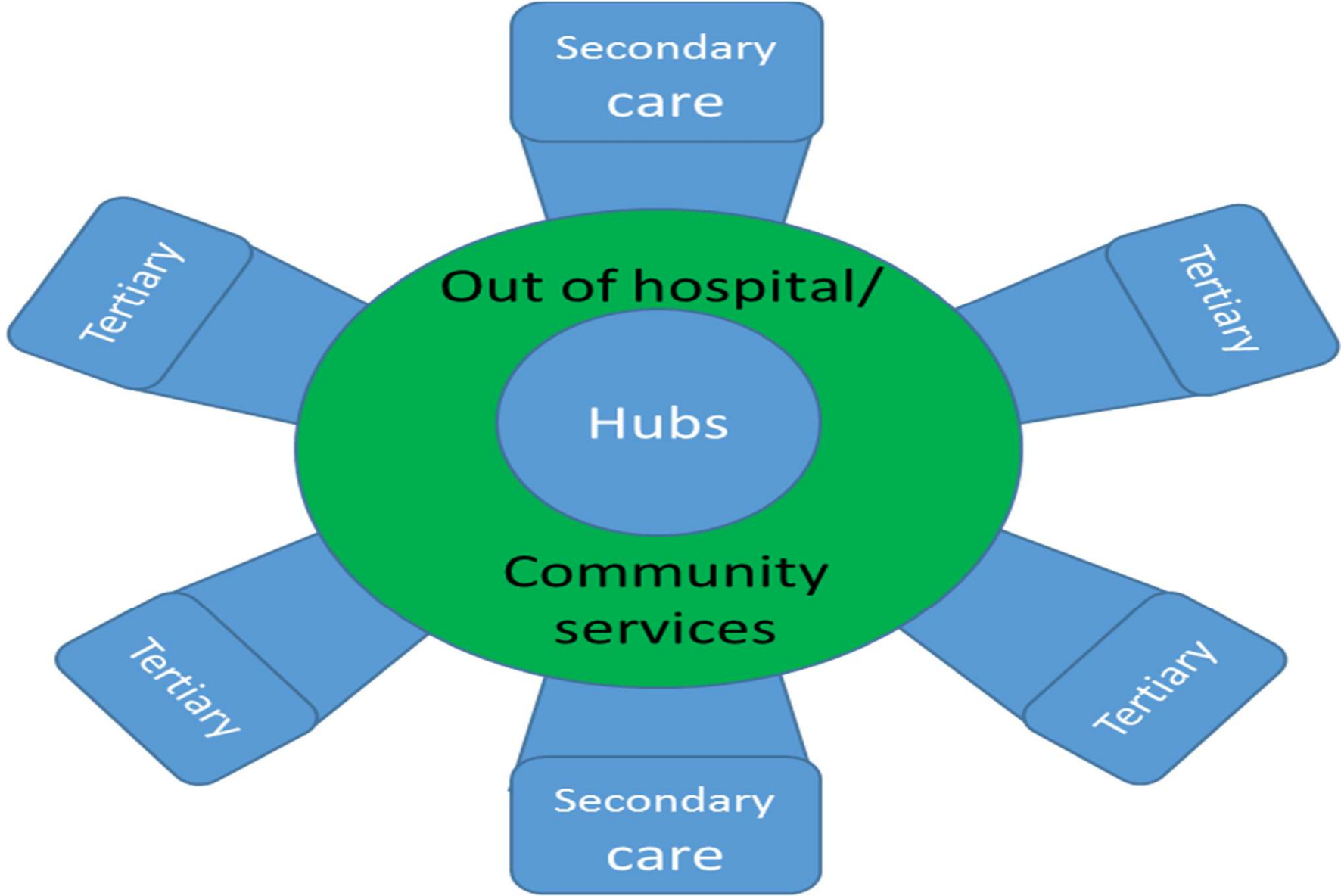
INTEGRATED HEALTH AND SOCIAL CARE

Multi-disciplinary teams with co-ordinated care plans delivering health and social care, centred around the population's needs. Commitment to new ways of working to manage long-term conditions.

SELF CARE

Delivery of care packages which includes support from a variety of agencies, formed by building relationships with Local Authorities, Pharmacies and Voluntary Sector organisations and other community providers. Champion health ambassadors within our teams.



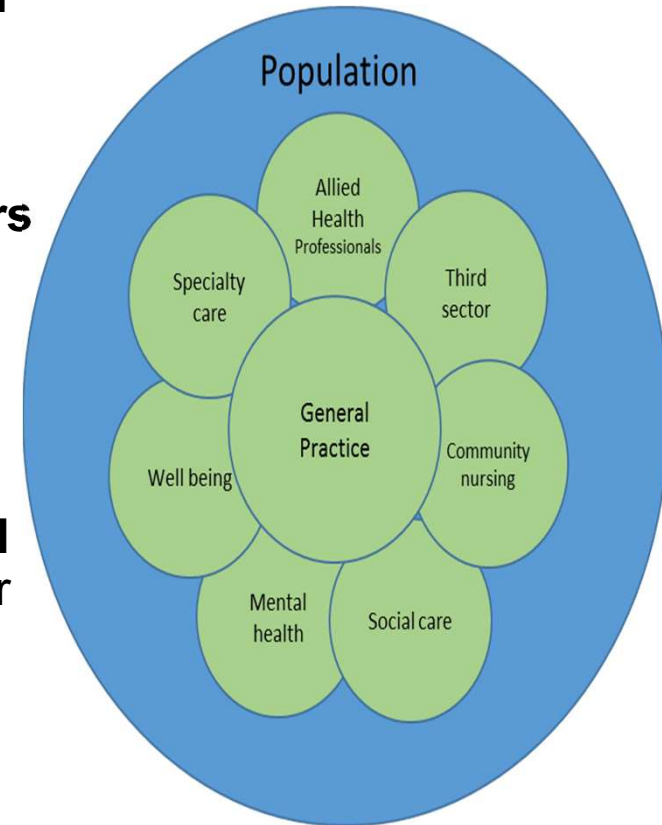


Halton Neighbourhood Hub Model

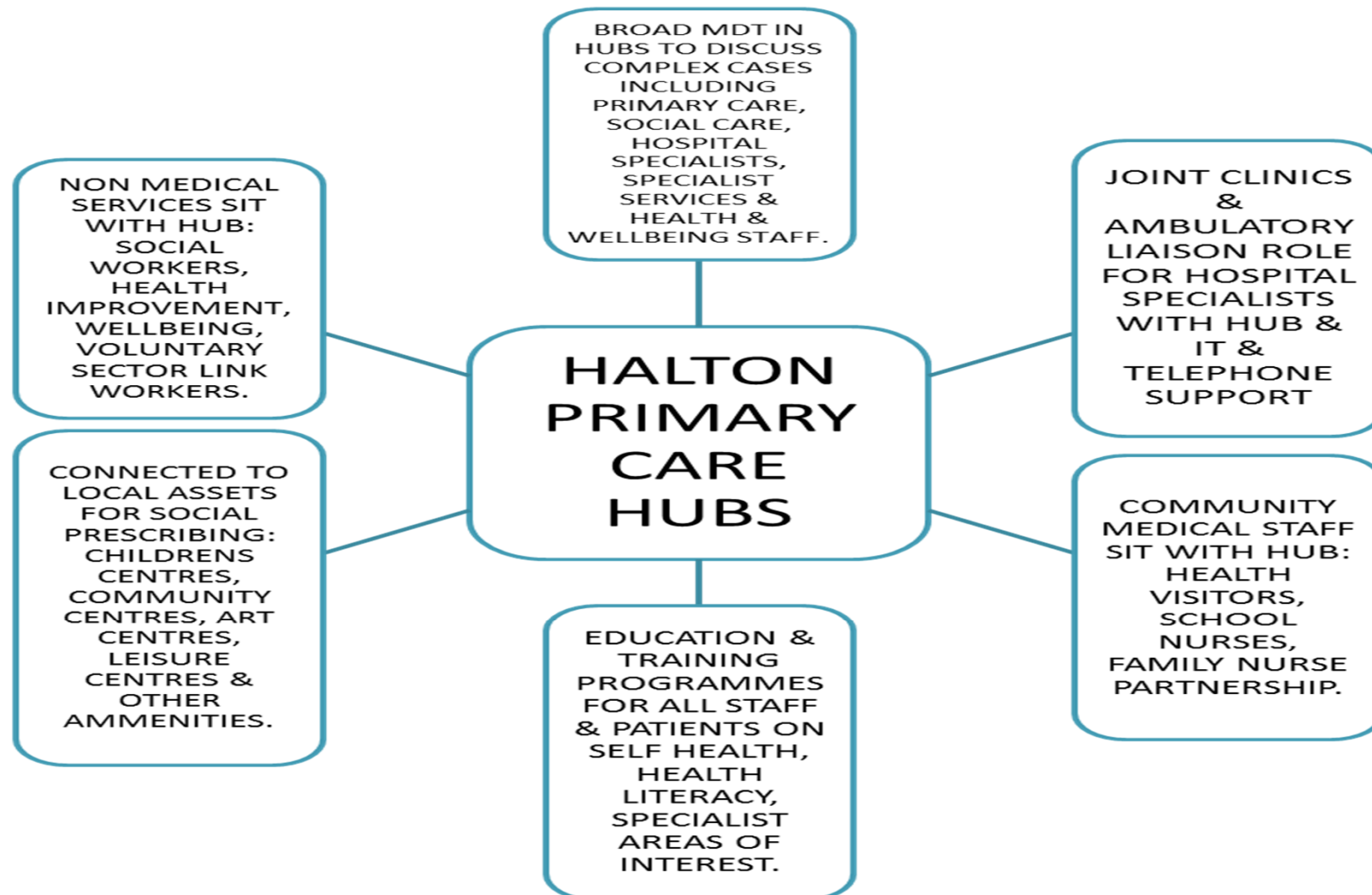
Widnes	Runcorn
<p>Hub 1</p> <ul style="list-style-type: none"> • Appleton • Beeches • Hough Green • Peelhouse <p><i>Population size – 37,200</i></p>	<p>Hub 1</p> <ul style="list-style-type: none"> • Grove House Partnership • Tower House <p><i>Population size – 26,850</i></p>
<p>Hub 2</p> <ul style="list-style-type: none"> • Bevan • Newtown • Oaks Place • Upton Rocks <p><i>Population size – 28,800</i></p>	<p>Hub 2</p> <ul style="list-style-type: none"> • Brookvale • Castlefields • Murdishaw • Weavervale <p><i>Population size – 37,900</i></p>

Halton Hub Model

- We recognise the **need to change the model of General Practice** in Halton – but this must be done as **part of a wider system change**.
- The new ‘out of hospital’ model will see **more collaboration between practices and providers** and the establishment of the **four community hubs with integrated teams wrapped around defined patient populations**.
- These teams will operate as a **single, multi-disciplinary team, accessing a single care record**. The teams must **focus on the physical health, mental health and social needs** of their populations.
- They need to act as **one team, without organisational, contractual or financial constraints or barriers**.
- To underpin, strengthen and sustain the new approach, we need a **new workforce model**. One that **maximises the skills, experience and knowledge of our workforce**.



ONE HALTON PLACE BASED PRIMARY CARE HUB MODEL.



Developing a new integrated out of hospital care model in Halton

First progress report

February 2018

Introduction and context

This report has been developed in response to the challenge Halton faces over the next five years. It is not a challenge that can be tackled by one organisation, but something that needs to be approached in partnership.

Halton faces many challenges in common with the rest of the country –an increasingly challenging financial situation, and a growing elderly population with increasing health and social care needs –but it also has distinct local issues -marked inequality among local residents leading to significant health inequalities, and particular challenges in areas such as falls and mental health.

As is the case across the UK, health, social care and community services in Halton are currently being delivered within a fragmented and complex system. This is a result of a complex web of services developing not as a system but independently. There is a need for a single operating model which articulates how care can be delivered most effectively across organisations boundaries.

System fragmentation, expectations of public services and complex population health and care needs, combined with constrained public funding, have resulted in an unprecedented affordability challenge for the borough, which is forecasting a deficit by 2020/21 if action isn't taken.

Across the UK, care economies are developing increasingly bold and transformational solutions to the cost and demand 'sustainability challenge' facing public bodies.

There are numerous examples of good practice throughout Halton, and a number of examples of where effective partnership working across the borough has driven improved outcomes.

With the creation of the One Halton Programme Board –a place based partnership which extends beyond health and social care to include public, private and third sector bodies –Halton has articulated its aspiration to go further. This will be achieved through a whole system, place-based solution to the challenges of improving citizen outcomes while tackling unsustainable levels of cost and demand.

Achieving sustained improvement in population outcomes at the same time as delivering financial balance will require significant change in the relationship between the partners that comprise the health and care system.

Together we have decided to establish a new integrated, place based, health and community care model.

Halton's health and wellbeing challenge

Halton's Health and care system is facing a deficit . Whilst the financial drivers demonstrate a huge incentive for such change, the motivation for providing better quality treatment and care across health and care providers is an greater. By bringing together health and social care services in a more integrated way and creating a new model of out of hospital care we have the opportunity to tackle inefficiencies, poor clinical outcomes and reduce overall costs in the region of £3.9m out of a total system challenge of £14.1m across acute, community, prevention and primary care.

Halton population

By 2030 Halton's current population (126,350) is projected to change with a reduction in both the 0-18 and 19-64 age ranges (3.7% and 47.6%) and an increase in those aged 65+ of 46.4%. Halton has a higher than average aging population and this trend will continue. The 65+ population increased by 3% between 2001 and 2011 compared to a 1.6% increase across England as a whole.

Life Expectancy & Deprivation

48% of Halton's population live in the top 20% most deprived areas in England and 24.5% of children aged 0-15 live in poverty in Halton. Compared to the national average Halton men aged 65+ live 1.4 years less than men across England as a whole with Halton women living 2.3 years less.

Lifestyle

Obesity levels in early childhood and in adults are above the national level with 11% of 4 and 5 year olds and 31% adults obese in Halton. Levels of hospital admissions due to alcohol, especially for those aged under 18 levels remain higher than nationally for both under 18s and amongst the whole population with under 18s. Whilst smoking rates have been falling across the borough smoking prevalence remains above the national average, 20.1% of Halton adults smoke compared to 16.9% for England.

Long-term conditions

Despite improvements in the number of people with long term conditions diagnosed, there is still under diagnosis of hypertension (high blood pressure) where only about 61% of Halton people thought to have the condition are diagnosed. Death rates from heart disease continue to fall but remain the second single biggest killer in Halton. The borough still ranks one of the lowest in England: ranks 126 out of 150 local authorities for heart disease and 111 out of 150 local authorities for stroke (where 1 is the best and 150 the worst).

Mental Health

1 in 4 people attend their GP in Halton to seek advice on mental health problems with levels of hospital admissions due to self-harm are significantly higher than England, 307.4 per 100,000 compared to 191.4 per 100,000 for England .

The State of General Practice

It is anticipated that the expansion of online consultations and improved telephone access via call queuing will improve patient experience when making an appointment. The 2015 survey, designed by the BMA, comprises of 41 questions covering a wide range of issues and had a 44% response rate with over 15,560 responses including:

- **Essentials of GP Practices:** Four in five (80%) GPs rank continuity of care among the top three factors that they think are the most essential components of general practice along with trust and confidentiality between GP and patient (61%) and holistic care (51%).
- **Workload:** More than nine in ten GPs (93%) say that their workload has negatively impacted on quality of care given to patients whilst 71% say their workload has, at times, had a negative impact of the quality of care that their patients receive. At least seven in ten GPs also rank longer consultation times as a key factor that could help them better deliver the essential components of general practice.
- **Work in primary care premises with other community based staff and services:** Three quarters (74%) of GPs say they would like to work in primary care premises with other community based staff and with access to local primary care hubs providing diagnostics, extended care in the community and out of hospital services.

The Picture in Halton

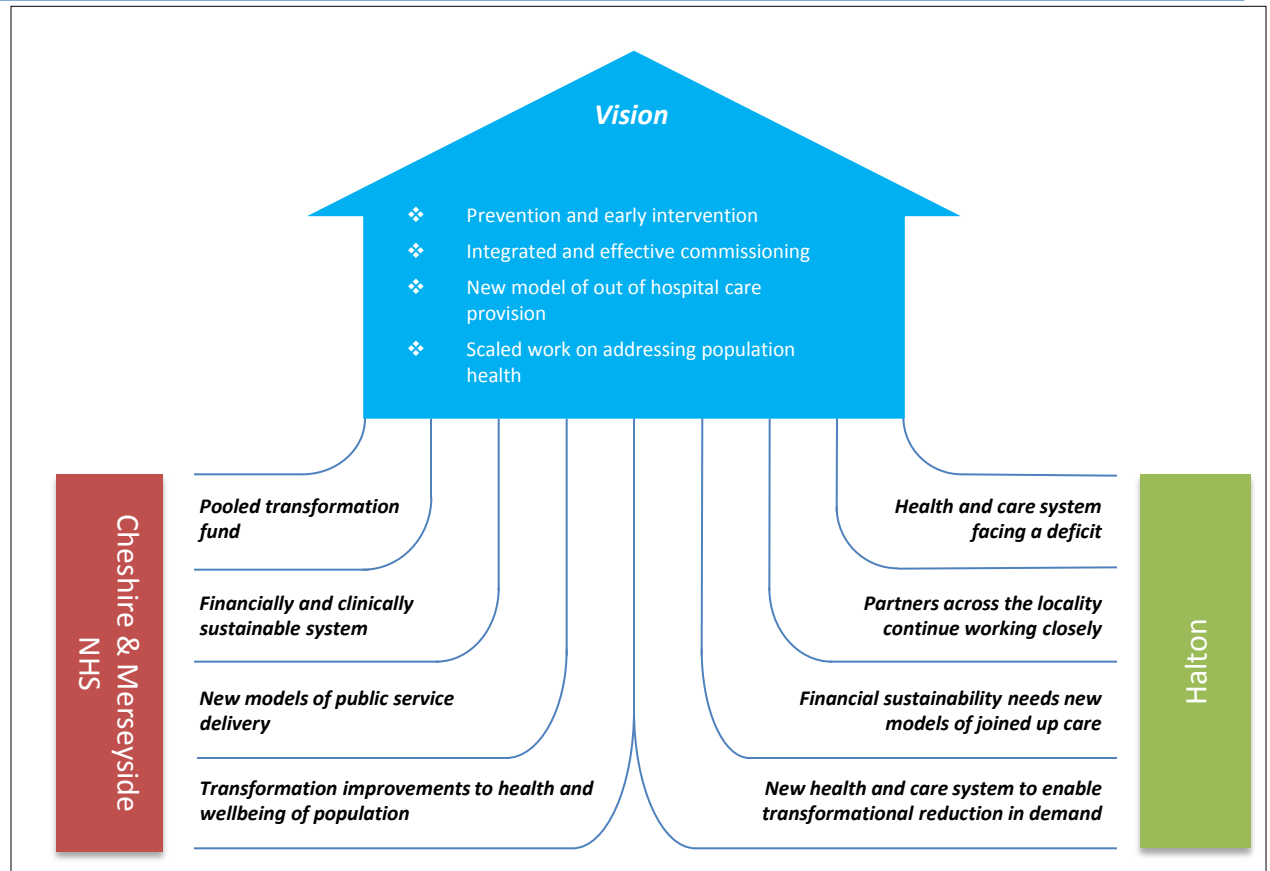
- Halton's practice population rose to 130,860 in 2017 with 1,716 patients per whole time equivalent GP.
- Over 85% of patients reported an overall 'good' experience in July 17 equal to that of the national average.
- However there is a 10% difference in those reporting a 'good' experience when making an appointment with Halton's practices (63%) compared to the national average (73%).

Aligning the system and place vision

In 2014/15 Halton started its journey towards an integrated model of care with a shared vision across health and social care.

A vision to encourage self-care, improve the general health and wellbeing and provide the right level of treatment and care close to home, so that everyone in Halton lives longer, healthier and happier lives.

To tackle the growing challenges facing Halton requires a fundamental shift across the system to one not centred on hospitals but on integration at every level focused in the community promoting self-care and prevention. It will demand strong relationships and collaboration amongst clinicians and communities along with accelerated system frameworks.



Integration is key to our strategic approach with all partners working together to deliver a joint strategic commissioning function, asset based delivery in communities, training for all health and care staff in delivering self-care messages, along with the development of community multi-disciplinary teams wrapped around Primary Care. Improving the health of local people requires changes in behaviours and living conditions across Halton. It also means that accountability for population health is spread widely across these communities, not concentrated in single organisations or within the boundaries of Halton’s health, social and Third sectors. The challenge for the future of Halton’s health and care economy is to reduce the costs of care with a particular focus on preventing unnecessary hospital admissions, reducing duplication and fragmentation and joining up health and social care. In order to achieve this Halton will need to state a strategic commissioning intent to shift care out of hospital into community settings.

Design framework

Four phase design process

The out of hospital model will need to be designed across four recognised phases as described below. This is now a recognised design process and will serve to ensure Halton benefits from generating traction and accountability.

Phase 1 Align



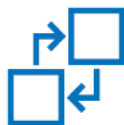
Purpose

Align local leaders on the need for change and the level of ambition.

Activities

- ❖ **Vision** – ensure clarity of vision to improve health of the population, quality of care and achieve long term financial sustainability.
- ❖ **Case for Change** summarises the health and care gaps, the drivers of the gaps (informed by hypotheses) and the “do-nothing” scenario..
- ❖ **Design principles agreed** (via surveys and interviews) which will be used to create options and identify “big shifts”.
- ❖ Stakeholder **engagement & communication** plan in place.

Phase 2 Define



*Determine the **new model of integrated care** and define this in a high level blue print.*

- ❖ The **options for new care models** identified and tested against the design principles and the extent to which they address the gaps.
- ❖ System **demand, capacity and financial model** tests impact of options.
- ❖ The preferred option for the new care model is described as a **service model blue print** using **personae** to describe the impact on **user-centred experiences**.
- ❖ **Target operating model** structure including key processes and enablers defined.
- ❖ **Transformation roadmap** for next steps sets out critical path
- ❖ **Business case** for detailed design (phase 3) and deliver & sustain (phase 4) including business change planning.

Phase 3 Detailed Design



*Co-create the **target operating model (TOM)** to describe how the system will be led, governed and incentivised.*

- ❖ **Detailed design of the target operating model (TOM)** including the following:
 - ✓ **Governance and leadership** established to enable the system to implement the plan, make decisions and track implementation and improvement.
 - ✓ **Population** budgets agreed and informed by **user-centred** pathways
 - ✓ **Key process**, both clinical and business, defined.
 - ✓ **Enablers** such as workforce needs, new outcome based payment mechanisms, technology solutions and integrated data & analytics defined.
 - ✓ **Organisational form** options considered and preferred option designed including contracts and incentivise that drive the right behaviours. E.g ACO, PACs, MCPs.
- ❖ **Business change management** including program management capacity and capability and a sequenced critical path in place.

Phase 4 Deliver & sustain

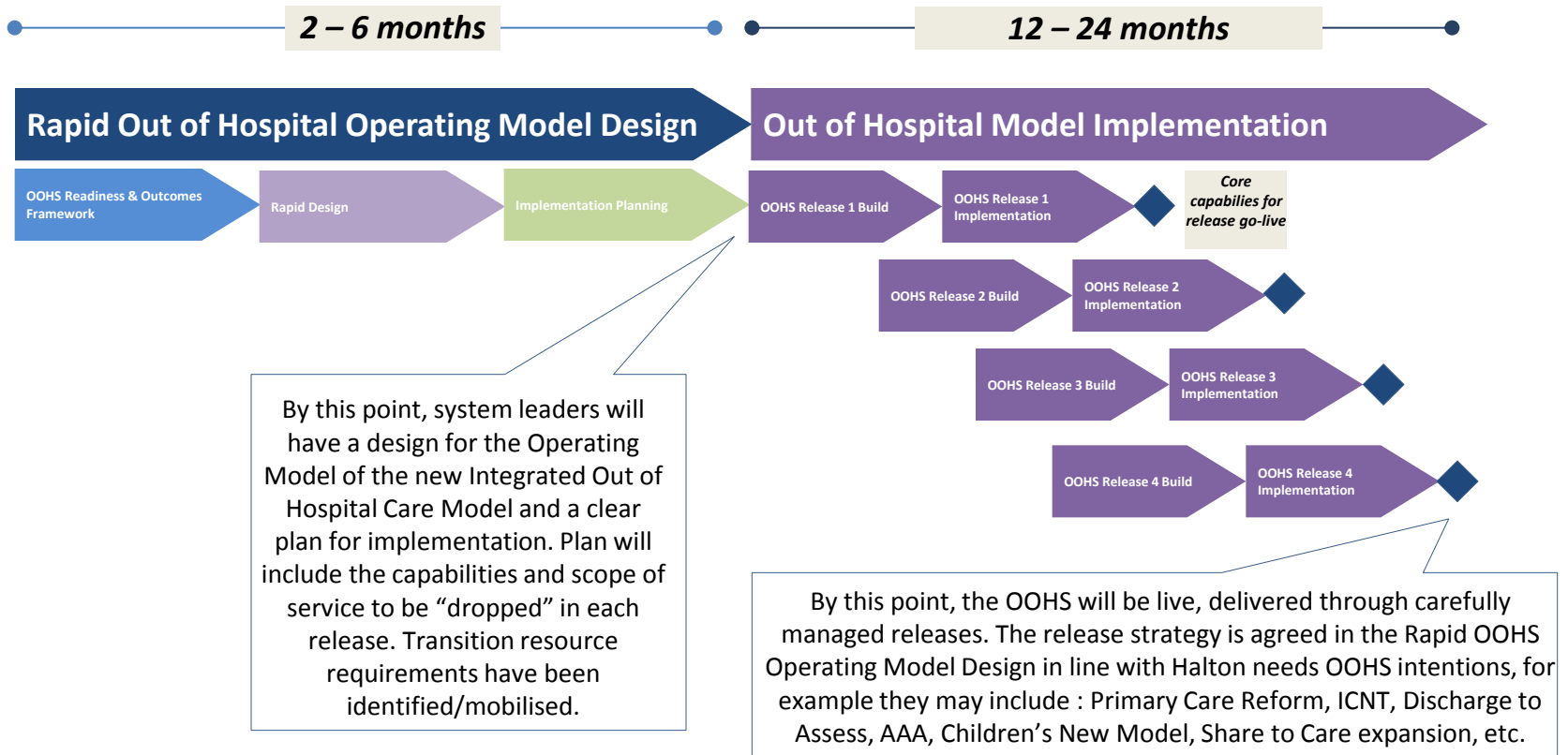


Embed** the necessary capabilities and structures so that the changes are sustained by creating a **culture of continuous improvement

- ❖ New **integrated care model** in place, delivering the services in line with the user needs with a culture of continuous improvement.
- ❖ New **corporate operating model** and leadership team in place delivering governance, business processes, technology and financial and contractual levers.
- ❖ **Training programmes** underway to address building skills and empowering staff.
- ❖ Effective **PDSA** process & structure in place creating a culture of continuous improvement.
- ❖ Tracking of **core KPIs** and embedded BI to track progress and support decision making.

Initial high level roadmap

The release plan for the out of hospital model implementation will be developed over the coming months and will bring together the existing core elements of integrated system wide working (e.g. new Children’s Model) with the emerging thinking on scope, structure and phasing for an integrated care model across Halton. Work will be needed to validate this initial roadmap.

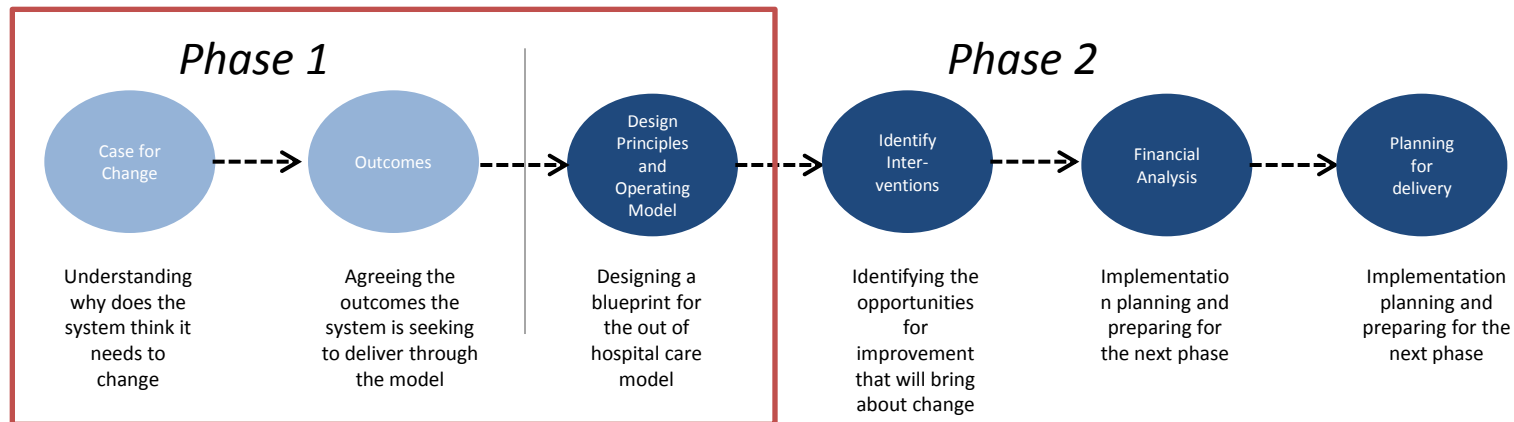


Designing the out of hospital model

Designing a solution

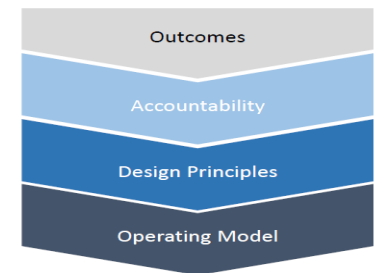
The system design for a new out of hospital delivery model needs to reflect the challenges the One Halton Programme Board is trying to address. It needs to offer an opportunity to improve health outcomes in the borough, improve the experience of those in receipt of services and reduce the overall cost of provision to ensure services remain sustainable in the long term. In order to produce a design that will satisfy these requirements, the GP Federation and Bridgewater is proposing that it follows a systematic four stage approach.

The journey of the model over four phases is a tried and test construct and we will stick with that but simplify wherever possible. During this initial phase we will focus on a smaller number of process steps as outlined below.



This section of the report:

- proposes a series of outcomes and 'I statements' that the Board should agree to focus on;
- explains the role of the different organisations that comprise the new delivery system;
- identifies the design principles the Board should agree to help it design the new out of hospital operating model;
- provides a summary explanation of the emerging new operating model;
- offers some initial and emerging further detail on the components of the operating model ; and
- outlines a test bed concept to prove concepts of the new model to ensure rapid change and impact.



Initial priorities and focus through January and February

At the start of December 2017, the GP Federations and Bridgewater were formally asked to lead the development of a new out of hospital delivery model for Halton. All three organisations set about developing a formal working partnership and engaged at Board level to debate and discuss their working approaches.

During January an event was held between the teams from all three organisations to debate and discuss working together and the principles of a new clinical model. Additionally, work was also undertaken to develop an outline programme for the new of a new model and the methodology and approach that is preferable to enabling this. Much of that is now contained and documented within this first stage report.

With the organisations clearer about how they would work together, a series of rapid engagement events were then held with wider groups within the Halton system including hospitals, mental health voluntary sector and social care sector.

It is the belief of the three lead organisations that they need to build on key elements of the work already conducted during the One Halton incarnation, supported latterly by AQuA.

Our approach will become increasingly focused on being a collaborative one to developing a blueprint for a new out of hospital care model.

That means we will need to be clear about the outcomes we need to deliver, the high level design principles and possible options for an operating model.

The three immediate priorities for the work programme during January and February are outlined below. This section of the report covers the outputs of this stage.

Outcomes	Design Principles	High Level Operating Model
A set of outcomes from the national 'I' statements will be developed during January and February and presented to the Board for discussion and consideration. These will be needed to influence and shape the final operating model design.	Local GPs will initially meet to reflect on and agree a set of high level design principles. Subsequently stakeholders from Halton will be asked to attend a workshop to reflect on the principles, identify those they agreed with, make amendments and add new principles where they considered key points to be absent.	From the development of the design principles a first draft discussion of a new out of hospital model will be described at a high level for the Board by the end of February. Subsequently a number of workshops will be run where attendees will be asked to consider the purpose and value of an operating model, examine some examples from elsewhere and the interventions .

Strategic goals

We have developed an overarching ambition with goals we believe are important for a new out of hospital delivery system. We recognise that more work will be required to firm these concepts and statement up but they are recommended to the Board as our starter for discussion and development.

To ensure Halton residents benefit from a sustainable, safe and effective out of hospital delivery system

Strategic Goals

Manage demand for services by promoting self-care independence and prevention

Enable health and social care service integration wherever possible and appropriate

Design services around users and not organisations

Treat people in the home and community for as long as it is appropriate and possible

Reduce dependence on oversubscribed specialist resources such as emergency services, non-elective admissions and care homes

Manage length of stay in hospitals, avoid delays to discharge and prevent readmissions where possible

Allow system efficiencies to be realised – duplication and over supply is eliminated while “cost shift” from one service line or organisation to another is avoided

Create the climate for staff from different professional backgrounds to work together in a positive, open and trusting multi-disciplinary climate

Allow every member of staff to be trained in having new conversations with residents that focus on assets rather than need; and

Make full use of digital technology, including development of a joined-up electronic record

Statements to help the public understand what will be different

Our view is that the new out hospital delivery system should focus on the achievement of a small number of key outcomes (shown below) for the patients and residents of Halton. Underlying each outcome, should be a series of supporting “I-statements” which are intended to reflect the aspirations and priorities of residents and service users, as we as professionals envisage them. More work should be undertaken to clarify and confirm the precise nature of these.

Core Outcomes

Enable physical and emotional wellness, independence and reduced reliance on health and social care services

Prioritise resources in prevention and early intervention according to need and risk

Deliver more co-ordinated, integrated and personalised care orientated around a community

Provide health and social care services at home, in the community or in primary care, unless there is a more appropriate setting

Support a sustainable health and care system

Provide a quality of care that is amongst the best in the country

Resident focused I Statements

- I am part of the community and access it in a way that is meaningful to me
- I have ways to cope myself when things don't go to plan
- I feel part of where I live and know where and how to find help and support
- I am in charge of my care

- I get all the information and support I need to live a healthy lifestyle
- I know who is looking after me today
- I know where to go to get additional information and advice when I need it
- I have a flexible long-term care plan to keep me as well as possible

- I access care in a way best suited to me
- I access care that is joined-up and consistent
- I work with care professionals who know me and not just my needs
- I share in decisions about my care options

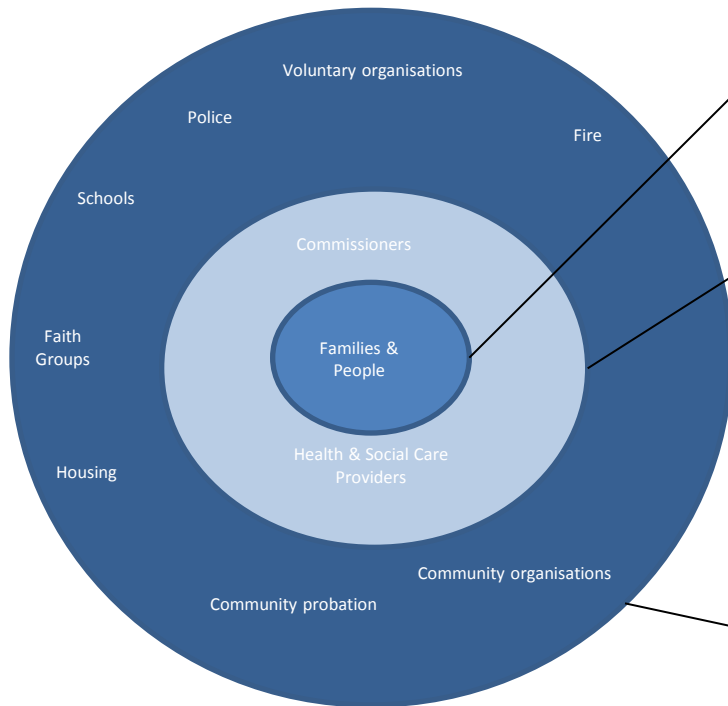
- I have care available to me where I want it
- I have a care plan for dealing with crises/unexpected circumstances
- I don't need to see a healthcare professional unless its really necessary to do so
- I receive care in a way best suited to my particular circumstances and am a full partner in my care

- I play my part in supporting the sustainability of the wider system through taking responsibility for my own health and wellbeing
- I don't go to hospital when it is not necessary to do so
- I am confident that, in years to come, I will still have access to the support and care I need

- I receive an excellent quality of care and support
- I understand the system and feel confident in it
- I have confidence in the skills of the professionals who deliver my care

A new partnership

Building a new out of hospital model will need to involve a wide range of organisations – partners working together for a common aim. The Board is recommended to agree the following descriptions of their involvement.



Centred around the individual and communities

The new delivery system will encourage and promote self care and individual resilience. In this, it acknowledges that there are significant factors which it can impact and will work to address these where possible.

Core partners

All the services provided by some partners will fall in the remit of the out of hospital delivery system. These partners include commissioners, i.e. the CCG, the council and health providers –including the acute, primary care, community and mental health providers. This would also include services provided directly by the council, e.g. public health and adult social care.

Wider delivery partners

Some partners will deliver a range services which directly contribute towards the objectives of the new out of hospital delivery system, while their primary purpose is not explicitly in the delivery of health and social care. As such, they will be partially accountable for the outcomes agreed. This would include organisations such as the police, the fire service, schools, commissioned voluntary services, probation, housing providers, registered social landlords and some social care providers.

There will also be a number of community groups and networks which provide an essential capability and resource in order to make this work. These would include faith groups, volunteer groups and formal and informal community organisations such as sports clubs. Understanding this landscape is critical for targeting prevention and for care management (e.g. some social prescribing).

Design principles

A dedicated workshop has been run to help identify and agree a number of design principles which will underpin the future design of the operating model. These will be critical for making difficult decisions about how the operating will function going forward.

The design principles will play an important role in helping to maintain the integrity of the design of the new out of hospital delivery system as the programme moves through its next phases of work –detailed design and implementation. At various points during the process, the Board will be able to check back to the principles that were agreed originally to ascertain whether or not they are heading in the right direction.

Design Principles

The design principles shaping the new out of hospital delivery system are as follows:

1. A health, social care and well-being system that is based on a co-designed, person-led and community-centred approach
2. Designed system will ensure care is accessed at the right time and place and delivered by the right people
3. Dedicated resource to coordinate multi-disciplinary care management
4. A focus and emphasis on prevention, education, strength-based working, early intervention and social support within our communities
5. Use technology to support people at home and develop the 'Halton Care' record as an enabler to integrated health and social care
6. Optimise and share the use of Halton's collective environment
7. Unify our collective workforce around a common purpose, consistent ways of working and a shared culture
8. Create and stimulate innovation within an evidenced based approach
9. Engage all partners across Halton in the design and where appropriate delivery of the new Out of Hospital model.

Initial target operating model key features

Key Feature	What this means
Self Help	<ul style="list-style-type: none">• Building parental confidence to manage children’s illness and injury• Building confidence in people to manage long term health conditions, mental health and disabilities• Building in people to manage changes that happen with age• Building confidence in people to be able to navigate and access services at the right point in the health and care system
Prevention	<ul style="list-style-type: none">• Everybody’s responsibility. All partners have an essential role to play in tackling the wider determinants of health, and there will need to be shared, consistent capabilities developed across organisations that would allow supportive interventions to occur in a holistic way no matter where someone accesses the system. This might mean partnering with schools and workplaces to promote healthy eating and physical activity, or with the fire service to educate groups regarding fire safety.• Data enabled. A better understanding of where to invest in prevention would improve the chance of specific, targeted programmes.• Aligned to the challenges that Halton faces. Some specific areas –falls, mental health, alcohol abuse –will require a joined up borough wide approach. Specifically, in terms of mental health, prevention programmes will need to ensure that those with mental health needs are having their physical preventative needs met.• Behaviour focused. Prevention interventions need to start young, by working collaboratively with schools in targeted areas, and focus on small changes to healthy behaviours and choices.
Rapid Access and Managing Crisis	<ul style="list-style-type: none">• A integrated rapid response team in front of A&E -made up of trained nurses, healthcare assistants, rehabilitation experts and physiotherapists, and community resources would perform a triple function: avoiding unnecessary admissions in the first place (by being positioned at the front end of A&E), accelerating discharge by helping patient move into a community or home setting (and supporting intermediary care arrangements), and by diverting those with non-medical urgent needs away from A&E to more appropriate services.• Actively feedback to other parts of the system to avoid future contacts. Sharing information with other parts of the system about where interventions should be targeted (e.g. police; care homes; GP; housing)• Use of other parts of the system to support urgent support. Facilitated by the single point of access (contact centre) and MDTs, there may be more appropriate responses to crisis –e.g. care facilitated in the community by the care manager, or temporary/ permanent institutional care to support individuals with high levels of need.

Initial target operating model key features

Key Features

What this means

Care Co-ordination & access

- **Integrate access** across the system with standardised functions that are consistent across the system.
- **Reduce avoidable contact.** By using digital services to reduce demand through self service (appointment booking, information and advice) and by strengthening community support and resilience and connecting people to support using local networks and assets
- **Reduce inappropriate referrals.** A triage function using skilled staff and use of directory services to reduce repeat contacts. Where needs are complex, a key worker acting in a link role for the individual may provide a navigation function to enable timely and simple contact and interaction
- **Reduce duplication.** Shared record accessed and available –with the ability to build on core or minimum levels of information
- **Reduce length of stay in hospital and delayed transfer of care.** Real time capacity and demand management throughout the health and social care urgent and intermediate care system -which highlights available capacity for specific services
- **Promoting wellbeing and improving self care.** Skilled and trained point of contact staff that delivering preventative advice. Targeted outbound work with individuals that are at risk of escalation if they are not supported early

Proactive Care Management

- **Proactive.** In actively targeting and tracking people through effective risk stratification and planning, it is possible to provide more care in less acute settings. The case manager would be required to work closely with the GP and specialists to develop a care plan.
- **Multidisciplinary.** Chains of communication will need to be established so that –for instance –housing providers can be actively involved in discharge planning, or so that schools can provide flexible support if needed. This would need to actively include management of mental health as well as physical health.
- **Consistent.** For those with complex needs, evidence suggests that having a named care manager provides essential continuity of care. This individual would be the primary point of contact for patient and professionals and bring together community resources and the wider out of hospital team to support the patient, including through acute episodes and discharge.

On the ground this will mean

In practice...

24/7 Urgent Care and Crisis response

- Same day appointments and flexible appointment lengths in the community for all acute illness
- Extensive expansion of services in urgent care centres as they become fully integrated with primary care
- More rapid and responsiveness crisis intervention services in the community to prevent hospital admissions

Multi-Disciplinary Teams

- Integrated multidisciplinary teams working together in the community as a single team around 'hubs'
- Expansion of MDTs tasked with active case management of both 'at risk' and 'low risk' groups to reduce current and future hospital admissions

Community Care Teams

- Multi-organisational integrated health, care and community resources built around 'hubs' with support from town or borough wide specialist services
- Care continuity for the elderly and patient with chronic/long term conditions
- Increase management of chronic disease groups with acute, community and voluntary sector partners

Discharge

- Integrated pathways and services to support acute colleagues discharge patients into the community
- Use of reablement first approach for anyone requiring a long term package of care
- Intermediate care capacity (step up/down) to support people returning home

Asset/Strength based delivery

- Expanding capacity and support in the community for asset/strength based working
- Skilled and trained staff promoting asset based conversations and preventative advice supporting vulnerable people and those at risk of becoming vulnerable

Organised around primary care ‘hubs’

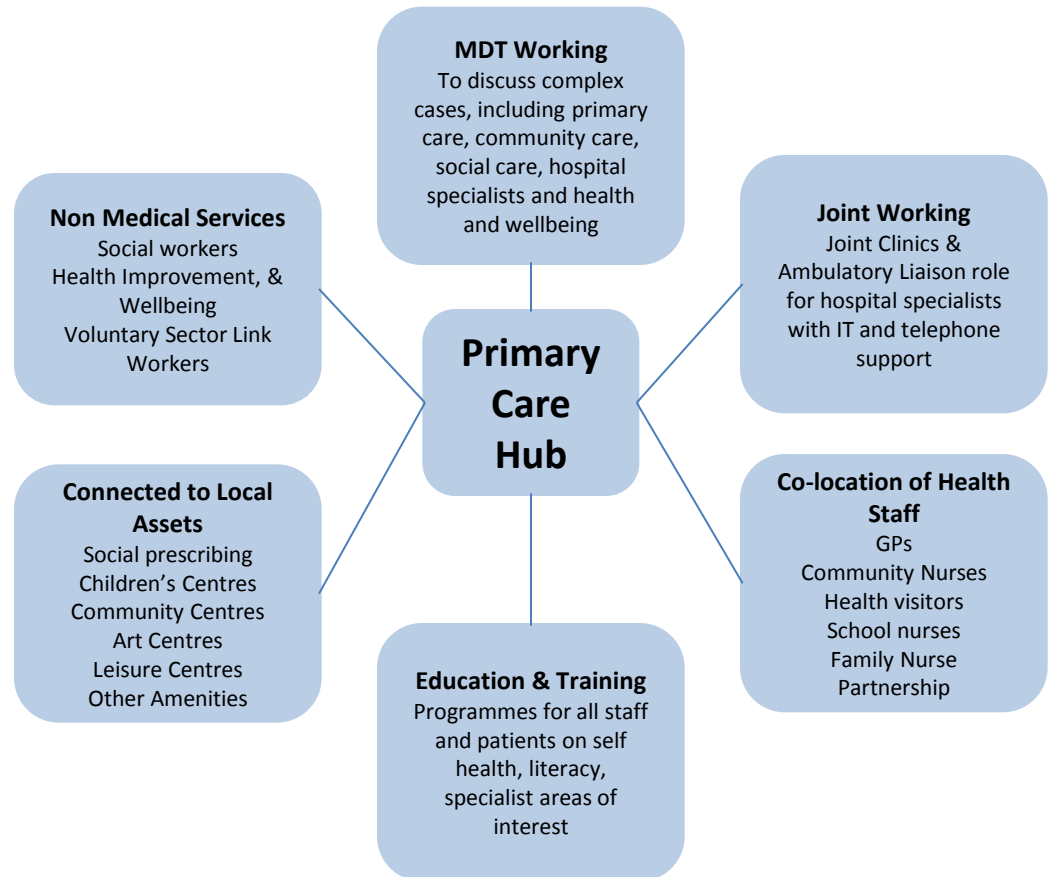
There are four hubs in Halton; two in Runcorn and two in Widnes.

Covering the two towns, the hubs allow multiple organisations to work together more seamlessly to support patients with complex needs who could otherwise receive disjointed care, with multiple referrals and handovers.

The hubs will need to exist both virtually and physically with health, care and wider community resources co-located where possible. Each hub will be made up of specialist and community workers from different health, social care and voluntary and community organisations across Halton.

People will be referred directly into the Community Care Team wrapped around hubs to receive a joined-up care plan. This provides a joined up approach helping those people at risk now and those at risk in the future to stay well and out of hospital. This ensures that people referred get the right care, at the right time, in the right place and by the right person.

The partner organisations and community resources within the hubs and Community Care Team are described as follows:



Scope of services

It will be critical to agree the scope of services that can be transitioned to a new delivery system as early as possible as this would be a core enabler to achieving the greatest possible level of benefit from enhanced integration and collaboration. While early integration is a key enabler to realising maximum benefit from system wide redesign, Board members also need to recognise there are a number of contractual, regulatory, and financial considerations which would require further review before a final decision can be made on transitioning services into the new delivery system.

Our initial thoughts are outlined below to enable that debate.

Services to be included at Day 1	Services not included at Day 1 but maybe suitable for later date	Services not likely to be included nor or in the future
Primary care Community health care Adult social care Children’s social care Public health Mental health Well being/3 rd sector	Community safety services such as: <ul style="list-style-type: none"> • Mental health triage • Victim support • Probation Ambulance Leisure/libraries Primary care Optometry Primary care Dental Services for youths Housing Schools – post 16 provision	Fire protection Road safety Youth justice

Work will be needed through the next phase of development to refine this list into a more considered list of services and to then gain agreement across the Halton system as to what features within the new out of hospital delivery system

Test bed concept

Building momentum in this programme of work is critical, therefore, identifying a small number of 'quick wins' is seen as strategically significant. These projects will test the commitment of partners and their willingness to embrace new ways of working. Importantly, they will demonstrate to patients, staff, commissioners and system regulators that Halton is actively making changes happen in the communities.

Three 'quick win' projects have been identified, each of which will require a multi-disciplinary approach and yield benefits that will either direct support improvements in accessing services or provide better/most effective patient care.

1. Integrating community nursing and general practice, focusing on the treatment room service
2. Increased mental health provision in primary care
3. Establishing a new MDT for patients with COPD/Respiratory illness.

Each 'quick win' project will be developed, delivered and piloted in a different Community Hub. If successful, and resources are available to support this, they should be expanded and provide services across all four Community Hubs. As such, evaluation of the projects is essential therefore clear success criteria will need to be agreed at the outset.

These projects must not detract focus or resources from the overall programme of work; they need to run in parallel.

Given the nature of the projects, collaborative working with partners will be fundamental from the outset to achieve this.

Strategic enablers

Strategic enablers

Identifying and designing enabling functions to support the successful design, transition and implementation of the new out of hospital operating model, including overcoming the barriers to change, will be critical to realising the vision and targeted benefits of the Halton's plan for system transformation.

It will be important for the relevant professionals to identify the range of key barriers likely to be experienced when delivering large scale change, and the key enablers required to achieve both the large scale system wide transformation and the differentiated 'future state' operating model comprising the out of hospital delivery system.

At this stage initial thoughts are that there are likely to be numerous barriers and enablers which at this stage are categorised into six key areas, accepting that more discussion is needed:

- Information Management & Technology (IM&T)
- Governance and Leadership
- Contracting and Commissioning
- Transformation capacity and capability
- Estates
- Workforce
- Financial and activity analysis

This section of this report captures the enabling functions key to realising the new out of hospital operating model.

Strategic enablers

Enabler	Key considerations
IM&T	<ul style="list-style-type: none">• Business Intelligence Strategy and Function capable of fully developing the Outcomes Framework and data analytics to inform decision making across the new delivery system• Business Intelligence driven approach to whole population risk stratification and targeted preventative and pro-active interventions.• Technology enabled identification of early discharge candidates.• Single view of an individual's contact with the system with integrated records and care plans.• Mobile working technology to allow staff to work flexibility and efficiently across locations.• Use of technology and multiple channels of contact to support access and delivery of services, such as e-consultations.• Data-driven understanding and insights on people's use of the health and care system to inform further improvements.
Governance & Leadership	<ul style="list-style-type: none">• Corporate form to be adopted for the new delivery system.• Governance and accountability arrangements.• New contracting framework for the new delivery system.• Payment mechanisms between partners.• Draft contracts for organisations within and subcontracted to the new delivery system.
Transformation capacity and capability	<ul style="list-style-type: none">• Programme management, the development of a detailed implementation and benefits realisation plans.• Programme governance, oversight and accountability arrangements• Capacity and capability to develop the new out of hospital plans and implement changes at a whole system scale, including corporate processes e.g. (risk management, financial reporting etc.).• Identifying and agreeing sources of transition investment funding to enable system transformation and realise required benefits

Strategic enablers

Enabler	Key considerations
Estates	<ul style="list-style-type: none">• Collective approach to the public sector estate to maximise utilisation and dispose of properties no longer required.• Increased co-location of health and care professionals.• Increased co-location of a wide range of health services and specialisms to improve integration of care and support.• Rationalisation and consolidation of estate following greater integration and increased use of mobile working and technology opportunities.
Workforce	<ul style="list-style-type: none">• Collaborating to make more efficient and effective use of permanent, temporary and agency workforce.• Enhanced training and capability development to support delivery of integrated care in the community, including care co-ordination and key worker roles.• Maximising the workforce development for practice staff and community teams.• Planning and recruitment of more specialist roles delivering from out of hospital settings.• A career development / talent management approach enabling care workers to enter into the care profession.• Joint training and OD.
Contracting and commissioning	<ul style="list-style-type: none">• The governance structures and contracting mechanisms that will be required to define feasibility for all partners, compliance and acceptability for regulators and commissioners• Shift towards a shared integrated commissioning function.• Exploration of possibilities around capitation and whole population management.• Greater focus on strategic commissioning and macro-level market management to support the developing needs of our local populations.• Increased micro-commissioning through delegation of more transactional functions and personal budgets.

Financial and activity analysis

During this next phase of the programme, the scale of the financial challenge facing the Halton health and care system will need to be analysed and quantified. Subsequently the task will be to identify opportunities to address the gap through the implementation of a new operating model for out of hospital delivery.

A key consideration will to understand where there might be opportunities to generate savings based on where activity is higher in Halton than is the case in comparable areas.

An initial view it that this type of activity analysis will be done over two stages:

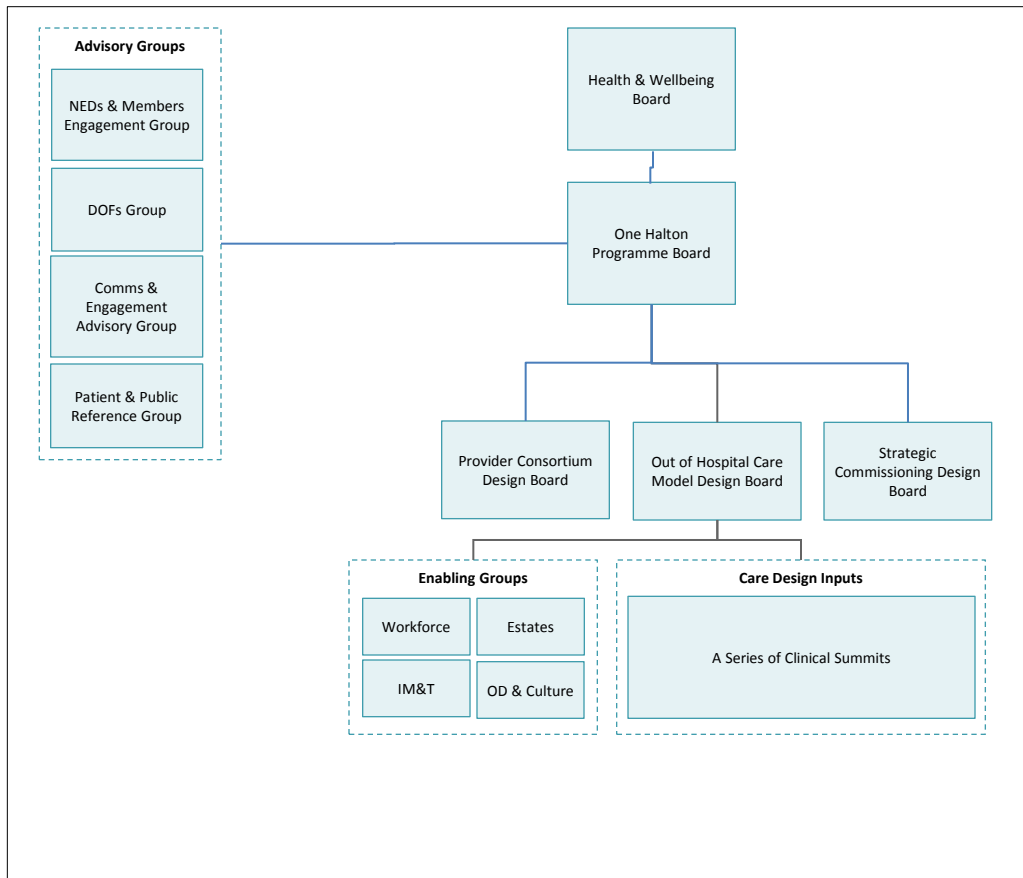
1. An analysis of benchmarking data for peers to identify savings opportunities and more detailed activity modelling. The benchmarking used will be the same peers as NHS England Right Care methodology, benchmarking against systems with a similar demography to Halton. An initial high level view of that framework suggests the main areas of spend will include:
 - A&E attendances (including and excluding walk in centres);
 - Emergency admissions;
 - Elective referrals;
 - Non-elective length of stay; and
 - Outpatient appointments
2. Where Halton is found to be performing significantly below the median or upper quartile in terms of its peers, further analysis will undertaken using Secondary Uses Services (SUS) and social care data to begin to understand in more detail what is driving cost in the system. This should allow activity analysis by age, gender, GP practice lists and levels of deprivation, to be carried out.

The engagement of the financial teams across the system will be key to this area of work being carried out. Whilst the focus will be on the out of hospital delivery model our suggestion is that this workstream should report directly to the One Halton Programme Board and support both groups. The recently produced KPMG spreadsheet tracking the financial impact of initiatives will become a key output of this work.

Programme Governance & Management

Governing the out of hospital programme

There are two aspects of governance that will need to be considered if we are to succeed in establishing a new integrated service model – the ‘internal’ corporate governance and the ‘external’ contracting governance. Whilst these issues are formally on separate sides of the commissioning / provision split, the nature of this development means that they are necessarily closely inter-twined. Given the complexity and innovation implied by the design logic outlined above, and because of the broad scope being suggested for integrated services, it makes sense to look at this as a strategic programme, working and operating in-between a range of interested organisations. Thus it will be necessary to design a programme governance structure that not only ensures strategic progress is achieved but that accountability is built in.



Poor governance arrangements are one of the most frequently cited organisational barriers to successful integration so it will be vitally important to the success of this programme that robust governance arrangements are in place to oversee the delivery and evaluation of this complex work programme.

The suggestion in structural design here is as follows:

- There is already an agreement to develop a provider consortium and this should have a small group to oversee its design
- There is already an agreement to develop commissioning in Halton and this should have a small group to oversee it
- The GP Federation has been asked with Bridgewater to lead the design of a new out of hospital model and this will need a group to oversee that work
- That will need a variety of workstreams to look at clinical model design and enabling works design

All three should report to the One Halton Programme Board.

Governing the out of hospital programme

We are advocating that there should be a series of advisory groups to look after NED/Cllr engagement and briefing, finances in the system, comms and engagement and also public involvement. These should support the overall transformation programme on behalf of the One Halton Programme Board and should be linked in at that senior programme board level.

The final suggestion is that the One Halton programme considers and agrees how it oversees the secondary care transformation changes that will be required in the hospital sector either because of the Cheshire and Merseyside NHS level work or because of the consequences of the out of hospital model changes.

Making It Happen

In order to get this started we believe we need to establish a programme governance structure that should be in effect the executive steering group and comprise the relevant organisational management and leadership. Thus this group would incorporate senior operational representation from the following:

- Bridgewater
- North West Boroughs
- Halton Council – Adults and Childrens Care
- Halton Public Health
- Warrington & Halton Hospitals
- St Helens & Knowsley Hospitals
- Voluntary & Third Sector provider representative organisation
- Commissioner representative

We recommend that it also should include the technical support experts from the enabling workstreams. These will need to be identified and the leadership and Chairmanship of the group should rest with the GP Federations and Bridgewater but should link in the overall SRO.

The group should meet fortnightly as a minimum given the level of work required in volume terms. It's remit is not to govern but to make things happen and specifically to oversee the test beds.

Programme management and resourcing

Due to the distinctive requirements, it would be useful to establish a twin-track, short cycle development process.

The Strategic Commissioning work-stream should focus on:

- economic efficiency;
- contract requirements;
- service specification;
- financial flows;
- information and ICT design; and
- outcome monitoring.

The Provider Development work-stream will need to focus on:

- model of care design;
- corporate and clinical governance;
- consortium development; and
- long term financial planning.

Both work-streams will need to co-operate on the development of integrated models of care.

On this last point, the most important consideration is the nomination of clinical leads for each of the areas in the potential scope of an integrated care system.

This may result in a large number of groups, and serious consideration needs to be given to how this process needs to be supported.

The programme will primarily be supported by the GP Federations and Bridgewater’s teams but will need additional input from the CCG, HBC (given the importance of social care) and also likely external expertise which will no doubt need some investment.

Skillset	Likely deployment source
Financial forecasting and cost modelling	CCG / BCHFT
Economic appraisal and modelling	External
Activity forecasting and modelling	CCG
Change Management	Council / CCG
Service Redesign	CCG / BCHFT / Feds
Programme Management	BCHFT / HBC / CCG / Feds
Clinical Leadership	Feds / BCHFT
Corporate governance and legal	External Legal
Clinical governance	CCG / BCHFT / Feds
Communications and engagement	BCHFT / HBC / CCG

Page 147

Consideration is needed to provide transformational funding to support the initial set-up and ongoing costs for programme management, for example where skills are not available within the Halton health economy. A source is likely to be the Cheshire & Merseyside pooled fund arrangement to support strategic development of place based commissioning and delivery systems. A proposal will need to work developed to quantify those costs.

Communications and engagement approach

Effective communications and engagement is essential for the development of a new model of out of hospital care.

Our patients, their carers and our stakeholders, the people who rely on local health and care services, are uniquely placed to help us develop the services we will provide, and advise us on what works best for them and the areas that could be improved on.

As the way health and care services are provided and used changes, we want to make sure our patients, carers and stakeholders feel fully informed and involved in the decisions we make. We also want to make sure that we do this in a way that meets NHS standards and the statutory duties of those organisations involved.

An effective communications and engagement strategy will help us to raise awareness of the services available to patients, provide information on common conditions to support self-management and diagnosis of care as well as encouraging healthy lifestyles. We want to involve patients and members of the public in discussions and decisions about how their healthcare will be provided in the future and to be given information to enable help them to do this. This includes informing patients and the public about the healthcare services available to them locally and nationally and offering easily accessible, reliable and relevant information to enable them to participate fully in their own healthcare decisions and choices. To do this, we will deliver high quality communications and engagement.

We will take a planned and sustained approach to communications and engagement to fulfil our vision for our residents to have access to the best health and care services available, the opportunity to improve their physical, mental and social wellbeing and to be involved in decisions about their own health and care.

We will engage and communicate so that:

- People know who we are and what we do.
- People know what services we provide and how to access them.
- People can make informed choices about their health and lifestyle.
- We can equip people with the skills and knowledge to be able to self-care and self-manage their conditions.
- Health services are used effectively.
- People can publicly hold us to account.
- Our strategic objectives and the delivery of our plans are supported through engaging people, partners and stakeholders.
- Our care model develops through better involvement and engagement of the people who use services.
- Service provision is joined up.
- Quality of care improves.
- The reputation of, and confidence in, the local NHS is upheld.
- Other parts of the NHS can learn from our development.

Summary and key next steps

Summary

We believe that this is all achievable but there are some considerable challenges and risks and being realistic historically, we have not managed to fully have a system working together in a way that our aspiration now envisages. We ultimately need to prove that we can do this.

However, our priority focus has been on bringing the two GP Federations and Bridgewater together as it was requested by the system to lead this work. With that relationship now gaining strength and confidence after just 10 weeks of working together, the focus has started to turn towards engaging more widely across the system. That has posed a risk in such much as there has been a notable absence of senior level adult and children social care as well as a only small clinical workforce attendance, which we understand because of diary limitations and the timescale of running to present something of this magnitude to the Board after just eight weeks of work. All of this has also been achieved in the context of trying to develop new relationships in an environment of significant leadership change within the commissioning sector.

Our plans going forward are reliant and dependent upon deeper and greater engagement on much more complex and detailed design concepts. We specifically need to ramp up the engagement process with the clinical workforce which will mean giving much greater diary notice and therefore far greater planning.

Our approach is to blend strategic development with tactical execution using things like PDSA cycles to test and prove the concepts of our model. This will allow us to refine and change things in real time and ensure therefore that our policy making approach is not a traditional linear public sector one.

Our starting point of those tactical approaches are described as out 'test beds' and encompass the integration of community and primary care teams around the hubs – starting with the community nursing teams. There is strong Board level commitment from Bridgewater as well as the same level of Board commitment from the two GP Federations to get on with this to show some real on ground change and impact, which will also help bring the GP community along on the journey.

Over the next few pages we have started to outline what we see as some of the key next steps. We do not believe this to be exhaustive and there will be more to add as we progress this journey.

Key next steps

Excellent progress has been made in advancing the development of plans for Halton’s new out of hospital delivery system over the eight weeks since the start of the new year. However, to maintain this momentum and be in a position to put forward a compelling case for change, attention must rapidly turn to the next phase of work required. This will entail carrying out a more detailed design and implementation planning across a number of programme workstreams and testing the concepts.

Workstream	Priority activities
Developing a detailed target operating model	<ul style="list-style-type: none"> • Baseline current activity across the system • Understanding the core components that will comprise the new delivery system and how they will operate, including descriptions of future processes • The size the new delivery system will need to be and the staff groups that will comprise its workforce • Identifying the initiatives that are part of the model i.e. risk stratification and modelling their impact • The design of the approach to implementation (phasing and sequencing) • Identifying where there is duplication and the scale of potential opportunities • Confirm the scope of services to be commissioned and provided by the new delivery system • Scope of budget(s) • List of services • Confirming the operational and support resources being brought into the scope of the new delivery system
Designing the enabler functions	<ul style="list-style-type: none"> • Understanding of current enabling capabilities and opportunities to scale up and identification of gaps in current arrangements • Potential IT solutions, costs and timescales for implementation • Understanding of the future estates strategy • Confidence regarding the culture and a recognition that it will be one system comprised of a number of organisations initially
Financial and activity modelling	<ul style="list-style-type: none"> • Financial impact of the new model for the care economy refined to reflect detailed design and implementation plans • Develop a business intelligence strategy

Key next steps

Workstream	Priority activities
Designing corporate governance structures and contracting mechanisms	<ul style="list-style-type: none"> • Defined structural form adopted for the new delivery system • Governance and accountability arrangements • New contracting framework for the new delivery system • Payment mechanisms between partners and providers • Draft contracts for organisations within and subcontracted to the new delivery system
Programme management and implementation planning	<ul style="list-style-type: none"> • Understanding of how implementation activities will need to be phased and dependencies managed • View of how and when benefits will be released • Change readiness assessment report and transition engagement strategy • Detailed implementation plan • Benefits realisation plan • Consultation and engagement strategy • Communications strategy, plan and implementation • Programme leadership and technical inputs identified and agreed resourcing profile in place
Piloting Test Beds	<ul style="list-style-type: none"> • Developing the pilot methodology i.e. PDSA • Identifying the scope of the pilots

REPORT TO: Executive Board

DATE: 15 March 2018

REPORTING OFFICER: Chief Executive/Strategic Director, People

SUBJECT: Healthy New Town
Halton Hospital and Wellbeing Campus

PORTFOLIO: Health & Wellbeing

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

This report seeks to provide an update on the development of the Healthy New Town Halton Hospital and Wellbeing Campus

2.0 RECOMMENDATION: That

- 1) **Members note the current position on the development of the Healthy New Town Halton Hospital and Wellbeing Campus; and**
- 2) **Regular reports be provided to Members as the Healthy New Town Halton Hospital and Wellbeing Campus proposal is developed.**

3.0 SUPPORTING INFORMATION

3.1 Halton Healthy New Town is one of 10 demonstrator sites selected by NHS England but is unique in that it is the only site that has a hospital at its centre.

This gives an exciting opportunity to create a Halton Hospital and Wellbeing Campus at the very heart of Halton Lea, bringing together all of the elements required to deliver a badge-less, seamless Health and Social Care system for the people of Halton.

The Halton Hospital site is of such a configuration that it enables the delivery of the One Halton vision in a number of ways.

The aging Halton General Hospital will be demolished **but ONLY after the state-of-the-art Cheshire and Merseyside Treatment Centre has been extended, to accommodate services currently delivered in the General Hospital.**

The nature of the project is such that there will be no major service reconfiguration proposed, nor any interruption to current service delivery.

However by reconfiguring the land use the following can be achieved:

- Host multiple GPs/Primary Care Practitioners on site in a Medical Plaza

- Incorporate a Wellness Facility supporting rehabilitation and good physical and mental wellbeing for the community
- Create a bespoke imaging/diagnostics centre which could be directly accessed by primary care
- Dedicate the hospital to pure treatment/interventions since step-down/intermediate/rehab care would be delivered at –
 - Onsite Care Homes or at the Short Stay Rehabilitation Centre
- Create conferencing facilities for use by H&SC partners and the community
- Create a community centre comprising cafes, shops, etc.

After the creation of the Halton Hospital and Wellbeing Campus there would still be NHS land remaining to build

- dedicated housing for the elderly and Health and Social Care Key workers; and
- some independent housing which could be managed by HBC or housing associations

Master Planners have been engaged to explore all of the potential options for the entirety of Halton Lea, however the decisions about the Halton Hospital and Wellbeing Campus rest with the NHS as the landowner

They are committed to developing a state of the art facility to meet the needs of the current and future populations of Halton.

Local people, including staff and patients, are aware of the proposals to construct the Halton Hospital and Wellbeing Campus through a number of formal and informal engagement events, as well as through plans published both internally and externally.

This includes the production of

Halton Council's Masterplan for Halton Lea (in which a number of local Councillors have been involved); and

Halton Healthy New Town's Community Insights Report, which has had significant community and political input.

It is intended to continue the engagement programme throughout 2018 in conjunction with members, the public & our partners within the local health economy.

Following the Chief Executive's presentation at the recent Health PPB's the Leader has asked that as part of the on going engagement programme a further meeting be held to provide an opportunity for all Runcorn members to comment on the proposals and that future meetings be held with Runcorn members to keep them fully briefed and give them the opportunity to contribute to the development of the Healthy New Town proposals.

More information about the Halton Healthy New Town is available on the dedicated website: <http://www.healthynewtown.org.uk/>

Documents 1 and 2 attached show indicative images of the current proposals for the Healthy New Town Halton Hospital and Wellbeing Campus.

4.0 FINANCIAL IMPLICATIONS

4.1 A Bid for £40 million has been submitted to NHS England to support the development of the Halton Hospital and Wellbeing Campus.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children & Young People in Halton

The Healthy New Town proposals will provide integrated, multi-disciplinary health and social care services for all families, and improve services specifically for children with learning difficulties and disabilities.

5.2 Employment, Learning & Skills in Halton

The Healthy New Town proposals will assist in the retention of existing and the creation of new employment opportunities Halton Lea.

5.3 A Healthy Halton

The Healthy New Town proposal will adhere to the One Halton vision and will be driven by the Health and Wellbeing Strategy and outcomes. Progress will be monitored by the Health and Wellbeing Board, and scrutinised by the Health PPB.

5.4 A Safer Halton

None.

5.5 Halton's Urban Renewal

The Healthy New Town proposals will assist in the regeneration of Halton Lea.

6.0 RISK ANALYSIS

6.1 Should the proposal not proceed the long term viability of the aging facilities on the Halton Hospital site may be at risk.

6.2 Should NHS funding not be available funding would need to be secured for other sources. If funding is not forthcoming this will put the project at risk.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 The proposals will ensure the future delivery of health and social care is fair, sustainable and of high quality for residents of Halton.

8.0 REASON FOR DECISION

8.1 To ensure that the future delivery of health and social care is fair, sustainable and of high quality for residents of Halton.

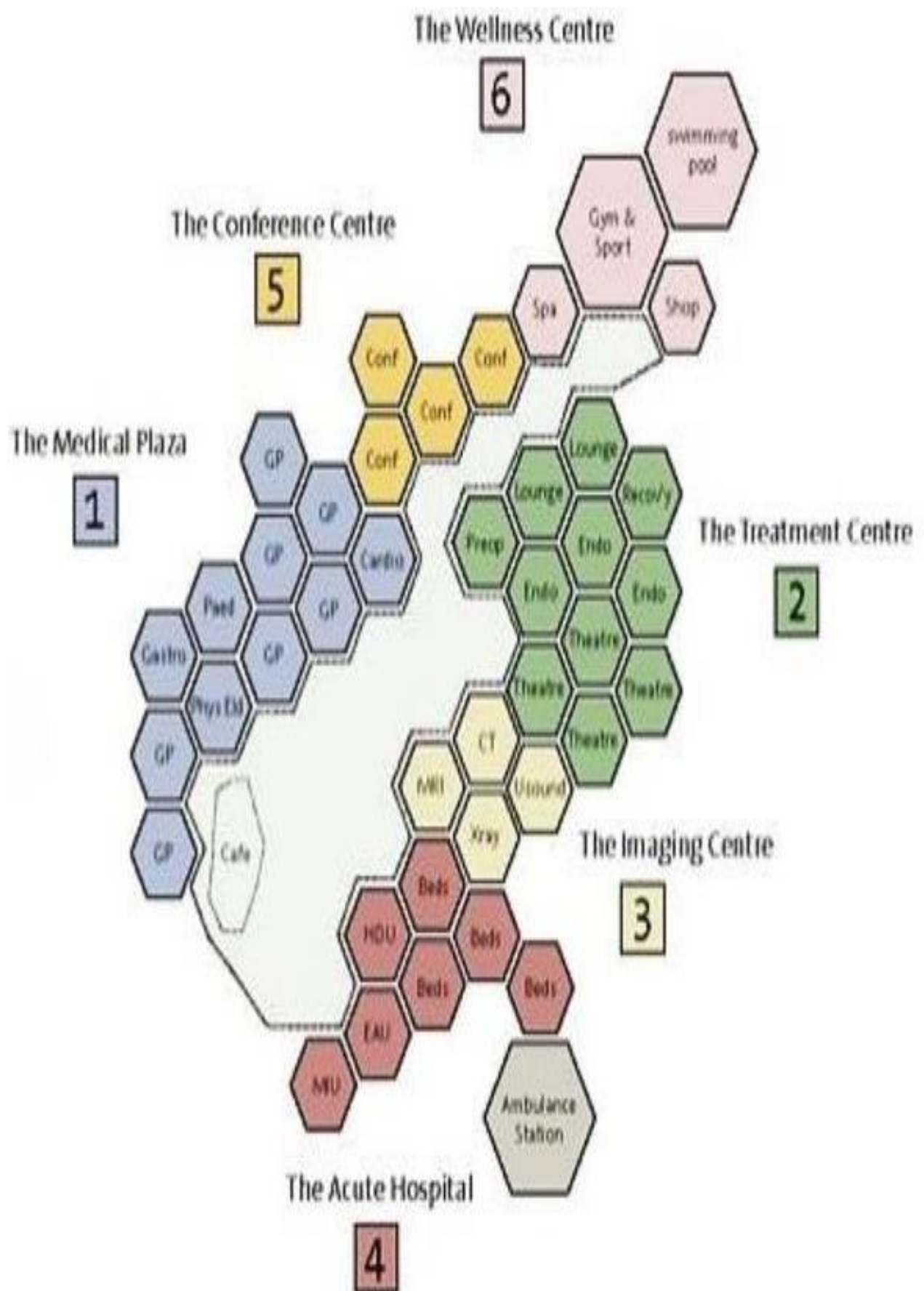
9.0 ALTERNATIVE OPTIONS

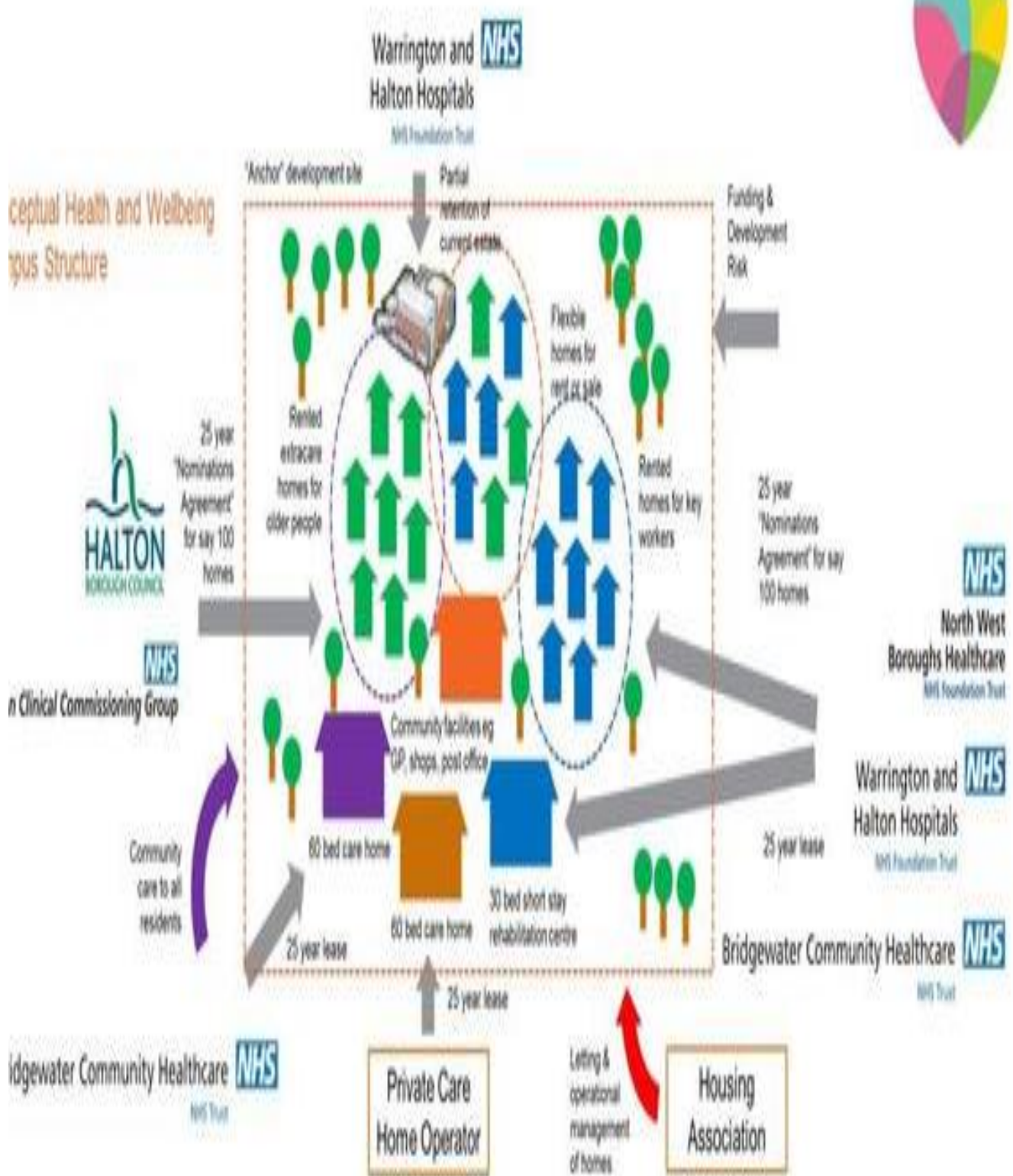
9.1 Should the proposals not proceed further consideration will need to be given to retaining, in their current condition, or upgrading the existing facilities at Halton Lea.

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

Appendix I - Hexagon Diagram

Appendix 2 - Graphic Diagram





REPORT TO: Executive Board

DATE: 15 March 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Economic Development

SUBJECT: Voluntary Sector Funding – Grant Allocation 2018/19

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To report on the Voluntary Sector Grant Funding Awards for 2018/19.

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 2018/19

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 2018/19.

The budget available is £214,000.00

	2018/19
Cheshire Asbestos Victims Support	£5,000
Cheshire Race & Equality Council	£3,000
Halton Citizens Advice Bureaux	£124,850
Halton & St Helens VCA	£37,505
Halton Talking Newspapers	£1,055
Relate	£9,000
Runcorn & Frodsham MENCAP	£2,590
Samaritans	£4,000
Stick and Step	£9,000
Vision Support	£7,000
Widnes & Runcorn Cancer Support Group	£11,000
TOTAL	£214,000

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.

Stick and Step provide 'conductive education' for children and young people with cerebral palsy and similar movement disorder conditions supporting physical and intellectual development. This is done in conjunction with the young persons' mainstream school and involved health and social care professionals.

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: 15 March 2018

REPORTING OFFICER: Strategic Director – Enterprise, Community and Resources

PORTFOLIO: Resources

SUBJECT: Annual Review of Constitution 2018

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 2018/19 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

Procurement Standing Orders

This section has been edited so as to remove duplication, make the section easier to use and read and to provide a more logical flow for Officers using the document.

Section 4 of the existing document, which relates to Sale of Assets including Land, has been removed from the section on Procurement Standing Orders, and now sits as a separate set of Standing Orders.

Finance Standing Orders

Section 6.2 has been updated to ensure fuller conformance to the Public Sector Internal Audit Standards.

Section 3.4.1 – Certifying Officers. Sign-off of expenditure over £1m to be authorised by either a Strategic Director or the Chief Executive. Although such payments are rare, this change would provide more clarity and flexibility.

Standing Orders Relating to Duties of Proper Officers and Delegation to Officers

Some minor updates to reflect changes in delegations due to amended staffing arrangements.

Fraud Response Plan and the Anti-Fraud, Bribery and Corruption Policy

A revised version of both documents was considered by the Business Efficiency Board on 22 November 2017 and approved for update in the Constitution.

Facility to submit Petitions to the Local Authority

Submission of a petition can be carried out at any time by any member of the public. The matter for petition must relate to any issue over which the Council has powers, but cannot be considered if it relates to planning matters, as separate processes are in place for this. It is proposed that the Council introduce a requirement for petitions to contain a minimum number of signatures before it can be accepted/ actioned. It is considered that a reasonable minimum number would be 25.

REPORT TO:	Executive Board
DATE:	15 March 2018
REPORTING OFFICER:	Strategic Director – Enterprise, Community & Resources
PORTFOLIO:	Resources
SUBJECT:	Review of Council wide Fees and Charges
WARDS:	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 2018/19 for services provided by both of the Council's Directorates.

2.0 RECOMMENDATION: That the proposed fees and charges for 2018/19 as set out in Appendix A and for 2019/20 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 2018/19. Generally fees and charges have been set to ensure the Council recovers costs incurred as a result of providing the service the fee is payable for. It is proposed that existing fees and charges be increased generally in line with inflation; others have been reviewed with consideration given to the impact of the price change. Where applicable, VAT will be added to the charges set out in the appendices.
- 3.2 Members have previously approved the 2019/20 charges for Halton Registration Service on 19 October 2017 and 2018/19 charges for traveller sites on 22 February 2018. For completeness the charges are included within this report
- 3.3 As part of the in-year budget monitoring process, actual income from fees and charges will be regularly reviewed against budgeted income.
- 3.4 The schedule in Appendix A includes a number of statutory fees which may increase during the coming financial year and therefore the relevant fees will be increased accordingly. Appendix B and C to the report covers chargeable rates for The Brindley and Registrars service for financial year 2019/20.

4.0 POLICY IMPLICATIONS

- 4.1 The effects of the proposed changes have been incorporated into budgets for 2018/19. As per the Medium Term Financial Strategy budgeted income for

2018/19 has been increased by 2.5%, 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.

ENVIRONMENTAL INFORMATION

	2017/18	2018/19
REQUESTS FOR INFORMATION REGARDING POTENTIALLY CONTAMINATED LAND		
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
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:-		
For premises equivalent to less than 1 hectares in size, (e.g. a single domestic property or a small factory unit)		
(i) The premises site only	73.50	75.00
(ii) Any search of the premises site and the land within 250 metres of the site boundaries	115.50	120.00
(iii) Any search of the premises site and the land within 500 metres of the site boundaries	194.25	200.00
For premises equivalent to more than 1 hectares in size, (e.g. a Housing estate or a large factory unit)		
(i) The premises site only	115.50	120.00
(ii) Any search of the premises site and the land within 250 metres of the site boundaries	194.25	200.00
(iii) Any search of the premises site and the land within 500 metres of the site boundaries	262.50	275.00

LICENCE FEES

	2017/18	2018/19
HACKNEY CARRIAGE & PRIVATE HIRE CHARGES		
Single Status Driver		
First Grant (max 3 year licence)	193.00	198.00
First Grant - inc DBS (max 3 year licence)	237.00	242.00
Renewal (max 3 year licence)	176.00	180.50
Renewal - inc DBS (max 3 year licence)	220.00	224.50
Replacement Badges	12.25	12.50
Vehicle Licence		
Grant and Renewals 1 Year – Hackney Carriage ++ ##	227.00	232.50
Grant and Renewals 1 Year – Private Hire ++ ##	229.00	234.50
Temporary Transfer Fees (Licence issued for a maximum of 2 months)	89.25	91.50
Replacement Vehicle Plate (each)	18.00	18.50
Replacement Bracket (each)	18.00	18.50
Replacement Doors Stickers Private Hire (Pair)	24.00	24.50
Replacement Internal plate	12.25	12.50
Change to Personalised Number Plate	53.00	54.50
Private Hire Operator Licence:	275.50	282.50
Private Hire Operator Licence (5 years)	551.00	565.00
Replacement or duplicate paper licence or other document	6.50	6.50
LOWERHOUSE LANE DEPOT FEES:		
Hackney Carriage & Private Hire		
Hackney Carriage and Private Hire - Vehicle Test Fee	59.00	60.50
Hackney Carriage and Private Hire - Vehicle Re-test Fee	23.50	24.00
Hackney Carriage and Private Hire - Vehicle Test Un-notified Cancellation Fee	22.50	23.00
Notes		
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 £29.75		
LICENCE FEES (OTHER THAN HACKNEY CARRIAGE AND PRIVATE HIRE CHARGES)		
Dangerous Wild Animals*	71.00	73.00
Pet Shops*	71.00	73.00
Animal Boarding Establishments*	71.00	73.00
Riding Establishments*	71.00	73.00
Breeding of Dogs*	71.00	73.00
Street Trading		
First Grant & Renewal	388.00	398.00
Additional Vehicles (Per Vehicle)	193.00	198.00
“Static” First Grant	448.00	459.00
Change of Vehicle	29.75	30.50
Daily Fee for Temporary Extension of Existing Consent (max 5 days per year)	66.00	67.50
Daily Fee for Temporary Consent (max 5 days per year)	100.00	102.50
Hawkers etc. Cheshire County Council Act	235.00	241.00
House to House Collections	Nil	Nil
Street Collections	Nil	Nil
Scrap Metal Dealers	196.00	201.00
Sex Establishments**	1,446.50	1,482.50
Licensing Act 2003	HBC website	HBC website
Gambling Act 2005	HBC website	HBC website
Hypnotism	Nil	Nil
Performing Animals	Nil	Nil

Street Trading (continued)**2017/18****2018/19****Notes**

The fee charged for items marked * will be increased by the cost of any fees paid out for specialist reports required before a Licence is granted plus 15%.

** 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
Form CON29R	80.00	80.00
Official Search (LLC1 & CON29)	110.00	110.00
Each additional (LLC1) parcel***	5.00	5.00
Each additional (CON29) parcel***	80.00	80.00
CON29O Optional Enquiries (per person, per parcel)	12.00	12.00
Each Additional Enquiry	26.00	26.00
Personal Search	No Charge	No Charge

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

	2017/18	2018/19
ROAD TRAFFIC REGULATION ACT 1984		
Temporary Order at request of a third party - *	1,500.00	1,600.00
Temporary Order at request of non-commercial organisations – Section 16A plus actual cost of advertising	£100.00 plus advertising	£100.00 plus advertising
Permanent Order	At Cost plus 15% Administration Fee	At Cost plus 15% Administration Fee
Temporary Closure Notice (incl emergency) at request of a third party	£350.00	£360.00
Diversionary Notice at request of a third party	£300.00	£310.00
HIGHWAYS ACT 1980		
Applying to the Magistrates Court for an Order to stop up or divert a highway - Permanent closure (Excluding appeal costs)	620.00 Plus Technical & Advertising Costs	700.00 Plus Technical & Advertising Costs
Also applies to closures/diversions under Town & Country Planning Act 1990	£70.00 plus £20.00 per week or part of thereof	£80.00 plus £25.00 per week or part of thereof
Issuing of Scaffolding/Hoarding permit	£25.00	£25.00
Issuing of Skip Permit – Initial Fee (up to 14 days)	£15.00	£16.00
Skip Permit – Additional periods (each additional 7 days)	£65.00	£80.00
Skip found without a licence (plus current permit fee)	At cost plus 15% administration fee	At cost plus 15% administration fee
Removal of unauthorised skip (minimum £160.00 plus £20.00 per day storage)	At cost plus 15% administration fee	At cost plus 15% administration fee
Issuing of permits to erect structures/equipment over or under the highway (Minimum £80)	At Cost	At cost plus 15% administration fee
Construction of vehicular crossings on footways	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources
Section 38 Agreements	10% of works cost. Minimum charge £2,562	10% of works cost. Minimum charge £2,562
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	755.00	755.00
(b) Moderately Complex Agreement	1,258.00	1,258.00
(c) Highly Complex Agreement	2,012.00	2,012.00
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
Alfresco Dining Areas Licence		
- First Licence	310.00	320.00
- Renewal of Licence	90.00	100.00
'A' Board Licence – Per Annum	55.00	55.00
Shop Displays Licence – Per Annum	110.00	120.00

HIGHWAYS ACT 1980 (continued)

Other Part VIIa e.g. Promotions & Leisure – Commercial Organisations

2017/18

150.00 Per licence for up to one week.

2018/19

170.00 Per licence for up to one week.

(Applications made within 7 working days of the event will incur an additional administration fee of £130.00)

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

Minor Highways Works Permits

1,515.00

1,600.00

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

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

Relocation of lighting column at request of third party

Commercial Organisations

At Cost plus 15% Administration Fee

At Cost plus 15% Administration Fee

Non-commercial organisations

610.00 contribution towards actual cost

620.00 contribution towards actual cost

HIGHWAY SEARCHESLetter and plan showing adopted highway
Additional questions

52.00

52.00

16.00

16.00

SIGNING

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

Initial Assessment of Application for Tourism Signs

110.00

120.00

Provision of H Bar Road Markings

85.00

90.00

Authorisation of Temporary Direction Signs (Normally for Housing Developments and Temporary Events)

140.00

145.00

Provision of Disabled Persons Parking Space (subject to meeting criteria)

No charge subject to meeting criteria

No charge subject to meeting criteria

TRAFFIC SIGNALS

Supply of Information on Operation of Traffic Signals

200.00

210.00

Switching Off/On Traffic Signals and Bagging Over heads during normal working hours (08.00 - 19.00; Monday - Saturday (excluding bank holidays))

400.00

300.00

	2017/18	2018/19
TRAFFIC SIGNALS (continued)		
Switching Off/On Traffic Signals and Bagging Over outside normal working hours	N/A	375.00
Bagging over traffic signal head	70.00	20.00
Bagging over pedestrian push button / demand unit	35.00	10.00
Temporary Portable Traffic Signals (Multi Phase) (Administration Fee)	150.00	160.00
BUILDING ACT 1984 Section 18		
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
STREET NAMING AND NUMBERING		
Up to 2 Dwellings	32.00	40.00
Between 3 and 10 dwellings	119.00	200.00
Schemes Over 10 dwellings	347.00	375.00
Re-numbering of properties where original numbering has already been confirmed	N/A	£50 per plot
ROAD SAFETY		
Supply of Accident Data (per road/junction for up to 3 years)	150.00	160.00
Road Safety Courses	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources
Junior Road Safety Officers Support to Each School for One Year	90.00	100.00
TRAFFIC DATA		
Supply of Automatic Traffic Count Data	130.00	140.00
Carry out Automatic Traffic Count (including provision of data in Excel format)	300.00	320.00
CLOSURE OF BUS STOPS FOR ROADWORKS		
Closure of Bus Stop for Roadworks (per stop)	167.00	171.00
Commissioning of Temporary Stop (per stop)	167.00	171.00
Bus Stop Closure Notice and Notice to the Public (per stop)	89.00	91.00
Section 50 - Street Works Income (i) New Apparatus:		
Administration Fee (non returnable)	170.00	180.00
Capitalised Fee in Lieu of Annual Charges	230.00	240.00
Inspection Charges (maximum of 3) (Set Nationally)	150.00	150.00
Section 50 - Street Works Income (ii) Existing Apparatus:		
Administration Fee (non returnable)	170.00	180.00
Inspection Charges (maximum of 3) (Set Nationally)	150.00	150.00
Health & Safety Advice to Academies		
Primary and Special Needs Schools	1,290.00	1,300.00
Secondary Schools	1,600.00	1,650.00
All Through Schools	2,500.00	2,500.00
Academy Trusts	As agreed by the Strategic Director – Enterprise, Community & Resources	As agreed by the Strategic Director – Enterprise, Community & Resources

	2017/18	2018/19
Miscellaneous		
Supply Photocopy of the Following:		
Building Regulation Approval or Completion Certificate and planning decision notice (max 4 pages)	30.00	30.00
Any Other Chargeable Documents	40.00	40.00
Assistance from Council Staff to Extract, Interpret or Describe this Material	30.00	30.00
A4 Aerial Photograph	As A4 Doc	As A4 Doc
Copy of tree preservation order	As A4 Doc	As A4 Doc
Copy of Consultant Report	70.00	70.00
Copy of larger format plans	16.00	16.00
Map Production:		
Admin Charge - inclusive of copying of first sheet.	15.00	15.00
A4 –per subsequent sheet.	0.70	0.70
A3 - per subsequent sheet	1.00	1.00
A2 –per subsequent sheet	1.70	1.70
A1 - per subsequent sheet	6.65	6.65
A0 - per subsequent sheet	10.65	10.65
Price per Copy (Colour)		
A4 –per subsequent sheet.	1.70	1.70
A3 - per subsequent sheet	2.20	2.20
A2 –per subsequent sheet	3.70	3.70
A1 - per subsequent sheet	12.70	12.70
A0 - per subsequent sheet	20.70	20.70
Price Per Disc - CD-R	58.00	58.00
Price Per Disc – DVD-R	72.50	72.50
Assistance from Council Staff to Extract, Interpret or Describe Material	110.00	110.00
Flat Rate to be Added for Access to OS Data	17.00	17.00
Weekly List of Planning Applications to Non-Public Authority Applicants for One Year	355.00	355.00
Provision of Non-Statutory Info. – Per Question (Estate Agents etc.)	47.00	47.00
Provision of Non-Statutory Info. – Per Question Reporting Conditions Compliance	72.00	72.00
Provision of Non-Statutory Info. – Per Question (Estate Agents etc.)	47.00	47.00
Provision of Non-Statutory Info. – Per Question Reporting Conditions Compliance	72.00	72.00
Section 106, Town & Country Planning Act 1990: Charges to Developers for Preparation of Agreements Under Above Legislation Relating to Adoption of Open Space, Together with Supervision		
Legal & Supervision Costs	Appropriate fee agreed As agreed by the Strategic Director – Enterprise, Community & Resources	Appropriate fee agreed As agreed by the Strategic Director – Enterprise, Community & Resources
Other Section 106 Agreements		

PLANNING and BUILDING CONTROL

Plan Charge: New Dwellings 2018/19

Number of House Types (Design)																						
Number of Dwellings		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
	1	240																				
	2	246	336																			
	3	252	342	432																		
	4	258	348	438	528																	
	5	264	354	444	534	624																
	6	270	360	450	540	630	720															
	7	276	366	456	546	636	726	816														
	8	282	372	462	552	642	732	822	912													
	9	288	378	468	558	648	738	828	918	1008												
	10	294	384	474	564	654	744	834	924	1014	1104											
	11	300	390	480	570	6660	750	840	930	1020	1100	1200										
	12	306	396	486	576	666	756	846	936	1026	1116	1206	1296									
	13	312	402	492	582	672	762	852	942	1032	1122	1212	1302	1392								
	14	318	408	498	588	678	768	858	948	1038	1128	1218	1308	1398	1488							
	15	324	414	504	594	684	774	864	954	1044	1134	1224	1314	1404	1494	1584						
	16	330	420	510	600	690	780	870	960	1050	1140	1230	1320	1410	1500	1590	1680					
	17	336	426	516	606	696	786	876	966	1056	1146	1236	1326	1416	1506	1596	1686	1776				
	18	342	432	522	612	702	792	882	972	1062	1152	1242	1332	1422	1512	1602	1692	1782	1872			
	19	348	438	528	618	708	798	888	978	1068	1158	1248	1338	1428	1518	1608	1698	1788	1878	1968		
	20	354	444	534	624	714	804	894	984	1074	1164	1254	1344	1434	1524	1614	1704	1794	1884	1974	2064	

Additional dwellings 21 and over – an additional charge of £6 per dwelling is applicable

Site Inspection Charge: New Dwellings

No. of Dwellings	Detached Dwelling Houses		Semi-Detached Dwelling Houses		Terraced/Town Houses or Flats	
	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19
1	390.00	390.00	-	-	-	-
2	648.00	648.00	540.00	540.00	-	-
3	888.00	888.00	-	-	750.00	750.00
4	1,110.00	1,110.00	906.00	906.00	904.00	904.00
5	1,314.00	1,314.00	-	-	1,040.00	1,040.00
6	1,500.00	1,500.00	1,236.00	1,236.00	1,158.00	1,158.00
7	1,668.00	1,668.00	-	-	1,258.00	1,258.00
8	1,818.00	1,818.00	1,530.00	1,530.00	1,358.00	1,358.00
9	1,950.00	1,950.00	-	-	1,458.00	1,458.00
10	2,064.00	2,064.00	1,788.00	1,788.00	1,558.00	1,558.00
11	2,178.00	2,178.00	-	-	1,658.00	1,658.00
12	2,292.00	2,292.00	2,010.00	2,010.00	1,758.00	1,758.00
13	2,406.00	2,406.00	-	-	1,858.00	1,858.00
14	2,520.00	2,520.00	2,214.00	2,214.00	1,958.00	1,958.00
15	2,634.00	2,634.00	-	-	2,058.00	2,058.00
16	2,748.00	2,748.00	2,418.00	2,418.00	2,158.00	2,158.00
17	2,862.00	2,862.00	-	-	2,258.00	2,258.00
18	2,976.00	2,976.00	2,622.00	2,622.00	2,358.00	2,358.00
19	3,090.00	3,090.00	-	-	2,458.00	2,458.00
20	3,204.00	3,204.00	2,826.00	2,826.00	2,558.00	2,558.00
21 and over	Additional £114 per Dwelling	Additional £114 per Dwelling	Additional £102 per dwelling	Additional £102 per dwelling	Additional £100 per dwelling	Additional £100 per dwelling

Building Notice Additional Charge: New Dwellings

No. of Dwellings	2017/18	2018/19
1	130.00	130.00
2	174.00	174.00
3	204.00	204.00
4	234.00	234.00
5	264.00	264.00
6	294.00	294.00
7	324.00	324.00
8	354.00	354.00
9	384.00	384.00
10	414.00	414.00
11	444.00	444.00
12	474.00	474.00
13	504.00	504.00
14	534.00	534.00
15	564.00	564.00
16	594.00	594.00
17	624.00	624.00
18	654.00	654.00
19	684.00	684.00
20	714.00	714.00
21 and over	Additional £30per dwelling	Additional £30per dwelling

Domestic Extensions and Alterations

Category:	Full Plans				Building Notice Charge		Regularisation Charge	
	Plan Charge		Inspection Charge		2017/18	2018/19	2017/18	2018/19
	2017/18	2018/19	2017/18	2018/19				
Extensions to Dwellings: To include: Basements, Ground Floor Single Storey, Two Storey and First Floor								
1. Extension less than 10m ²	150.00	150.00	180.00	240.00	375.00	435.00	510.00	570.00
2. Extension between 10m ² and 40m ²	150.00	150.00	300.00	330.00	495.00	525.00	660.00	690.00
3. Extension between 40m ² and 100m ²	150.00	150.00	450.00	450.00	645.00	645.00	810.00	810.00
Loft Conversions:								
4. Loft conversion no dormer	150.00	150.00	270.00	360.00	480.00	510.00	630.00	630.00
5. Loft Conversion with dormer	150.00	150.00	300.00	396.00	510.00	540.00	660.00	690.00
Detached / Attached Garages								
6. All garages less than 60m ²	150.00	150.00	180.00	240.00	360.00	420.00	450.00	540.00
Garage Conversions								
7. Alterations to garage to form a habitable room	120.00	120.00	120.00	180.00	255.00	315.00	360.00	420.00
Detached habitable building: Not a single Dwelling								
8. Detached habitable building up to 100m ²	150.00	150.00	425.00	425.00	620.00	620.00	780.00	780.00
Other Domestic Work and Alterations								
9. Structural and internal alterations with a commercial value less than £2000	150.00*	165.00*	N/A	N/A	165.00*	180.00*	225.00	255.00
10. Structural and internal alterations with a commercial value between £2001 and £5000	210.00*	240.00*	N/A	N/A	225.00*	255.00*	330.00	360.00
11. Structural and internal alterations with a commercial value between £5001 and £10000	120.00	135.00	135.00	150.00	270.00	300.00	375.00	405.00
12. Structural and internal alterations with a commercial value	135.00	135.00	180.00	210.00	330.00	360.00	450.00	480.00

between £10001 and £20000								
13. Replacement windows/doors up to 10 openings	105.00*	120.00*	N/A	N/A	105.00*	120.00*	135.00	150.00
14. Replacement windows/doors 11 or more openings	210.00*	210.00*	N/A	N/A	210.00*	210.00*	270.00	270.00
15. Installation of a heat producing appliance	195.00*	195.00*	N/A	N/A	195.00*	195.00*	240.00	240.00
16. Underpinning of existing foundations with a commercial value of less than £5000	240.00*	300.00*	N/A	N/A	240.00*	300.00*	300.00	390.00
17. Underpinning of existing foundations with a commercial value more than £5000	300.00*	360.00*	N/A	N/A	300.00*	360.00*	360.00	465.00
18. Renovation of a thermal element including existing roof, wall or floor	195.00*	210.00*	N/A	N/A	195.00*	210.00*	255.00	270.00
19. All electrical work carried out by a person not Part P registered	135.00*	150.00*	N/A	N/A	135.00*	150.00*	165.00	210.00
20. All electrical work carried out where no acceptable BS7671 test certificate is given	330.00*	330.00*	N/A	N/A	330.00*	330.00*	405.00	435.00
21. Installation of cavity wall insulation under the Competent Persons Scheme	15.00*	15.00*	N/A	N/A	15.00*	15.00*	24.00	24.00

*This charge is the combined Plan and Inspection charges and payable at time of deposit of the application.

Differential Matrix for Residential Work

When a single application involves work to be undertaken at the same time as an extension/loft conversion to the dwelling then a reduction as per below table can be applied to the estimated cost of alteration work:

	Circumstance attracting a reduction	Reduction in Building Control Charge shown in Schedule 2 when that work is being carried out at the same time that any work shown in Category 1 through to 5 in Schedule 2 is being undertaken
1	Installation or replacement of windows and or doors in a dwelling house (under 10 units)	50% of Full Plans/Building Notice Charge dependent on which application is submitted
2	Where the work comes within the scope of Schedule 2 and the estimated cost of the building work is less than £10000	50% of Full Plans/Building Notice Charge dependent on which application is submitted

Building Work to Non Domestic Buildings

	Plan Charge		Inspection Charge		Regularisation Charge	
	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19
1. Replacement windows up to 10 openings	120.00	255.00	N/A	255.00	150.00	360.00
2. Replacement windows 11 or more	225.00	255.00	N/A	255.00	300.00	360.00
3. New/replacement shop front	90.00	120.00	165.00	165.00	315.00	405.00
4. Renovation of a roof, wall or floor with a commercial value of not more than £5,000	210.00	240.00	N/A	N/A	300.00	360.00
5. Renovation of a roof, wall or floor with a commercial value of between £5,001 to £10,000	120.00	135.00	120.00	150.00	315.00	405.00
6. Structural and internal alterations with a commercial value of less than £2,000	135.00	165.00	N/A	N/A	180.00	225.00
7. Structural and internal alterations with a commercial value of between £2,001 and £5,000	210.00	240.00	N/A	N/A	300.00	360.00
8. Structural and internal alterations with a commercial value of between £5,001 and £10,000	120.00	135.00	120.00	150.00	315.00	405.00
9. Structural and internal alterations with a commercial value of between £10,001 and £20,000	135.00	135.00	180.00	210.00	420.00	480.00
10. Any work not described in Items 1 to 9	Charge to be subject to project specific negotiation					

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.

	2017/18	2018/19
Site history requests	35.00	60.00 (per hour or part thereof)
Advice for officer time regarding trees/listed buildings/conservation areas (per hour)	55.00	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)	55.00	60.00 (per hour or part thereof)
Householder development – Unaccompanied Visit & Formal Response	55.00	See Note 1
Householder development – Meeting Request	110.00	See Note 1
Minor Development – Site Visit & Response <ul style="list-style-type: none"> • less than 3 dwellings • all non-residential schemes with a floor space less than 500sqm or sites less than 0.5ha • adverts • change of use of building(s) with a floor space less than 500sqm or sites less than 0.5ha • single wind turbines/telecoms mast with mast height under 17m 	110.00	See Note 1
Minor Development – Meeting Request	260.00	See Note 1
Intermediate development – Site Visit & Response <ul style="list-style-type: none"> • 3 to 9 dwellings • All non-residential schemes with a floor space between 500sqm and 1,000sqm or on sites between 0.5ha and 1ha • change of use of building(s) with a floor space between 500sqm and 1,000sqm or sites between 0.5ha and 1ha • other single wind turbines/telecoms mast with mast height over 17m 	210.00	See Note 1
Intermediate Development – Meeting Request	510.00	See Note 1
Major Development – Site Visit, Response & Meeting <ul style="list-style-type: none"> • 10 to 49 dwellings • All non-residential schemes with a floor space between 1,000sqm and 2,000sqm or on sites between 1ha and 2ha • change of use of building(s) with a floor space between 1,000sqm and 2,000sqm or sites between 1ha and 2ha • 2 to 9 wind turbines 	760.00	See Note 1
Significant Development – Site Visit, Response & Meeting <ul style="list-style-type: none"> • More than 50 dwellings • All non-residential schemes with a floor space over 2,000sqm or on sites over 2ha • change of use of building(s) with a floor space over 2,000sqm or sites over 2ha • more than 10 wind turbines • any scheme requiring an Environmental Impact Assessment 	1,100.00	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	60.00 (per hour or part thereof)

Note 1:

The 5 previous categories; Householder, Minor Development, Intermediate Development, Major Development, Significant development have now been replaced by 6 Categories as detailed in the following table. Apart from Householders these are not directly comparable.

Development Category	Charging Rates
<p>Category A – Householder Development</p> <ul style="list-style-type: none"> • All proposed works to a domestic dwelling 	<ul style="list-style-type: none"> • £50 – unaccompanied visit and formal response to request • £100 – if a meeting is requested.
<p>Category B – Minor Development</p> <ul style="list-style-type: none"> • Up to and including 2 dwellings • All schemes and Change of Use of building(s) with a floor space less than 250sqm or sites less than 0.25ha • Advertisements • Shopfront Developments • Single wind turbines/telecoms mast with mast height under 17m • Ancillary development including car parks etc. <p>See also notes: (1), (2)</p>	<ul style="list-style-type: none"> • £200 to cover one unaccompanied site visit and formal response to request. • £260 if a meeting is requested and takes place; • Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc.
<p>Category C – Intermediate Development</p> <ul style="list-style-type: none"> • 3 to 9 dwellings • 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 • Development of infrastructure e.g. internal roads, development of rail sidings or siting of plant equipment 	<ul style="list-style-type: none"> • £540 to cover one site visit, formal response to request and one meeting. • Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc.

<ul style="list-style-type: none"> • Single wind turbines/telecoms mast with mast height over 17m <p>See also notes: (1), (2),</p>	
<p>Category D – Small Scale Development</p> <ul style="list-style-type: none"> • 10 to 39 dwellings • 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 <p>Up to 5 wind turbines</p> <p>See also notes: (1), (2),</p>	<ul style="list-style-type: none"> • £1500 to cover one site visit, formal response to request and up to two meetings. • Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc.
<p>Category E – Significant Development</p> <ul style="list-style-type: none"> • 40 to 99 dwellings • 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 <p>Between 6 and 20 wind turbines</p> <p>See also notes: (1), (2),</p>	<ul style="list-style-type: none"> • £2500 to cover one site visit, formal response to request and up to two meetings. • Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc.
<p>Category F – Large Scale Development</p> <ul style="list-style-type: none"> • 100 or more dwellings • All schemes and Change of Use of building(s) with a floor space over 2000sqm or on sites over 2ha in size • More than 20 wind turbines • Proposals for Solar Farms • All schemes requiring an Environmental Impact Assessment. 	<ul style="list-style-type: none"> • £5040 to cover one site visit, formal response to request and up to two meetings. • Hourly rate thereafter –This could involve officers from various Departments including e.g Environmental Health, Legal, Highways, Open Spaces etc

<p>• See also notes: (1), (2),</p>	
<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

	2017/18	2018/19
Maximum Charges for Community Based Care		
Domiciliary Care (per hour)	Full cost recovery as per charge by care provider.	Full cost recovery as per charge by care provider.
Residential Care	Full cost recovery as per charge by care provider.	Full cost recovery as per charge by care provider.
Day Care (per session)	16.25	16.65
Family Placement (per session)	16.25	16.65
Dorset Gardens, Naughton Fields and Barkla Fields	11.30	11.60
Support Charge (per week)		
Key Safe	50.50	55.50
Night Care Service (per week)	27.75	28.45
Transport (per journey)	3.00	3.10
Charges Community Based Services		
Pitch Charges (weekly) Riverview Gypsy Site 21 pitches @	57.95	59.40
Pitch Charges (weekly) Riverview Gypsy Site 1 pitch @	67.65	69.35
Water & Sewerage (weekly) - Riverview Gypsy Site	13.12	19.09
Combined Pitch and Water/Sewerage Charge – Canalside Traveller Site	78.00	79.95
Pitch Charges (daily) - Transit Site	12.95	13.25
Charges to Other Local Authorities		
Older People in Residential Intermediate Care (per week)	675.60	692.50
Adults in Supported Accommodation (per week) Bredon	586.02	600.00
Day Care - Older People (per session)	46.70	47.90
Day Care - Adults with Learning Disability (per session)	68.60	85.00
Day Care - Adults with Physical/Sensory Disability (per session)	96.10	98.50
Appointee/Deputyship Charges*		
Securing Property	110.00	110.00
Continuous Monitoring of Property (when property holder is unable - cost per hour)	27.50	27.50
Storage of Wills (annual cost)	25.00	27.50
Property Searches, Meter Readings etc (cost per hour)	27.50	27.50
Charging structure for the Appointeeship Service:		7.00
Appointeeship clients (residential) per week	7.00	
Appointeeship clients (community based) per week	10.00	10.00
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
Duchy of Lancaster Referrals (where people have died intestate)	Actual cost	Actual cost
Applications to the Court of Protection	Actual cost	Actual cost
Administration charge following a client leaving the Appointeeship service.	250.00	250.00
Funeral Arrangements	300.00	300.00
Same day payment of personal allowances	5.00	5.00
Community Wardens/Lifeline Charges		
Single Occupancy – per person charge		
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.)	6.02	6.17
Level 2 Call centre monitoring plus reactive callout.	9.64	9.88
Community warden visits up to two weekly, according to assessed need and support planning.		

H.M.O.s (Houses of Multiple Occupation)	3.21	3.29
Dual Occupancy – per person charge		
Level 1	5.05	5.18
Level 2	5.88	6.03
Level 3	8.17	8.37
Multiple Occupancy (3 people all receiving service) per person charge		
Level 1	4.73	4.85
Level 2	5.30	5.43
Level 3	6.86	7.03
Multiple Occupancy (4 people all receiving service) per person charge		
Level 1	4.58	4.69
Level 2	5.00	5.13
Level 3	6.14	6.29
Mobile Homes Act 2013		
Fees for Licensing Residential Park Home Sites		
New License Application: 1-5 Pitches	N/A	495.00
New License Application: 6-15 Pitches	N/A	533.00
New License Application: 16-45 Pitches	N/A	571.00
New License Application: >46 Pitches	N/A	609.00
Transfer of Existing License: 1-5 Pitches	N/A	124.00
Transfer of Existing License: 6-15 Pitches	N/A	124.00
Transfer of Existing License: 16-45 Pitches	N/A	124.00
Transfer of Existing License: >46 Pitches	N/A	124.00
Application to vary a Site License: 1-5 Pitches	N/A	204.00
Application to vary a Site License: 6-15 Pitches	N/A	255.00
Application to vary a Site License: 16-45 Pitches	N/A	306.00
Application to vary a Site License: >46 Pitches	N/A	357.00
Annual License Fee: 1-5 Pitches	N/A	80.00
Annual License Fee: 6-15 Pitches	N/A	106.00
Annual License Fee: 16-45 Pitches	N/A	160.00
Annual License Fee: >46 Pitches	N/A	320.00
Deposit of Site Rules: 1-5 Pitches	N/A	30.00
Deposit of Site Rules: 6-15 Pitches	N/A	30.00
Deposit of Site Rules: 16-45 Pitches	N/A	30.00
Deposit of Site Rules: >46 Pitches	N/A	30.00

CHILDREN'S SOCIAL CARE

	2017/18	2018/19
Halton Lodge Children's Centre		
Meeting Room – Voluntary Group Hourly Rate	6.50	6.70
Meeting Room – Voluntary Group Daily Rate	35.50	36.40
Meeting Room – Private Group Hourly Rate	8.50	8.80
Meeting Room – Private Group Daily Rate	49.50	50.80
Training Room 1&2 – Voluntary Group Hourly Rate	6.50	6.70
Training Room 1&2 – Voluntary Group Daily Rate	35.50	36.40
Training Room 1&2 – Private Group Hourly Rate	8.50	8.80
Training Room 1&2 – Private Group Daily Rate	49.50	50.80
Training Room 1 – Voluntary Group Hourly Rate	3.50	3.60
Training Room 1 – Voluntary Group Daily Rate	14.50	14.90
Training Room 1 – Private Group Hourly Rate	5.50	5.70
Training Room 1 – Private Group Daily Rate	28.50	29.30
Training Room 2 – Voluntary Group Hourly Rate	3.50	3.60
Training Room 2 – Voluntary Group Daily Rate	14.50	14.90
Training Room 2 – Private Group Hourly Rate	5.50	5.70
Training Room 2 – Private Group Daily Rate	28.50	29.30
Community Room – Voluntary Group Hourly Rate	4.50	4.70
Community Room – Voluntary Group Daily Rate	21.50	22.10
Community Room – Private Group Hourly Rate	7.00	7.20
Community Room – Private Group Daily Rate	39.50	40.50
Quiet Room – Voluntary Group Hourly Rate	2.50	2.60
Quiet Room – Voluntary Group Daily Rate	10.00	10.30
Quiet Room – Private Group Hourly Rate	5.00	5.20
Quiet Room – Private Group Daily Rate	25.00	25.70
Halton Brook Children's Centre		
Meeting Room – Voluntary Group Hourly Rate	6.50	6.70
Meeting Room – Voluntary Group Daily Rate	35.50	36.40
Meeting Room – Private Group Hourly Rate	8.50	8.80
Meeting Room – Private Group Daily Rate	49.50	50.80
Windmill Hill Children's Centre		
Play Room – Voluntary Group Hourly Rate	8.50	8.80
Play Room – Voluntary Group Daily Rate	49.50	50.80
Play Room – Private Group Hourly Rate	10.50	10.80
Play Room – Private Group Daily Rate	63.50	65.10
Training Room – Voluntary Group Hourly Rate	6.50	6.70
Training Room – Voluntary Group Daily Rate	35.50	36.40
Training Room – Private Group Hourly Rate	8.50	8.80
Training Room – Private Group Daily Rate	49.50	50.80
Family Room – Voluntary Group Hourly Rate	4.50	4.70
Family Room – Voluntary Group Daily Rate	21.50	22.10
Family Room – Private Group Hourly Rate	7.00	7.20
Family Room – Private Group Daily Rate	39.50	40.50
Brookvale Children's Centre		
Woodhatch Room – Voluntary Group Hourly Rate	8.50	8.80
Woodhatch Room – Voluntary Group Daily Rate	49.50	50.80
Woodhatch Room – Private Group Hourly Rate	10.50	10.80
Woodhatch Room – Private Group Daily Rate	63.50	65.10
Wellbrook Room – Voluntary Group Hourly Rate	6.50	6.70
Wellbrook Room – Voluntary Group Daily Rate	35.50	36.40
Wellbrook Room – Private Group Hourly Rate	8.50	8.80
Wellbrook Room – Private Group Daily Rate	49.50	50.80
Helston Room – Voluntary Group Hourly Rate	5.00	5.20
Helston Room – Voluntary Group Daily Rate	25.00	25.70
Helston Room – Private Group Hourly Rate	7.00	7.20
Helston Room – Private Group Daily Rate	39.50	40.50
Kilncroft Room – Voluntary Group Hourly Rate	4.00	4.10

Brookvale Children's Centre (continued)	2017/18	2018/19
Kilncroft Room – Voluntary Group Daily Rate	18.00	18.50
Kilncroft Room – Private Group Hourly Rate	6.00	6.20
Kilncroft Room – Private Group Daily Rate	32.00	32.80
Portleven Room – Voluntary Group Hourly Rate	4.00	4.10
Portleven Room – Voluntary Group Daily Rate	18.00	18.50
Portleven Room – Private Group Hourly Rate	6.00	6.20
Portleven Room – Private Group Daily Rate	32.00	32.80
Clovelly Room – Voluntary Group Hourly Rate	4.00	4.10
Clovelly Room – Voluntary Group Daily Rate	18.00	18.50
Clovelly Room – Private Group Hourly Rate	6.00	6.20
Clovelly Room – Private Group Daily Rate	32.00	32.80
Hanover Full Room – Voluntary Group Hourly Rate	8.50	8.80
Hanover Full Room – Voluntary Group Daily Rate	49.50	50.80
Hanover Full Room – Private Group Hourly Rate	10.50	10.80
Hanover Full Room – Private Group Daily Rate	63.50	65.10
Hanover Half Room – Voluntary Group Hourly Rate	8.50	4.40
Hanover Half Room – Voluntary Group Daily Rate	49.50	25.40
Hanover Half Room – Private Group Hourly Rate	10.50	6.70
Hanover Half Room – Private Group Daily Rate	32.00	32.60
Ditton Library		
Community Room & Kitchen– Voluntary Group Hourly Rate	8.50	8.80
Community Room & Kitchen – Voluntary Group Daily Rate	49.50	50.80
Community Room & Kitchen – Private Group Hourly Rate	10.50	10.80
Quiet Room – Voluntary Group Hourly Rate	3.00	3.10
Quiet Room – Voluntary Group Daily Rate	11.00	11.30
Quiet Room – Private Group Hourly Rate	5.00	5.20
Quiet Room – Private Group Daily Rate	25.00	25.70
Play Room – Voluntary Group Hourly Rate	5.00	5.20
Play Room – Voluntary Group Daily Rate	25.00	25.70
Play Room – Private Group Hourly Rate	7.00	7.20
Play Room – Private Group Daily Rate	39.00	40.00
Ditton Children's Centre		
Conference Room – Voluntary Group Hourly Rate	6.50	6.70
Conference Room – Voluntary Group Daily Rate	35.50	36.40
Conference Room – Private Group Hourly Rate	8.50	8.80
Conference Room – Private Group Daily Rate	49.50	50.80
Community Room – Voluntary Group Hourly Rate	5.00	5.20
Community Room – Voluntary Group Daily Rate	25.00	25.70
Community Room – Private Group Hourly Rate	7.00	7.20
Community Room – Private Group Daily Rate	39.00	40.00
Quiet Room – Voluntary Group Hourly Rate	3.00	3.10
Quiet Room – Voluntary Group Daily Rate	11.00	11.30
Quiet Room – Private Group Hourly Rate	5.00	5.20
Quiet Room – Private Group Daily Rate	25.00	25.70
Upton Children's Centre		
Meeting Room – Voluntary Group Hourly Rate	5.00	5.20
Meeting Room – Voluntary Group Daily Rate	25.00	25.70
Meeting Room – Private Group Hourly Rate	7.00	7.20
Meeting Room – Private Group Daily Rate	39.00	40.00
Play Room – Voluntary Group Hourly Rate	6.50	6.70
Play Room – Voluntary Group Daily Rate	35.50	36.40
Play Room – Private Group Hourly Rate	8.50	8.80
Play Room – Private Group Daily Rate	49.50	50.80
Warrington Road Children's Centre		
Buttercup Room – Voluntary Group Hourly Rate	8.50	8.80
Buttercup Room – Voluntary Group Daily Rate	49.50	50.80
Buttercup Room – Private Group Hourly Rate	10.50	10.80
Buttercup Room – Private Group Daily Rate	63.50	65.10

Warrington Road Children's Centre (continued)	2017/18	2018/19
Daisy Room – Voluntary Group Hourly Rate	5.00	5.20
Daisy Room – Voluntary Group Daily Rate	25.00	25.70
Daisy Room – Private Group Hourly Rate	7.00	7.20
Daisy Room – Private Group Daily Rate	39.00	40.00
Daffodil Room – Voluntary Group Hourly Rate	5.00	5.20
Daffodil Room – Voluntary Group Daily Rate	25.00	25.70
Daffodil Room – Private Group Hourly Rate	7.00	7.20
Daffodil Room – Private Group Daily Rate	39.00	40.00
Daisy and Daffodil Room – Voluntary Group Hourly Rate	8.50	8.80
Daisy and Daffodil Room – Voluntary Group Daily Rate	49.50	50.80
Daisy and Daffodil Room – Private Group Hourly Rate	10.50	10.80
Daisy and Daffodil Room – Private Group Daily Rate	63.50	65.10
Kitchen – Voluntary Group Hourly Rate	8.50	8.80
Kitchen – Voluntary Group Daily Rate	49.50	50.80
Kitchen – Private Group Hourly Rate	10.50	10.80
Kitchen – Private Group Daily Rate	63.50	65.10
Poppy Room – Voluntary Group Hourly Rate	3.00	3.10
Poppy Room – Voluntary Group Daily Rate	11.00	11.30
Poppy Room – Private Group Hourly Rate	5.00	5.20
Poppy Room – Private Group Daily Rate	25.00	25.70
Kingsway Children's Centre		
Community Room – Voluntary Group Hourly Rate	8.50	8.80
Community Room – Voluntary Group Daily Rate	49.50	50.80
Community Room – Private Group Hourly Rate	10.50	10.80
Community Room – Private Group Daily Rate	63.50	65.10
Quiet Room – Voluntary Group Hourly Rate	3.00	3.10
Quiet Room – Voluntary Group Daily Rate	11.00	11.30
Quiet Room – Private Group Hourly Rate	5.00	5.20
Quiet Room – Private Group Daily Rate	25.00	25.70
Meeting Room – Voluntary Group Hourly Rate	4.00	4.10
Meeting Room – Voluntary Group Daily Rate	18.00	18.50
Meeting Room – Private Group Hourly Rate	6.00	6.20
Meeting Room – Private Group Daily Rate	32.00	32.80
For All Above - Equipment Hire TV, OHP, Projector, DVD Player available at an hourly rate of £2.60 each		
For All Above - 25% discount on all block bookings over 10 sessions		
*Early Years Day Care Parental Fees		
Warrington Road Bambini Daycare Centre		
Full Day 8am – 6pm	38.50	38.50
Morning 8am – 1pm	25.00	25.00
Afternoon 1pm – 6pm	24.00	24.00
*Ditton Early Years Centre		
Full Day 8am – 6pm	38.50	38.50
Morning 8am – 1pm	25.00	25.00
Afternoon 1pm – 6pm	24.00	24.00

*Fees to be reviewed prior to the next academic year

OPEN SPACES

	2017/18	2018/19
Allotments		
Allotment Plot	0.44p m ²	0.45p m ²
New Tenant Admin Fee (includes £20 refundable cost of key)	42.00	43.00
Cemeteries and Crematorium Charges		
Purchase of Exclusive Right of Burial (50 year lease):		
Three interments	905.00	935.00
One or two interments	805.00	830.00
Cremated remains grave	480.00	495.00
Extension of lease for further 50 years after initial purchase		
Three Interments	905.00	935.00
One or two interments	805.00	830.00
Cremated remains grave	480.00	495.00
<i>Price includes fee for concrete beam for installation of memorial</i>		
Interment Fees (Mon to Thurs 10am to 3pm and Fri 10am to 2pm):		
1 interment - adult	705.00	775.00
2 interments - adult	860.00	885.00
3 interments - adult	960.00	990.00
1 interment – child (1 year-16 years)	330.00	340.00
2 interments – child (1 year-16 years)	360.00	370.00
3 interments - child (1 year-16 years)	450.00	465.00
Stillborn child or child not exceeding 12 months	Nil	Nil
Burial of cremated remains (Mon-Fri)	190.00	195.00
Burial of two cremated caskets at same time or double cremated remains casket (Mon-Fri)	285.00	295.00
Burial of two cremated remains casket/double casket at the same time – non-resident	550.00	570.00
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>).	135.00	140.00
Saturday morning additional fee (full burials)	+50% of interment fee	+50% of interment fee
Non-resident charge for A-H above +100%(If Previous Borough resident when grave purchased – no extra charge)	+100%	+100%
Late Arriving Funeral – 10 minutes or more	55.00	55.00
Indemnity fee	85.00	90.00
Use of Crematorium Chapel for funeral service	115.00	120.00
Transfer of Ownership of Exclusive Right of Burial	85.00	90.00
Replacement Grave Deed	55.00	55.00
Grave search – up to 10 names	40.00	45.00
Memorials:		
New Headstone	180.00	190.00
Additional Inscription	40.00	50.00
Vase/tablet/book – up to 18" x 12" x 12"	70.00	75.00
Registration of BRAMM registered masons	Nil	Nil
Inscription to Baby Headstone in Baby Garden	65.00	65.00
Replacement headstone/kerb/refix to NAMM	N/A	50.00
Memorial Benches (10 year lease)		
5ft hardwood bench, with engraved plaque	755.00	765.00
Renewal of 10 year lease (existing bench)	560.00	575.00

	2017/18	2018/19
Crematorium Charges		
Cremation charge – adult	700.00	730.00
Cremation charge – child (1 year-16 years)	340.00	350.00
Cremation charge – child under 1 year	75.00	75.00
Cremation charge – after anatomical examination	380.00	395.00
Cremation webcast service charge	N/A	45.00
Saturday morning – additional charge	+50%	+50%
Scattering of remains (cremation at Widnes Crematorium) – Monday to Friday	65.00	70.00
Scattering of remains (no attendance) when cremation has taken place at another crematorium - Monday to Friday	110.00	115.00
Casket – wooden	73.00	76.00
Token box	22.00	25.00
Storage of cremated remains after one calendar month from date of cremation	75.00	80.00
Postage of cremated remains (by secure carrier)	By Request	By Request
Certified Extract from the Cremation Register	50.00	55.00
Miscellaneous Charges		
Civil Funeral Celebrant	200.00	205.00
Reprinting of Invoice Schedule	27.00	27.00
Plaques (10 year lease)		
Bronze plaque	255.00	262.50
Renewal for further 10 years	120.00	125.00
Granite plaque on Planter – Four Seasons/ Runcorn Cemetery Sundial	410.00	420.00
Renewal for further 10 years	165.00	170.00
Book of Remembrance -		
2 line entry	97.00	100.00
3 line entry	124.00	130.00
4 line entry	153.00	160.00
5 line entry	180.00	185.00
6 line entry	210.00	220.00
7 line entry	238.00	245.00
8 line entry	267.00	275.00
Flower designs	84.00	90.00
Other designs	94.00	100.00
Extra line to existing entry	50.00	55.00
Slate Tablets		
Slate Tablets per letter	4.70	5.00
Sanctum Vaults:		
10 year lease (includes wooden casket)	620.00	640.00
Renewal for further 10 years	280.00	290.00
20 year lease (includes wooden casket)	825.00	850.00
Renewal for further 20 years	400.00	415.00
Placing 2nd casket of remains – Monday to Friday only	65.00	68.00
Opening vault on request	35.00	40.00
Design and Lettering (prices exclusive of VAT)		
Lettering (per letter)	4.25	4.38
Small design	80.00	82.50
Large design	105.00	108.00
Photo tile (portrait – 1 person)	145.00	150.00
Photo tile (landscape – 2 persons)	190.00	195.00
Outdoor Facility Charges		
Summer Games:		
Adult Bowling Green Card (Annual)	25.00	26.00
Couples Bowling Green Card (Annual) (in same household)	40.00	41.00
Junior Bowling Green Card (Annual)	12.50	13.00

Outdoor Facility Charges (continued)	2017/18	2018/19
Summer Rugby Adult	550.00	550.00
Summer Rugby Juniors - #	326.00	326.00
Winter Games:		
Adult B/B Pitch Hire (Alternate weeks)	550.00	564.00
Junior B/B Pitch Hire (Alternate weeks)	326.00	334.00
Mini Soccer B/B Hire	245.00	252.00
Adult Baseball Field (Annual)	1,632.00	1,673.00
Junior Baseball Field (Annual)	816.00	837.00
Bandstand Hire		
Halton Constituted Community Groups	POA	POA
Halton Registered Charities	POA	POA
Event Land Hire – Non Commercial		
Halton Constituted Community Groups	POA	POA
Halton Registered Charities	POA	POA
Land Hire Bond (Refundable)	1,000.00	POA
Event Land Hire - Commercial		
Commercial Land Hire	POA	POA

PUBLIC HEALTH & PUBLIC PROTECTION SERVICES

	2017/18	2018/19
Environmental Information		
Basic outstanding Environmental Health search	Free	Free
Access to information on Public Register	Free	Free
Provision of other environmental information that is not publicly available (per hour)	N/A	20.93
Environmental Protection Act		
List of authorised part "B" Processes	41.62	42.65
List of authorised part "A" Processes	42.66	43.70
Condemned Food Certificates		
Disposal of condemned food following statutory or voluntary process	At cost	At cost
Certification of Food Products for Export		
Certificates requiring signature	64.20	65.80
Other documents requiring stamp	21.25	21.80
National Food Hygiene Rating Scheme		
Request for Re-Inspection	N/A	112.65
Kennelling of Dogs		
Reclaiming of Stray Dogs	On Application*	On Application*
Collection of Dogs from repossessed premises	79.10	81.10
Transportation of non-seized animals i.e. dogs/cats to kennels or other premises	79.10	81.10
*As agreed with Strategic Director People or Director of Public Health		
EPA Authorisation		
Application	Statutory fee	Statutory fee
Renewal	Statutory fee	Statutory fee
Health and Safety At Work Act 1974 etc.		
Provision of information obtained under the Act including production of statements and reports as requested (per hour)	N/A	20.93
Acupuncture, Tattooing, Ear Piercing and Electrolysis Establishments		
Registration fee	110.40	113.20
Additional Individual Operator Registration	34.95	35.80
Border Agency Accommodation Inspections	73.70	75.50
Return of Seized Sound Equipment (Noise Act 1996)	130.05	133.30
Licence and renewal for Houses in Multiple Occupation (HMO) up to 5 beds for 3 years	425.00	435.60
Additional charge for licence for House in Multiple Occupation (HMO) with more than 5 beds up to a maximum of £600 for 3 years	30.00 per unit	30.80 per unit
Housing Enforcement Notices under Section 49 of the Housing Act 2004	185.00	189.60
Petroleum Consolidation Regulations 2014 Certificate and Licensing	Statutory Fee	Statutory Fee
Pest Control Charges		
Commercial Charge for all pests (per hour, minimum 1 hour)	75.00	76.90
School Charge:		
Ants	54.10	55.45

School Charge: (continued)	2017/18	2018/19
Fleas	54.10	55.45
Wasps	54.10	55.45
Cockroaches	54.10	55.45
Mice	54.10	55.45
Rats	54.10	55.45
Domestic Charges - #:		
Ants	54.10	55.45
Fleas	54.10	55.45
Wasps	48.90	50.10
Bedbugs	60.45	62.00
Cockroaches	31.20	32.00
Mice	31.20	32.00
Rats	Free	Free
Regulatory Enforcement and Sanctions Act		
The first 10 hours of advice in a financial year to all businesses	Free	Free
Hourly rate for additional consultancy to primary authority businesses	56.25	57.70
Trading Standards Services		
Fireworks		
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
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
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
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
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
One year renewal of licence to store explosives where a minimum separation distance of greater than 0 metres is prescribed. Statutory fee.	86.00	86.00
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
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
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
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
One year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	109.00	109.00
Two year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	141.00	141.00

Trading Standards Services (continued)	2017/18	2018/19
Three year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	173.00	173.00
Four year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	206.00	206.00
Five year licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	239.00	239.00
One year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	54.00	54.00
Two year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	86.00	86.00
Three year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	120.00	120.00
Four year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	152.00	152.00
Five year renewal of licence to store explosives where no minimum separation distance is prescribed. Statutory fee.	185.00	185.00
Varying the name of licensee or address of site. Statutory fee.	36.00	36.00
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
Transfer of licence. Statutory fee.	36.00	36.00
Replacement of licence. Statutory fee.	36.00	36.00
Weights and Measures charged per office hour	60.00	61.32
Feeding stuffs – Manufacturing (statutory fee)	451.00	451.00
Feeding stuffs – Placing on the Market (statutory fee)	226.00	226.00
PUBLIC HEALTH		
Health Improvement Team – exercise session charge	2.50	2.75

COMMUNITY DEVELOPMENT

	2017/18	2018/19
COMMUNITY CENTRES		
Activities		
Badminton (Juniors)	9.10	9.30
Badminton (Adults)	11.25	11.50
Climbing Wall (Adults – per hourly session)	2.65	2.70
Climbing Wall (Juniors – per hourly session)	1.05	1.10
Climbing Wall (Hire per hour inc. instructor)	36.50	37.50
Community Groups:		
Room Hire – Hall (per hour)	8.60	8.80
Room Hire – Small Room (per hour)	3.40	3.50
Room Hire – Medium Room (per hour)	4.90	5.00
Room Hire – Large Room (per hour)	5.50	5.60
Private Groups:		
Room Hire – Hall (per hour)	10.70	11.00
Room Hire – Small Room (per hour)	4.30	4.40
Room Hire – Medium Room (per hour)	5.95	6.10
Room Hire – Large Room (per hour)	6.65	6.80
Commercial Groups:		
Room Hire – Hall (per hour)	12.90	13.30
Room Hire – Small Room (per hour)	5.65	5.80
Room Hire – Medium Room (per hour)	7.35	7.60
Room Hire – Large Room (per hour)	7.85	8.10
Weekend Room Hire	Relevant room hire charge	Relevant room hire charge
	+50%	+50%
Performing Rights (of total charge)	5%	5%
Sportshall at Upton Community Centre (Adults)	33.15	33.50
Sportshall at Upton Community Centre (Juniors)	26.50	27.00

LEISURE & RECREATION

	2017/18	2018/19
Swimming		
Adult	3.80	3.90
Junior	2.20	2.25
Halton Leisure Card (HLC)	2.30	2.40
Aquababes	3.20	3.30
Private lesson 121	15.50	16.00
Private lesson 221	21.30	22.00
Child Swim Lesson - 30 min membership	20.20	20.20
Child Swim Lesson - 60 min membership	26.70	26.70
Adult Swim Lesson - 30 min membership	20.20	20.20
Private lesson 121 membership	52.00	53.00
Private lesson 221 membership	33.60	34.00
Crash Course - 30 min (5 day)	21.80	22.00
Memberships		
Single membership	31.50	31.50
Joint membership	55.90	55.90
HLC Membership	25.20	25.20
Swim Only membership	23.50	23.50
Gym only membership (BRC/RSP)	15.99	15.99
Gym only membership (KLC)	17.99	17.99
Teen Membership	15.99	15.99
Family membership	63.00	63.00
Swim concession membership	18.50	18.50
Activities		
Bowls	53.00	53.00
Halton Day Services	87.00	89.00
Men's 50+ Badminton	4.00	4.10
Karate Club	23.00	23.50
Trampoline Private Hire	13.00	13.30
Badminton Club Hire (Per court, per hour, plus admission)	5.05	5.20
Liverpool Canoe Club	47.50	48.50
Netball Leagues	265.00	280.00
Back to Netball	3.10	3.20
Sports Hall Admit Junior	1.20	1.25
HLC Admit	1.40	1.45
Squash Adult	3.80	3.90
Squash Junior	1.90	2.00
Casual Gym/Aerobics	5.20	5.20
Junior Fitness	2.60	2.60
Health Suite	6.10	6.10
Table Tennis Adult	2.60	2.60
Table Tennis Junior	1.35	1.40
Spectator Adult	0.50	0.50
Spectator Junior	0.25	0.25
Spectator HLC	0.25	0.25
Half Hall Booking KLC	44.50	50.00
Full Hall Booking KLC	89.00	91.00
Gymnasium KLC	34.00	34.00
Creche	26.80	26.80
Swimming Pool KLC	63.00	64.50
Small Pool	46.00	47.00
Studio 1 & 2	28.00	29.70
Swimming Pool RSP	29.00	29.70
Swimming Pool BRC	56.50	57.50
Five a Side Block Booking BRC	47.00	48.00
Full Hall Booking Adult BRC	68.00	69.50
Half Hall Booking Junior BRC	22.50	24.00
Full Hall Booking Junior BRC	38.75	39.50

Activities (continued)	2017/18	2018/19
Gymnasium Adult BRC	31.00	31.75
Gymnasium Junior BRC	21.00	21.50
Astro Casual Adult	40.00	40.00
Astro Casual Junior	20.00	22.00
Frank Myler Activity Room Block Booking	15.00	15.50
Frank Myler MUGA Block Booking	12.50	13.00
Halton Leisure Card	4.00	4.00
LIBRARY SERVICES		
Loan Charges		
Talking Books (3 weeks)	1.30	1.30
Talking Books - Leisure Card Holders (3 weeks)	0.80	0.80
DVDs Children's collection for 1 week	1.40	1.40
Learning for Life Collection – Non book Items (3 weeks)	1.30	1.30
Learning for Life Collection – Non book Items – Leisure Card Holders	Free	Free
Fines on Overdue Items		
Books, Talking Books, CDs, and Learning for Life Collection:		
Adult's Tickets (£2.00 maximum fine) (per day)	0.15	0.15
Children's Tickets	No charge	No Charge
Young Person's Tickets	No charge	No Charge
Leisure Card Holder (£2.00 maximum fine) (per day)	0.05	0.05
Additional Administrative Charge for Overdue Reminders	0.30	0.30
Reservation Fees		
Items in Stock	Free	Free
Items Bought Into Stock	2.50	2.50
Items Bought Into Stock – Leisure Card Holders	1.50	1.50
Items Obtained From Other Libraries or British Library	10.00	11.00
Items Obtained From Other Libraries or British Library – Leisure Card Holders	7.00	7.50
Personal Computer Bookings		
Printing (per page) – Black and White	0.15	0.15
Printing (per page) – Colour	0.25	0.25
Printing (per page) – Black and White – Leisure Card Holders	0.10	0.10
Printing (per page) – Colour – Leisure Card Holders	0.15	0.15
Photocopies		
A4 (per sheet)	0.15	0.15
A3 (per sheet)	0.25	0.25
Fax		
Per Sheet Received	0.50	0.50
To UK – First Sheet	1.00	1.00
To UK – Subsequent Sheets	0.25	0.25
To Europe – First Sheet	2.00	2.00
To Europe – Subsequent Sheets	0.50	0.50
To Outside Europe – First Sheet	3.00	3.00
To Outside Europe – Subsequent Sheets	1.00	1.00
Lost Tickets		
Adults	2.00	2.20
Children and Leisure Card Holders	1.00	1.10
Room Hire		
Community Groups – Meeting Room 2 (per hour)	12.00	12.50
Community Groups – Meeting Room 3 (per hour)	12.00	12.50
Community Groups – Meeting Room 2 & 3 (per hour)	24.00	25.00
Community Groups – Meeting Room 4 (per hour)	7.00	7.25

Room Hire (continued)	2017/18	2018/19
Community Groups – Meeting Room 5 – ICT Suite (per hour)	13.50	14.00
Community Groups – Meeting Room 6 (per hour)	10.00	10.25
Community Groups – Meeting Room 7 (per hour)	8.50	8.75
Community Groups - Meeting Room - Runcorn (per hour)	9.50	9.75
Standard Rate Meeting Room 2 (per hour)	14.50	15.00
Standard Rate Meeting Room 3 (per hour)	14.50	15.00
Standard Rate Meeting Room 2 & 3 (per hour)	29.00	30.00
Standard Rate Meeting Room 4 (per hour)	8.50	8.75
Standard Rate Meeting Room 5 – ICT Suite (per hour)	14.50	15.00
Standard Rate Meeting Room 6 (per hour)	12.00	12.50
Standard Rate Meeting Room 7 (per hour)	9.50	9.75
Standard Rate Meeting Room - Runcorn (per hour)	12.00	12.50

WASTE & ENVIRONMENTAL IMPROVEMENT SERVICES

	2017/18	2018/19
Waste Management		
Charge for a new or replacement wheeled bin	27.50	28.00
Charge for the collection of bulky household items	22.50	24.00
Charges for the collection of commercial waste	5.80	6.00
Additional items each (maximum of 10 items per collection)		
Charge for collection of garden waste (paid HDL)	30.00	32.00
Charge for collection of garden waste (paid online)	25.00	27.00
Charge for the collection of commercial waste	Increase of 2% on 2016/17 charges	Increase of 2.5% on 2017/18 charges

STADIUM

	2017/18	2018/19
Room Hire		
Bridge Suite	420.00	420.00
Karalius Suite	220.00	220.00
Single Box	65.00	65.00
Double Box	130.00	130.00
Triple Box	195.00	195.00
Pitch Hire		
7-Aside - Peak	75.00	75.00
7-Aside - Off Peak	55.00	55.00
5-Aside - Peak	45.00	45.00
5-Aside - Off Peak	40.00	40.00

ECONOMY, ENTERPRISE & PROPERTY SERVICES**PROPERTY SERVICES**

Industrial Estate Service Charges

2017/18**2018/19**

Based on actual costs for the preceding year with uplift for inflation

Based on actual costs for the preceding year with uplift for inflation

ADULT LEARNING CLASSES

Maths

Free

Free

English

Free

Free

HEP Employability Skills

Free

Free

Employability Skills

Free

Free

5 Week Courses – Cake Decorating, Calligraphy

30.00

30.00

10 Week Courses

60.00

60.00

22 Week Courses + £30 registration fee

120.00

120.00

33 Week Courses + £30 registration fee

160.00

160.00

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

APPENDIX B

THE BRINDLEY

	2018/19	2019/20
The Theatre		
Commercial Hirers (1 performance or up to 8 hours):		
Monday to Thursday	1,300.00	1,400.00
Friday to Sunday	1,450.00	1,600.00
Community Hirers (1 performance or up to 8 hours):		
Monday to Thursday	790.00	840.00
Friday and Saturday	890.00	960.00
Rehearsal Performance per 4 Hours (Monday to Thursday)	385.00	400.00
The Studio		
Per 8 hour performance with technical support:		
Monday to Thursday	385.00	395.00
Friday, Saturday and Sunday	435.00	445.00
Per 4 hour rehearsal with technical support:		
Monday to Thursday	225.00	230.00
Friday, Saturday and Sunday	275.00	280.00
Per 4 hours dressing room facility:		
Monday to Sunday	175.00	190.00
Per 8 hours dressing room facility:		
Monday to Sunday	280.00	29.00
Per 12 hour dressing room facility:		
Monday to Sunday	380.00	390.00
Workshops Per 1 hour (studio):		
Monday to Thursday (10am – 5pm) per hour	30.00	30.00
Saturday to Sunday	POA	POA
Technical Support	POA	POA
Workshops Per 4 hours (studio):		
Monday to Thursday (10am – 5pm) per hour	225.00	225.00
Saturday to Sunday	POA	POA
Technical Support	Included in above rate	Included in above rate
Education Room Hire		
Hourly Rate	25.00	25.00
Day Rate	80.00	80.00
Technical Support	POA	POA
Gallery Walls Hire		
Standard Hire (Per Month)	N/A	350.00
Community Hire (Per Month)	N/A	No Charge
Foyer Cabinet Display		
Standard Hire (Per Month)	N/A	60.00
Community Hire (Per Month)	N/A	No Charge
Additional Charges		
Inclusion within the Brindley season Brochure	170.00	180.00
Brindley Website Facebook Advert	POA	POA
Brindley to manage ticket sales (per ticket)	0.60	0.55
Programme/Merchandise sales by Brindley staff	100.00	100.00
Additional technicians (per hour)	17.00	19.00

Additional Charges (continued)	2018/19	2019/20
Pre rig (sound, lighting or stage) (Monday to Friday)	355.00	375.00
Pre rig (sound, lighting or stage) (Saturday, Sunday or Bank Holidays)	400.00	420.00
Use of the orchestra pit	170.00	175.00
Smoke Machine (day)	25.00	26.00
		78.00
Smoke Machine (3 days +)	75.00	
Haze Machine (day)	25.00	26.00
Haze Machine (3 days +)	75.00	78.00
Strobe Lights (day)	25.00	26.00
Strobe Lights (3 days +)	75.00	78.00
Radio Mics (each)	35.00	35.00
Radio Mics (3 days +) (per mic)	105.00	105.00
Music Stand and Light (day)	5.00	7.00
Music Stand and Light (3 days +)	15.00	21.00
Theatre Projector (day)	130.00	135.00
Theatre Projector (3 days +)	390.00	405.00
Studio Projector and Screen (day)	70.00	72.00
Studio Projector and Screen (3 days +)	210.00	216.00
Media Package – Projector and DVD Player (day)	60.00	52.00
Media Package – Projector and DVD Player (3 days +)	180.00	156.00
Harlequin Dance Floor (day)	75.00	80.00
Harlequin Dance Floor (3 days +)	225.00	240.00
Star Cloth (day)	100.00	105.00
Star Cloth (3 days +)	300.00	315.00
Gauze (day)	50.00	52.00
Gauze (3 days +)	150.00	156.00
Pyrotechnics (day)	POA	POA
Pyrotechnics (week)	POA	POA
Steinway Grand Piano – (Theatre only) (day)	130.00	135.00
Steinway Grand Piano – (Theatre only) (3 days +)	390.00	390.00
Steinway Grand Piano tune (Theatre only) (weekday)	135.00	140.00
Steinway Grand Piano tune (Theatre only) (weekend)	170.00	175.00
Post show bar	75.00	110.00
Corkage Per Bottle (Wine)	10.00	10.00
Café Facility Per Hour (outside of normal opening hours –)	45.00	40.00
Venue Catering & Terrace Café Hire	POA	POA

Appendix C

REGISTRARS SERVICE

	2018/19	2019/20
Boston Suite and Lounge		
Monday to Thursday	210.00	220.00
Friday	245.00	260.00
Saturday	285.00	300.00
Sunday (11am to 1pm)	360.00	380.00
Bank Holiday	460.00	480.00
Civic Suite, Runcorn Town Hall		
Monday to Thursday	315.00	330.00
Friday	325.00	340.00
Saturday	360.00	380.00
Sunday (11am to 1pm)	400.00	420.00
Bank Holiday	500.00	520.00
Leiria or Members Room, Runcorn Town Hall		
Monday to Thursday	285.00	300.00
Friday	295.00	310.00
Saturday	315.00	330.00
Sunday (11am to 1pm)	370.00	390.00
Bank Holiday	470.00	490.00
Council Chamber Runcorn Town Hall and Approved Premises		
Monday to Thursday	390.00	410.00
Friday	410.00	430.00
Saturday	470.00	490.00
Sunday	550.00	580.00
Bank Holiday	650.00	680.00

REPORT TO: Executive Board
DATE: 15 March 2018
REPORTING OFFICER: Chief Executive
PORTFOLIO: Physical Environment
SUBJECT: Community Shop
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of the report is;

- 1) To provide Members with details of the 'Community Shop' concept, and;
- 2) To provide Members with an update on the progress to develop a Community Shop in Halton and seek Executive Board endorsement to continue to progress such development.

2.0 RECOMMENDATION: That Executive Board support the continued development of a Community Shop in Halton as outlined in this report.

3.0 SUPPORTING INFORMATION

3.1 At their meeting of 23rd March 2015, the ELS&C PPB received a report on 'Community Shop'. Members of the Board endorsed that further exploration be undertaken into the potential for a Community Shop to be established in Halton.

3.2 Community Shop is a Community Interest Company subsidiary of its parent company; Company Shop Ltd. Company Shop has been established for over 40 years, growing from a wholesale business supplying institutional outlets to become the UK's largest commercial redistributor of surplus food and products. It handles over 30,000 tonnes of surplus food product annually, providing retailers and manufacturers with a zero-to-landfill solution, where over 95% of food handled gets eaten. With a proud heritage and longstanding expertise in the execution and delivery of redistributing surplus goods, Company Shop is well placed to bring Community Shops to the UK in a sustainable and successful way.

3.3 In essence, Community Shop is a supermarket that has targeted membership to help tackle food poverty. The model provides fifteen job opportunities; twelve retail jobs for Halton residents, two mentors and one cook are created in the model. There are wider opportunities to support employment through skills development and linkages to the wider retail sector through food partner relationships.

4.0 COMMUNITY SHOP CONCEPT

- 4.1 Delivering surplus food for social good is the overall ethos of Community Shop. Community Shop ensures that quality branded food is available at discounted prices so that it can reach people who may need a helping hand to achieve financial independence. It seeks to provide a sustainable service that empowers people with limited financial resources to spend on food and not be reliant upon free hand-outs from 'Food Banks'.
- 4.2 By redistributing surpluses that exist in the food supply chain, and with the support of its parent company; Company Shop, Community Shop assists people on the cusp of food poverty to gain access to good, wholesome food at up to 70% less than normal retail prices. Key food partners within the supply chain include Tesco, Asda, Morrison's, Sainsbury's, The Co-Operative, Iceland, Marks & Spencer and many more. Product brands include a wide range of companies such as Nestle, Heinz, Premier Foods, Cadbury, Kenco, Kraft, Nisa and many more.
- 4.3 Surpluses can be caused by a whole host of reasons, from seasonal forecasting issues and labelling errors to a short shelf-life and many other things. Importantly though, unless they are redistributed, these surpluses would end up in landfill; the Community Shop approach prevents that from happening, ensuring that perfectly edible products are consumed by people who need them; Community Shop members. The money made from sales is then invested into their stores and the support services offered.
- 4.4 Similar models are already working well in Europe in the form of 'Social Supermarkets'. Company Shop is leading this area of work in the UK with four Community Shops now established in Goldthorpe, Athersley, Lambeth and Grimsby.
- 4.5 Not only will Community Shop offer a range of products at significantly reduced prices, but it will also provide an interactive programme of wider support available free of charge in the Community Hub (see section 6 below), from budgeting and debt advice to cookery classes.
- 4.6 Community Shops are supported by the supply logistics at Company Shops. Halton has been negotiating with Company Shop for the ambition to achieve a Community Shop in Halton for three years. Unfortunately, the logistics have not existed thus far to support a development in Halton however, Company Shop has opened in St Helen's in January 2018 and their strategic plan is to develop five Community Shops in the Liverpool City Region.

5.0 COMMUNITY SHOP MODEL

- 5.1 Community Shop limits membership to between 500 and 750 households and membership is for around six months; this is to deter dependency, maximise the impact that can be achieved for members through the Community Hub tailored support programme and to encourage movement of people to

education and employability.

- 5.2 Membership is typically restricted to those on a means tested benefit and directed towards residents living within agreed geographical areas.
- 5.3 Access to shops is controlled by Photo ID/Loyalty Card which limits the number of same type items that can be purchased at any one time. 'Point of Sale' software can monitor individual profiled spending patterns to ensure no abuse of the membership is undertaken.
- 5.4 Through providing access to discounted, wholesome food (alcohol and tobacco are not stocked), as well as access to extended services via its 'Community Hub', Community Shop will help members return to regular retail.
- 5.5 Partnership involvement is pivotal to the initiative. Joint working between partners such as the Local Authority, DWP, CCG, Public Health, and the CAB, for example, will enhance the initiative offer and its potential impacts. Financial commitments are required to support the delivery of a Community Shop and further detail is set out in Section 8 of this report.

6.0 COMMUNITY HUB

- 6.1 The 'Community Hub' is Community Shop's in-house dedicated extended service for members. It provides a range of programmes (free of charge) from CV writing skills to budgeting and debt advice, cookery classes to employability and skills training for individuals. There is an ambassador programme which supports community members in sharing the concept and supporting fellow residents thus generating a strong sense of community and building community resilience
- 6.2 Offering interactive group programmes daily to a pre-defined programme, as well as one-to-one programmes where required, Community Hub Mentors will work closely with members to help them on the road back to becoming main stream consumers. The Mentor offer is to all adults of the household not solely those who attend the supermarket for the shopping.
- 6.3 In addition to these extended services, The Hub will also serve a two-course lunch every day from 11am - 2pm, providing access to a low price home cooked warm meal each day. When the cookery classes are running "ingredient parcels" are provided that can be bought in-store to cook. Community Hub mentors will be in attendance at all cookery class sessions in a support capacity to the teaching staff and members. Menus and information on cooking and accessing ingredients will be made available every day, along with cookery classes taking place two days a week.
- 6.4 In Summary, under one roof a Community Shop:
 - Delivers a sustainable solution tackling the issue of food poverty
 - Targets those in the most deprived neighbourhoods
 - Creates employment and training opportunities
 - Reduces dependence on food banks

- Provides financial and debt advice
- Offers two-course low cost lunch
- Facilitates one to one contact with trained mentors
- Encourages members to become mainstream retail consumers
- Reduces the amount of food waste going to landfill

7.0 DEVELOPMENTS IN HALTON

- 7.1 The size of premises required for a Community Shop is approximately 3,000 to 4,000 square feet. The Council has been progressing the identification of potential premises with Community Shop over the last twelve months or so; supporting options appraisals and developing negotiations with potential premise owners. Community Shop has its own framework for identifying suitable locations and premises and after much consideration has identified Windmill Hill as a preferred location to explore further.
- 7.2 A feasibility study for an Integrated Health & Wellbeing Hub for Windmill Hill was commissioned by Big Local & Well Halton in September 2017 and is due to present a final report by the end of March 2018. Community Shop has asked to be included in the options for the site and a range of options are being refined at this interim stage.
- 7.3 The site is the existing Children's Centre, which would be remodelled and extended to accommodate co-location of the Children's Centre and Community Shop, as well as providing space for community activity and delivery of health related services.
- 7.4 The study was commissioned in response to community identified need for a quality accessible asset for Windmill Hill which would provide a central point of access and sense of place. The CCG have been keen to support developments for the estate which could contribute to supporting wellness for residents since the withdrawal of the GP surgery in 2017. The Children's Centre and Church site have been the main focus throughout the study; the emergence of community shop provides an additional possibility of a key anchor tenant thus increases the viability of a project to attract capital funding to improve the asset.
- 7.5 Regardless of where a Community Shop might be located, all households across the borough who would qualify for membership to Community Shop will have the opportunity to become Members as part of a rolling programme that would target identified areas of need.
- 7.6 Community Shop are progressing plans to develop five Community Shops in the Liverpool City Region and are keen to work with Halton for the borough to be the first area to announce they are working towards opening one.
- 7.7 Representatives from Community Shop are attending a food poverty session at Westminster on the 17th April 2018 and wish to announce the joint work with Halton if endorsement to further develop the project is approved.

8.0 FINANCIAL IMPLICATIONS

- 8.1 Securing capital funding in a timely manner is key to enabling the project to be successfully delivered.
- 8.2 Funding for this scheme would need to come from a cocktail of grant funding sources as, at the present time, there are a limited number of large-scale funding streams for capital works to community buildings. Each funding stream comes with its own set of criteria on what and who can be funded, e.g. some will fund renovations and restorations as opposed to new builds.
- 8.3 In this case, funding would be likely to come from National Lottery, Landfill Tax Funds and Trusts and Foundations. At the present time Big Lottery Fund is closed for applications, but will re-launch its grant programmes in April 2018; at this point we will know whether they will reinstate their Community Buildings Programme. The Power to Change Trust may offer a source of funding as its remit is to support new and existing community businesses. 'Landfill' funders, including Biffa, Wren and Viridor, will consider amounts up to £100,000; however, some of these will not fund new builds, so that funding would need to be allocated to internal building 'fit out'. There are Trust funds, such as Esmee Fairbairn Foundation and Garfield Weston Foundation, which can award fairly substantial amounts of funding; further work would be required to consider which Trust funds would be the most suitable in relation to the project specification.
- 8.4 There is a possibility that some matched funding (capital) may be sought from the Council. However, as other funding sources are currently being explored, the extent of any Council matched funding is still unclear. If it were required a further report will be brought to this Board.
- 8.5 Consideration will also need to be given to who the applicant organisation will be, as this again will determine which funding streams can be applied to.

9.0 POLICY IMPLICATIONS

- 9.1 There are no new policy implications as a result of this report.

10.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 Children and Young People in Halton

The initiative is targeted at households in need of support, children & young people would benefit by virtue of the targeted approach offering membership to wards experiencing child poverty.

10.2 Employment, Learning & Skills in Halton

The model provides direct employment opportunities for 15 members of staff. There would be opportunities to support linkages to further employment

across the retail and logistics partners linking into Halton Employment Partnership (HEP). The mentoring programme focusses on skills development and employability.

10.3 **A Healthy Halton**

Access to low cost food provision, including fresh produce, will improve the quality of food intake. The mentoring programme that goes alongside the shopping offer will increase knowledge and practice of healthy eating for the scheme participants and their households.

10.4 **A Safer Halton**

A sense of community and community connectedness reduces residents' fears of crime where they live. They are likely to feel a stronger sense of belonging and safety in an environment where the communities know each other, are active and there are established links to other stakeholders like police, housing, community wardens, etc. Community Shop can engender this approach in the Community Hub.

10.5 **Halton's Urban Renewal**

A Community Shop would be an asset within the Borough and provide a targeted retail offer.

11.0 **RISK ANALYSIS**

11.1 Community Shop provides the opportunity to address food poverty, work intensely with individuals to support building skills and employability prospects, create employment opportunities and overall positively impact on health and wellbeing. The risk is not pursuing the opportunity to work with Community Shop to bring these benefits to Halton.

12.0 **EQUALITY & DIVERSITY ISSUES**

12.1 This initiative targets the most financially disadvantaged residents in Halton's Community. Poverty and inequality are often elements of a complex set of circumstances which present exclusion. This initiative aims to tackle poverty and generate improved life chances for disadvantaged members of our local community.

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

Document	Place of Inspection	Contact Officer
Employment, Learning & Skills and Community Policy & Performance Board Report 23 rd March 2015 - Community Shop	Municipal Building Kingsway Widnes	Angela Scott

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

Document is Restricted

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